

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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Baltimore, Maryland 21244-1850



## **CENTER FOR MEDICARE**

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**DATE:** May 22, 2013

**TO:** All Medicare Advantage Organizations

**FROM:** Cheri Rice /s/  
Director, Medicare Plan Payment Group

**SUBJECT:** **2013 Electronic Health Record Incentive Program for Medicare Advantage Organizations**

Qualifying Medicare Advantage (MA) organizations may receive incentive payments for their qualifying MA Eligible Professionals (MA EPs) and qualifying MA-affiliated Eligible Hospitals (MA EHs) that meaningfully use certified electronic health record (EHR) technology and that meet other requirements. See 42 CFR §495.200 for the definitions of “qualifying MA organization,” “qualifying MA EP,” and “qualifying MA-affiliated eligible hospital.” The purpose of this memorandum is to provide guidance to MA organizations that are considering participation in the MA EHR Incentive Program for payment year 2013.

An MA organization may qualify for the MA EHR Incentive Program provided the MA organization is organized as a health maintenance organization (HMO) as defined in section 2791(b)(3) of the Public Health Service (PHS) Act, which includes a Federally qualified HMO, an organization recognized as an HMO under State law, or a similar organization regulated for solvency under State law in the same manner and to the same extent as an HMO. Absent evidence to the contrary, an MA organization that offers an MA HMO plan is generally deemed to satisfy the PHS Act HMO definition. If an MA organization does not offer an MA HMO plan and instead offers only other types of MA plans, it must attest by June 28, 2013, for payment year 2013, that it meets the PHS Act definition of “HMO.” The attestation must be signed by the Chief Executive Officer or another responsible officer of the qualifying MA organization and be submitted to CMS via the CMS MA HITECH mailbox at [MA\\_EHRincentiveprogram@cms.hhs.gov](mailto:MA_EHRincentiveprogram@cms.hhs.gov). The attestation form is attached to this document.

### ***EHR Incentive Program Registration and Attestation***

Registration of MA EPs through the Health Plan Management System (HPMS): By June 28, 2013, a qualifying MA organization must use HPMS to register MA EPs it expects to meet MA program requirements for EHR incentive payments in 2013. Qualifying MA organizations must use the template located in HPMS when the 2013 registration module becomes available on June 24. This template will be used for the initial submission in June 2013. Note that registration in June 2013 is for the 2013 EHR incentive payment year.

The list of MA EPs that a qualifying MA organization expects to claim will be run against the National Level Repository (NLR) in order to provide feedback to qualifying MA organizations on MA EPs that:

- Do not have a valid National Provider Identifier (NPI) Type-1;
- Are on the Death Master File;
- Have also registered for the Original Medicare or Medicaid EHR Incentive Programs;
- Have already received payment under the Original Medicare or Medicaid EHR Incentive Programs;
- Have been identified as having federal exclusions; or
- Are identified as having state rejections.

Each qualifying MA organization will have the opportunity to make additions and corrections to its MA EP registration file during the last week of each month through December 2013, using the HPMS template.

Final Registration of, and Attestation for, Qualifying MA EPs through HPMS: Final registration and attestation of meaningful use for qualifying MA EPs must be completed in HPMS no later than two months after the close of the payment year for which EHR incentive payments are sought. For the 2013 EHR incentive payment year, final registration and attestation for qualifying MA EPs must be submitted on or before 11:59 p.m. EST, March 1, 2014. Additional information on the HPMS final registration and attestation module will be provided at a later date.

To minimize post-payment issues, a qualifying MA organization is required to notify those physicians it plans to register as MA EPs of its intention to seek an MA EHR incentive payment that would be made to the MA organization. The qualifying MA organization must also inform such EPs that, if the qualifying MA organization receives MA EHR incentive payments for such EPs for a payment year, the EPs are not eligible to receive a *partial or full* EHR incentive payment under the Original Medicare EHR Incentive Program or Medicaid Program for the same year.

Registration of MA EHs through HPMS: By June 28, 2013, a qualifying MA organization must use HPMS to register the MA EHs it expects to meet MA program requirements for EHR incentive payments in 2013. Qualifying MA organizations must use the template located in HPMS when the 2013 registration module becomes available on June 24. Note that registration in June 2013 is for the 2013 EHR incentive payment year. The list of MA EHs that a qualifying MA organization expects to claim will be checked by the NLR, and the NLR will provide feedback to the organizations. CMS will also notify qualifying MA organizations of any hospital it is claiming that has registered in the NLR as anything other than “MA-affiliated.”

