

## 5. HIMSS EHR Incentive Calculation Worksheet for Non-Critical Access Hospitals

I clipped from a HIMSS worksheet that can be used to calculate the amount of ARRA incentive Medicare bonus monies might be available to facilities who demonstrate 'meaningful use' of 'certified EHR technology'. Even though there are HIMSS definitions below, which are drawn directly from ARRA language, we still do not have nearly enough details to understand what meaningful use is. There are many questions to be answered with final regulations and there will be a comment period during which the additional clarification will be open for discussion. However, these tools are useful in getting a solid estimate on the incentive money that each site may qualify for. The below clips are from the non-critical access hospital worksheet, there is also a critical access hospital worksheet available from HIMSS, which has somewhat different calculations

### Instructions

**Note: HIMSS' information-only tool assumes your hospital can demonstrate meaningful use commencing sometime between FY11 and FY15. To be eligible for some portion of an incentive, hospitals have until FY15 to demonstrate meaningful use. See definitions below of both "meaningful use" and "certified EHR technology".**

- Step #1: Determine the year in which your hospital will demonstrate meaningful use.  
Use the tab called "Meaningful Use begins FY11-13" if you anticipate being able to demonstrate meaningful use in FY11, FY12, or FY13.  
Use the tab called "Meaningful Use begins FY14" if you anticipate being able to demonstrate meaningful use beginning in FY14.  
Use the tab called "Meaningful Use begins FY15" if you anticipate being able to demonstrate meaningful use beginning in FY15.
- Step 2: Enter the data requested for Questions 1 - 6.
- Step 3: So that incentive payments after the 1st year can be calculated more accurately, identify the average percentage of change you anticipate in the data requested for Q1-Q6. The figure entered should be the result of either growth or reduction. For example, if you anticipate a .5% average reduction for subsequent years, enter "99.50". If you anticipate an average of 2% growth for subsequent years, enter the figure "102.00".

### Definition of Meaningful Use for Hospitals:

- A) The eligible hospital demonstrates to the satisfaction of the Secretary that during such period the hospital is using certified EHR technology in a meaningful manner;

- B) The eligible hospital demonstrates to the satisfaction of the Secretary that during such period such certified EHR technology is connected in a manner that provides, in accordance with law and standards applicable to the exchange of information, for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination; and,
- C) The eligible hospital submits information for such period, in a form and manner specified by the Secretary, on such clinical quality measures and such other measures as selected by the Secretary.

**Definition of Certified EHR Technology for Hospitals:**

- A) A qualified EHR that is certified to meeting standards pursuant to this Act and
- B) Includes patient demographic and clinical health information, such as medical history and problem lists, and
- C) Has the capacity to provide clinical decision support to support physician order entry, to capture and query information relevant to healthcare quality, and
- D) To exchange electronic health information with, and integrate such information from other sources.

## 6. ARRA Funding Summary

\$\$ Funded	Funding Summary for the Department of Health and Human Services (HHS)
\$598 million	Regional (Extension) Centers Grants
\$2 billion	Total appropriated (in millions) Privacy & Security \$424.285 NIST \$20.00 Regional HIT Exchange \$300.00 Unspecified \$1,655.715
\$59 billion	Healthcare funding according to Recovery.gov ( <a href="http://www.recovery.gov">www.recovery.gov</a> )
\$150 billion	Dedicated healthcare funding (depends on how you count the totals)
\$19 billion	Up to 65% of COBRA premiums for laid off workers, good for providers of care since it keeps individuals insured
\$19 billion	Provider healthcare technologies. \$17 billion through increased Medicare and Medicaid reimbursements and \$2 billion in grants and Loans
\$2 billion	Office of the National Coordinator for Health Information Technology (ONC): of which \$300 million is to support regional or sub-national efforts toward health information exchange
\$1.5 billion	Health Resources and Services Administration (HRSA) for construction, renovation and equipment, and the acquisition of HIT systems for PHS health centers
\$1.3 billion	NIH National Center for Research Resources (NCRR), of which \$1 billion is intended for construction, renovation and repair of non-Federal facilities and \$300 million to support shared instrumentation and other capital research equipment
\$8.2 billion	Office of the Director of NIH, of which \$7.4 billion is transferred to the Institutes and Centers of NIH to support research

\$1 billion	Secretary of HHS for prevention and wellness programs, of which \$300 million goes to the CDC for immunization programs, \$650 million is to be used to carry out evidence-based clinical and community-based prevention and wellness strategies to address chronic diseases, and \$50 million is to be provided to States to carry out activities to reduce healthcare-associated infections
\$1.1 billion	Comparative Effectiveness Research within the Agency for Healthcare Research and Quality (AHRQ), National Institutes of Health (NIH), and the Department of Health and Human Services (HHS).
\$4.7 billion	National Telecommunications and Information Administration's Broadband Technology Opportunities Programs.
\$2.5 billion	U.S. Department of Agriculture's Distance Learning, Telemedicine, and Broadband Program.
\$1.5 billion	Construction, renovation, and equipment for health centers through the Health Resources and Services Administration. \$500 million for the Social Security Administration.
\$85 million	Health IT, including telehealth services, within the Indian Health Service.
\$50 million	Information Technology within the Veterans Benefits Administration.

