

EHR Adoption Metric – FAQ

This document provides additional details on how OHA is calculating the Electronic Health Record (EHR) Adoption metric for 2014 and explanations of changes in the denominator since the 2011 and 2013 data were produced. Please submit any additional questions to Sarah Bartelmann at sarah.e.bartelmann@state.or.us.

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Data Sources

What is the data source for the denominator?

OHA uses the provider network information (referred to as the provider network adequacy reports or provider network capacity tables) that each Coordinated Care Organization (CCO) is contractually required to submit. This information was submitted as Exhibit K in earlier contracts and was submitted as Exhibit G in the most recent contract.

To calculate the 2011 baseline and 2013 performance, OHA utilized the provider network information that CCOs submitted in summer 2012 (Exhibit K), upon becoming a CCO. To calculate 2014 performance, OHA is using the updated provider network information (Exhibit G) that CCOs submitted in summer / early fall 2014.

What is the data source for the numerator?

OHA uses two data sources for the numerator:

- Providers who receive a payment from the Medicaid EHR Incentive Program – this data set is maintained by OHA’s Office of Health Information Technology.
- Providers who receive a payment from the Medicare or Medicare Advantage EHR Incentive Program – this data set is maintained by the Centers for Medicare and Medicaid Services (CMS) and is made publically available online: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>

How often are the data sources for the denominator refreshed?

OHA updated the denominator in fall 2014, using the updated provider network information (Exhibit G reports) that CCOs submitted in summer / early fall 2014. Health Analytics staff will check with Medical Assistance Program (MAP) staff for any additional updated or revised Exhibit G reports prior to running the final 2014 measure in spring 2015.

How often are the data sources for the numerator refreshed?

Medicaid EHR Incentive Program payment data are updated weekly. OHA incorporates the most current Medicaid payment data into progress reports on the metric on a quarterly schedule

Medicare EHR Incentive Program payment data are updated by CMS each quarter. OHA incorporates the most current Medicare payment data into progress reports on the metric on a quarterly schedule.

Can a CCO provide additional information on providers or clinics they know have adopted EHRs?

No. The measure is based on providers who are participating in the EHR Incentive Program – only providers who receive payment through the Medicaid, Medicare, or Medicare Advantage programs will be counted in the numerator for this measure.

Denominator / Provider Types

Which providers are included in the EHR adoption measure denominator?

OHA calculates the denominator population beginning with the provider network information the CCO is contractually required to submit (see above) and then applies the following criteria:

- Providers must be within the CCO's contractual network (as indicated by inclusion in Exhibit G reports);
- Providers must be an eligible provider type under the EHR Incentive Program (see below);
- Provider must be within the CCOs assigned service areas (as indicated by zip code and NPI).

Providers that are not eligible provider types under the EHR Incentive Program, and/or providers who are eligible professional types and within a CCOs network, but outside of the assigned service areas are removed from the denominator.

What are the eligible professional (EP) types that are included in the measure?

CMS identifies certain professional types that are eligible for participation in the EHR Incentive Program. However, not all EP types that are eligible for the federal incentives are included in the CCO measure. For example, optometrists are excluded from the measure as they are not part of the CCO structure.

Medicaid EP types included in the measure:

- Physicians (must be DO or MD);
- Nurse Practitioners, including Certified Nurse Midwives; and
- Physicians Assistants in certain settings (only PAs who furnish services in a Federally Qualified Health Center or Rural Health Clinic that is led by a PA are eligible).

Medicare EP types included in the measure:

- Physicians (must be DO or MD);
- Podiatrists;
- Chiropractors

Note also that while dentists are eligible professional types for the EHR incentive program, OHA has excluded dentists from the measure because they were not initially part of the CCO structure. OHA may revisit the inclusion of dentists in the measure for a future measurement year, now that dental has been integrated into the CCO contracts.

Are mental health professionals included in the measure / eligible professionals?

Mental health professionals were only included in the measure if they were classified within the CCOs provider network information as a physician (i.e., psychiatrist or nurse practitioner). Other mental health professional types such as quality mental health professionals or licensed clinical social workers are not included.

Are dentists included in the measure / eligible professionals?

Dentists are eligible professional types for the EHR Incentive Programs. However, because they were not part of the initial CCO contracts, they are excluded in the denominator. OHA may revisit the exclusion of dentists in the measure for a future measurement year, now that dental has been integrated into CCO contracts.

Are optometrists included in the measure / eligible professionals?

Optometrists are eligible professional types for the Medicare EHR Incentive Program. However, because they were not part of the initial CCO construct, they are excluded in the denominator.

