

***Electronic Health Records (EHR) Demonstration
Frequently Asked Questions***

Question

Answer

<i>Demo Goals / Objectives</i>	1. What is the Electronic Health Records Demonstration, and why are you doing it?	The Electronic Health Records Demonstration is a five-year demonstration project that will encourage small to medium-sized primary care physician practices to use electronic health records to improve the quality of patient care. The demonstration is designed to show that widespread adoption and use of EHRs will reduce medical errors and improve the quality of care.
<i>Demo Goals / Objectives</i>	2. What do you hope to accomplish?	This demonstration is designed to show that widespread use of EHRs will reduce medical errors and improve the quality of care for an estimated 3.6 million consumers. We also hope that other public and private payers will be excited by this demonstration and implement or strengthen similar incentive programs to further tip to market towards wide use of EHRs.

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<i>Question</i>	<i>Answer</i>
<p><i>Site Selection</i></p>	<p>1. What communities were selected for participation in this demonstration?</p> <p>Four communities have been selected for Phase I implementation:</p> <ol style="list-style-type: none"> 1. Louisiana 2. Maryland/Washington, D.C. 3. Pittsburgh, PA (and surrounding counties) 4. South Dakota (and surrounding states) <p>Eight communities have been selected for Phase II implementation:</p> <ol style="list-style-type: none"> 1. Alabama 2. Delaware 3. Jacksonville, FL (and surrounding counties) 4. Georgia 5. Maine 6. Oklahoma 7. Virginia 8. Madison, WI (and surrounding counties) <p>Please see the web site or the Demonstration Summary for a complete list of Community Partners working with CMS in each location to implement this demonstration.</p>

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<i>Site Selection</i>	2. How were these communities selected?	<p>A review panel comprised of technical experts throughout the Department of Health and Human Services was convened to review the more than 30 applications that were received from prospective community partners for this very important initiative. Applications were judged based on the following criteria:</p> <p><i>Mandatory Criteria</i></p> <ul style="list-style-type: none"> • Does not conflict/compete with other active CMS Demonstrations. • Defined geographic area with sufficient number of practices to support demonstration. • Defined community stakeholder collaboration with clear ties to the medical community, and specifically primary care physicians groups to facilitate recruitment across the defined geographic area. • Private/Public support for EHR demo with likely probability that payers will implement similar incentive programs. <p><i>Desirable Criteria</i></p> <ul style="list-style-type: none"> • Private / Public payer willingness to use CMS measures and/or tools for physician recognition / incentive programs. • Preference for Nationwide Health Information Network (NHIN) site. • Preference for geographic regions to include under-served populations. • Preference for a mix of geographic regions that serve rural and urban populations.

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<i>Site Selection</i>	2. Why were certain areas excluded from participating in the demonstration?	<p>This demonstration is being conducted by Medicare’s Office of Research, Development & Information. The EHR demonstration is one of many demonstrations across the country that the Demonstrations Program Group is conducting to examine ways to improve how care is provided to Medicare beneficiaries. Such initiatives are conducted to inform policy decisions about the Medicare program. Because these are research projects, it is often important not to have multiple demonstrations being done in the same area if one project could impact the results of another. In addition, as part of this research, areas where demonstrations are being conducted are often compared to similar areas where there are no special projects going on. When planning new demonstrations, we try to stay away from areas where there are similar existing projects or areas serving as comparison regions for these projects so as not to confound the results of those demonstrations and impact the integrity of the evaluation of these initiatives. Therefore, states and counties that were excluded from applying to participate as community partners for the EHR demo reflect areas where Medicare already has similar projects and evaluations underway.</p>
<i>Site Selection</i>	3. What is the role of the “community partners” that have been identified in each of these communities?	<p>The community partners will assist CMS with outreach activities, education and recruitment of eligible primary care physician practices in their defined communities. Community partners will also collaborate with CMS on an ongoing basis in an effort to assist us in achieving our goal of leveraging the combined forces of private and public payers to drive physician practices to widespread adoption and use of EHRs.</p> <p>In addition, in some cases, Community Partners will be able to assist practices by providing resources to help them select and implement and EHR as well as provide ongoing training to practice staff.</p> <p>Please see the web site or the Demonstration Summary for a complete list of Community Partners working with CMS in each location to implement this demonstration.</p>
<i>Site Selection</i>	4. What types of organizations are the community partners?	<p>CMS considered applications from a variety of organizations to become community partners to help assist with outreach education and practice recruitment activities. In particular, CMS wanted community partners that are committed to expanding the use of health information technology (HIT) and have clear connections to the medical community in order to effectively target practices eligible for this initiative. Accordingly, the approved community partners in each site represent diverse collaborations of organizations including, but not limited to: varied HIT stakeholder collaborations, medical societies, primary care professional organizations and health departments.</p>

