

FAQs

Qualifying for reimbursement payments for Electronic Health Records (EHR)

Under the Medicare and Medicaid from Title XIII of
the American Recovery and Reinvestment Act of 2009 (February 17, 2009)

Q. In a nutshell, what does the bill mean to the typical chiropractor?

A. Chiropractors who comply with the conditions of implementation and “meaningful use” of certified Electronic Medical/Health Record solutions can receive grants of up to \$44,000 per chiropractor paid as “bonuses” to their Medicare and Medicaid reimbursements.

Q. What is the difference between the Medicare and Medicaid incentive options?

A. Physicians can opt for either the Medicare program or the Medicaid program, but not both. Medicare is administered by the Federal government, while Medicaid is largely left to the individual states. Size of grants (or bonuses) paid to Doctors is connected to the amount of service doctors provide under the respective programs. Payments will be made on a diminishing scale over five year period with those for Medicare terminating in 2015 while those of Medicaid currently have no established expiration date. Program details and definitions will continue to evolve.

Q. How much in Medicare reimbursements do I need to file to receive a maximum grant?

A. Just \$25,000 a year in Medicare reimbursements will deliver a maximum annual grant payment under the government plan. For a Chiropractor collecting an average of \$20 per Medicare patient visit that is just 1,250 annual visits or 5 Medicare visits a day.

Q. Are all physicians in the U.S. eligible for incentive payments from Medicare and Medicaid?

A. Not necessarily. Doctors who practice in hospitals are not eligible for the incentive payments.

Q. How are Chiropractors going to be able to participate?

A. For purposes of this legislation, chiropractors are just like any other doctor: they must purchase and demonstrate meaningful use of a certified EMR/EHR solution and provide care to Medicare or Medicare patients.

Q. Can a physician be penalized for not utilizing an EHR by 2015?

A. If eligible professionals have not implemented and used a certified solution by 2015 their Medicare/Medicaid payments will be reduced by 1% in 2015; 2% in 2016; and 3% in 2017. Penalties could reach 4% or even 5% if fewer than 75 percent of eligible professionals have not adopted EMR/EHR solutions by 2018.

Q. When would I become eligible and what is the time line for payments under Medicare?

A. Payments begin in 2011 and continue on a diminishing scale through 2015. Doctors who adopt systems later will only be paid from that year through 2015.

Q. My group has three chiropractors. Can each chiropractor qualify for incentive payments of up to \$44,000 each under the Medicare incentive program?

A. Yes, as long as each doctor demonstrates “meaningful use” of a “certified” solution and reaches the eligible amount of Medicare reimbursements.

Q. How will the EHR Stimulus payments actually be distributed to the physicians?

A. They are distributed as bonuses following an analysis of the Medicare/Medicaid distributions to the practitioners. The Secretary has the discretion to distribute payments in a lump sum or as installments.

Q. Must doctors institute the incentive bonus payment process or will vendors be doing that for them?

A. Doctors will manage the process. The exact procedure is still to be defined by the government. The software vendor is not involved with the process.

Q. Is “Meaningful Use” defined in the legislation?

A. The initial rules from the Centers of Medicare and Medicaid (CMS) state a physician must use a certified EHR software product for Medicare claims for at least three months in the first year of adoption and for a full twelve months in subsequent years. The application for stimulus dollars in the first year will consist of a personal affidavit that the physician is using the EHR software. CMS will change and expand the rules over the next year.

Q. What constitutes a “Certified” EHR system?

A. A "Certified" EHR system has passed a test of certification in three key areas: Security and Privacy (such as passwords and tracking who is using the software); Interoperability (that is, can a product communicate and transmit health care data with other software); and Meaningful Use features (ranging from will the software track key demographic information such as a patient’s age, sex, smoker or non-smoker to will the software produce detailed reports).

Q. Is there a list of certified companies?

A. Not yet. The standards have not been established as of February 2010.

Q. Will my patients or the public know whether or not my practice qualifies as a meaningful EHR user?

A. If you feel that this is of benefit to you in your relationships with them, you can certainly make that known. In fact, it is about your compensation, and that should be between you and the government.

Q. My practice has been utilizing an EHR system since prior to the date the Stimulus Bill was signed into law. Can the providers in my practice still qualify for the incentive payments?

A. If the solution can be certified as compliant with the Act’s standards, the answer will be yes. You should contact your solution provider.

Q. The cost of my EHR system was only \$15,000. If I qualify, will my incentive payment be limited to \$15,000 under the Medicare Plan?

A. No. Under the Medicare plan, the payments are unrelated to the purchase price of your solution. They are instead related to the amount of your Medicare reimbursements. Under Medicare the maximum grant is \$44,000 over a five year period.

Q. What does this mean to practices already utilizing ACOM's RAPID software?

A. It means that you are already achieving the benefits that you purchased the software for and that you stand to benefit further under the new plans. Because the certification standards are still in the works, ACOM cannot tell you precisely where you stand with your Medicare bonus potential, but it is our intent to have our software certified under the program.

Q. My practice does not currently utilize an EHR. When is the right time to start planning for an EHR implementation?

A. Now. Buy your solution for its own value. The stimulus payments are a bonus, but if you're not prepared, your bonus could be delayed and the amount you receive less than if you had acted earlier.

Q. Is there any benefit for early adoption of the certified EHR system?

A. Sure. While the HITECH program is intended to reduce healthcare administrative and management costs, primarily those under Medicare and Medicaid, the value of the technology is inherent, enabling users to streamline their operations, effect efficiencies, deliver better service, cut costs and manage their billings and collections to maximum advantage. Every kind of business enterprise benefits from technology; chiropractic is no exception.

Q. Why shouldn't I wait to purchase an EMR system?

A. There are several sound reasons: Winning the maximum in stimulus dollars requires you to show meaningful use by the time reimbursement dollars become available; but if you wait, you are simply delaying the opportunity to establish a more streamlined, efficient, cost-effective and more remunerative practice.

- EMR/EHR vendors expect to be busy managing many implementations so do not get stuck in a schedule timeline.
- Government grant dollars are limited: once given out, there is no more. If you wait, the well may be dry.

Practically speaking, an EMR solution is NOT about stimulus dollars. It is about working better, smarter, more productively and that makes sense with or without the stimulus program.

For more information on the Economic Stimulus program and how you can use ACOM software to get ready for it:

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