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Receipt of Medicaid and Medicare EHR Incentive Payments by Physicians in New York

Highlights

- **By September 2012, 11% of licensed physicians in New York had received either a Medicaid or Medicare EHR incentive payment. Nationwide, 17.4% of physicians were incentive recipients.**
- **Regional extension center (REC) members¹ were significantly more likely than non-members to have received the Medicaid or Medicare incentive.**
- **Physicians practicing in primary care, in patient-centered medical homes (PCMHs), and in health professional shortage areas (HPSAs) in New York were more likely than other physicians to receive EHR incentive payments.**
- **Primary care physicians and physicians in freestanding medical clinics were more likely than other physicians to participate in the Medicaid EHR incentive program.**
- **Physician gender, race/ethnicity, and age were all related to the likelihood of receiving incentive payments. Female physicians and physicians who were Asian or an underrepresented minority were more likely than male physicians or White physicians to be EHR incentive recipients.**
- **Physicians practicing in rural areas in New York were more likely to be enrolled in the Medicare EHR incentive program than their urban counterparts.**

Background

The Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009 established the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs, which provided incentive payments to eligible professionals (EPs) who could demonstrate meaningful use of certified EHR technology. The Medicare incentive program is administered by the Centers for Medicare and Medicaid Services (CMS), while the Medicaid program is administered at the state level. This research brief examines variation in the characteristics of licensed physicians who received payments from either incentive program through September 2012.

The Center for Health Workforce Studies (the Center) accessed program data from both CMS and the New York State Department of Health (NYSDOH) to conduct this analysis. Data from the New York physician re-registration survey (2009-2010), regional extension center (REC) membership lists, and the National Committee for Quality Assurance (NCQA) were also used in the analysis.

¹ Regional Extension Centers (RECs) receive federal funding to help primary care providers adopt and use EHRs through outreach and education and they provide EHR support and technical assistance in implementing and becoming meaningful users of EHRs. There are two RECs in the state: NYC REACH and New York eHealth Collaborative.

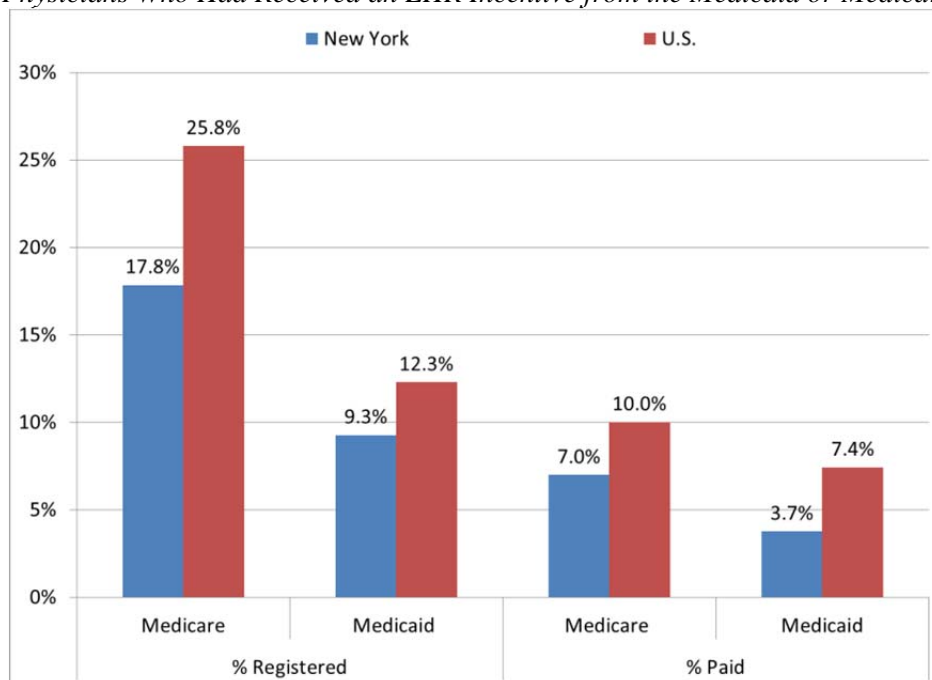
Key Findings

In September 2012, 11% of licensed physicians in New York had received either a Medicaid or Medicare EHR incentive payment. Nationwide, 17.4% of physicians were incentive recipients.