Registration by MA EHs in the NLR: Once the applicable qualifying MA organization submits its initial list of MA EHs it expects to claim, those qualifying MA EHs must also register as “MA-affiliated eligible hospitals” in the NLR.

Final Registration of, and Attestation for, Qualifying MA EHs through NLR: Final registration and attestation of meaningful use for qualifying MA EHs for the 2013 EHR incentive payment year must be completed in the NLR by 11:59 p.m. on November 30, 2013. Additional information on the HPMS final registration and attestation module will be provided at a later date.

### ***Methodologies for Calculating Qualifying MA EP Compensation***

All qualifying MA organizations registering MA EPs are required to submit the methodology or methodologies that will be used to calculate the portion of each qualifying MA EP's salary or compensation that is attributable to providing services that would otherwise be covered as Part B services to MA plan enrollees of the qualifying MA organization in the payment year. A CMS-approved methodology is a prerequisite for submitting a final registration and attestation and receiving an MA EHR incentive payment for MA EPs. Methodologies may be submitted by a third party, but in those instances, qualifying MA organizations must facilitate the submission and explanation of the methodologies to CMS. Proposals must be specific and thoroughly explain the methodology that will be used. CMS will not approve methodological proposals that do not contain sufficient information to allow CMS or its auditors to verify the compensation paid to each qualifying MA EP. Furthermore, CMS will require the methodologies to be reasonable in light of the specific employment and/or compensation arrangements between the MA EP and the MA organization, or the MA EP and the entity contracting with the MA organization.

Methodological proposals must be approved by CMS on or before October 1, 2013, for 2013 EHR incentive payments. When submitting a methodology or methodologies (whether submitted by the qualifying MA organization or a third party), the qualifying MA organization (or third party) must:

- Use the attachment "2013 EHR Payment Methodology Submissions Template" for each methodology submitted;
- Clearly identify the name of the qualifying MA organization (and third party, as applicable);
- Clearly identify the associated qualifying MA organization contract number or numbers;
- Explain the methodology or methodologies that will be used to calculate the portion of each qualifying MA EP's salary or compensation that is attributable to providing services that would otherwise be covered as Part B professional services to MA plan enrollees of the qualifying MA organization in the payment year;
- Explain if overhead will be claimed and how it will be calculated (as well as the percentage of overall compensation it will represent, as applicable). (See below for further discussion of overhead.);
- Include any other information CMS will need to analyze the methodology or methodologies;
- Submit their methodology or methodologies to CMS by 11:59 p.m. EST on June 28, 2013;
- Submit methodologies to CMS via the CMS MA HITECH mailbox at [MA\\_EHRincentiveprogram@cms.hhs.gov](mailto:MA_EHRincentiveprogram@cms.hhs.gov); and
- Submit methodologies in PDF-file, Word doc., or other similar format using the template provided with this document.

To help CMS process methodologies, qualifying MA organizations should note the following:

- If more than one methodological explanation is needed to document different payment arrangements with MA EPs, a single document should be used;
- The methodology or methodologies should include a section that discusses how the qualifying MA organization's MA EPs meet the definition of "qualifying MA EP." For example, if MA EPs are employed by, or are partners of, an entity contracting with the qualifying MA organization, a section of the methodology should specifically address how the applicable contracting entity and MA EPs together meet the requirements of the definition

of “qualifying MA EP” set out in 42 CFR 495.200;

- A separate section of the methodology or methodologies should address how compensation will be calculated for the purpose of determining the value of Part B services provided by MA EPs to MA plan enrollees of the qualifying MA organization;
- An estimate of the number of qualifying MA EPs covered by a given methodology; and
- The practice type or types covered by a given methodology (multi-specialty clinic, PCP clinic, solo practice, etc.).

Qualifying MA Organization Claiming Overhead On Behalf of EPs: A qualifying MA organization may include an additional amount related to overhead, when appropriate, attributable to services provided by a qualifying MA EP to MA plan enrollees of the qualifying MA organization. “When appropriate” means when an MA EP’s compensation does not account for practice costs that would otherwise be part of the Part B professional charges normally paid to an EP billing under the Original Medicare Part B fee schedule. A qualifying MA organization may develop a reasonable and auditable methodology for estimating the amount of those costs. In instances where a third party will be submitting a methodology directly to CMS, the qualifying MA organization must facilitate the submission and explanation of the overhead estimation methodology.

