



EHR Incentive Program Tip Sheet for Critical Access Hospitals

The American Recovery and Reinvestment Act (Recovery Act) of 2009 provides for incentive payments beginning in federal fiscal year (FY) 2011 for eligible critical access hospitals (CAHs) that are meaningful electronic health record (EHR) users. According to Section 1861 (mm)(1) of the Social Security Act, a CAH is defined as a facility that has been certified as a critical access hospital under section 1820(c). Additionally, CAHs may also be eligible for incentive payments insofar as they qualify as an acute care hospital under the Medicaid portion of the EHR Incentive Payments Final Rule. For purposes of the Medicaid EHR Incentive Program only, CAHs are treated exactly like acute care hospitals (e.g., must meet patient volume and are subject to the same incentive payment calculation as Medicaid acute care hospitals, not the special calculation listed below). The rest of this document talks about the special provisions for CAHs under the Medicare EHR Incentive Program.

CAHs that adopt a certified EHR system and are meaningful users can begin receiving incentive payments in any year from FY 2011 to FY 2015. However, in no case will a CAH receive an EHR incentive payment for more than four years.

While the law defines a payment year in terms of a federal fiscal year beginning with FY 2011, a CAH does not have to begin receiving incentive payments in FY 2011. CAHs can begin receiving payments in any year from FY 2011 to FY 2015; however, the number of years for which the CAH will be eligible to receive an EHR incentive payment will decrease for CAHs that demonstrate meaningful use and begin receiving incentive payments in FY 2013 and later. CAHs that are not meaningful users of certified EHR technology beginning in FY 2015 will be subject to payment adjustments.

Incentive Payment Calculation

Regardless of the payment year, the incentive payment is the product of the following:

1. The reasonable costs for the purchase of a certified EHR system
2. The Medicare Share plus 20 percentage points

Reasonable Cost

For purposes of determining a CAH's EHR incentive payment, reasonable cost is based on any costs incurred for the purchase of a certified EHR system during the cost reporting period and any similarly incurred costs from previous cost reporting periods to the extent that they have not been fully depreciated as of the cost reporting period involved. Reasonable cost includes acquisition costs, excluding any depreciation and interest expenses related to the acquisition, incurred for the purchase of depreciable assets such as computers and associated hardware and software necessary to administer certified EHR technology.

Medicare Share

For CAHs, the formula for the Medicare Share is as follows:

$$\frac{\text{\# of IP Part A Bed Days} + \text{\# of IP Part C Days}}{\text{Total IP Bed Days} \times \left[\frac{\text{Total Charges} - \text{Charges Attributable to Charity Care}}{\text{Total Charges}} \right]} + 20 \text{ percentage points}$$

IP=inpatient

The second step in determining the incentive payment for a meaningful user of certified EHR technology is to calculate the Medicare Share and then add 20 percentage points.

The numerator of the Medicare Share is the **sum** of:

- ◆ The estimated number of inpatient-bed-days attributable to individuals for whom payment may be made under Part A; and
- ◆ The estimated number of inpatient-bed-days attributable to individuals who are enrolled with a Medicare Advantage Organization under Part C.

The denominator of the Medicare Share is the **product** of:

- ◆ The estimated total number of inpatient-bed-days for the eligible CAH during such period; and
- ◆ The estimated total amount of the eligible CAH's charges during such period, not including any charges that are attributable to charity care, **divided by** the estimated total amount of the CAH's charges during such period.

Data on the CAH's Medicare fee-for-service and managed care inpatient-bed-days, total inpatient-bed-days and charges for charity care taken from the CAH's most recently filed 12-month cost report at the time of the calculation will be used as the basis for making preliminary incentive payments. Final payments will be determined at the time of settling the cost report for the CAH's fiscal year that begins during the payment year and settled on the basis of the CAH data from that cost reporting period. For example, for an eligible CAH with a cost reporting period running from July 1, 2010 through June 30, 2011, CMS would employ the relevant data from the CAH's most recently filed 12-month cost report (most likely the cost reporting period ending June 30, 2010) to determine the incentive payment for the CAH during FY 2011. However, the final incentive payment would be based on CAH data from the cost report that begins July 1, 2011 (fiscal year ending June 30, 2012), and determined at the time of settlement for that cost reporting period.





Note: The removal of charges attributable to charity care in the formula, in effect, increases the Medicare Share resulting in higher incentive payments for CAHs that provide a greater proportion of charity care. The amount comes from the Medicare Cost Report, Worksheet S-10.

Once the Medicare Share is determined, 20 percentage points are added to the number to arrive at the final factor in determining the total CAH payment.

