



COA Facts

Electronic Health Records FAQs

You may have heard there is incentive money available to update the technology in your office but haven't had the time to look into it. Below, COA has provided some basic information to help you understand the opportunities available and the new requirements for you to adopt electronic health records (EHR) in your office that are intended to improve patient care.

Q: What incentive payments are available to providers who adopt EHR?

A: There is money available from the federal government for optometrists and other providers who purchase EHR systems before 2015. Although incentive money is available under two different programs, Medicare and Medicaid, optometrists in California are not eligible for incentive payments under the Medicaid program.

Under the Medicare incentive payments, which began January 3, 2011, eligible health care practitioners can qualify for up to \$44,000 in payments through Medicare (\$48,400 in federally designated health profession shortage areas) over the course of the five-year program by implementing EHR systems that have been certified for use in the program and that meet the meaningful use standards. The sooner a provider adopts EHR, the more incentive payment money is available. Doctors should participate early to get the maximum incentive payments. No money is available after 2015.

The incentive program requires a minimum of \$24,000 in annual Medicare allowable charges. No incentive payment is available until this threshold is reached. To demonstrate "meaningful use", the provider will have to use the software for 90 days.

You can register for incentive payments before you have a certified EHR. For more information on incentive payments, click [here](#). To register for incentive payments, click [here](#).

Q: What do "Stage 1 meaningful use," "Stage 2 meaningful use" and Stage 3 meaningful use" mean?

A: To qualify for incentive payments, doctors must use the EHRs in a "meaningful" way, which means doctors will have to demonstrate that they are using the EHR as a tool to improve patient care. Merely purchasing and installing software will not be enough to qualify for incentive payments.

The EHR incentive program consists of three different stages of meaningful use requirements, with each stage requiring increasing use of EHRs and electronic information exchange.

A few days ago, CMS proposed an extension of Stage 1 so that providers have an additional year for implementation of Stage 2 criteria. This proposed rule delays the onset of those Stage 2 criteria for those providers until 2014, which CMS believes would allow the needed time for vendors to develop Certified EHR Technology that can meet the Stage 2 requirements.

The three stages of "meaningful use" are:

- **Stage 1 (which began in 2011 and remains the starting point for all providers):** "meaningful use" consists of transferring data to EHRs and being able to share information, including electronic copies and visit summaries for patients.
- **Stage 2 (to be implemented in 2014 under the proposed rule):** "meaningful use" includes standards such as online access for patients to their health information and electronic health information exchange between providers.



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- **Stage 3 (expected to be implemented in 2016):** “meaningful use” includes demonstrating that the quality of health care has been improved.

For more information about meaningful use, click [here](#).

Q: What software qualifies for incentive payments?

A: Software companies must be certified in order to be acceptable for use under the federal incentive programs. Below is a list of certified systems for optometrists:

Certified EHR systems for optometrists

- Compulink – Advantage/EHR 10
- Crowell Systems - Medformix
- Crystal Practice Management – Crystal Practice Management 3
- Diversified Ophthalmics – Practice Maximus Version 6
- EMRlogic Systems, activEHR™ 2011.1
- Eyefinity – OfficeMate/ExamWRITER 10.0
- First Insight Corp – MaximEyes SQL Electronic Health Records 1.1.0.0
- Health Innovation Technologies, Inc. – RevolutionEHR 5.1.0
- Medflow Electronic Health Records (EHR) Version 7.6
- QuikEyes, Inc. – QuikEyes Version 11.0
- Williams Group – Practice Director Version 4.0

Q: How do I determine what software is right for my practice?

A: One way to understand products' and vendors' strengths and weaknesses is to research them on line at one of the rating websites, including [KLASS](#) and [EHR Compare](#).

What are the penalties for not adopting EHR?

A: Health care practitioners who are not “meaningful users” of EHRs will face Medicare payment phased reductions, gradually increasing from 1 percent to as much as 5 percent, beginning in 2015.

Q: How many health care providers are adopting EHR?

A: To date, over 43,000 providers have received \$3.1 billion to help make the transition to electronic health records; the number of hospitals using EHRs has more than doubled from 16 to 35 percent between 2009 and 2011; and 85 percent of hospitals now report that by 2015 they intend to take advantage of the incentive payments.

Q: I can't adopt EHR in my office at this time. What other things can I be doing to get ready for the changes in 2014?

A: Even if you don't want to purchase EHR software at this time, you should be e-prescribing now. [Free e-prescribing software](#) is available for all health care providers. In addition to reducing medication errors, increasing practice efficiency and improving patient safety, providers who meet certain e-prescribing targets can get a bonus payment. For more information, click [here](#).



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Additionally, COA members and staff should focus on their medical record-keeping. It is quite clear that CMS will be auditing a significant number of physicians, including optometrists, during 2012 and 2013. All optometrists need to be reviewing their protocols for providing care. All care must be focused upon the needs of each patient at each visit, the medical record must include all details of each visit, orders for services must be included in each record, and all coding choices; CPT and ICD-9; are based purely upon the content of the patient's record.

Q: How can I get more information?

A: The Office of the National Coordinator for Health Information Technology has also released a [guide](#) to assist providers with selecting an EHR system.

Note: *The above information is provided for informational purposes only. It is not intended to replace the professional advice of legal counsel.*