

Partnership for Medicaid

March 15, 2010

Charlene Frizzera
Acting Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Ms. Frizzera:

We, the undersigned members of the Partnership for Medicaid, welcome the opportunity to submit written comments on the Department of Health and Human Services Notice of Proposed Rule Making (NPRM), entitled, *Medicare and Medicaid Programs; Electronic Health Record Incentive Program [CMS – 0033–P; RIN 0938 – AP78]* that was posted in the Federal Register on January 13, 2010.

The Partnership supports the Electronic Health Record Incentive Program as we believe it is critical to improving the coordination and quality of care for Medicaid beneficiaries. Nevertheless, the Partnership suggests the following recommendations to ensure that the program promotes the adoption of EHRs rather than penalizes the patients and providers in greatest need for improved outcomes:

Simplify the meaningful use criteria to make it feasible for more Medicaid providers and hospitals to be eligible for incentives

Medicaid serves patients with special needs that are at the highest risk for complex and multiple chronic conditions. Medicaid patients still face significant obstacles to accessing high quality care. The adoption of electronic health records will yield the care coordination and patient safety that will result in improved outcomes is needed by this population.

The Partnership is concerned that the meaningful use criteria will be especially challenging for Medicaid providers to meet. Medicaid reimbursement is lower than for Medicare and commercial insurance and most Medicaid providers work in small practices with limited staff resources to implement EHR, even with incentive payments. We anticipate that many Medicaid providers will have difficulty meeting all of the currently proposed meaningful use criteria.

We recommend that CMS reconsider the “all-or-nothing” approach and allow providers to be eligible for incentives by meeting, or demonstrating progress towards meeting, a smaller set of the meaningful use criteria.

We refer you to the comments submitted by the Partnership organizations for additional recommendations on creating achievable meaningful use.

Encourage states to create consistent definitions of meaningful use

While we recognize that states are at various stages of implementing HIT programs, inconsistent state incentive programs and definitions of meaningful use will further exacerbate variations in the quality of care and pose challenges for entities promoting the adoption of EHR. Further, allowing states to add additional criteria for Medicaid penalizes providers and hospitals that are not eligible to qualify under the Medicare criteria, which cannot be enhanced. We recommend that CMS to continue to move towards standardization and guide states to creating consistent EHR incentive programs and meaningful use definitions.

Provide additional requirements for state payments to eligible providers and hospitals

The Partnership is concerned that there is not sufficient guidance to states on how EHR incentives should be paid to providers and hospitals. We recommend that CMS clarify that incentive payments to providers and hospitals are to be made separate from other Medicaid payments to ensure that other Medicaid services are paid in a timely manner and are dedicated to EHR implementation.

Additional recommendations from the Partnership for Medicaid member organizations

The undersigned organizations have submitted detailed comments on the proposed rule. We strongly encourage CMS to consider comments from these organizations that represent the hospitals, providers, and health plans that will be charged with implementing meaningful use of EHR for more detailed suggestions on the recommendations above and in additional areas such as quality measurement.

We appreciate the opportunity to respond to this critical proposed rule that will affect the Medicaid beneficiaries we represent. We are prepared to discuss these observations and recommendations with the government as you review the comments and move forward on the release of the Final Rule later this year. If you have any questions, please feel free to contact the Chair of Partnership for Medicaid, Thomas Johnson at 202-857-7520 or tjohnson@mhpa.org.

Sincerely,

American Academy of Family Physicians
American Congress of Obstetricians and Gynecologists
Association of Clinicians for the Underserved
Association for Community Affiliated Plans
Medicaid Health Plans of America
National Association of Children's Hospitals
National Association of Community Health Centers
National Association of Counties
National Association of Public Hospitals and Health Systems