MA EPs Not Directly Compensated by the Qualifying MA Organization: A qualifying MA organization may submit a compensation methodology or methodologies on behalf of its MA EPs who are not directly compensated by the qualifying MA organization. The methodologies may also be submitted directly to CMS by the MA EPs or the entity that employs or partners with the MA EPs, to the extent the entity or MA EPs do not wish to disclose the MA EPs’ compensation arrangement to the qualifying MA organization. But in instances when the compensation methodology is submitted by MA EPs or the entity that employs or partners with them, CMS will require the qualifying MA organization to *facilitate* the submission and explanation of a methodology or methodologies that are consistent with the requirements set out above.

### ***Meaningful Use Attestation***

“Meaningful use of certified EHR technology” includes, but is not limited to, the requirement that, for the *first* payment year a qualifying MA organization participates in the MA EHR Incentive Program, any MA EP or MA EH that the qualifying MA organization claims must meaningfully use certified EHR technology as defined by CMS during a continuous 90-day period within the payment year. Subsequent years, which potentially include the second, third, fourth, and fifth payment years, *for the MA organization* are based on the first year that the MA organization participated. Thus, if an MA organization participates in the MA EHR program in 2011 but skips 2012, 2012 is the second payment year for that MA organization.

Please note that the payment year is always the same *for all MA EPs* claimed by the MA organization – see section 1853(l)(3)(C) and 42 CFR §495.200. This means that, in any MA organization’s subsequent payment years, all MA EPs claimed by the MA organization must meet meaningful use for the full payment year.

The same is not true for MA EHs. Consistent with the fee-for-service part of the EHR Incentive Payment Program and the preamble of the Stage 1 regulations, the “*first* payment year” relates

specifically to each given MA EH, and the year for which an MA organization receives an incentive payment for the given MA EH (as opposed to the first payment year that an MA organization participates in the MA EHR program in general). Therefore, for the first payment year that an MA organization receives a payment *for a given MA EH*, the MA EH must meaningfully use certified EHR technology during a continuous 90-day period within that payment year. For MA EHs, “subsequent payment year” means any payment year after the first payment year that an MA organization received an incentive payment specifically for a given MA EH, and for which the given MA EH must meaningfully use certified EHR technology as defined by CMS for the full payment year.

For more information on the criteria and other requirements of meaningful use, see CMS’s final rule for Stage 1 of the program (75 Fed. Reg. 44314, July 28, 2010), final rule for Stage 2 of the program (77 Fed. Reg. 171, September 4, 2012) and the EHR Incentive Programs website (<http://www.cms.gov/EHRIncentivePrograms/>).

**Qualifying MA EP:** The qualifying MA organization must submit via HPMS the attestation of meaningful use for each qualifying MA EP. The attestation must be completed no later than two months after the close of the payment year (see 42 CFR 495.210(b)). For payment year 2013, CMS plans to open the MA EP HPMS meaningful-use-attestation portal in February 2014, and the attestation must be completed no later than March 1, 2014. The qualifying MA organization will be required to attest to the meaningful use objectives for each qualifying MA EP as specified in 42 CFR §495.6. It should be noted that a qualifying MA organization will not be required to submit an attestation with respect to the ambulatory clinical quality measures (CQMs) noted in 42 CFR 495.6(d)(10) for qualifying MA EPs because these CQMs are already reported by qualifying MA organizations through other means.

**Qualifying MA EHs:** Qualifying MA EHs, as opposed to the qualifying MA organization, will attest to meaningful use of certified EHR technology through the NLR. Only those qualifying MA EHs that have first been registered by the applicable qualifying MA organization through HPMS as “MA-affiliated eligible hospitals” will be able to register and attest to meeting the meaningful use requirements in the NLR. Attestation for qualifying MA EHs must be completed by 11:59 p.m. on November 30, 2013, for the payment year that ends on September 30, 2013. The qualifying MA EH will submit an attestation for each of the meaningful use objectives as specified in 42 CFR §495.6. Similar to qualifying MA EPs, the qualifying MA EH will not attest with respect to hospital CQMs in 42 CFR §495.6(f)(9).

