

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Electronic Health Record Payment

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	5/1/2011	Policy Last Updated:	5/14/2012
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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:

- EHR Grant Program
- 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

In addition to EHR system standards, it is expected that PCPs participating in the PCP EHR Fee Increase Program and the Patient-Centered Medical Home Program begin their reporting period demonstrating achievement of CMS' Stage 1 Meaningful Use Measures by no later than **July 1, 2012**. It is also expected that PCPs participating in the EHR Grant Program meet the [Stage 1 Meaningful Use Measures](#) within twelve months after their EHR implementation date.

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.

Application/Attestation Process for New PCP Applicants

The application/attestation process for this program has changed in 2012 to align with the above mentioned CMS EHR Incentive Program Stage 1 Meaningful Use Measures.

In order to be newly eligible for consideration for the PCP EHR Fee Schedule, an eligible PCP must complete the 2012 PCP EHR Fee Increase Meaningful Use Application and tell us the date their 90 day reporting period demonstrating Meaningful Use began or will begin. The application is available on the [PCP EHR Fee Increase Program](#) page later in 2011. (Existing physicians already receiving the higher fees must submit an attestation notifying us they will begin their 90 day reporting period by no later than July 1, 2012.) 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 the application is received, a letter will be mailed to the applicant within 30 days with the eligibility decision and the effective date, if applicable. The letter will request PCPs participating in the Medicare EHR Incentive Program to send a copy of the *Summary of Measures page* from the CMS attestation process to BCBSRI within 60 days after the completion of their 90-day reporting period. The Rhode Island (RI) Medicaid EHR Incentive Program Meaningful Use attestation process is still pending. We will update this policy after information on the RI Medicaid EHR Incentive Program Meaningful Use attestation process becomes available. The Rhode Island Regional Extension Center (REC) will submit this information on behalf of their enrolled providers.

If a copy of a successful CMS attestation or RI Medicaid attestation is not submitted within 60 days and Provider Relations (401) 459-5264 has not been contacted with an explanation, the PCP will receive notification of their being 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) 459-5264 to discuss alternate attestation options.

Attestation Process for Existing PCP Program Participants

All eligible* PCPs receiving the increased fee must participate in CMS' Medicare or Medicaid EHR Incentive Program and begin their 90-day reporting period demonstrating Stage 1 Meaningful Use by no later than July 1, 2012. The start of your reporting period signifies that you are meeting the Stage 1 Meaningful Use measures in your practice. We expect PCPs receiving the higher EHR fee schedule to continue demonstrating the Stage 1 Meaningful Use measures after the completion of their 90-day reporting period because the achievement of the Meaningful Use measures substantiates your receipt of the higher EHR fee schedule. PCPs must submit the [BCBSRI Primary Care Physician Electronic Health Record Meaningful Use Attestation Form for Providers on the EHR Fee Schedule](#) by no later than **June 1, 2012** notifying us of the date they will begin their reporting period. PCPs must begin their reporting period by **July 1, 2012** in order to remain on the higher fee schedule. If the aforementioned attestation form is not received by June 1, 2012 indicating July 1, 2012 or a date before as the

start date of their reporting period, the PCP will be lowered to the standard fee schedule effective July 1, 2012.

PCPs participating in the Medicare EHR Incentive Program must send a copy of the *Summary of Measures* page from the CMS attestation process to BCBSRI at any time after the completion of their reporting period. The Rhode Island Regional Extension Center (REC) will submit this information on behalf of their enrolled providers.

The deadline for submission is November 27, 2012. If we do not receive a copy of the CMS attestation by that date, the PCP will be reverted to the standard fee schedule on January 1, 2013.

PCPs participating in the Medicaid EHR Incentive Program must meet the Stage 1 Meaningful Use measures in accordance with the timeframes outlined above. As the RI Medicaid Program attestation process is still pending, we will update this policy after information becomes available. However, RI Medicaid Program participants must submit a the BCBSRI Primary Care Physician Electronic Health Record Meaningful Use Attestation Form for Providers on the EHR Fee Schedule by June 1, 2012 and a copy of the attestation to the RI Medicaid Program must be submitted to BCBSRI by November 27, 2012. If we do not receive a copy of the RI Medicaid attestation by that date, the PCP will be reverted to the standard fee schedule on January 1, 2013.