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<i>Question</i>		<i>Answer</i>
<i>Timing</i>	1. When will the Electronic Health Records Demonstration begin?	Implementation of the demonstration will be a phased process. The demonstration will start with four communities in 2008 (Phase I), with the remainder beginning in 2009 (Phase II). The recruitment of physician practices for the first four communities will begin fall, 2008.
<i>Application Process</i>	1. How and when will CMS select physician practices in the selected communities?	Practices will be asked to complete and submit an application form in order to participate in the demonstration. This application will be made available when the recruitment period starts in the fall of 2008 (for Phase I practices) Recruitment of practices located in Phase II sites will begin one year later, in the fall 2009. CMS will review all applications and have the final say regarding determination of eligibility for participation in the demonstration. Eligible practices will be randomly assigned to either a treatment or control group. Community partners will not determine which practices are selected to participate in the demonstration.
<i>Application Process</i>	2. How do I obtain an application for the Demonstration?	Application packages will be available once recruitment of eligible physician practices begins in the fall of 2008 (for practices in Phase I communities) and the fall of 2009 (for practices in Phase II communities). Those interested in applying for the demonstration should “bookmark” the demonstration web site and sign up for automatic email alerts so they are notified whenever new information is available. The demonstration web site is: http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf
<i>Application Process</i>	3. What is the deadline for submitting applications for participation in the EHR Demonstration?	Applications for Phase I sites must be completed and submitted no later than November 26, 2008. A due date for Phase II will be determined next year.

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<i>Question</i>	<i>Answer</i>
<i>Demo Design</i>	<p>1. Can you provide a brief summary of the demonstration?</p> <p>Over the five-year demonstration period, the project will provide financial incentives to up to 1,200 small and medium-sized primary-care physician practices in 12 communities across the country that use Certification Commission for Healthcare Information Technology (CCHIT)-certified EHRs to improve quality as measured by their performance on specific clinical quality measures. (CCHIT is the recognized certification authority for EHRs and their networks.) Additional bonus payments will be available, based on a standardized survey measuring the number of EHR functionalities a physician group practice has incorporated into its practice.</p> <p>After the first operational year, the demonstration will provide payments to participating practices based on CCHIT-certified EHR functionalities used to manage the care of patients, with higher payment for more sophisticated HIT use (e.g., use of the EHR to facilitate care management activities, sharing of records among providers of care, etc.). Payments will be determined by a practice's score on an Office Systems Survey (OSS), which will be administered annually to track the level of EHR implementation at the practice level, and the specific EHR functions employed by each participating practice to support the delivery of care. Higher scores on the OSS will result in increased incentive payments to participating practices.</p> <p>After the second operational year of the demonstration, payments will be made to participating physician practices that are using CCHIT-certified EHRs and reporting clinical quality measures, again with additional payments based on EHR functionalities employed by the practice. After years 3 to 5 of the demonstration, payments to participating practices will be based on performance on the designated clinical quality measures, with an added bonus each year based on the degree to which the practice has used the EHR to change and improve the way it operates.</p>
<i>Demo Design</i>	<p>2. How many practices will be recruited for the Electronic Health Records Demonstration?</p> <p>Approximately 100 practices per site, up to a total of 1,200 primary care practices, will be able to participate and earn incentive payments for this demonstration. However, because this demonstration is being conducted as a research project with a randomized evaluation design, we plan to recruit twice that number, up to 2,400 physician practices. Half of the eligible practices will be randomly selected to participate in the demonstration and the other half will be designated as the control group and will not be eligible for incentive payments under the demonstration. The exact number recruited in each site may vary based on the level of interest and number of physicians practicing there.</p>