## 7. References

- AARA language, signed February 17, 2009
- HIMSS ARRA FAQs, February 19, 2009
- HIMSS ARRA Legislative Overview, Policy Implications and Healthcare Ramifications, February 19, 2009
- HIMSS Summary of Key Health Information Technology Provisions, February 18, 2009
- HIMSS Calculation Worksheet for Non-Critical Access Hospitals To Estimate Medicare Incentive Payment(s)
- Advisory Bulletin - Economic Stimulus Package Ratchets Up privacy and Security for Healthcare – Davis Wright Tremaine LLP – February 2009
- HealthLeaders News – Analysis: Stimulus Law Spends on Healthcare Today to Save for Tomorrow – February 18, 2009
- Washington Health Strategies Group – Oldaker Belair & Wittie LLP – A Brief Overview – February 2009
- Allscripts FAQ updated version March 3, 2009
- Legal HIMformation – March 2009 Volume V, Number 3, Smith, Moore, leatherwood, LLP Newsletter for health Information Management and Technology Community
- <http://www.hhs.gov/healthit/> HHS's .gov website entitled 'Health Information Technology' – find ONC Strategic Plan. There is a good synopsis entitled;
  - THE ONC-COORDINATED FEDERAL HEALTH INFORMATION TECHNOLOGY STRATEGIC PLAN: 2008-2012 - SYNOPSIS - JUNE 3, 2008
- Health law update; Bass, Berry & Sims dated Feb 9, 2009
- King & Spalding, 1700 Pennsylvania Avenue, NW / 2nd Floor, Washington, DC Teleconference 04 24 09
- Late May 2009 – ARRA HIT Implementation Plan from ONCHIT
- Journal of AHIMA May 2009; AOD in Bulletin Board; Recovery & Privacy article;
- King & Spaulding Security and Privacy Overview and PowerPoint 05 28 09
- Interim Final Rule on Breach Notification from HHS and the Final Rule from FTC for PHR's
- HIT Policy Committee Meaningful Use Matrix, week of August 14, 2009



- Identity Theft Red Flag Rules for Health Care Providers – Rebecca Williams, RN, JD, Gerald DeLoss, Esq.

## 8. Related Regulations, etc.

### Red Flag Rules – FTC

The following are important elements for the Red Flag Rules:

- Creditors, entities subject to Fair credit reporting Act Enforcement or with Covered Accounts – FTC believes health care [providers could be considered creditors
- If covered by Red Flag Rules must:
  - Periodic identification of covered accounts
  - Establishment of an Identity Theft Prevention Program designed to detect, prevent and mitigate ID theft in connection with covered accounts, appropriate for the size of the organization.
  - Identify covered accounts
  - Identify red flags, i.e. patterns, practice or specific activity that indicates the possible existence of ID theft. Develop processes to authenticate patients. customers, ID at time of contact, pictures of patients, monitor transactions, verify change of address requests
  - Respond to Red Flags including; monitor accounts, contacting patients, changing passwords, security codes, notifying law enforcement
  - Not attempting to collect on debt if in questions
  - Ensure program is regularly updated
  - Document program with reasonable policies and procedures, may be a part of HIPAA compliance or similar program
  - Trains staff
  - Oversight of service provider arrangements
  - Annual report by staff on effectiveness, significant incidents and response, recommendations
  - Board and Senior leadership involvement
- Be aware that medical identity theft can result in wrong information on a patient in their medical record by having another person examined under patient's name.

### **FHIMA Advocacy e-Alert:**

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**Wednesday, April 29, 2009**

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**Electronic Health Record Legislation Passes (SB162) and (HB1097)**

The following bill has passed in Florida aligning the State with ARRA in many areas, look for this kind of legislative activity in each State, as they States are responsible for the most of the distribution of ARRA monies.

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On Wednesday, April 29, 2009, the Florida House of Representatives and the Florida Senate have unanimously passed the electronic health records (EHR) and health information exchange (HIE) bill, (CS/CS.SB 162) thereby creating the Florida Health Information Network.

In summary, the enrolled Senate Bill 162 creates the Florida Electronic Health Records Exchange Act in a new section 408.051, F. S. providing standards for sharing health information.

The bill:

- Provides definitions for electronic health record, qualified electronic health record, certified electronic health record technology, health record, identifiable health record, patient and patient representative.
- Establishes standards, as well as immunity, from civil liability for accessing or releasing health information in during an emergency.
- Requires the adoption and distribution of a Universal Patient Authorization Form, electronic or paper, developed by the Agency by July 1, 2010.
- Amends s. 395.3025(4), F.S. to provide that appropriate disclosure can be made to health care practitioners and providers involved in the care or treatment of the patient.
- Provides immunity from liability for a health care provider releasing an identifiable health record in reliance on the information provided to the health care provider on a properly completed Agency authorization form.
- Provides for compensatory damages, plus reasonable attorney's fees and costs if a person obtains the patient's authorization by forging a signature on the authorization form or materially altered the authorization form of another person without the patient's authorization, or if the requesting entity obtained an authorization form or an identifiable health record on another person under false pretenses.
- Subject to the availability of eligible donations from public or private entities and funding made available through Section 3014 of the Public Health Services Act,





the Agency may operate a certified electronic health record technology loan fund subject to a specific appropriation as authorized by the General Appropriations Act.

- Requires the Agency, by rule, to develop standard terms and conditions for use in the loan program.

#### **AHCA – State of Florida Draft HIE plan**

- Published May 07, 2009
- Contains consistent language to ARRA and is lining up for funding and architecture. Medicaid seems to be a focus.