# CMS Update

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# EHR Incentive Program/Meaningful Use

**Payments:**

As of April 2013 (last available full report), there are roughly 395,000 providers with active registrations in the Medicare and Medicaid EHR Incentive Programs. Over $14.6 billion in payments have been distributed to over 295,000 providers through the Medicare and Medicaid EHR Incentive Programs.

**Audits:**

CMS takes oversight of incentive payments seriously, and has instituted both pre-and post-payment audits to ensure that providers receive their 2013 payment and avoid the 2015 payment adjustment.

Initially a small number of audits were completed to validate the audit process itself. Approximately 5-10% of providers will be selected for both pre- and post-payment audits on both a random and targeted basis.

If a provider is found to be ineligible, either their payment will not be issued (pre-payment) or will be recouped (post-payment)

Still too early to draw any conclusions from audits, more information will be forthcoming.

CMS ICD-10
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www.cms.gov/ICD10

# CMS ICD-10 Implementation Today

**Medicare Implementation**
- The Medicare implementation is on track.
- Internal testing started.

**State Medicaid Agencies**
- CMS conducted a State assessment in January 2013 and in early May 2013. May results currently are being compiled.
- Assessment response rate was 94% in January 2013.

**Providers**
- Health plans, clearinghouses, large physician practices and hospitals are on target for ICD-10 implementation.
- CMS is providing small physician practices with additional technical assistance.

**Vendors**
- Vendors are having discussions with their customers to ramp up ICD-10 efforts.

# Working With the State Medicaid Agencies

- **Quarterly Online ICD-10 Self-Assessments**
  - High level reports and graphics to help guide technical assistance
- **ICD-10 Implementation Handbook**
  - Online tool providing SMA specific information to assist in ICD-10 Implementation
- **State ICD-10 Collaboration Site**
  - Online community and repository for State Medicaid Agencies to communicate, collaborate, and innovate in the successful implementation of ICD-10
- **ICD-10 Bi-Weekly State Forum**
  - Conference call that allows CMS and States to discuss current issues related to ICD-10, and provides a vehicle for State-to-State collaboration on best practices and lessons learned in ICD-10 implementation
- **ICD-10 Site Visit Training**
  - General and specific training geared to assist the SMA's ICD-10 implementation efforts
- **ICD-10 Policy Briefs**
  - Demonstrations of how ICD-10 supports the Triple Aim through state programs for 9 different policies
- **Health Condition Categories**
  - A foundation for SMAs to define health conditions in alignment with the needs of their specific agency

# Technical Assistance & Training



STATE CAPITALS

# ICD-10 State Medicaid Agency Implementation Handbook



- Contains information on the following core topics:
  - Limitations of the current ICD-9-CM code set
  - Benefits of implementing ICD-10
  - ICD-10 milestones
  - Key activities
  - Strategies and activities required to implement ICD-10 during the five implementation phases.

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# Nine Policy Briefs Show How ICD-10 Supports Healthcare Transformation for:

- CHIP

- Pregnancy

- Breast & Cervical Cancer Prevention

- HIV/AIDS

- Alzheimer's Disease

- Autism Spectrum Disorders

- Traumatic Brain and Spinal Cord Injuries

- Intellectual Disability

- Coordination of Care

**…in State Medicaid Programs**



**POLICY BRIEF:** ICD-10 Supports CMS' National Quality Strategy through State Programs for Spinal Cord and Traumatic Brain Injuries

**Summary:** Healthcare in the United States is in the midst of a significant transformation characterized by increased transparency, accountability, and coordination in order to achieve greater value for patients, communities, and the public. This effort is happening at the na... better...
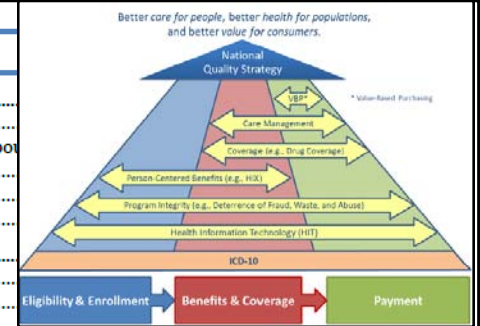
**Policy and Programs**

