



*HIMSS Fact Sheet:*

**The EHR Incentives for Multi-Campus Hospitals Act of 2010, H.R. 6072:  
Legislation in the 111<sup>th</sup> Congress**

*August 2010*

**Current Law**

The Health Information Technology for Economic and Clinical Health (HITECH) Act in the American Recovery and Reinvestment Act of 2009 (ARRA) will provide EHR incentive payments to eligible providers serving Medicare and Medicaid beneficiaries as long as they meet criteria for meaningful use of EHR. The Centers for Medicare and Medicaid Services (CMS) final regulation to implement the Meaningful Use (MU) EHR incentive program did not provide for incentive payments for each qualified campus of a multi-campus hospital system. This issue received much attention by Members of Congress. Over recent months, concern that the final rule did not address each qualified campus of a multi-campus hospital system was expressed by Members of Congress through written feedback to the U.S. Department of Health and Human Services (HHS) and legislative oversight hearings on the final rule.

**Overview of H.R. 6072**

H.R. 6072, to amend titles XVIII and XIX of the Social Security Act to clarify the application of EHR payment incentives in cases of multi-campus hospitals, was introduced by U.S. Representative Zachary T. Space (D-OH) on July 30, 2010 and is co-sponsored by Michael Burgess (R-TX), Frank Pallone, Jr. (D-NJ), and Pete Stark (D-CA). As of July 30, 2010, the legislation resides within the House Ways and Means Committee and House Energy and Commerce Committee. This legislation aims to clarify that hospitals with multiple campuses should receive larger EHR incentive payments that reflect the cost incurred at multiple campuses and provide funds in a way that balances the needs of larger and smaller multi-campus hospital systems.

The proposed legislation will:

- 1) Clarify that EHR incentive payments under Medicare and Medicaid should go to each campus of a multi-campus hospital system consisting of a *main provider hospital* and one or more *remote location hospitals*;
  - *Main provider hospital* is defined as a provider that either creates, or acquires ownership of, another entity to deliver additional healthcare services under its name, ownership, and financial and administrative control.
  - *Remote location hospital* is defined as a facility or an organization that is either created by, or acquired by, a hospital that is a main provider for the purpose of furnishing inpatient hospital services under the name, ownership, and financial and administrative control of the main provider, in accordance with the provisions of this section. A remote location of a hospital comprises both the specific physical facility that serves as the site of services for which separate payment could be claimed under the Medicare or Medicaid

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program, and the personnel and equipment needed to deliver the services at that facility. The Medicare conditions of participation do not apply to a remote location of a hospital as an independent entity.

- 2) Give multi-campus hospitals the choice of two payment approaches (formuals included in the legislative text):
  - Base payments for each campus, but only one per-discharge amount;
  - Additional per-discharge amounts for each campus, but only one base payment;
- 3) Require main providers attest that remote locations are meaningful users of EHR and meet other rules for Medicare and Medicaid incentives.

### **Closing Remarks**

HIMSS will continue to monitor this piece of legislation for any changes and movement during the course of the 111<sup>th</sup> Congress. For more, please visit HIMSS' [Legislative Action Center](#). Questions on this fact sheet should be addressed to the HIMSS Government Relations Team at [advocacy@himss.org](mailto:advocacy@himss.org).