



eRECORDS, Inc.'s HITECH Meaningful News is a medium to share the latest news, updates and analysis in the world of ARRA, HITECH Act and "meaningful use". eRECORDS advisors collate, review and assess mountain of data down to the most relevant information so that you can focus your time in delivering the highest quality of healthcare.

eRECORDS Perspectives

Happy Holidays!

As we head into last few weeks of 2010, we like to wish all of our readers a happy and safe holiday season.

The end of the year is a good time to look back (just a little), reflect on achievements and challenges, and to look forward with renewed passion of all that is possible.

This has been a year where key questions from 2009 were answered;

- Will CMS and ONC deliver the Final Rules not only in time but with the flexibility?
- Will I have certified EHR products in time? Will there be enough of them?
- Will any of the HITECH Act driven programs actually make an impact to EHR adoption & MU achievement?
- Will the intention and funding survive the political and economical landscape?

We've been amazed at amount of work that was accomplished by all the key players this year. We are also aware, and many do point out, that there were challenges, gaps and even mistakes during this journey so far.

We have met people whose level of passion for improving healthcare humbled us as we strived to be part of the solution. We have also met many dedicated providers who remind us why we are in this business in the first place.

We at eRECORDS started this journey with following beliefs;

- There's a perfect storm of events that is driving a true transformation of Healthcare
- Technologies will enhance but people will deliver on the outcomes
- We want to make impact and to a degree drive the transformation

Those beliefs became our founding vision of "*powering innovations in healthcare delivery through connected technologies and intelligence*".

We look forward to realizing our vision with you.

eRECORDS Team

eRECORDS Myth Buster - Ongoing look at the HITECH related myths:

As 2010 ends, we thought we do a quick recap (condensed version) of all the myths we shared in our Myth Buster series.

Myth #1: My EHR vendor told me that if I implement their certified EHR, I will meet the meaningful use requirement and collect EHR incentive payments.

Myth Busted: Although using an ONC-ATCB certified EHR is a requirement for achieving meaningful use, it's only the starting point. At the end of the day, achieving meaningful use requires the providers to use the certified EHR in specific ways and report on the results of the usage. Yes, it's about you the provider actually using the EHR in your day to day practice.

Myth #2: I have a CCHIT certified EHR so I am good to go for meaningful use.

Myth Busted: This was one of the more common myths at the beginning of the year. Since CCHIT becoming an ONC-ATCB, this myth is not as confusing. But keep in mind that CCHIT has other EHR certifications that are not ONC-ATCB certification. Just make sure that if the EHR has the CCHIT certification, it is CCHIT's ONC-ATCB certification.

Myth #3: Once I meet meaningful use in 2011, I am set to get all my incentive payments.

Myth Busted: This "one and done" is definitely a myth. The truth is for each year of incentive payment, providers not only must re-qualify to receive the incentive payment but also keep up with the increasing requirements (stage 1 in 2011, stage 2 in 2013 and stage 3 in 2015).

Myth #4: I have to qualify for Meaningful Use in 2011 to get maximum EHR incentive payments under the HITECH ACT.

Myth Busted: As a general rule, eRECORDS encourages providers to start planning and achieving meaningful use as early as they can. However, providers do not have to start meeting meaningful use requirements in 2011 to maximize EHR Incentive payments. For Medicare, you can start to qualify/report for Meaningful Use in 2012 and still receive full incentive payments. For Medicaid, you can wait as long as 2016 and still receive full incentive payments.

Myth #5: All my providers (at the practice or clinic) have to qualify at the same time.

Myth Busted: This is an important myth to clarify. At the practice or clinic, each provider can achieve meaningful use in different timelines. However, as organizations develop the meaningful use plan, this flexibility should be balanced with what makes business sense. It is recommended that whenever possible, providers are grouped to move along the meaningful use timeline together. This will allow the organizations to better manage costs (resource and time) and risks as providers are guided through the training, usage and ultimately reporting for meaningful use.

Myth #6: EHR vendor can "guarantee" providers in meeting meaningful use.

Myth Busted: "Meaningful Use" guarantees by EHR vendors are not unique today. These guarantees are offered by both large and small EHR vendors alike. But be very wary of these claims and promises. When an EHR vendor says that they guarantee you meeting meaningful use, what they are really saying is they guarantee their EHR product is or will be ONC certified. Few vendors do offer money back guarantees (waiving of certain number of months of usage fee) but keep in mind that it is still up to YOU to meaningfully use the EHR!

Myth #7: If I don't qualify as a Priority Primary Care Provider (PPCP) under the Regional Extension Center (REC) program, I don't qualify for the EHR Incentive Program and vice versa.