Congress has passed laws that attempt to address and prevent injuries that may result in TBI and SCI. Some of these programs also support injury treatment, rehabilitation, and long-term care. Relevant legislation and federal programs are listed in the chart below.
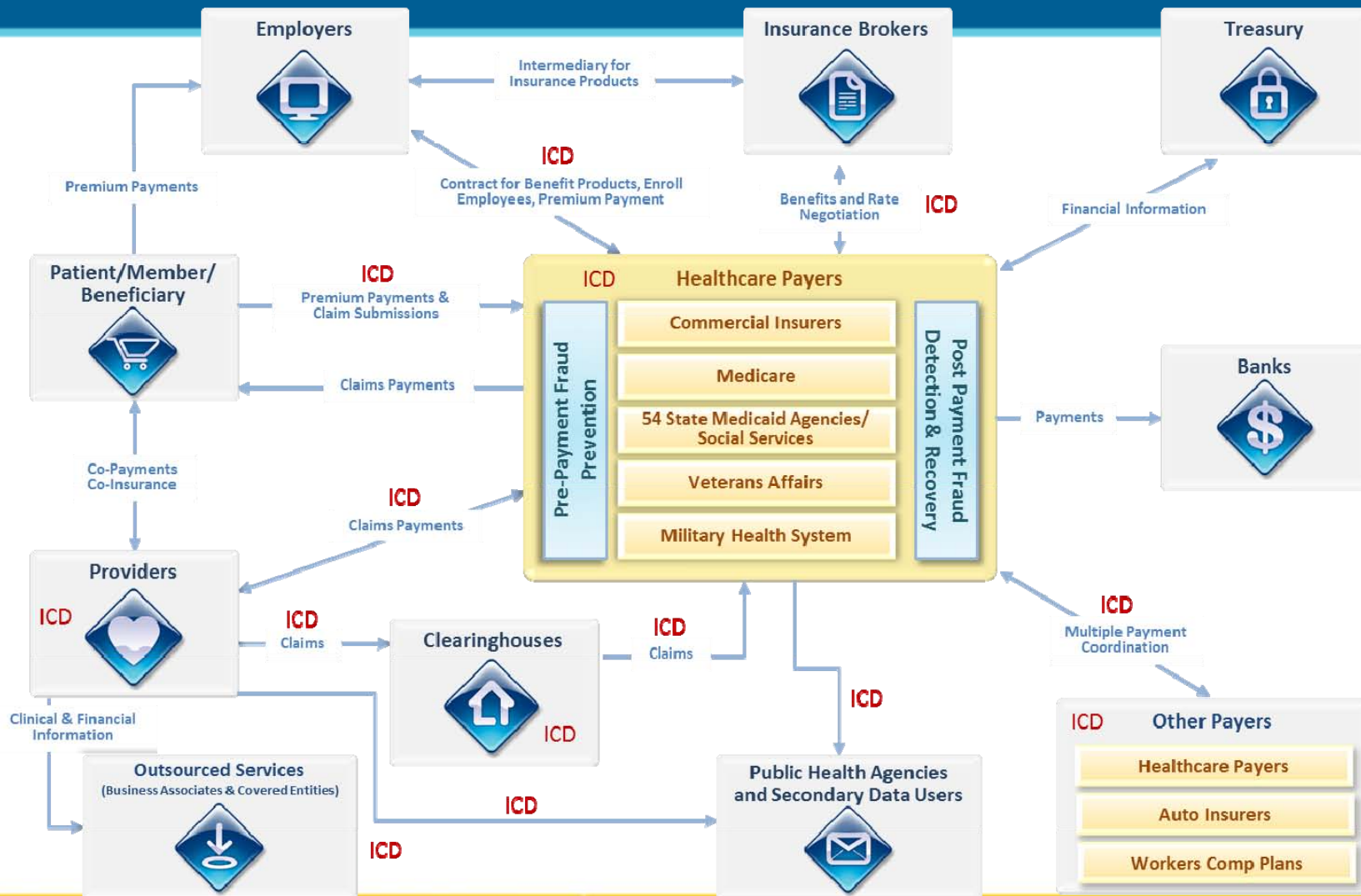
| Legislation/Program | Sponsor | Intent/Benefit |
|---|---|---|
| Traumatic Brain Injury Act of 1996 (Federal Traumatic Brain Injury Prog... | Health Resources and Services Administration (HRSA) through | Track and report TBI across demographics and clinical aspects. Create educational programs about TBI and support state |