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<i>Question</i>	<i>Answer</i>
<i>Demo Design</i>	<p>3. How much will this Electronic Health Records Demonstration Cost Medicare?</p> <p>This demonstration is expected to be budget neutral and, therefore, will not cost the Medicare program any additional funds. It is expected that the cost of incentive payments will be paid for out of savings from the improvements in quality of care and efficiency that we expect the program to generate.</p>
<i>Practice Definition / Participation Requirement</i>	<p>1. How do you define a practice for purposes of enrolling in the EHR demonstration?</p> <p>Under the EHR demonstration, only small to medium sized primary care practices are eligible to participate. A small to medium sized practice is defined as one with less than 20 physicians, although if we receive more applications in an area than we can accommodate, preference will be given to the smallest practices.</p> <p>A practice is generally defined as a single, independent organization that provides services to patients. In general it is at a single location, but not necessarily so. The only requirement is that the practice must be able to uniquely define the physicians in the practice by Tax ID number (TIN) and Medicare Provider ID number and/or individual NPI. A practice may be comprised of several physicians who each bill under their own Tax ID number but share space, nursing support, etc. Or, a practice may be a part of a larger organization that bills under one Tax ID number for multiple smaller practices. Although a practice is generally a single site, this is not necessarily so if the physicians practice at multiple sites and patients may see the same doctor at different sites. The key in defining a practice is that we are able to uniquely define it in such a way that patients can be assigned to that practice and its providers and that services billed by a physician may be uniquely and accurately assigned to a single practice.</p>
<i>Practice Definition / Participation Requirement</i>	<p>2. How do you define primary care for purposes of determining whether a practice is eligible to apply for the EHR demonstration?</p> <p>Primary care is defined as family/general practice, internal medicine, or geriatrics. Pediatricians and OB/GYNs are not considered primary care physicians for purposes of this demonstration. A medical sub-specialist such as a cardiologist or endocrinologist may only participate if the practice is predominantly a primary care practice. Keep in mind that practices will be expected to report quality measures related to the care of diabetes, congestive heart failure, coronary artery disease and preventive care services. Non primary care physicians generally do not provide or track these services and, therefore, would not be appropriate to participate in the demonstration.</p>

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<i>Question</i>	<i>Answer</i>
<i>Practice Definition / Participation Requirement</i>	3. Is the demonstration limited to primary care physicians? Yes. Specialty practices are not eligible to apply. As part of the demonstration, practices will be asked to report on 26 clinical quality measures that relate to the treatment of diabetes, congestive heart failure, coronary artery disease, and preventive care services for patients with a range of chronic conditions. These are the types of services that primary care physicians provide for their patients. Practices that include primary care providers as well as specialists that do not provide primary care may still participate in the demonstration if they meet the other criteria. However, the specialists will not be included in the demonstration.
<i>Practice Definition / Participation Requirement</i>	4. Is there a limit on the size of practices that can participate in the EHR Demonstration? The EHR Demonstration is for solo and small to medium sized group practices. A small to medium sized practice is defined as one with less than 20 providers (including physicians as well as physician assistants and nurse practitioners if they bill Medicare independently). If more applications are received than can be accommodated, priority will be given to smaller practices and those that have not yet adopted an EHR, as well as those that apply earliest, provided all of the eligibility requirements are met.
<i>Practice Definition / Participation Requirement</i>	5. Do all of the providers in a practice need to participate in the demonstration? No. The participation of physicians within a practice is completely voluntary; some may not wish to participate. As part of the physician practice application form, we will ask for identifying information of all physicians that are included in the practice for purposes of the demonstration.
<i>Practice Definition / Participation Requirement</i>	6. Can Advance Practice Nurses (i.e., NPs) or Physician Assistants (PAs) participate in the demonstration? Yes. NPs and PAs that provide primary care and bill Medicare independently may enroll in the demonstration.