Myth Busted: Many providers are confusing the qualifications for the REC program as being same as the qualifications for EHR incentive program. Although both programs are under the HITECH Act and have similar goals, they are separate programs with separate qualifications. Just because you do not qualify for one does not mean you are automatically excluded from the other program.

Myth #8: As a physician, the government has said that I MUST achieve Meaningful Use.

Myth Busted: The definitive answer is absolutely not. Participation in the EHR Incentive Program and meeting meaningful use is VOLUNTARY. There are, of course, many reasons to voluntarily participate in

the EHR Incentive Program and each provider or organization needs to weigh the positives and negatives before making the decision.

Myth #9: As long as I pick an EHR system off the ONC Certified list, I don't have to be picky about what EHR I select.

Myth Busted: Selecting an EHR that is on the ONC certified list should be a must item for any EHR selection process. However, not all ONC certified EHRs are created equal or best suited for individual needs. Start with the EHR on the ONC certified list but go through a comprehensive EHR selection process to select the right one for your needs. Other than having access to EHR incentive program, all the risks and benefits are the same whether an EHR is ONC certified or not.

Myth #10: ONC certified EHRs must be able to report all Clinical Quality Measures (CQMs).

Myth Busted: Unfortunately, this is a myth. As a requirement for ONC EHR certification, EHR system must be able to calculate and electronically submit 3 core CQMs plus a **minimum** of 3 "Additional" CQMs. Depending on the provider's situation, he/she may have to report up to 9 CQMs if exclusions apply. The real challenge is that outside of the 3 core CQMs, providers can choose any 3 CQMs out of 38 "Additional" CQMs (or up to 6 more CQMs if exclusions apply). That means the chances are good the 3 CQMs the provider choose in the "Additional" category will not be the ones the certified EHR vendor is supporting. The burden will be on the providers to figure out how to calculate and report these CQMs if their "certified EHR" does not calculate and report them. When selecting a certified EHR system, be sure that it can report the CQMs you will be selecting for Meaningful Use reporting. Better yet, pick a certified EHR system that can report all the CQMs defined in the EHR Incentive program so that you have the flexibility to choose any CQMs.

ONC EHR Certification update. As each week goes by, ONC-ATCBs are certifying more and more EHR systems. As previously shared, both CCHIT and Drummond Group have already certified many EHR systems. Now, InfoGard (the 3rd ONC-ATCB) started with their contributions. As of December 13, 2010, there were 165 ONC certified EHR systems with 114 receiving "Complete EHR" certification and 51 receiving "Modular EHR" certification. Here's the breakdown by ONC-ATCB organization:

CCHIT – 75 Complete, 26 Modular
Drummond – 36 Complete, 23 Modular
InfoGard – 3 Complete, 2 Modular

To view the official ONC Certified EHR list, go to this [link](#). Keep in mind that list is only updated once a week so check the list at least once a week.

Two more ONC-ATCB EHR Certification Bodies announced. On December 10, ONC announced the designation of two additional ONC-ATCB Certification Bodies:

[SLI Global Solutions](#) – Denver CO
Date of authorization: December 10, 2010.
Scope of authorization: Complete EHR and EHR Modules.

[ICSA Labs](#) – Mechanicsburg PA
Date of authorization: December 10, 2010.
Scope of authorization: Complete EHR and EHR Modules.

ICD-10 Basics you should know. ICD-10 (International Classification of Diseases, 10th Revision) and Meaningful Use is not as connected as it should be and there are no incentives attached to adopting ICD-10 within the parameters of Meaningful Use. However, providers and healthcare organizations should keep in mind the importance of ICD-10 deadlines and how they may impact the overall Meaningful Use

goals and timeline. To start, let's get ourselves familiar with some basics about ICD-10. In future newsletters, we will dive more into ICD-10 as how it relates to Meaningful use.

1. What's the difference between ICD-10-CM and ICD-10-PCS?

The difference is that one is related **medical diagnoses** while the other is **medical procedures**. Specifically, ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical Modification) is a coding system for classifying **medical diagnoses**. ICD-10-PCS (International Classification of Diseases, 10th Revision, Procedure Coding System) is a coding system for classifying **medical procedures**.

2. Who will need to use ICD-10 codes?

All entities that are covered by the Health Insurance Portability and Accountability Act (HIPAA) must use ICD-10 codes on all HIPAA transactions. ICD-10-CM codes (diagnoses) will replace the ICD-9-CM codes for all medical diagnosis coding (inpatient and outpatient). ICD-10-PCS codes (procedures) will replace the ICD-9-CM, Volume 3, procedure codes for inpatient procedure coding. CPT coding will remain for outpatient procedures.

3. When will the ICD-10 codes be mandatory?

ICD-10 codes must be used starting October 1, 2013. That means ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013.