Program Timeframe

CAHs may begin receiving incentive payments in any fiscal year beginning in FY 2011 and ending in FY 2015; however, CAHs cannot receive an incentive payment for a cost reporting period that begins in a payment year after FY 2015. This means that CAHs that demonstrate that they are meaningful users of certified EHR technology in FY 2011 or 2012 could receive up to four years of financial incentive payments. CAHs that begin receiving incentive payments later than FY 2012 will not be eligible to receive the full four years of incentive payments. Those CAHs who first receive an incentive payment for FY 2013 would only be eligible for three years of incentive payments. Likewise, CAHs that begin to demonstrate meaningful use of certified EHR technology in FY 2014 would only receive incentive payments for FY 2014 and FY 2015 and those who begin in FY 2015 would only qualify for an incentive payment for that year.

For FY 2016 and beyond, payment to CAHs for the purchase of additional EHR technology will be made under § 413.70(a)(1) in accordance with the reasonable cost principles that include the depreciation and interest costs associated with the purchase.

Reduction of Reasonable Cost

If a CAH has not demonstrated meaningful use of certified EHR technology for FY 2015, the CAH's reimbursement will be reduced from 101 percent of its reasonable costs to 100.66 percent. For FY 2016, reimbursement will be reduced to 100.33 percent of its reasonable costs. For FY 2017 and each subsequent fiscal year, reimbursement will be reduced to 100 percent of reasonable costs.

However, a CAH may, on a case-by-case basis be exempted from this adjustment if the CAH can demonstrate, on an annual basis, that becoming a meaningful user of EHR technology would result in a significant hardship. In no case will a CAH be granted an exemption for more than five years.

Note: More information on payment adjustments and the requirements to qualify for a hardship exemption will be provided in future rulemaking prior to the 2015 effective date.

Scenarios

The following scenarios illustrate how the CAH incentive payments are calculated each year. Each scenario is meant to show the differences in the incentive payments based on the CAH's reasonable costs and the Medicare Share.

CAH A

CAH A becomes a meaningful user and is eligible for incentive payments beginning in FY 2012. CAH A also incurred reasonable costs of \$500,000 for the purchase of certified EHR technology during the previous cost reporting period. The CAH depreciated \$100,000 of the costs of these items in the previous cost reporting period, leaving \$400,000 of undepreciated costs.

On its most recently filed 12-month cost report, CAH A had 300 Part A inpatient-bed-days and 400 Part C inpatient-bed-days, and its total inpatient-bed-days were 1,000. CAH A's total charges excluding charity care were \$2,000,000, and its total charges for the period were \$2,200,000. Based on this information, CAH A received a preliminary incentive payment of \$388,000 for being a meaningful user of certified EHR technology in FY 2012. Its incentive payment was calculated as follows:

Medicare Share – 0.97 = $([300 + 400] \text{ divided by } [1,000 \times (2,000,000/2,200,000)]) + 20 \text{ percentage points}$

Preliminary Incentive Payment – $400,000 \times 0.97 = \$388,000$

The CAH's final payment would be based on Medicare Share data from the cost report that begins during the payment year and determined at the time of settlement for that cost reporting period.

CAH B

CAH B becomes a meaningful user and is eligible for incentive payments beginning in FY 2014. CAH B incurred reasonable costs of \$350,000 for the purchase of certified EHR technology during the previous cost reporting period. The CAH depreciated \$50,000 of the costs of these items in the previous cost reporting period, leaving \$300,000 of undepreciated costs. In FY 2014 the CAH also incurred reasonable costs of \$200,000 for the purchase of certified EHR technology that will not be depreciated.

On its most recently filed 12-month cost report, CAH B had 6,000 Part A inpatient-bed-days and 3,000 Part C inpatient-bed-days, and its total inpatient-bed-days were 14,000. CAH B's total charges excluding charity care were \$8,000,000, and its total charges for the period were \$9,000,000. Based on this information, CAH B received a preliminary incentive payment of \$460,000 for being a meaningful user of certified EHR technology in FY 2014. Its incentive payment was calculated as follows:

Medicare Share – .92 = $([6,000 + 3,000] \text{ divided by } [14,000 \times (8,000,000/9,000,000)]) + 20 \text{ percentage points}$

Preliminary Incentive Payment – $500,000 \times 0.92 = \$460,000$

The CAH's final payment would be based on Medicare Share data from the cost report that begins during the payment year and determined at the time of settlement for that cost reporting period.

Additional Resources

For more information on the EHR incentive program, see <http://www.cms.gov/EHRIncentivePrograms/> on the CMS website.



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