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<i>Question</i>	<i>Answer</i>
<i>Practice Definition / Participation Requirement</i>	<p>7. Can Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and/or tribal facilities participate in this demonstration?</p> <p>Only practices that bill Medicare for services on a CMS-1500 claim form (or electronic equivalent) are eligible to participate in the EHR demonstration. If a community health center or tribally owned/run facility wants to participate in the demonstration it may do so only if complies with this requirement.</p> <p>This requirement is necessary because of information present on the CMS 1500 claim form (or electronic equivalent) that is needed for implementing and evaluating the demonstration. This includes key provider identification numbers, rendering provider specialty code, and, most important, claim line level HCPCS procedure codes. All of this information is required to carry out the beneficiary assignment algorithm and calculate the quality measures which are being used to determine the financial incentives under the demonstration as well as compare the demonstration “treatment” and control group practices on quality.</p>
<i>Practice Definition / Participation Requirement</i>	<p>8. Do I have to have an electronic medical record system to apply for participation in the EHR Demonstration?</p> <p>Practices need not already have implemented an EHR at the time of application to participate in the demonstration. However, practices will not be eligible for any financial incentives until they have implemented a CCHIT-certified EHR. Furthermore, practices that have not implemented a CCHIT-certified EHR by the end of the second year will be dropped from the demonstration.</p>
<i>Practice Definition / Participation Requirement</i>	<p>9. What happens if I am participating in the EHR Demonstration and my practice adds new physicians or if physicians leave during the year?</p> <p>If providers join or leave the practice, you should notify the CMS implementation support contractor as soon as possible with the effective date of the change. This is necessary in order to assign accurately beneficiaries to practices based on all of the primary care visits to any provider in the practice. CMS will provide contact information to all practices selected for participation in the demonstration.</p>

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<i>Practice Definition / Participation Requirement</i>	10. Is there a minimum number of beneficiaries that a practice must serve in order to be eligible for the EHR Demonstration?	In order to be eligible to participate, practices must have a minimum of 50 “fee for service” Medicare beneficiaries for which they provide the greatest number of primary care visits. CMS will use a claims-based algorithm to assign beneficiaries to the practice that provided the greatest number of primary care visits during a base period prior to the demonstration beginning.
<i>Practice Definition / Participation Requirement</i>	11. Do I need to be a Medicare participating (PAR) physician in order to participate in the EHR Demonstration?	No. Both Medicare Par and Non-Par providers are eligible to participate in the EHR Demonstration.
<i>EHR Requirement</i>	1. Do we need to have a CCHIT EHR in our office to participate in the demo? Does it have to be the most recent certification?	<p>In order to apply to participate in the demonstration, practices need not already have an EHR in place in their office. However, by the end of the second year of the demonstration, practices will be required to have implemented a CCHIT-certified EHR and be using it for the four core minimum functionalities. Practices that do not meet this requirement by this time will be terminated from the demonstration.</p> <p>As long as the CCHIT certification is still valid, it will be acceptable for the demonstration. CMS does not necessarily expect practices to update their software every year based on the latest certification standards. However, in determining the financial incentive for use of an EHR, practices that have EHRs with more recent certifications and therefore meeting higher standards will be eligible for a higher level of incentive payments.</p>

