Clinical Care and Practice Advancement

Electronic Health Records (EHR)

Tools for Providers

- Interactive Eligibility Tool for Eligible Professionals - Are you eligible to participate in the Medicare or Medicaid EHR Incentive Programs? Use the tool found at the bottom of the Eligibility page on the CMS website.

- Registration Webinar for Eligible Professionals - How do I register? CMS created a video containing step-by-step instructions to help ensure the registration process is a success. Watch the video found on the Registration and Attestation page of the CMS website.

- Medicaid State Launch Dates and Websites - When will your State offer an EHR Incentive Program? Information on when registration will be available for Medicaid EHR Incentive Programs in specific states is posted at Medicaid State Information. Click on the map for information about your State: State EHR Incentive Program Launch Times and HIT Websites.

- Medscape Participant Self Assessment, Medicare and Medicaid EHR Incentives: What Do You Know and Do You Know Enough? - Earn CME credit while you learn! Take the Medscape EHR Self Assessment. Participation may require the user to log in to Medscape; however registration is free and does not require any commitment.

For more information about the EHR Incentive Programs and to register go to www.cms.gov/EHRIncentivePrograms.
Electronic Health Records (EHR) in the Optometric Practice

Electronic health records (EHRs) are the future of health care. Far more than just an efficient way to take patient information or file insurance claims, EHRs hold potential to revolutionize health care practice. They are important clinical tools with a range of functions that can be used to:

- Markedly improve the quality, safety, and efficiency of care;
- Enhance care coordination;
- Reduce health disparities among various segments of the population;
- Engage patients and their families in care; and
- Address critical public health issues.

Full utilization of EHRs will be essential if optometrists are to provide their patients the highest quality care. Moreover, EHRs are central to virtually every major plan for improvement of American health care. For that reason, meaningful use of EHRs will be essential if optometrists are to continue as an integral part of America's health care system.

The U.S. Department of Health & Human Services (HHS) is establishing a national electronic health records infrastructure, the Nationwide Health Information Network (NHIN), to make EHRs available to all Americans by 2014. The department has instituted a number of initiatives—notably the American Reinvestment and Recovery Act (ARRA) incentive program—to encourage the implementation of EHR systems in health care practices and the full utilization of EHRs in the enhancement of patient care.

The AOA has launched a comprehensive Electronic Health Records Preparedness Program for Optometry to help practitioners implement EHR technology in a timely manner and use it effectively to benefit patients.

The AOA Health Information Technology and Telemedicine Committee urges optometrists to be familiar with the major facts regarding the government’s planned development of a national EHR system and the incentive programs designed to encourage practitioner participation (see “Ten Things Optometrists Should Know About EHRs”). The committee also urges optometrists to be aware of major deadlines for EHR incentive programs and the development of the NHIN (see “EHR Deadlines”). Above all, the committee urges optometrists to develop a strategy for the implementation of EHR technology and the utilization of EHR systems to enhance patient care (see “Ten Things Every Optometric Practice Should Do Now to Implement EHRs”). Detailed information regarding EHR implementation and participation in incentive programs is provided in the Resources section below.

The committee also urges optometrists to assess the various EHR systems on the market and determine which may be best suited to their needs.
Information on government legislation and regulation pertinent to EHRs can be found on the AOA Advocacy Group’s Health Information Technology page (www.aoa.org/HIT.xml).

AOA members with questions regarding EHR implementation or the use of EHRs for the enhancement of patient care should contact AOA at EHR@aoa.org.
IT Definitions and Acronyms

**ACA:** Affordable Care Act, also known as the health reform law. The ACA extended PQRI through 2014.

**ARRA:** The American Recovery and Reinvestment Act of 2009, commonly referred to as The Stimulus or The Recovery Act, is an economic stimulus package enacted by US Congress in February of 2009. The stimulus was intended to create jobs and promote investment and consumer spending during the recession.

**CCHIT:** The Certification Commission for Health Information Technology is a private not-for-profit organization that serves as a certification entity for electronic health records (EHRs) and their networks. CCHIT is likely to be charged with certifying software to meet the requirements of meaningful use.

**Certification:** Certification for ARRA (or HITECH) means an entity has verified the software is capable of performing all of the functions required by meaningful use, including interoperability and security.

**Complete EHR:** A comprehensive software which includes both practice management functionality as well as electronic health records in one package.

**EHRs:** Electronic Health Records are records about individual patients in digital format which may include a whole range of data in comprehensive or summary form, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, and billing information.

**EHR Payment Year:** The calendar year in which a provider participates in a specific program.

**EHR Reporting Period:** Period in which a provider says she/he was using an EHR. This may be an entire calendar year or initially, just a portion of the year.