**Note: PCPs that meet the eligibility requirements must participate in either the Medicare or Medicaid EHR Incentive Program. Please see the interactive [Eligibility Wizard](#) to determine eligibility. Eligible PCPs without any Medicare charge volume and with insufficient share of Medicaid patients to qualify for participation in the Medicaid EHR Incentive Program should contact the Provider Health IT Supervisor at (401) 459-5456 to follow a non-standard attestation/application process.*

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

6.0 EHR GRANT PROGRAM

Eligible Specialties

PCPs in the specialties of Internal Medicine, Family Practice, Pediatrics and Geriatrics are eligible to apply for the EHR Grant Program. PCP/Specialists (dual) in subspecialties that align with the Patient-Centered Medical Home model of care are also eligible to apply. Community Health Centers are also eligible.

Application Process

Funding will be provided through a grant application process, and will be distributed based on a careful review of the practice's or community health center's application and responses by the EHR Grant Committee. To apply for funding, please print and complete the appropriate application:

- [EHR Funding Application for Professional Practices – New User](#)
- [EHR Funding Application for Professional Practices – Existing User](#)
- [EHR Funding Application for Community Health Centers – New User](#)
- [EHR Funding Application for Community Health Centers – Existing User](#)

Types of Available Funding

Type 1: Funding for Pre-Implementation Readiness Assessments for New Users

- **Up to \$2,500** funding will be available for a pre-implementation readiness assessment for approved practices and community health centers that wish, or are required by BCBSRI, to receive one.
 - a. The physician practices will be given names of local vendors that perform readiness assessments. Practices must contract directly with the vendor for the assessment.
 - b. The physician practice must sign an agreement and provide copies of pre-implementation assessment invoice/receipt. BCBSRI will pay 85 percent of the costs up to a maximum of \$2,500 per physician practice.
 - c. Funds will not be released until after the physician practice has purchased the EHR system and the system is "live," as certified by a site visit conducted by a BCBSRI Provider Relations Representative. Thus, Type 1 Funding will be released simultaneously with Type 2 Funding.

Type 2: Funding for New EHR Users (Including Training)

- **Up to \$5,000** (\$2,500 for Community Health Centers) funding per physician to purchase a new "qualified EHR" as described in Section 2.0.
- **Up to** three participating mid-level practitioners (RNP/PA) per practice may qualify for funding at \$1,500 (\$750 for Community Health Centers) each.
- **Use**
 - a. This funding must be used to purchase software, information technology (including interfaces and connectivity services), training, or help desk support.
 - b. Funds cannot be used for hardware, staff, or to compensate the physicians and professionals for the time, effort, or lost productivity associated with implementation.
 - c. The physician practice must sign an agreement and provide copies of software, IT, training, or help desk support invoices/receipts. BCBSRI will pay 85 percent of these costs up to a maximum of \$5,000 per physician and \$1,500 per mid-level practitioner (\$2,500 per Community Health Center employed physician and \$750 per Community Health Center employed mid-level practitioner), as above.
 - d. Funds will not be released until after the EHR system is "live," as certified by a site visit conducted by a BCBSRI Provider Relations Representative.

Type 3: Funding for Existing EHR Users

- **Up to \$5,000** (\$2,500 for Community Health Centers) funding for physicians who have an existing “qualified EHR” as described in Section 2.0.
- **Up to** three participating mid-level practitioners (RNP/PA) per practice may qualify for funding at \$1,500 (\$750 for Community Health Centers) each.
- The monies cannot be used for the purchase of hardware, staff, or to compensate the physicians and professionals for the time, effort, or lost productivity associated with implementation.
- To qualify for these funds, physicians must:
 - a. Not have already received EHR incentive payments from Electronic Health Records of Rhode Island (EHRI) or a BCBSRI incentive program (e.g., Quality Counts).
 - c. Have a site visit performed where copies of software, IT, training, or help desk support invoices/receipts are provided. BCBSRI will pay 85 percent of these costs up to a maximum of \$5,000 per physician (\$2,500 per Community Health Center employed physician) and \$1,500 per mid-level practitioner (\$750 per Community Health Center employed mid-level practitioner).

Grant Agreement

After a practice is approved by the EHR Grant Committee, BCBSRI will send a written letter notifying the practice of their approval. A Provider Relations Representative will also schedule an appointment to meet with the practice to review and sign the EHR Grant Agreements. Every practice that is approved for funding must sign the BCBSRI EHR Grant Program Agreement.

Once the agreement is signed by the practice and a BCBSRI representative, it is up to the practice to contact BCBSRI after the EHR system is live for a site visit to be performed by the BCBSRI Provider Relations Representative. Expectations for the site visit are included in the EHR Grant Agreement. At the visit, the practice must provide BCBSRI with copies of the invoices and receipts for which they wish to receive up to 85% reimbursement for (capped at a maximum of \$5,000 per physician and \$1,500 per mid-level practitioner).

After a successful site visit is performed, the funds will be disbursed to the practice.

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.