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<i>Question</i>	<i>Answer</i>
<i>EHR Requirement</i>	<p>2. What does CCHIT-certification mean? How can you tell if an EHR is CCHIT-certified?</p> <p>The Certification Commission for Healthcare Information Technology or CCHIT is an independent, voluntary, private-sector initiative whose mission is to accelerate the adoption of health information technology by creating an efficient, credible and sustainable certification program. They are currently the only recognized certification body for electronic health records and have established a testing program for determining which EHRs meet their certification standards. A list of CCHIT-certified EHRs is available on their web site: http://www.cchit.org.</p>
<i>EHR Requirement</i>	<p>3. What are the core minimum functionalities that the practice must be doing with its EHR?</p> <p>In order to get credit for use of an EHR, the EHR must be certified by the Certification Commission for Health Information Technology (CCHIT). In addition, practices must be using the CCHIT-certified EHR for core minimum functionalities including: clinical documentation, recording of lab and other diagnostic test ordering and results, and recording of prescriptions. CMS worked with the Office of the National Coordinator for HIT to establish these core functionalities. We believe they are reasonable as a starting point for participating practices in the demonstration, and positively impact patient care processes. In addition, the EHR-based payments will be designed to be commensurate with the level of EHR functionality used; thereby providing incentive for practices to use more sophisticated EHR functionalities over the course of the demonstration.</p>
<i>Patient Assignment</i>	<p>1. Do beneficiaries apply to participate in this demonstration?</p> <p>No. Only physician practices must apply.</p>

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<i>Patient Assignment</i>	<p>2. Do I need to get informed consent from all of my Medicare patients in order to participate in the EHR Demonstration?</p> <p>No. However, we strongly encourage practices to make your patients aware of your participation in the EHR Demonstration by sending them a letter or posting a notice in your office. Sample notices that you may adapt to your practice will be provided by CMS. By informing patients about the demonstration, we hope patients may be enlisted more effectively in helping you to help them manage their care.</p>
<i>Patient Assignment</i>	<p>3. How do I know which patients to report on?</p> <p>CMS has developed a “beneficiary assignment algorithm” that is used to retrospectively assign patients to the practice that provided the greatest number of primary care visits during a particular reporting period. This is a retrospective process using claims data and does not at all affect where beneficiaries may receive their services in the future. This pool of “assigned” beneficiaries will be further subset based on the diagnoses on the claims. Patients that have more than one condition (e.g. diabetes and congestive heart failure) will be put into multiple subsets. It is these subsets of patients that will be used to determine who a practice must report on and how many patients they are eligible to be paid for under the demonstration.</p>
<i>Patient Assignment</i>	<p>4. Can patients be added or deleted during the year in the EHR Demonstration?</p> <p>Assignment of patients to a practice will be determined each year retrospectively based on all claims during that particular reporting year. This is a retrospective, once-a-year process that is based on the totality of a patient’s visits to all primary care providers during the period. Assignment in one year is independent of assignment during any previous period.</p>

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<i>Question</i>		<i>Answer</i>
<i>Patient Assignment</i>	5. Under the EHR Demonstration, what will happen if patients are assigned incorrectly?	Questions about patient assignment should be directed to CMS. However, a fixed algorithm will be used to assign beneficiaries to physicians based on submitted claims and it is not possible to change claims data. That is why it is so important that providers use the correct Tax Identification Numbers (TINs) and Provider Identification Numbers (PIN) and National Provider Identifier number (NPI), as appropriate, when submitting claims.
<i>Patient Assignment</i>	6. I participate in a Medicare Advantage HMO. Will those patients be counted in the EHR Demonstration?	No. Only beneficiaries who are covered under Part A and B of the traditional Medicare fee for service program and for whom Medicare is the primary insurer are included in the EHR demonstration.
<i>Patient Assignment</i>	7. Will information about my practice be publicly reported by the EHR Demonstration?	No information about specific physicians, practices, or beneficiaries will be publicly reported. Although CMS will be conducting an independent evaluation of the EHR Demonstration, all data will be reported on an anonymous or aggregate basis.
<i>Patient Assignment</i>	8. What happens if a patient dies during the reporting year?	The beneficiary assignment algorithm has detailed rules for assigning beneficiaries to practices. These rules consider any time the beneficiary spent enrolled in a Medicare Advantage Plan, in hospice care, whether or not the beneficiary had both Part A & Part B, and if/when the beneficiary died. Beneficiaries who die during a reporting period may be assigned to a practice under certain circumstances, but they will not be considered for reporting clinical quality measures.