### ***Reporting Part B Annual Revenue for Qualifying MA EPs***

A qualifying MA organization must also submit for each qualifying MA EP (whether salaried or not salaried), the actual annual amount of compensation received by the qualifying MA EP (whether salaried or not salaried) for services provided to MA plan enrollees of the qualifying MA organization that would otherwise be covered under Part B. This information must be submitted via HPMS by 11:59 p.m. EST on March 1, 2014, for payment year 2013.

**Qualifying MA EP Not Employed by the Qualifying MA Organization:** While a qualifying MA organization is required to submit the actual annual amount of compensation received by each qualifying MA EP for Part B services provided to MA plan enrollees of the qualifying MA organization, in instances when a qualifying MA organization does not have such information

available, the qualifying MA organization may obtain an attestation regarding such compensation amount from the qualifying MA EP (or from the entity that employs or partners with the qualifying MA EP). The qualifying MA organization may then base its submission to CMS on the attestation received from the qualifying MA EP (or from the entity that employs or partners with the qualifying MA EP). See 42 CFR §495.204(b)(5).

Each compensation attestation may cover one or more qualifying MA EP, provided the amount is auditable back to a given qualifying MA EP. If a qualifying MA EP (or entity that employs or partners with the qualifying MA EP) does not wish to disclose to the qualifying MA organization the total amount of such compensation received by the qualifying MA EP for services that would otherwise be Part B services, the attestation may be limited to the amount of such compensation that would cause the qualifying MA organization to receive the maximum MA EHR incentive payment with respect to an MA EP. For example, for the 2013 payment year, the attestation could be limited to \$20,000 of the total amount of such compensation received by the qualifying MA EP if it is the first MA EHR incentive payment year for the qualifying MA organization. If the qualifying MA organization is in its second MA EHR incentive payment year, the attestation amount could be limited to \$16,000. Attestations are also appropriate when an EP is not employed by the MA organization for a full year. The attestation in this case would cover services provided by the EP prior to his or her employment by the MA organization.

### ***Health Professional Shortage Area (HPSA)***

Section 1848(o)(1)(B)(iv) of the Social Security Act provides that the amount of the annual EHR incentive payment limit for each payment year be increased by 10 percent for MA EPs who predominantly furnish services in a HPSA. The term “predominantly” means the MA EP furnished more than 50 percent of his or her covered Medicare professional services to MA enrollees of the qualifying MA organization in a designated geographic HPSA during the payment year.

However, an MA organization does not automatically receive a HPSA bonus merely because its qualifying MA EPs predominantly served in a geographic HPSA. In order for the MA organization to receive the 10 percent increase, the MA EP would need to provide 10 percent more than the maximum allowable charges of Medicare Part B covered professional services to MA Plan enrollees of the qualifying MA organization. Thus, for MA EPs who predominantly furnish services in a geographic HPSA, the “incentive payment limit” would be \$16,500 instead of \$15,000 if the first MA EHR payment year for the qualifying MA organization with respect to the MA EP was 2013, and the maximum attestation amount would be \$22,000 instead of \$20,000. Therefore, when entering Part B covered professional services amounts into HPMS after the close of the payment year, the qualifying MA organization would need to enter an amount greater than \$20,000 in Part B covered professional services, which would then result in the qualifying MA organization receiving a HPSA bonus equal to 75 percent of the amount of Part B covered professional services between \$20,000 and \$22,000, if the first payment year is 2013. Merely checking in HPMS that the MA EP provided services in a geographic HPSA will not result in a HPSA payment. More information on where to include the additional Medicare Part B covered professional services will be provided at a later date.

### ***Qualifying MA EH Payments***

A qualifying MA organization will submit its preliminary and final lists of MA EHs via HPMS. The MA EH will perform the remainder of the tasks via the NLR to receive payment, and will actually receive the payment on behalf of the qualifying MA organization. Qualifying MA organizations are required to receive payment through their qualifying MA EHs under the Original Medicare EHR Incentive Program instead of through the MA EHR Incentive Program. A qualifying MA organization that has MA EHs must sign an amendment to its contract with CMS to offer an MA plan that will permit CMS to make payment directly to the qualifying MA EH on behalf of its qualifying MA organization. Please contact CMS via the CMS MA HITECH mailbox at [MA\\_EHRincentiveprogram@cms.hhs.gov](mailto:MA_EHRincentiveprogram@cms.hhs.gov) if your organization has an MA EH but has not yet executed the necessary contract amendment. Even if a qualifying MA organization completed an MA-affiliated Hospital EHR Incentive Payment Contract Addendum for the 2012 contract year, a new one must be executed for the 2013 contract year.