Better care for people, better health for populations, and better value for consumers.

National Quality Strategy

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# ICD-10 Impact Across the Industry

# Other ICD-10 Successes

**Federal Agencies' Highlights – HHS Health IT Domain Steering Committee**

- CDC – outreach/education/advocacy, Data Repository and shared training with other HHS OpDivs

- HRSA – outreach via webinars and newsletters to HRSA grantees on ICD-10

- NIH – Identified key ICD-10 impact areas including registries and research

- IHS – Steering Committee, "Have No Fear of ICD-10" boot camp, clinical rounds, extensive communications plan

# Progress on Administrative Simplification

**Health Plan Certification (CMS-0037-P)**

About to go into CMS clearance, dates are pushed back, seeking industry and stakeholder comments on a variety of assumptions – certification documentation, timing, etc.

**Operating Rules**

Working to approach implementation similar to that undertaken for ICD-10 (OESS conducts program management and budget coordination)

CAQH CORE surveying health plans for workgroup input/participation

**Claims Attachments**

Awaiting recommendation from NCVHS, will coordinate with timing of Meaningful Use Stage 3 (tbd)

# 2011 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program Experience Report

The Physician Quality Reporting System is a reporting program that offers incentives and payment adjustments to eligible professionals, who satisfy certain criteria for reporting quality data.

This report summarizes the reporting experience of eligible professionals in these programs in 2011, historical trends, and preliminary results for the 2012 program year. Each year growth in participation across all reporting options has increased.

- Overall, 280K eligible professionals participated individually in the 2011 PQRS. A total of $261M in PQRS incentive payments was paid by CMS for the 2011 program year.

The Electronic Prescribing (eRx) Incentive Program uses a combination of incentive payments and payment adjustments to encourage electronic prescribing by eligible professionals.

- 282K eligible professionals participated in the 2011 eRx Incentive Program, which was a 116 percent increase from total participants in 2010.
- A total of $285M in eRx incentive payments was paid for the 2011 program year.
- In addition, almost 136,000 eligible professionals were subject to the 2012 eRx payment adjustment because they either did not qualify for an exemption, meet exclusion criteria for the adjustment, or did not meet eRx reporting requirements in the first half of 2011.
- Full report available on http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/

# E-Prescribing

- NCPDP SCRIPT ePA Task Group was formed as a result of the 2006 e-prescribing Pilots
- Transaction is to be part of a future version of NCPDP SCRIPT
- Balloted and passed by NCPDP Membership last May
  - Wide support from industry and associations (i.e. AMA)
- Goes to full NCPDP Board vote in July 2013
- Scheduled for a November ANSI accreditation.

Other e-Rx news

- Adoption of SCRIPT 10.6 Oct 1, 2013
  - Version 8.1 will be retired
- Exemption for long term care will be lifted on Oct 1, 2014
- Currently proposing adoption of a newer version of the F&B transaction (3.0) in the 2014 Physician Fee Schedule regulation

# For More Information

## CMS Point of Contact

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