**EP:** Eligible Providers (O.D.s are included)

**ePrescribing (eRx):** A prescriber’s ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point of care.

**HIE:** Health Information Exchange is formally defined as “the electronic movement of health-related information among organizations according to nationally recognized standards,” according to the ONC. However, over recent months, the term has come to also apply to entities established to facilitate that function.

**Health IT:** Health Information Technology

**HITECH:** The Health Information Technology for Economic and Clinical Health (HITECH) Act was part of ARRA

**HHS:** The US Department of Health and Human Services is a cabinet department of the US government with the goal of protecting the health of all Americans and providing essential human services. Its motto is "Improving the health, safety, and well-being of America."
Meaningful Use (MU): Term created under HHS Objectives to explain what you and your EHR will need to do to qualify for Stimulus Funding. It is centered around 3 stages of adoption. Currently Stage 1 is being finalized and the federal government will announce the objectives and measures of meaningful use soon.


NEPSI: National E-Prescribing Safety Initiative was created to provide a free stand-alone eRx solution to every physician in the country. [http://www.nationalerx.com/](http://www.nationalerx.com/)

NPI: National Provider Identifier is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI has replaced the unique provider identification number (UPIN) as the required identifier for Medicare services, and is used by other payers, including commercial healthcare insurers.

ONC: Office of the National Coordinator for Health Information Technology is the principal Federal entity charged with coordination of nationwide efforts to implement and use health information technology and electronic exchange of health information.

PECOS: A database of physicians who have enrolled or re-enrolled in Medicare since November 2003. Physicians who order, or refer patients for Medicare services or items must have a complete enrollment record in PECOS by July 6, 2010 for the services or items to be covered by Medicare.

PMS: Practice Management System which historically referred to the portion of office computer software which deals with demographics, insurance, billing, and recalls.

PQRI: Physician Quality Reporting Initiative is a voluntary program that pays physicians a bonus for reporting certain quality measures* and more information is available at [http://www.aoa.org/PQRI.xml](http://www.aoa.org/PQRI.xml)

Unique Patients: Even if a patient is seen multiple times during EHR reporting period they are only counted once.

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Medicare EHR meaningful use attestation steps

To qualify for payments under the Medicare Electronic Health Records Incentive program, health care practitioners must attest compliance with the program's EHR "meaningful use" standards, using the online Medicare & Medicaid EHR Registration and Attestation System (https://ehrincentives.cms.gov/hitech/login.action). Attestation involves the completion of 37 "questionnaire" screens. Practitioners enter information on their meaningful use compliance in designated boxes. Some screens require the entering of utilization data on meaningful use measures that can be generated by certified EHR programs. (Utilization data must generally be entered in a "numerator/denominator" format.) Others require a simple "yes or no" response regarding the achievement of meaningful use objectives. Each measure's objective is included to help practitioners enter the correct information.

Practitioners must meet report on the following:

1. All 15 of the core measures. [One of the required core measures is that practitioners report clinical quality measures (CQMs).]

2. Five out of 10 of the menu measures. (At least 1 public health measure must be selected.)

3. A sum total of up to 9 CQMs; 3 core, up to 3 alternate core, and 3 additional CQMs. (If a practitioner reports a denominator of 0 for any of the 3 core measures, the practitioner must record an alternate core CQM to supplement the core measure. Therefore, a practitioner may report a minimum of 6 and a maximum of 9 CQMs depending on the resulting values in the denominators for the core measures as reported from their certified EHR.)

For each objective with a percentage-based measure, certified EHR technology must include the capability to electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage for these measures. However, health care practitioners may use additional data to calculate numerators and denominators and to generate reports on all measures of the core and menu set meaningful use objectives except CQMs. In order to provide complete and accurate information for certain of these measures, practitioners may also have to include information from paper-based patient records or from records maintained in uncertified EHR technology.

Measures with exclusions have the exclusion description listed in the measure information section. (Claiming an exclusion for a specific measure qualifies as submission of that measure. If practitioners wish to claim an exclusion for which they qualify, they indicate this in the attestation system by clicking "yes" under the exclusion part of the measure question.)

During a practitioner's first year in the incentive program, the reporting period must be at least 90 consecutive days within a calendar year.
Examples of the Medicare & Medicaid EHR Registration and Attestation System attestation questionnaire pages (with marks indicating the boxes in which practitioners are to enter responses) as well as response pages, indicating attestation attempts have been successful, can be accessed here.

The Medicare Eligible Professional Attestation Worksheet has been developed by the U.S. Centers for Medicare & Medicaid Services (CMS) for use as a reference document on which practitioners can enter and organize the data required for attestation and practice the attestation process in advance. The worksheet can be accessed here.
PECOS

Doctors who receive payments for treating Medicare beneficiaries are enrolled in Medicare (regardless of whether they are participating or non-par).