CMS summary data indicate that the percentage of physicians in New York who had registered for the Medicare incentive program as of August 31, 2012 was somewhat below the national average (17.8% compared to 25.8%), and the percentage who had registered for the Medicaid incentive program was also lower in New York than it was nationwide (9.3% compared to 12.3%). The percentage of physicians who had received an incentive payment from either of the EHR incentive programs was lower in New York than in the U.S. overall (7.0% in New York compared to 10.0% in the U.S. for Medicare, 3.7% in New York compared to 7.4% in the U.S. for Medicaid).

The percentage of program registrants who received a payment from the Medicare EHR incentive program was similar in New York (39.1%) and the U.S. (38.8%). However, the percentage of physicians in New York who had registered for and received a Medicaid incentive (40.4% of registrants) was much lower than the percentage of physicians nationally who were registered with a state Medicaid incentive program and had received an incentive payment (60.4% of registrants).

Figure 1. Percent of Physicians Registered with the Medicaid or Medicare Incentive Programs and the Percent of Physicians Who Had Received an EHR Incentive from the Medicaid or Medicare Programs

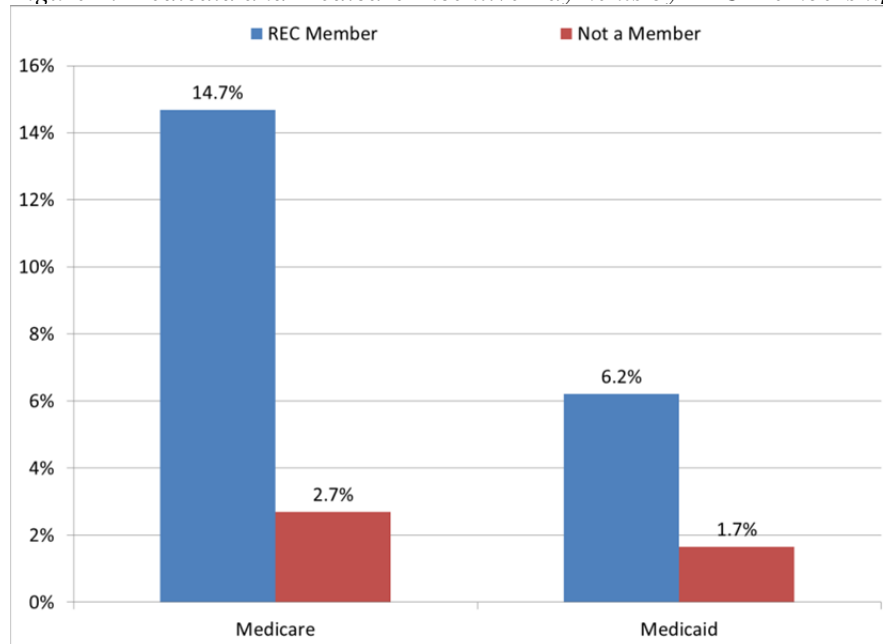


Source: Centers for Medicare and Medicaid Services, program reports, through August 31, 2012

REC members were significantly more likely than non-members to have received a Medicaid or Medicare incentive.

REC members registered with the Medicaid incentive program earlier on average than other physicians (3.6 months after the start of the Medicaid program compared to 4.8 months for non-members).

Figure 2. Medicaid and Medicare Incentive Payments by REC Membership



Source: Centers for Medicare and Medicaid Services, payee list, through August 31, 2012; New York State Department of Health Medicaid Incentive program data through September 27, 2012; REC membership lists through June 28, 2012

Physicians practicing in PCMHs and HPSAs in New York were more likely than other physicians to receive EHR incentive payments.

In New York, physicians practicing in PCMHs were much more likely than physicians who were not practicing in PCMHs to receive the Medicaid EHR incentive (10.8% compared to 1.8%) or the Medicare EHR incentive (12.6% compared to 2.8%). Physicians practicing in facility HPSAs² were much more likely than physicians not in facility HPSAs (21.4% compared to 1.7%) to receive the Medicaid incentive, but they were less likely to receive the Medicare incentive (0.2% compared to 3.5%). Similarly, physicians practicing in geographic HPSAs were more likely than physicians who were not practicing in geographic HPSAs to receive either the Medicaid or the Medicare incentive (2.6% compared to 1.9% and 4.5% compared to 3.4%, respectively).