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<i>Clinical Quality Measures</i>	1. What are the clinical measures physicians will be reporting on?	Practices will be required to report on 26 clinical quality measures: 8 related to the care of diabetes mellitus, 7 related to heart failure, 6 related to coronary artery disease, and 5 related to the provision of preventive care services such as immunizations and cancer screenings. These are the same measures that are being used in CMS' Medicare Care Management Performance (MCMP) demonstration. Detailed specifications for these measures can be found on the MCMP demonstration web site at: http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD .
<i>Clinical Quality Measures</i>	2. How often do I have to submit data on the clinical measures for the EHR Demonstration?	Practices in the treatment group will be required to report the clinical quality measures data at the end of Years 2 – 5 of the demonstration. The first time practices report the clinical quality measures, after the second year of the demonstration, payment will be contingent solely upon completely reporting the data and not the practice's scores on the quality measures. For years 3-5, incentive payments for will be based on the practice's scores on those measures.
<i>Clinical Quality Measures</i>	3. Do I have to submit data on all of the clinical measures for the EHR Demonstration?	Practices are expected to report on all of the clinical measures starting after year 2 of the demonstration and incentive payments are tied to complete reporting. Some of the measures will be calculated from claims data and practices will not be required to submit additional data on these measures unless they choose to. Other measures will require abstraction of information from the patient's medical record. To the extent a practice is unable or chooses not to submit data on a particular measure or set of measures, the incentive payment that it could be eligible to earn will be reduced.

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<i>Clinical Quality Measures</i>	<p>4. Even though payment for the reporting period (second year of the demonstration) data will not be contingent upon performance, will it be scored?</p> <p>Yes. Although it will not be used for payment purposes, we will score the data and provide this information to practices. Practices can use this information to determine what they would have been paid and set goals for the year three, the start of the performance period.</p>
<i>Clinical Quality Measures</i>	<p>5. How will patients that have multiple conditions (e.g. diabetes and congestive heart failure) be counted under the EHR Demonstration?</p> <p>Patients will be counted under each category for which they qualify. Thus if you have a patient with both diabetes and congestive heart failure, you may be eligible to earn the quality incentive payment for performance measures under both disease categories.</p>
<i>Clinical Quality Measures</i>	<p>6. Must I submit data on all of my patients for the EHR Demonstration?</p> <p>CMS will provide EHR Demonstration participating practices with the list of patients in each category that meet the criteria for each quality measure and should be reported on.</p>

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<i>Clinical Quality Measures</i>	7. How and to whom do I submit the data for the EHR Demonstration?	CMS has contracted with RTI and the Iowa Foundation for Medical Care to develop and implement the data collection system. Practices can manually enter the required data on each patient or they may create a tab delimited file with the necessary data to be imported into the tool directly from the EHR. Detailed information about the measures and how to submit them will be provided to all participating practices at the kick off meetings that will be held in each selected community prior to implementation. In addition, training will be offered to practice staff closer to the time of data collection.
<i>Clinical Quality Measures</i>	8. Will medical records have to be submitted for the Medicare EHR Demonstration?	Practices will not be required to submit any medical records as part of the initial data submission process. However, a percentage of practices will have their submissions audited. If your practice is audited, you may need to provide medical record data to validate the information initially submitted.
<i>Clinical Quality Measures</i>	9. How does my score on the quality measures relate to how much I will be paid under the EHR Demonstration?	<p>Practices will earn up to 5 points for each clinical performance measure, depending upon whether they meet or exceed the standard established by CMS. Partial points will be available for those scoring below this threshold. Within each category of measures (congestive heart failure, coronary artery disease, diabetes, preventive services), scores on each measure will be added up. Payment of the incentive will be based on the percentage of points earned in each category and the number of beneficiaries in each category.</p> <p>In the third (performance) year of the demonstration, practices must earn at least 30% of the potential points in a given category to receive any incentive payment. In the fourth and fifth (performance) years, the minimum required will be 40% and 50%, respectively. Practices that earn 90% of the potential points in any given category will receive the full incentive payment. Between these two endpoints, scores will be prorated to determine the percent of the incentive payment that the practice will receive. For more detailed information about scoring and payment calculations, please see the “Summary of Payment Methodology for practices participating in the EHR Demonstration” on the web site at:</p> <p>http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf</p>

