

Health Information Technology Collaborative

June 22, 2009

Moderators

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Agenda

- **Discuss** the draft “meaningful use” matrix presented to the HIT Policy Committee on June 16, 2009
 - Premier’s survey concerning the “meaningful use” matrix - responses due COB tomorrow
 - Premier’s comments to the ONC concerning the “meaningful use” matrix
- **Discuss** the “hospital-based eligible professional” issue
 - Premier’s proposed definition
 - Action items for collaborative participants
- **Questions and answers/dialogue** among collaborative participants

Draft “meaningful use” matrix

- Overview of matrix
- Assessment by Steering Committee members
- Issues/questions from collaborative participants
- Premier’s proposed comments to the ONC
- Anticipated developments concerning the matrix

“Hospital-based eligible professional” Issue

- No EHR incentives for “hospital-based eligible professionals” (HBPs)
 - ARRA HBP definition: Substantially all of the professional’s services are furnished in a hospital setting using the hospital’s EHR and resources
 - Adverse impacts of a broad definition:
 - Shortfall of EHR incentives for hospitals that incur additional EHR costs for employed/affiliated professionals
 - Professionals who don’t qualify for EHR incentives will seek financial support from hospitals
 - Impact of health care reforms (e.g., accountable care organizations)

“Hospital-based eligible professional”

Proposed definition

- Exclude from the definition of “hospital-based eligible professional” any eligible professional for whom a hospital incurs *additional EHR-related costs* (i.e., beyond the hospital’s costs for its own EHR needs)
 - Hospital submits attestation to CMS stating each eligible professional for whom the hospital has incurred, or will incur, *additional EHR-related costs*
 - Any EHR incentives for which the eligible professional at issue qualifies would automatically be assigned to the hospital (unless the HBP, or his/her clinical practice entity, has incurred or will incur EHR-related costs)
 - If an eligible professional’s EHR incentives are assigned to a hospital, the hospital would be authorized to execute and submit on the eligible professional’s behalf any necessary documentation concerning EHR incentives (e.g., the waiver of Medicare EHR incentives in the case of an eligible professional who receives Medicaid EHR incentives)
 - Any assignment of an eligible professional’s EHR incentives to a hospital would not constitute a financial arrangement within the meaning of the federal Stark Law, or remuneration within the meaning of the federal anti-kickback law

Action steps for hospitals regarding the HBP issue

- Identify potential “hospital-based eligible professionals” on the hospital’s medical staff
- Document EHR-related costs the hospital has incurred, or will incur, for each potential HBP
- For each potential HBP who is not employed by the hospital or a hospital affiliate, determine if the HBP or his/her clinical practice entity has incurred, or is likely to incur, EHR-related costs

Q & A