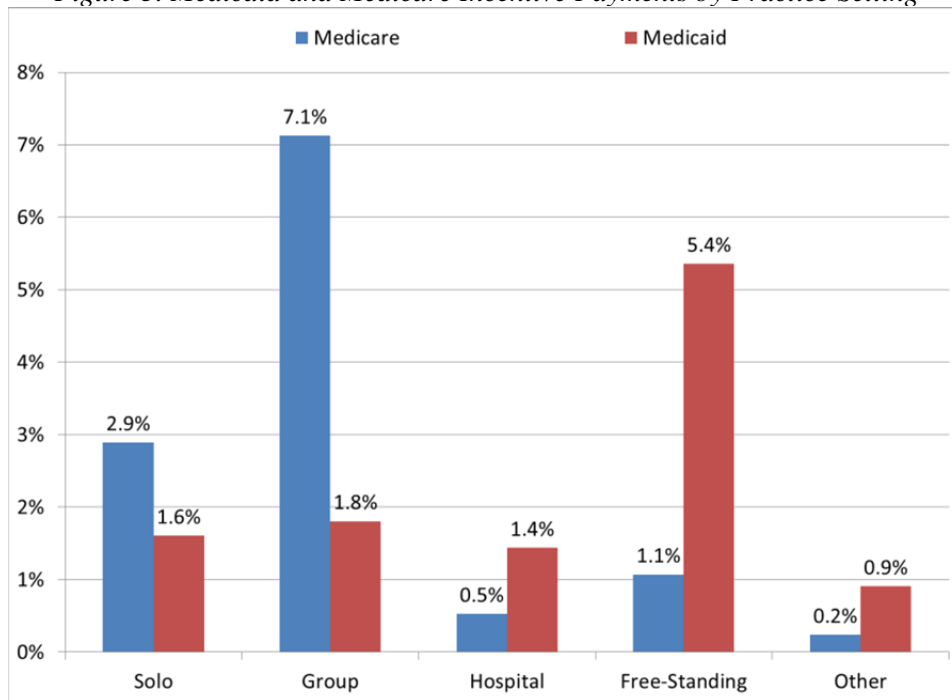
Primary care physicians and those in freestanding medical clinics were more likely than other physicians to participate in the Medicaid EHR incentive program.

Primary care physicians and ob/gyns were more likely than other specialist physicians to receive the Medicaid EHR incentive (3.5% and 2.3%, respectively, compared to 0.9%). However, ob/gyns and other specialists were significantly less likely than primary care physicians to receive the Medicare incentive (1.4% and 2.5%, respectively, compared to 5.2%). Physicians practicing in group settings

² A facility HPSA includes a federally qualified health center, a community health center, a public health center, an outpatient medical facility, a community mental health center, a state mental hospital, a facility for long-term care or rehabilitation, a migrant health center or an Indian Health Service facility, a state correctional institution, a U.S. penal or correctional institution, or a public health service medical facility (HRSA, HPSA Designation Criteria, 2013).

were the most likely to receive Medicare incentive payments (7.1%), while physicians in freestanding medical clinics were the most likely to receive Medicaid incentive payments (5.4%).

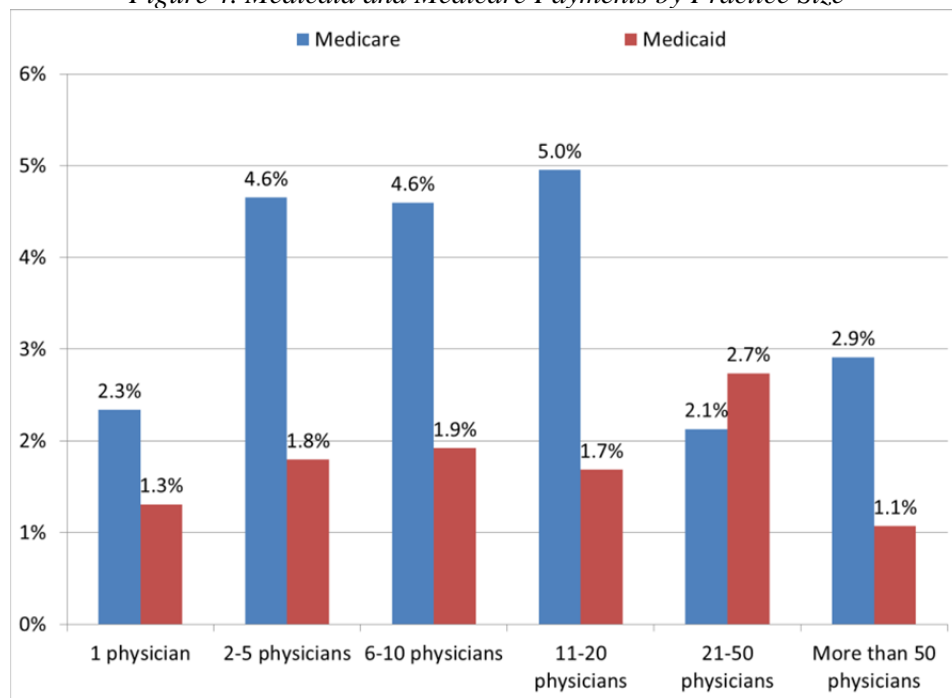
Figure 3. Medicaid and Medicare Incentive Payments by Practice Setting