Are hospital-based providers included in the measure / eligible professionals?

It depends.

- Providers who delivered more than 90 percent of services in an inpatient or emergency department (as indicated by place of service codes 21 and 23) are classified as hospital-based and are ineligible for payment. The intent is that these providers are delivering the bulk of their services *in the hospital* and should participate in the hospital EHR program, rather than the provider EHR program.
- Being hospital based is not defined by specialties or by working in a hospital-owned clinic. Anesthesiologists or radiologists could be eligible as well as other providers who work in hospitals as long as they meet certain criteria and only deliver <90 percent of their services as inpatient or emergency department services.
- However, OHA does not know which providers within the provider network information reports are hospital-based and which are not. This information is not included within MMIS or tied to the NPI numbers. Therefore, OHA cannot exclude specific providers from the denominator because they may be hospital-based. These hospital-based providers are indirectly removed from the denominator via the adjustment factor (see below).

When would an eligible professional be excluded from the measure?

An eligible professional would be excluded from a CCO's denominator in any of the following scenarios:

- Provider is located outside of the CCO's servicing area;
- Provider NPI is not found within OHA's Medicaid Management Information System (MMIS);
- Provider NPI is missing a digit / otherwise incorrectly listed on CCO's provider network information report.

How can CCOs validate the denominator?

CCOs can validate the denominator using the OHA-provided list of providers and NPIs in any of the following ways:

- Check provider NPI numbers for errors which can include missing numbers, added letters, or the NPI listed for a provider is actually the clinic's NPI;
- Check for missing providers;
- Check for any eligible professional types that are not correctly listed (e.g., provider is actually nurse practitioner, but was listed as licensed practical nurse);
- Check for any changes in provider network – has CCO added or dropped contracted providers; any changes in credentialing; etc...

CCOs cannot provide any information to OHA that would remove provider types or individual providers from the denominator (unless incorrectly listed in the provider network information report, as indicated above).

Adjustment Factor

What is the adjustment factor?

Not all providers are eligible for participation in the EHR Incentive Programs due to their patient mix and other qualifying factors, such as being hospital-based). Some studies have found that 91 percent of physicians were eligible for the incentive program; other provider types have fewer who are eligible for participation.¹

As not all providers are eligible for participation, OHA must account for this in the denominator (i.e., OHA does not expect 100 percent of a CCO's contracted network to have received a payment from the EHR Incentive Programs).

However, OHA does not have data available to determine which providers are eligible for participation in the Medicaid, Medicare, or Medicare Advantage EHR Incentive Programs and therefore, another approach must be used to account for these ineligible providers in the denominator. The calculation that is applied to the denominator to account for these ineligible providers is called the adjustment factor.

Note that the adjustment factor does not remove specific providers from the list. Again, as OHA does not know which providers are eligible for participation and which are not, the adjustment factor is a mathematical step taken to reduce the denominator.

How were the adjustment factors determined?

The adjustment factors were developed based on estimates in the Stage 2 Federal Register, MMIS data, and EHR Incentive Program payment data. Multiple factors are applied to come up with a reasonable estimate for the number of eligible professionals for each program.

There is a separate adjustment factor for Medicaid and for Medicare, as the eligible professional types and payment criteria are different. See below for Medicaid and Medicare specific calculations.

¹ HealthAffairs April 24, 2012 "Most Physicians Were Eligible For Federal Incentives in 2011, But Few Had EHR Systems That Met Meaningful –Use Criteria", <http://content.healthaffairs.org/content/31/5/1100.full.html>

What is the Medicaid EHR Incentive Program adjustment factor?

Medicaid EHR Incentive Program adjustment factor methodology		
Calculation Step	Data Source	Eligible Professional type
<p>1) Identify eligible professionals who meet criteria for participation in the Medicaid EHR Incentive Program:</p> <p>Using page 54143 – Stage 2 fiscal analysis as a starting place, 568.9 million physicians and dentists have claims with Medicare.</p> <p>98.2 million of the Medicare eligible professionals meet the Medicaid patient volume requirements and are eligible for participation in the Medicaid incentive program. $98.2 / 568.9 = 17.2\%$</p>	42 CFR Parts 412, 413, and 495, Sept 4, 2012	Dentists and physicians
<p>2) Remove dentists from the calculation.</p> <p>Dentists comprise 10 percent of total Medicaid EHR Incentive payments to date and 10 percent of active Medicaid EP types in Oregon’s MMIS.</p> <p>Reduce running total by 1.72% ($17.2 * 10\%$) to represent the proportion of dentists in the provider population.</p> <p>Note: OHA may revisit the exclusion of dentists in the measure for a future measurement year, now that dental has been integrated into CCO contracts.</p>	MMIS and Medicaid EHR Incentive Program payment data	Dentists
<p>3) Incorporate other eligible professionals that only qualify for the Medicaid EHR Incentive Program – nurse practitioners, certified nurse midwives, pediatricians, and physician’s assistants.</p> <p>These other EP types represent 28 percent of active Medicaid EP types in Oregon’s MMIS and account for 32 percent of Medicaid EHR incentive payments.</p> <p>Increase running total by 5.0 percent ($15.5*32$) to represent this population.</p>	MMIS and Medicaid EHR Incentive Program payment data	Other EPs