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<i>Clinical Quality Measures</i>	10. Is clinical information that I submit about my patients under the EHR Demonstration confidential?	Yes. All data will be kept strictly confidential in accordance with federal laws and regulations.
<i>Clinical Quality Measures</i>	11. How will data be transmitted between the practice and CMS?	All data will be transmitted in a secure format that meets all security requirements.
<i>Clinical Quality Measures</i>	12. How long will the chart abstraction take?	The time it takes to abstract data from the chart will vary by practice. Since all practices will be required to have an EHR in place by the time reporting of quality measures is required, it is hoped that many, if not most, of the practices may be able to complete the process electronically. If the required data for some of the measures is not available readily from the EHR, practices may need to abstract it separately from a paper or electronic chart. How long that takes will depend upon how the data is organized and stored at the practice level.
<i>Clinical Quality Measures</i>	13. How will we know the rules for abstracting the data?	Detailed specifications for each of the clinical quality measures will be made available to all of the practices before the demonstration begins. Training will be provided to practices' staff prior to each data collection effort. In addition, the CMS clinical quality data contractor will be available for technical assistance and to answer any questions during the data collection period. It will be up to the practice to determine who abstracts the data and completes the data collection tool. It may be a nurse, medical assistant or other trained staff person, as determined by the practice.

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<i>Clinical Quality Measures</i>	<p>14. How does this demonstration relate to the Medicare Physician Quality Reporting Initiative (PQRI)?</p> <p>The demonstration is separate from the PQRI program and does not require the submission of special codes on the claim. CMS uses a separate Performance Assessment Tool (“PAT”) for collecting clinical quality measure data for this demonstration. This tool has been used successfully in other physician pay for performance demonstrations to collect data from the patient medical record. Practices participating in the demonstration may also participate in the PQRI program, if they so choose. Participating demonstration practices also have the option of earning the PQRI incentive based on their performance under the demonstration without submitting additional data on their claims.</p>
<i>Payment Related Questions</i>	<p>1. Do the selected community partners receive any financial support from CMS?</p> <p>No funds will be available from CMS to assist organizations in their role as community partners with CMS in this demonstration.</p>

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Question

Answer

**Payment
Related
Questions**

2. When will the incentive payments start? How are the payments be distributed? At the end of 5 years? Annually?

Participating demonstration practices should note that this is not a grant program and there are no “up front” payments for the purchase or implementation of an EHR system. In fact, there will be no payments available to any practice until after it has implemented an EHR and it is being used for core minimum functionalities.

There will be different payments tied to each year of the demonstration. However, the actual distribution of these payments will lag due to the time needed to collect the data and/or score it and process payments. The table below summarizes the *maximum potential* payment an individual physician or practice can receive for each year of the demonstration.

In the first year of the demonstration, payments will only lag about 4 months after the end of the year since the payment is only dependent upon the Office Systems Survey. However, the other years of the demonstration (years 2 – 5) involve collection of clinical quality measure data. Because this requires claims data to be complete as well as sufficient time for practices to report and CMS to analyze and score the data, the actual payments will follow the end of the demonstration year by approximately 9 months.

