

Home » News » Industry News

RECEIVE NEWS BY EMAIL



CMS will start incentive payments in May 2011

July 30, 2010 | Mary Mosquera, [Government Health IT](#)

WASHINGTON – The Centers for Medicare and Medicaid Services will begin to make meaningful use incentive payments to eligible physicians and hospitals as early as May 2011, according to a senior CMS official, who detailed steps the agency is taking to start up the incentive program.

CMS will open registration for the incentive program in January, said Karen Trudel, deputy director of the Office of E-Health Standards & Services at CMS. To begin receiving payments, healthcare providers must verify that they have demonstrated meaningful use of certified electronic health records for 90 days.

To fit in 90 days of meaningful use means, "that no one will be able to attest before April," she said. "The first payments will go out in the middle of May," she said at a July 28 meeting of the federal advisory Health IT Standards Committee.

Now that CMS has released its final rule on meaningful use, the agency is readying systems and processes that will trigger the payments. "We're now engineering back into the system all the changes that occurred in the final rule," she said.

Getting it right is important because CMS will pay out billions of dollars in incentives called for in the HITECH Act over the next several years, said Trudel, who indicated the pressure is on. "We are now working toward making all of this a reality and we have only about six months to do it," she said.

The agency will roll out a registration service in January so physicians and hospitals can sign up for the program. CMS must also test its systems to make sure they can handle the interactions transmitted through registration, attestation and payment.

Eligible hospitals and Medicare physicians must have a national provider identifier and be enrolled in the CMS Provider Enrollment, Chain and Ownership System (PECOS) if they aren't already to participate in the EHR incentive program. Most providers also need to have an active user account in the National Plan and Provider Enumeration System (NPPES).

PECOS manages, tracks and validates the enrollment of providers and suppliers in the Medicare program. NPPES is a system that assigns unique identifiers to health plans and providers in exchanging health information. CMS will use the records in these systems to register providers for the program and verify Medicare enrollment before making Medicare EHR incentive payments.

Certification Status

Meanwhile, the Office of the National Coordinator (ONC) is establishing a temporary EHR certification program and hopes to have multiple organizations ready to certify EHR products to eliminate "bottlenecks" in the process.

Certification will ensure that EHRs can perform the functions called for in the standards and certification criteria final rule that ONC released. Several organizations have applied to be temporary certifiers and testers, and ONC hopes to evaluate and stand up quickly the certification organizations.

Doug Fridsma, MD, ONC's acting director of standards and interoperability, could not say if they would be operational by Jan. 1, only that "we are working as hard as we can to meet those timelines."

Healthcare providers do not have to inform CMS what certified EHR system they are using until they submit information verifying they have met meaningful use requirements. That means providers may use a system that hasn't yet been certified but that they expect will qualify for certification by the time they fill out the CMS attestation module, Trudel said.

"Let's say if you have 90 days of meaningful use by April but don't have an EHR that is certified until March, you can still go ahead and attest," she said.

CMS will also set up a help desk to answer questions and offer basic information about the incentive program. Trudel said CMS and ONC would also make sure CMS regional offices and ONC regional extension centers, "are communicating ... so that if they get a question that's ours or we get a question that is theirs, we know how to reach each other."

Suggested Content

[CMS to align two quality reporting programs](#)

[CMS to test technology for closing window on fraud](#)

[HHS offers health data for new apps](#)

[CMS aims to make it easier for docs to collect incentives](#)

[Feds say public comments will shape final meaningful use rule](#)

[Public comments will shape final meaningful use rule](#)

[Panel points to missed opportunities in proposed meaningful use rules](#)

[Federal panel awaits public comment on standards rules](#)

[CMS prepares state HIT incentives guidance](#)

[Blumenthal puts quality reporting at core of meaningful use](#)

Related Resources

[Red Hat Open Source Technologies in Healthcare IT](#)

[On-Demand--Enabling Improved Quality of Care and Operational Efficiency through Semantic Interoperability](#)

[On-Demand--The Benefits of Client Virtualization in Healthcare](#)

[Web Seminar on August 19 @ 2 pm ET--Survey Results: Document Management Is a Core IT System](#)

[On-Demand--The Road Traveled: Providers' Perceptions of ARRA Legislation from Inception to Meaningful Use](#)

States, which administer Medicaid, are also busy readying their incentive programs for Medicaid providers. Trudel said that CMS would send by the fall a letter to state Medicaid directors with policy guidance to help states start up their programs.

Related Topics: [ARRA](#) [Electronic Health Records](#) [Karen Trudel](#) [Mary Mosquera](#) [Medicare](#) [Washington](#)

Reader Comments (0)

[LOGIN TO POST A COMMENT](#)