What is the Medicare EHR Incentive Program adjustment factor?

Medicare EHR Incentive Program adjustment factor methodology		
Calculation Step	Data Source	Eligible Professional type
<p>1) Identify eligible professionals who meet criteria for participation in the Medicare EHR Incentive Program:</p> <p>Using page 54143 – Stage 2 fiscal analysis as a starting place 69 percent of eligible professionals.</p>	42 CFR Parts 412, 413, and 495, Sept 4, 2012	Dentists and physicians
<p>2) Remove dentists from the calculation</p> <p>Dentists comprise 0 percent of total Medicare EHR Incentive payments to date and 12 percent of active Medicare EP types in Oregon’s MMIS.</p> <p>The percent of payments to dentists in the Medicare EHR Incentive Program do not affect the calculation.</p> <p>Note: OHA may revisit the exclusion of dentists in the measure for a future measurement year, now that dental has been integrated into CCO contracts.</p>	MMIS and Medicare EHR Incentive Program payment data	Dentists
<p>3) Incorporate other eligible professionals that only qualify for Medicare EHR Incentive Program: Chiropractors and podiatrists.</p> <p>Chiropractors and podiatrists represent 3 percent of active providers in Oregon’s MMIS and account for 3 percent of incentive payments.</p> <p>Increase running total by 2% to represent these other eligible professionals (69.0 * .03).</p>	MMIS and Medicare EHR Incentive Program payment data	Other EPs

How are the adjustment factors applied to the denominator?

The adjustment factors are multiplied against the list of providers after OHA has already applied the filters described above (e.g., eligible professional types, zip codes). For example:

ACME CCO has 500 total providers listed in their provider network information report (Exhibit G).

- Of those 500 providers, 200 providers are eligible professional types for the Medicaid EHR Incentive Program and located within the CCO's service area.
 - The Medicaid adjustment factor is applied to the 200 providers: $200 * .205 = 41$.
- Of those same 500 providers, 100 providers are eligible professional types for the Medicare EHR Incentive Program (some of these 100 providers may be the same as the 200 EP types for Medicaid) and located within the CCO's service area.
 - The Medicare adjustment factor is applied to the 100 providers: $100 * .71 = 71$.
- The results are added together: $41 + 71 = 112$ providers remaining in ACME CCO's denominator.

Note that these 112 providers remaining in the denominator are still eligible in the numerator, if they receive a payment. The adjustment factors are only reducing the denominator to account for not all providers being eligible professional types or meeting other programmatic requirements such as patient volume.

In another example, if the adjustment factors remove 60 providers from the denominator, those 60 providers are still numerator-eligible, and if any of the 60 providers were to be eligible for the Medicaid or Medicare EHR Incentive Program and receive payment, the CCO would still receive credit for them in the measure.

Numerator

Which providers are included in the numerator?

Any providers from the denominator (eligible professional type, located within the CCO's service area) who received a payment from either the Medicaid or Medicare EHR Incentive Program anytime since 2011 are included in the numerator.

Is receiving a payment from the EHR Incentive Program the only way for a provider to be in the numerator?

Yes. OHA will not count providers who have adopted an EHR or are utilizing other HIT / HIE platforms in the numerator unless they are participating in the Medicaid, Medicare, or Medicare Advantage EHR Incentive Program and received an incentive payment.

CCOs cannot provide evidence or indicate providers on the denominator list that they know have adopted EHRs outside of the EHR incentive program for inclusion in the numerator.

Are Medicare Advantage Organization payments included in the numerator?

Yes. Payments made under the MAO Incentive Program are included in the numerator. OHA combines data for Medicare and Medicare Advantage.

If a provider received a payment in 2013 and was counted in the 2013 measure, do they have to receive a second payment in 2014 to count in the 2014 measure?