Source: Centers for Medicare and Medicaid Services, payee list, through August 31, 2012; New York State Department of Health Medicaid Incentive program data through September 27, 2012; New York State Physician Re-registration Survey

Physicians in mid-size group practices were more likely than either solo practice physicians or very large group practices to receive either a Medicaid or Medicare EHR incentive payment.

Figure 4. Medicaid and Medicare Payments by Practice Size

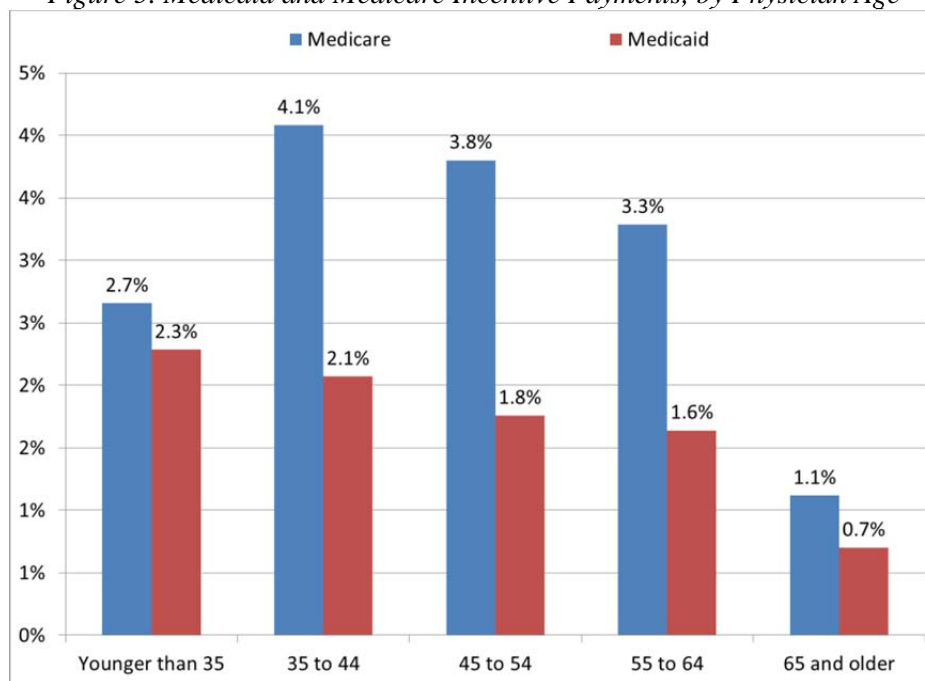


Source: Centers for Medicare and Medicaid Services, payee list, through August 31, 2012; New York State Department of Health Medicaid Incentive program data through September 27, 2012; New York State Physician Re-registration Survey

Physician gender, race/ethnicity, and age were all related to the likelihood of receiving incentive payments.

Female physicians were significantly more likely than their male counterparts (2.4% compared to 1.4%) to have received a Medicaid incentive, but female physicians were less likely to have received a Medicare EHR incentive than male physicians in New York (2.3% compared to 3.7%). Similarly, Asian and underrepresented minority (URM)³ physicians were more likely than White physicians to have received a Medicaid incentive payment (2.6% and 2.9%, respectively, compared to 1.3%), but less likely to have received a Medicare incentive payment (2.2% and 1.7%, respectively, compared to 3.8%). The likelihood of receiving a Medicaid or Medicare EHR incentive payment declined with physician age.