PECOS is a database of doctors who have enrolled or re-enrolled in Medicare since November 2003. Medicare has established policies that effectively require doctors to have their Medicare enrollment record in the PECOS database.

If the doctor's enrollment record is not in the PECOS database (that is, if she/he started seeing Medicare patients before 2003), then she/he must re-enroll in Medicare to create an enrollment record in the PECOS database.

There are 2 ways to enroll/re-enroll in Medicare: On paper (CMS-855 forms) or online (using what's called Internet-based PECOS).

- Re-enrolling on paper takes about 60 days. Re-enrolling online takes about 45 days.
- AOA strongly encourages doctors to review CMS guidance and tips prior to submitting an enrollment application.
- AOA strongly encourages doctors to contact their local Medicare Part B contractor/carrier if they have any questions about enrollment prior to submitting an enrollment application.
- AOA recommends re-enrolling online because it's faster and, like using tax preparation software, helps correct errors in advance.

*Note that you might not receive any Medicare payments until the application is approved!*

In January 2011, doctors who do not have their NPI in their Medicare enrollment record will not be paid. Doctors who are in PECOS can update their enrollment record to add the NPI. Doctors who are not in PECOS must re-enroll in Medicare to add the NPI to their enrollment record. Thus, all doctors who have an NPI in their enrollment records should also be in the PECOS enrollment database.

Since July 2010, CMS has required all Medicare orders and referrals to be made by doctors who have a complete enrollment record in PECOS. However, CMS has not started to reject or deny claims that do not comply.

AOA believes that CMS will begin rejecting noncompliant claims in January. A small number of doctors who do not receive payments for treating Medicare beneficiaries might still need to submit a simplified Medicare enrollment application to make sure their orders/referrals are covered.

For the Medicare EHR incentives beginning in 2011, CMS requires the doctor to have a complete enrollment record in PECOS to receive any bonus payment.
Thus, it’s imperative that optometrists who treat Medicare patients have a complete (with NPI) enrollment record in PECOS.

To learn more about Medicare enrollment, start here: 
http://www.cms.gov/MedicareProviderSupEnroll/

PECOS BASICS

The Internet-based Provider Enrollment, Chain and Ownership System (Internet-based PECOS) was developed for use in lieu of the Medicare enrollment application (i.e., paper CMS-855), according to the U.S. Centers for Medicare & Medicaid Services (CMS). It can be used to:

- Submit an initial Medicare enrollment application.
- View or change your enrollment information.
- Track your enrollment application through the web submission process.
- Add or change a reassignment of benefits.
- Submit changes to existing Medicare enrollment information.
- Reactivate an existing enrollment record.
- Withdraw from the Medicare Program.

Advantages of Internet-based PECOS, according to the CMS, include:

- Faster-than-paper-based enrollment (45 day processing time in most cases, vs. 60 days for paper).
- A tailored application process – meaning practitioners need only supply information relevant to their application.
- More control over practitioner enrollment information, including reassignments.
- Easy checking and updating of information for accuracy.
- Less staff time and administrative costs to complete and submit enrollment to Medicare.

Health care practitioners can learn how to use the system by visiting the CMS’ online Medicare Physician and Non-Physician Practitioner Getting Started Guide. (www.cms.gov/MedicareProviderSupEnroll/downloads/GettingStarted.pdf)

The CMS has established an External User Services (EUS) Help Desk as well as other resources to assist physicians and non-physician practitioners who encounter application navigation or access problems with Internet-based PECOS. To report an application navigation problem (i.e., the practitioner is unable to determine how to use Internet-based PECOS) or access problem (i.e., the system is not operational, operating slowly, or a system-generated error message prevents data entry) with Internet-based PECOS, contact the EUS Help Desk at 1-866-484-8049 or send an e-mail to the EUS Help Desk to EUSSupport@cgi.com.
For help in establishing a National Plan and Provider Enumeration System (NPPES) User ID and password – required for PECOS access – or assistance in changing an NPPES password, contact the National Provider Identifier (NPI) Enumerator at (800) 465-3203 or send an e-mail to customerservice@npienumerator.com.

If a physician or non-physician practitioner has a valid NPPES User ID and password, but is able to access Internet-based PECOS, contact the EUS Help Desk at (866) 484-8049 or send an e-mail to the EUS Help Desk to EUSSupport@cgi.com.

Health care practitioners with provider enrollment questions should contact their state Medicare contractor. Medicare provider enrollment contact information for each state can be found in the download section of www.cms.hhs.gov/MedicareProviderSupEnroll.

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