No. The numerator looks for a payment *anytime* between 2011 and current measurement year. Providers who received a payment in a prior year and were counted in either the baseline or the 2013 final numerator still continue in the 2014 numerator.

Why would a provider who was previously counted in the numerator (in 2011 or 2013) be removed from the 2014 numerator?

The only reason a provider who was previously included in the numerator would drop out in a subsequent measurement would be if the provider was removed from the denominator. The provider would be removed from the denominator (and thus the measure) if any of the following occurred:

- The provider is no longer listed in the CCO's provider network information report (Exhibit G);
- The provider is no longer credentialed (as indicated by the CCO in an update to the provider network information report);
- The provider is no longer located in the CCO's service area (as indicated by the CCO in an update to the provider network information, or within MMIS);

What if the federal EHR incentive payment went to the clinic, not the individual provider?

Federal EHR incentive payments may be paid directly to the individual provider or assigned to the provider's clinic. The numerator is based on the individual provider who was eligible for the incentive payment. The entity that actually received the payment is irrelevant in the calculation of the measure.

Reporting

How is OHA reporting the numerator and denominator to CCOs?

OHA reports the EHR Adoption measure to CCOs using the layout below to show the various steps in identifying eligible providers and applying the adjustment factor (see section above). The actual numerator and denominator for the measure are indicated below:

2014 calculation					
ACME CCO	Total Number of OHP Providers in zip code area (2014 provider tables)	Eligibility Adjustment Factor	Total number of eligible providers using adjustment factor	Providers who received a federal incentive payment for EHR adoption in 2014 - Running total	Current CCO EHR Adoption Rate
Total Medicaid	350	0.205	72	35	67.6%
Total Medicare	824	0.71	585	409	
Total Medicaid + Medicare	1174	NA	657	444	

Denominator
Numerator

How is OHA reporting the underlying provider level information to CCOs?

OHA reports the underlying provider level information to CCOs using the layout below.

CCO_NAME	ID_PROVIDER_NPI	PCP	2 Medicaid Payment Eligible	2 Medicare Payment Eligible	0 In Plan's Coverage Area	1 EHR Payment Anytime	1 2011 Medicare Payment	1 Medicare Payment Anytime	1 Provider Name
ACME CCO	16092698880		Y		Y	Y			Kent, Flynn
ACME CCO	10038429835			Y	Y		Y	Y	Delaney, Malcom
ACME CCO	13457967562		Y	Y	Y				Glenn, Felicity

The information in this table shows which providers within a CCO's provider network information report meet the criteria for inclusion in the denominator and the numerator, as well as running totals at the top of each column.

For inclusion in the denominator:

- Providers must be either Medicaid or Medicare payment eligible (as indicated by "Y" in column)
- Providers must also be in the CCO's coverage area (as indicated by "Y" in next column). Only providers who are in the CCO's coverage area are included in this table.

For inclusion in the numerator:

- Provider must have received an EHR (Medicaid) or Medicare payment anytime.

Why does the denominator appear to double-count providers?

In the sample provider table below, Dr. Felicity Glenn is eligible to participate in both the Medicaid and Medicare EHR incentive program. Because OHA does not know which providers will participate in which program, she is counted in both programs and then the adjustment factor is used to reduce the total count of providers across both programs.

CCO_NAME	ID_PROVIDER_NPI	PCP	Medicaid Payment Eligible	Medicare Payment Eligible	In Plan's Coverage Area	2011 EHR Payment	EHR Payment Anytime	2011 Medicare Payment	Medicare Payment Anytime	Provider Name
ACME CCO	16092698880		Y		Y		Y			Kent, Flynn
ACME CCO	10038429835			Y	Y			Y	Y	Delaney, Malcom
ACME CCO	13457967562		Y	Y	Y					Glenn, Felicity

Using this provider table as an example, OHA would then populate the reporting table:

2014 calculation					
ACME CCO	Total Number of OHP Providers in zip code area (2014 provider tables)	Eligibility Adjustment Factor	Total number of eligible providers using adjustment factor	Providers who received a federal incentive payment for EHR adoption in 2014 - Running total	Current CCO EHR Adoption Rate
Total Medicaid	2	0.205	.4	1	100%
Total Medicare	2	0.71	1.4	1	
Total Medicaid + Medicare	4	NA	2 (rounded up)	2	

Denominator Numerator

The double counting shows up in the table, but note that the adjustment factor is not applied to the total (bottom row), but is applied to the individual programs only. If OHA were using one adjustment factor for both Medicaid and Medicare and applying it to the total (bottom row), then providers would be double counted.