4. What is Version 5010?

Version 5010 refers to the revised set of HIPAA transaction standards adopted to replace the current Version 4010/4010A standards. Every standard has been updated, from claims to eligibility to referral authorizations. Version 5010 accommodates the new ICD-10 codes.

5. When do you need to transition to Version 5010?

All HIPAA covered entities must transition to Version 5010 by January 1, 2012 for all electronic transactions. Important dates regarding the Version 5010 implementation:

- December 31, 2010: Level I Compliance (complete internal testing)
- December 31, 2011: Level II Compliance (complete testing with trading partner)
- January 1, 2012: All covered entities have to be fully compliant.

Interesting Facts and Figures:

500,000,000. Number of individuals who will be using mobile health care applications on their smart phones by 2015, according to a new [report](#) produced by research2guidance.

14,315 vs. 69,099. ICD-9 vs. ICD-10 on diagnosis.

3,838 vs. 71,957. ICD-9 vs. ICD-10 on procedures.

Latest Meaningful News

National

In his latest [letter](#), Dr. Blumenthal, National Coordinator for Health Information Technology gives an overview of the important policies and programs established this year that are paving the way for providers to adopt and achieve meaningful use of electronic health records. Dr. Blumenthal also provides information about the 2010 ONC Update meeting on December 14 and 15, which will give participants a better understanding of the role of Health IT in health system change and health care reform.

Department of Veterans Affairs to establish patient portal for veterans. In another example of the government doing their part, Veterans Affairs department plans to establish the patient portal for all veterans. For full article, click [here](#).

Quality Measure panel seeks public comments for clinical quality measures for Meaningful Use Stages 2 and 3. The Health IT Policy Committee is seeking public comments until Dec 23, 2010 as it develops recommendations for the clinical quality measures for Stages 2 and 3 of Meaningful Use. For details, please click [here](#).

ONC to grant \$16M for State Health Data Exchange pilots. This new grant initiative, called the Health Information Exchange Challenge Program, will help fund HIE pilot programs. It is only available for states which have already have received HIE funding under the 2009 federal economic stimulus package. The deadline for state to apply is January 5, 2011. For the full article, click [here](#).

ONC to assess Health IT Training programs with surveys, focus groups. In an effort to get an assessment of the training program authorized through the HITECH Act, ONC will conduct surveys or focus groups with about 1,500 students and 350 instructors involved in the program. For the full article, click [here](#).

EHR adoption survey show slight improvements. CDC's annual survey [result](#) with preliminary numbers for 2010 was published. It shows improvements in both "Basic" and "Full Functional" EHR adoptions. These are stats that we use as well as referenced in ONC web site.

California

California Human and Health Services (CA HHS) cancelled its monthly call scheduled for December 9th. It has been rescheduled to December 23rd.

Governor-elect Jerry Brown appoints Diana Dooley as the next secretary of California's Health and Human Services Agency, replacing Kim Belshe. Ms. Dooley currently services as the president and CEO of the California Children's Hospital Association and previously worked as a special assistant to Jerry Brown during his previous term as governor. Click [here](#) for the full article.

COREC (CalOptima Regional Extension Center, REC for Orange County) update. Even with the late designation (one of the last round of REC designations), COREC has been making impressive progress during the past month.

- Operational plan was approved by the ONC the week of November 29th, an important and necessary step for any REC.
- Hired a new Director (joining by mid January) to lead the COREC operation/team.
- Service Partner RFI is planned to be released by the end of December.
- Signed up the first two physicians in Orange County on 12/8.

Please visit COREC [website](#) for more information and to complete the Interest form.

CalHIPSO (Regional Extension Center for all of California except Orange and Los Angeles counties) update.

- CalHIPSO held a webinar on November 15 focusing on Service Partners. Rich Swafford (CalHIPSO CTO) reviewed the details of Service Partners program and the process Service Partners must follow. For details of the Service Partner program, please visit this [page](#).
- CalHIPSO announced extension of membership fee waiver and simplification of membership fee structure on December 13. For details, please visit this [page](#).

HITEC-LA (Regional Extension Center for Los Angeles County) update. HITEC-LA has enrolled 1051 providers (176 practices) as of December 6, 2010.

To access previous newsletters, visit eRECORDS [newsletter page](#).

For additional resources, visit eRECORDS [resources page](#).

For questions or comments, please [email us](#).

Sincerely yours,

eRECORDS HITECH Advisors

About eRECORDS, Inc.

eRECORDS was founded with the vision to power innovations in access, efficiency and quality of healthcare delivery through connected technologies and intelligence. Our Mission is to be the trusted expert, guide and partner in achieving meaningful use.

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