Obama Signs HITECH Act for Healthcare IT

On February 17, 2009, as part of the American Recovery and Reinvestment Act of 2009, President Obama signed the Health Information Technology for Economic and Clinical Health (HITECH) Act, providing over $19 billion, including $2 billion in discretionary funds¹ to spur the widespread adoption of Electronic Health Record (EHR) usage in the US healthcare system.

The Act officially established the Office of the National Coordinator for Health Information Technology (ONCHIT) and HIT Policy and Standards Committees to recommend, develop, and promote a national HIT infrastructure.² The Act has several incentives and penalties incurred by the successful or unsuccessful adoption of “meaningful use” of certified EHR systems. Although the term “meaningful use” has yet to be defined, it would include electronic prescribing; information exchange between systems; qualitative reporting methods; additional coding of the use of an EHR system; and, the ability to complete survey responses in the system.³ ONCHIT would set standards for electronic health records systems for the hospital setting and the Certification Commission for Health Information Technology would certify software meeting this definition. In 2011, funding will become available for Medicare ($23.1 billion) and Medicaid ($21.6 billion) incentives.⁴

Under the Act, non-hospital based physicians will receive financial incentives or penalties through Medicare for use or non-use of EHRs. Beginning in 2011, eligible professionals can receive incentive payments of seventy-five percent [75%] of allowed Medicare charges to a total maximum of $44,000 over a five-year period if meaningful use of an EHR system begins by 2012.⁵ Adoption by 2013 reduces the total maximum charges to $39,000 and adoption by 2014 reduces the total maximum charges to $24,000.⁶ Beginning in 2015, practitioners not adopting meaningful EHR use will receive a one percent reduction in their Medicare fee schedule payment.⁷ This will increase to a two percent penalty in 2016 and three percent penalty in 2017. The Secretary of HHS will have the discretion, if less than seventy-five [75%] of practitioners have not adopted meaningful use of EHRs before 2018, to raise the penalty to as high as five percent. Medicaid providers will also receive incentives.⁸

A total of $1.5 billion will go toward federal grants for the implementation of EHR systems and capital improvements of EHR systems.⁹ In 2011 for every ten dollars the federal government provides toward state planning and implementation Grants to Promote HIT, the state must provide one dollar. In 2012 this ratio drops to seven to one. For 2013 and beyond for every three dollars of federal grant money the state must provide one dollar.¹⁰

Senator John Rockefeller has proposed legislation that will build upon the HITECH Act. Rockefeller’s Health Information Technology (IT) Public Utility Act of 2009 will form a federal Health Information Technology Public Utility Board that will work with open source developers and user groups to incorporate improvements and innovation in EHR software, ensure interoperability between the systems, develop quality and performance assessment modules, and integrate the systems into the Medicaid and CHIP billing processes.¹¹ The board will also oversee the creation of a universal child-specific health record to be used with federal children’s health programs. Open-source EHR software has successfully been implemented by the Department of Veterans Affairs, Indian Health Service, and several other providers.¹² This program would also assist rural and other smaller providers who might not have the financial ability to implement an EHR system despite the financial incentives provided under the HITECH Act and protect them from the eventual penalties for not adopting EHR technology.¹³

The bill is expected to foster EHR adoption across the country and improve coordination of care. The American Hospital Association (AHA) applauded the Act as its focus on providing incentives for the widespread EHR adoption will increase patient safety, reduce errors, and improve patient care. Further, the AHA supports the establishment of a national committee to set the EHR standards necessary for interoperable health records.¹⁴


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10 “HIT Incentives and State Grant Opportunities – American Recovery and Reinvestment Act of 2009.” By the Rural Health Resource Center. (change cite to actual statute location)
13 Health Information Technology (IT) Public Utility Act of 2009. Section 4(b)
Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: “The U.S. Healthcare Certificate of Need Sourcebook” [2005 – Beard Books], “An Exciting Insight into the Healthcare Industry and Medical Practice Valuation” [2002 – AICPA], and “A Guide to Consulting Services for Emerging Healthcare Organizations” [1999 John Wiley and Sons].

Mr. Cimasi is the author of numerous additional chapters in anthologies, books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious “Shannon Pratt Award in Business Valuation” conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Executive Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows.

Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the Senior Vice President of HEALTH CAPITAL CONSULTANTS (HCC), where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialties; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia, and is a Fellow of the American College of Healthcare Executives. He has co-authored “Research and Financial Benchmarking in the Healthcare Industry” (STP Financial Management) and “Healthcare Industry Research and its Application in Financial Consulting” (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser’s Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.

Anne P. Sharamitaro, Esq., is the Vice President of HEALTH CAPITAL CONSULTANTS (HCC), where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the Journal of Health Law, published by the American Health Lawyers Association. She has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in “Healthcare Organizations: Financial Management Strategies,” published in 2008.