How and Demo Year	Basis of Payment	Maximum \$ per Provider per Year	Maximum \$ per Practice per Year
1	EHR Adoption (Office Systems Survey)	\$5000	\$25,000
2	EHR Adoption (Office Systems Survey)& Reporting of Clinical Measures	\$8,000	\$40,000
3 – 5 (annual payment)	EHR Adoption (Office Systems Survey)& Performance on Clinical Measures	\$15,000	\$75,000
Total Potential Demonstration Payment (All 5 years)		\$58,000	\$290,000

**Electronic Health Records (EHR) Demonstration
Frequently Asked Questions**

Question

Answer

Payment Related Questions

3. How much will the incentives payments be? Will they vary from year to year?

Incentive payments over the five year course of the demonstration range up to a maximum of \$58,000 per physician or \$290,000 per practice. Practices should note that this is not a grant program and there are no up-front payments. The maximum potential savings varies by type of payment and year as follows:

TABLE 3: PAYMENT SUMMARY BY YEAR AND CATEGORY					
	EHR Adoption (Office Systems Survey)	Reporting Clinical Quality Measures	Clinical Quality Measure Performance	Maximum \$ / provider / Year	Maximum \$ / Practice/ Year
Year 1	\$5,000	n/a	n/a	\$5,000	\$ 25,000
Year 2	\$5,000	\$3,000	n/a	\$8,000	\$ 40,000
Year 3	\$5,000	n/a	\$10,000	\$15,000	\$ 75,000
Year 4	\$5,000	n/a	\$10,000	\$15,000	\$ 75,000
Year 5	\$5,000	n/a	\$10,000	\$15,000	\$ 75,000
<i>Total Potential Payment</i>				\$58,000	\$290,000

Payment Related Questions

4. Why did you decide not to tie incentive payments in the first year to clinical quality reporting?

We realize that not all of the practices applying to participate in the demonstration will have implemented an EHR. We are allowing practices to focus in the first two years of the demonstration on implementing an EHR and using it to adopt patient management practices that will improve how care is provided. At the end of the second year of the demonstration, practices will be expected to have implemented an EHR and also report on the clinical quality measures.

***Electronic Health Records (EHR) Demonstration
Frequently Asked Questions***

<i>Question</i>	<i>Answer</i>
<i>Payment Related Questions</i>	<p>5. Under the EHR Demonstration, will each individual physician in the practice be paid separately based on his/her practice and patients?</p> <p>All payments will be issued to the practice. It is up to the practice to allocate these payments to individual physicians.</p>
<i>Payment Related Questions</i>	<p>6. Are there any limitations for how the incentive payments are to be used?</p> <p>No. Participating practices may use the incentive payments received as they see fit.</p>
<i>Payment Related Questions</i>	<p>7. Will I need to change how I submit claims / bill Medicare in order to participate in the EHR Demonstration?</p> <p>No. All providers participating in the demonstration will continue to receive their regular Medicare payments in accordance with the Medicare policies and rules in place at the time. Payment under the demonstration will be to the practice which may be different from how the normal claims are paid.</p> <p>However, keep in mind that claims must reflect the correct rendering provider, using the appropriate physician identification number (Medicare Provider Identification Number (PIN) or National Provider Identifier (NPI) as appropriate) on each line of the claim in order for CMS to accurately assign beneficiaries to practices and calculate payment. In addition, only providers that bill Medicare through a carrier are eligible to participate in the demonstration.</p>

***Electronic Health Records (EHR) Demonstration
Frequently Asked Questions***

<i>Question</i>	<i>Answer</i>
<i>For more information / Questions</i>	<p>1. How can people get more information about the Electronic Health Records Demonstration?</p> <p>More information about the Electronic Health Records Demonstration can be found on the demonstration web site at:</p> <p>http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf</p> <p>Questions about the demonstration can be sent to:</p> <p>EHR_Demo@cms.hhs.gov (Note the underscore between “EHR” and “Demo.”)</p>