Figure 5. Medicaid and Medicare Incentive Payments, by Physician Age



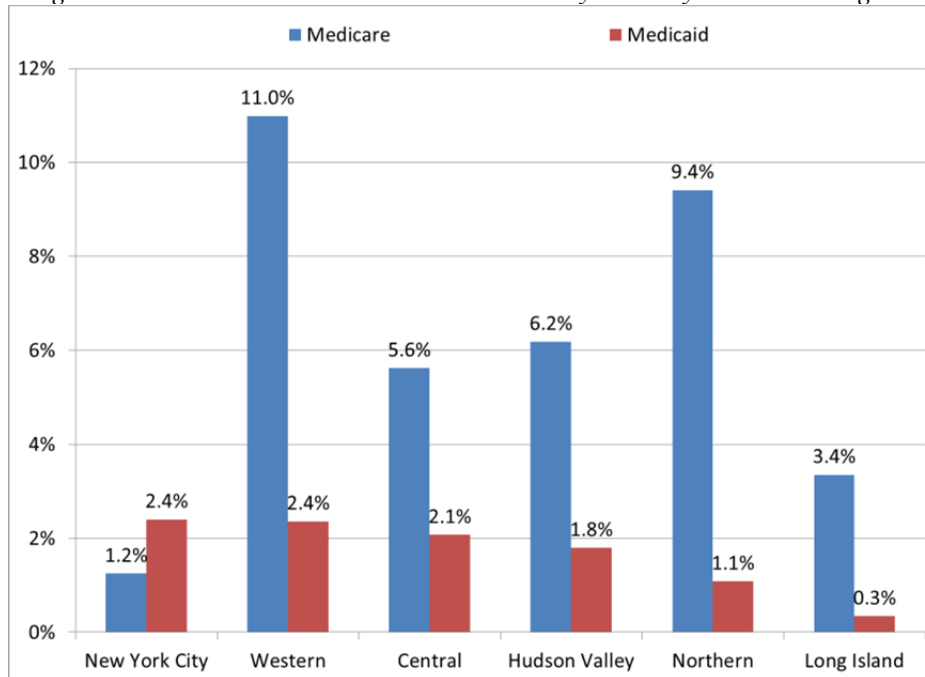
Source: Centers for Medicare and Medicaid Services, payee list, through August 31, 2012; New York State Department of Health Medicaid Incentive program data through September 27, 2012; New York State Physician Re-registration Survey

Physicians practicing in rural areas in NY were more likely to be enrolled in the Medicare EHR incentive program than their urban counterparts.

The percentage of rural physicians in New York who received a Medicaid EHR incentive was similar to the percentage of urban physicians who received an incentive (1.7% compared to 1.9%). However, rural physicians were much more likely to receive a Medicare incentive payment than were urban physicians (9.3% compared to 3.1%). Physicians in the New York City and Western regions were somewhat more likely than physicians in other areas of the state to receive a Medicaid EHR incentive.

³ Underrepresented minorities in medicine include Blacks/African Americans, Hispanics/Latinos, and American Indian/Alaska Natives.

Figure 6. Medicaid and Medicare Incentive Payments by HEAL NY Regions



Source: Centers for Medicare and Medicaid Services, payee list, through August 31, 2012; New York State Department of Health Medicaid Incentive program data through September 27, 2012; New York State Physician Re-registration Survey

Conclusions

Certain factors were strongly related to the likelihood of a physician receiving either a Medicare or Medicaid EHR incentive payment. Physicians who had successfully applied for and received an incentive payment by September 2012 were presumably those who applied early to the program. As greater numbers of physicians become meaningful users of EHRs and register for the incentive programs, factors that contribute to the likelihood of receiving an EHR incentive may change. The EHR incentive recipients highlighted in this report might be characterized as early adopters. Some successful program applicants likely accessed helpful resources (e.g., through REC membership or the PCMH program) that facilitated their application process and contributed to fewer delays in acceptance to the programs than perhaps other physicians who applied at the same time but did not have access to those resources.

The Center for Health Workforce Studies

This brief was prepared by the Center for Health Workforce Studies at the School of Public Health, University at Albany, State University of New York. Center staff members who worked on this brief include Sandra McGinnis, Jean Moore, Gaetano Forte, and Margaret Langelier. The New York Physician Re-registration Survey is part of the Center's New York Health Workforce Data System.

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