

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Electronic Health Record Payment

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	1/1/2015	Policy Last Updated:	3/9/2015
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

1.0 DESCRIPTION

The purpose of this policy is to clearly define the electronic health record (EHR) payment expectations for Blue Cross & Blue Shield of Rhode Island's (BCBSRI) programs that include EHR payment incentives and/or requirements for primary care physicians (PCPs). These programs are:

- PCP EHR Fee Increase Program
- Patient-Centered Medical Home Program

2.0 DEFINITION

The following definition is applicable to the functions of the Primary Care Physician Electronic Health Record Payment Policy and is used herein:

“Qualified EHR” – A “qualified” EHR is one that meets current standards as defined by BCBSRI using nationally recognized certifying bodies, such as the ONC (Office of the National Coordinator) and CCHIT (Certification Commission for Health Information Technology). Beginning in 2012, a “qualified EHR” must be one that meets ONC Complete EHR Certification standards for all physicians participating in the programs named in Section 1.0. To verify if your vendor holds ONC Complete EHR certification, visit the [ONC Certified Health IT Product List Web site](#). An EHR that has ONC Complete EHR certification and continues to maintain active CCHIT certification will be preferred.

3.0 EHR SYSTEM STANDARDS

In order to meet the EHR system and utilization requirements of the above programs, a practice must actively use an EHR system with the following system requirements:

1. EHR must be a Qualified EHR as defined in Section 2.0.
2. Any cost of modification/upgrade of the EHR System required to meet standards for certification shall be borne solely by the Provider and/or EHR System vendor.
3. If the EHR System does not continue to uphold the aforementioned requirements, BCBSRI reserves the right to cease payment and recoup any and all monies related to EHR use paid to the physicians under the Agreements for the programs named in Section 1.0 after a ninety (90) day grace period passes from the date the EHR system

loses certification. The recoupment can begin on the 91st day after the EHR system loses certification.

4.0 EHR USE REQUIREMENTS

It is expected that PCPs meet the federal Meaningful Use criteria within twelve months after their EHR implementation date. PCPs participating in the PCP EHR Fee Increase Program and the Patient-Centered Medical Home Program must continue to successfully achieve Stage 1 Meaningful Use, and all subsequent stages in accordance with CMS guidelines and BCBSRI requirements.

5.0 PCP EHR FEE INCREASE PROGRAM

Eligible Specialties

Physicians/providers credentialed as PCPs or PCP/Specialists (dual) with BCBSRI in one of the following specialties are eligible for the PCP EHR Fee Schedule:

- Family Practice
- Internal Medicine
- Pediatrics
- Family Practice/Family Practice
- Family Practice/Internal Medicine
- Family Practice/Urgent Care*
- Family Practice/Geriatrics
- Family Practice/Pediatrics
- Family Practice/Emergency Medicine*
- Internal Medicine/Internal Medicine
- Internal Medicine/Family Practice
- Internal Medicine/Urgent Care*
- Internal Medicine/Geriatrics
- Internal Medicine/Pediatrics
- Internal Medicine/Emergency Medicine*
- Pediatrics/Pediatrics
- Pediatrics/Internal Medicine
- Pediatrics/Family Practice

** The primary care services rendered in the primary care office locations for providers with these specialties are eligible; however, the urgent and emergency care services rendered by these providers are not eligible for the higher fees.*

Nurse Practitioners and Physicians Assistants providing care in a primary care office with a physician designated by BCBSRI as a PCP (as above) are reimbursed at 85 percent of the collaborating/supervising physicians' fee schedule. As such, Nurse Practitioners and Physician Assistants meeting the above criteria are not required to submit or complete the formal application process.

In 2011 and 2012, Blue Cross & Blue Shield of Rhode Island (BCBSRI) began a multi-year alignment between our PCP EHR and PCMH Fee Schedule requirements and the Centers for

Medicare & Medicaid Services' (CMS) definition of Meaningful Use. This alignment will continue in accordance with CMS timeframes for participation. Please see the CMS [website](#) for detailed participation deadlines.

Please note: potential reimbursement changes may impact PCMH program status and member benefits associated with PCMH practices.

Data Submission: Please submit data via fax, email, or mail using the following contact information:

Attn: Practice Innovation
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903
Fax: (401) 459-5531
Email: PCPEHRFeeIncrease@bcbsri.org

Application/Attestation Process for New PCP Applicants

PCPs not currently receiving the EHR Fee Schedule and are using an EHR or will soon be adopting one, should complete and submit the PCP EHR Fee Increase Program Application, which is available on the [PCP EHR Fee Increase Program](#) page. The application should be submitted via one of the following methods:

Attn: Practice Innovation
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903
Fax: (401) 459-5531
Email: PCPEHRFeeIncrease@bcbsri.org

Once a completed application is received, a letter will be mailed to the applicant within 30 days with the eligibility decision and the effective date, if applicable. **All fields are required; decisions will not be rendered on incomplete applications.**

Proof of successful CMS or RI Medicaid attestation is required at the time the application is submitted, unless the provider is in first year participation in the CMS EHR Incentive Programs at the time of submission. If proof of a successful CMS attestation or RI Medicaid attestation is not submitted with the application or within 60 days of the end of the indicated reporting period and Practice Innovation (401) 459-2475, has not been contacted with an explanation, the PCP will be reverted back to the standard fee schedule.

A PCP that does not have any Medicare charge volume and does not qualify for participation in the Medicaid EHR Incentive Program should contact Practice Innovation at (401) 459-2475 to discuss alternative attestation options. To continue receiving the increased reimbursement for future eligible claims, providers must provide proof of a successful attestation for each subsequent calendar year.

Eligible Products

The PCP EHR Fee Schedule applies to the commercial products only.

Applicable Codes

The codes that are eligible for the higher fee schedule are the following evaluation and management codes when performed in a primary care office:

- 99201 – 99205
- 99211 – 99215
- 99381 – 99387
- 99391 – 99397

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.