### ***Recoupment***

CMS may recoup all or a portion of a payment made to an MA organization or an MA EH on behalf of an MA organization if the payment is made based on an incorrect or fraudulent attestation, incorrect or fraudulent cost data, or any other submission required to establish eligibility or to qualify for such payment if the submission is incorrect or fraudulent (see 42 CFR §495.204(e)(4)). If an MA organization, or third party on behalf of an MA organization, that submitted a methodology fails to comply with an audit request to produce applicable documents and/or data, CMS will presume the MA organization or third party does not possess the requisite documents or data and may recover the incentive payment associated with the missing documentation.

Attached is a timeline of events for payment year 2013. Please send any questions about this guidance to the CMS MA HITECH mailbox at [MA\\_EHRincentiveprogram@cms.hhs.gov](mailto:MA_EHRincentiveprogram@cms.hhs.gov).

ATTACHMENTS (3)

## Template for 2013 EHR Payment Methodology Submissions

### Part I – General Information

Name of Organization: \_\_\_\_\_

List the Applicable MA Organizations by Contract Number: \_\_\_\_\_

**PLEASE NOTE: Include all steps in your calculations. Methodologies that do not specifically note how eligibility and compensation are determined will not be approved. The MAO must be prepared to provide documentation to CMS or its agents on demand to prove that claimed EPs meet the criteria specified in 42 CFR 495.200. Failure to provide the requested documentation will result in CMS recovering the EHR payments associated with the missing documentation.**

### Part I – Eligibility

To qualify an MA-EP must be a physician (as defined in §1861(r) of the Act) employed by the qualifying MAO, or employed by or a partner of an “entity” **that through a direct contract with the qualifying MAO provides at least 80% of the “entity’s” Medicare patient care services to enrollees of the qualifying MAO. 80% of the eligible entity’s total Medicare revenue (Medicare FFS and all MA organizations) in a year must be from the single qualifying MAO.**

Describe the employment/compensation relationship(s) between the MA-EPs being claimed and the MAO.

Further, every MA EP (both those employed directly by the MAO and those employed/partnered with an eligible “entity”) must:

1. Furnish at least 80% of his or her Medicare professional services to MA plan enrollees of the qualifying MAO – **80% of the MA EP’s total Medicare revenue in a year must be from the qualifying MAO;** (This is especially important for MA EPs hired during the year. Attestations from each newly hired MA EP should be provided to ensure that this 80% requirement is met.)  
AND



2. Furnish a mathematical average of at least 20 hours per week of patient care services (Medicare and non-Medicare) to enrollees of the qualifying MAO. **The MA EP must provide an average of at least 20 hours per week of patient care services during the EHR reporting period.**

(Please be aware that holidays, vacations, sick time, jury duty, military leave, or the like do not count toward the 20 hours of patient care. However, telemedicine and exchanging care-related e-mails with patients after hours – if supported by empirical evidence do count toward the 20 hours. In addition, for new hires, all hours for the reporting period are to be included in the calculation rather than the hours during the period that the MA EP was employed by the MA organization.)

Please note that administrative time does not count towards the 20 hour average.  
AND

3. Is a meaningful user of *certified EHR technology* in accordance with 45 CFR 170.102; AND
4. Is not a “hospital-based EP” as that term is defined in 42 CFR 495.4 of this Part.

Explain how you would verify these qualifications are accurate.

## **Part II – Calculation of Compensation**

Describe the methodology used in the calculation of physician compensation received for Medicare Part B services provided to enrollees of the MAO. (Please provide an example of this calculation.)

CMS requires the qualifying MA organization to develop a methodological proposal for estimating the portion of each qualifying MA EP's salary or revenue attributable to providing services that would otherwise be covered as professional services under Part B to MA plan enrollees of the MA organization in the payment year. The methodological proposal may include an additional amount related to overhead, where appropriate, estimated to account for the MA enrollee related Part B practice costs of the qualifying MA EP. (See Part III – Calculation of Overhead)

**Please note that you cannot include revenue from supplemental service visits not covered by Medicare Part B in an EP's compensation.**

### **Part III – Calculation of Overhead**

Explain if overhead will be claimed. If overhead is claimed, describe how it will be calculated and the percentage of overall compensation it will represent. (Please provide an example of this calculation.)

Note: A salaried physician's compensation typically does not include an allowance for administrative practice costs. Given that Part B allowed amounts do include practice expense costs, we allow qualifying MA organizations to identify, where appropriate, an additional amount related to overhead that would be added to the qualifying MA EP's estimated Part B compensation. To the extent Medicare FFS compensation to physicians includes an amount for office space rental, office staffing, and equipment, we believe that qualifying MA organizations should also be permitted to include an amount for overhead related to such costs not directly experienced by salaried qualifying MA EPs. We require qualifying MA organizations to develop a methodology for estimating the additional amount related to overhead that is attributable to providing services that would otherwise be covered under Part B of Medicare.

**Please note that if the compensation for Part B services under Original Medicare (fee-for-service) is used to calculate compensation, a separate calculation for overhead cannot be claimed because overhead is included in the reimbursement under Original Medicare.**

**ATTESTATION OF MA ORGANIZATION TO MEETING DEFINITION OF  
HEALTH MAINTENANCE ORGANIZATION AS DEFINED IN SECTION 2791(b)(3)  
OF THE PUBLIC HEALTH SERVICES ACT**

**(To be completed only by MAOs not offering HMO MA plans)**

Pursuant to the contract(s) between the Centers for Medicare and Medicaid Services (CMS), and (insert name of Medicare Advantage Organization) (hereafter referred to as “the Organization”) governing the operation of the following contracts: *(insert the appropriate contract numbers)*, the Organization hereby attests to meeting the definition of qualifying MA organization in section 1853(l) of the Social Security Act and 42 CFR §495.200 by:

(check one)

\_\_\_ being an Organization recognized as an HMO under State law; or,

\_\_\_ being an Organization regulated for solvency under State law in the same manner and to the same extent as an HMO.

List State: \_\_\_\_\_

The Organization acknowledges that the information described above directly affects the calculation of CMS payments to the Organization under the Electronic Health Record Incentive Payment Program and that misrepresentations to CMS about the accuracy of such information may result in Federal civil action and/or criminal prosecution. This certification shall not be considered a waiver of the Organization’s right to seek payment adjustments from CMS based on information or data which does not become available until after the date the Organization submits this certification.

Based on best knowledge, information, and belief, all information submitted to CMS and/or its contractors is accurate, complete, and truthful.

\_\_\_\_\_  
**Signature of Officer**

\_\_\_\_\_  
**Title of Signing Officer**

\_\_\_\_\_  
**Printed Name of Signing Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Organization Name**

**Part IV – Additional Information Needed to Analyze Methodology**

Please add any other information you feel pertinent to the evaluation and/or understanding of this methodology.

# IMPORTANT DATES FOR MA EHR INCENTIVE PROGRAM

DATE	ACTION
June 24, 2013	CMS will first be able to accept uploads of the initial HPMS registration information for the 2013 EHR incentive payment year.
June 28, 2013	Deadline for the submission of the initial HPMS registration information for MA-affiliated hospitals and MA EPs.
June 28, 2013	Deadline for MA organizations that offer MA plans other than HMOs to attest to meeting the definition of “HMO” in the PHS Act.
June 28, 2013	Deadline for MA organizations and/or MA EPs, or the entities with which they partner (or by which they are employed), to submit methodologies they will use in computing Part B reimbursement amounts with respect to MA EPs.
October 1, 2013	Deadline for approval of methodology for computing Part B reimbursement amounts with respect to MA EPs.
November 30, 2013	Deadline for MA EHs to register and attest in the NLR that their MA-affiliated hospitals have meaningfully used certified EHR technology, for payment year 2013.
Late 2013, Early 2014	Initial Payment made to MA EHs that meaningfully use certified EHR.
March 1, 2014	Deadline for final registration of MA EPs in HPMS for payment year 2013.
March 1, 2014	Deadline for MA organizations to attest to meaningful use of certified EHR technology and provide the aggregate annual amount of revenue attributable to providing Part B services to enrollees of the MA organization for each MA EP for payment year 2013.
Spring/Summer 2014	Payment made to MA organizations for MA EPs that meaningfully use certified EHR.