What Does Meaningful Use Mean For Me?

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Foothold Technology
Meaningful Use
Where did it come from?

► The American Recovery and Reinvestment Act of 2009 (Stimulus Bill) included a subsection called HiTECH which provides funds to incentivize hospitals and doctors to purchase and implement an electronic medical record.

► To determine whether a provider or hospital has implemented such a system, and thus qualified to receive the incentive, the government created a concept called Meaningful Use.

(Not included in the Recovery Act were behavioral health providers, including alcohol and substance abuse and mental health services as well as other non-physical healthcare providers. To rectify this omission, Congress introduced two bills (HR 5040 and S3709) aimed at specifically making these providers eligible for Medicaid incentives. However, each eligible nurse or doctor working in BH orgs are eligible for incentive payments.)

► NOT all doctors and nurses are eligible and if they work for more than one org, only ONE of those orgs can “access” their incentive payment.
Meaningful Use
What are the Incentives (Medicare)?

► The Medicare EHR Incentive Program will provide incentive payments to eligible professionals, eligible hospitals, and CAHs that demonstrate meaningful use of certified EHR technology.

► Participation can begin as early as 2011.

► Eligible professionals can receive up to $44,000 over five years under the Medicare EHR Incentive Program. ($8800/year for software) To get the maximum incentive payment, Medicare eligible professionals must begin participation by 2012.

► (N/A: Incentive payments for eligible hospitals may begin as early as 2011 and are based on a number of factors, beginning with a $2 million base payment.)

► Important! For 2015 and later, Medicare eligible professionals, eligible hospitals, and CAHs that do not successfully demonstrate meaningful use will have a payment adjustment in their Medicare reimbursement.
Meaningful Use
What are the Incentives (Medicaid)?

► The Medicaid EHR Incentive Program will provide incentive payments to eligible professionals, and eligible hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation and demonstrate meaningful use for up to five remaining participation years.
► The Medicaid EHR Incentive Program is voluntarily offered by individual states and territories and may begin as early as 2011, depending on the state. Eligible professionals can receive up to $63,750 over the six years that they choose to participate in the program. ($10,625/year for software) (They can start ANY TIME up to 2015.)
► (N/A: Eligible hospital incentive payments may begin as early as 2011, depending on when the state begins its program. The last year a Medicaid eligible hospital may begin the program is 2016. Hospital payments are based on a number of factors, beginning with a $2 million base payment.)
► There are no payment adjustments under the Medicaid EHR Incentive Program.
## Meaningful Use

### What are the Incentives (Medicaid)?

<table>
<thead>
<tr>
<th>Year Started</th>
<th>Incentives Over Time</th>
<th>Penalty?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$21,250</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>$8,500 $21,250</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>$8,500 $8,500 $21,250</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>$8,500 $8,500 $8,500 $21,250</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>$8,500 $8,500 $8,500 $8,500 $21,250</td>
<td>1% penalty</td>
</tr>
<tr>
<td>2016</td>
<td>$8,500 $8,500 $8,500 $8,500 $8,500 $21,250</td>
<td>2% penalty</td>
</tr>
<tr>
<td>2017</td>
<td>$8,500 $8,500 $8,500 $8,500 $8,500 $8,500</td>
<td>3% penalty</td>
</tr>
<tr>
<td>2018</td>
<td>$8,500 $8,500 $8,500 $8,500 $8,500 $8,500</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>$8,500 $8,500 $8,500 $8,500 $8,500</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td>$8,500 $8,500</td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td>$8,500</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$63,750 $63,750 $63,750 $63,750 $63,750 $63,750</td>
<td></td>
</tr>
</tbody>
</table>
Who is Eligible?

To participate in the Medicaid and Medicare EHR Incentive Programs, healthcare providers must meet the eligibility criteria defined by law. Eligibility groups are listed below:

- The incentive payments for EPs are based on individual providers.
- If you are part of a practice, each EP may qualify for an incentive payment if each EP successfully demonstrates meaningful use of certified EHR technology.
- Each EP is only eligible for one incentive payment per year, regardless of how many practices or locations at which he or she provide services.
- Hospital-based EPs are not eligible for incentive payments. An EP is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient or emergency room setting.

**Medicare:**
- Doctor of medicine or osteopathy.
- Doctor of dental surgery or dental medicine.
- Doctor of podiatry
- Doctor of optometry.
- Chiropractor.

**Medicaid:**
- Physicians
- Nurse practitioner.
- Certified nurse-midwife.
- Dentist.
- Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

EP must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume.
- Have a minimum 20% Medicaid patient volume, and is a pediatrician*.
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals.
Flow Chart to Help Eligible Professionals (EP) Determine Eligibility for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs

How to Use this Flow Chart: A Medicaid eligible professional may also be eligible for the Medicare incentive and should follow the path of answering no to the question of Medicaid patient volume to determine Medicare eligibility. An eligible professional who qualifies for both programs may only participate in one program. Eligible Professionals eligible to receive EHR incentive payments under Medicare or Medicaid will maximize their payments by choosing the Medicaid EHR Incentive Program.

START HERE

Did you perform 90% of your services furnished to Medicaid patients in an inpatient hospital or emergency room hospital setting?

YES → You are NOT currently eligible to receive an EHR incentive payment under the Medicare and Medicaid EHR Incentive Program

NO → Were at least 30% of your services furnished to Medicaid patients in an outpatient setting (20% requirement for pediatricians)?

YES → Did you practice predominantly in an FQHC or RHC with a 30% needy individual* patient volume threshold?

NO → Do you bill the Medicare Physician Fee Schedule for patient services?

YES → Are you one of the following?
- Physician
- Dentist
- Certified nurse-midwife
- Nurse practitioner
- Physician assistant practicing in a FQHC or RHC led by a physician assistant

NO → You are NOT currently eligible to receive an EHR incentive payment under the Medicare and Medicaid EHR Incentive Program

YES → If you adopt, implement or upgrade to or successfully demonstrate meaningful use of certified EHR technology, you may be eligible to receive an incentive under the Medicaid EHR Incentive program

*Section 1903(t)(3)(F) of the Act defines needy individuals as individuals meeting any of the following three criteria: (1) They are receiving medical assistance from Medicaid or the Children’s Health Insurance Program (CHIP); (2) They are furnished uncompensated care by the provider; or (3) They are furnished services at either no cost or reduced cost based on a sliding scale

Acronyms List:
- FQHC: Federally Qualified Health Center
- RHC: Rural Health Center

EXPO 2011
Meaningful Use
So, What Do I Have To Do?

Core Set
- Use Computerized Physician Order Entry (CPOE)
- Implement drug-to-drug and drug-allergy interaction checks

E-Prescribing
- Record demographics

Prescribing
- Maintain an up-to-date problem (diagnosis) list
- Maintain active medication list
- Maintain active medication allergy list
- Record and chart changes in vital signs
- Record smoking status

Clinical Decision Support
- Implement one clinical decision support rule

Quality Measures
- Report clinical quality measures

Patient-Centered
- Provide patients with an electronic copy of their health information
- Provide clinical summaries for patients for each office visit
- Electronically exchange key clinical information

Administrative
- Protect electronic health information created or maintained by certified EHR

All of These...
Meaningful Use
So, What Do I Have To Do?

Menu Set
Drug-formulary checks
Incorporate clinical lab test results
Patient condition lists
Care reminders
Electronic information access
Educational resources
Medication reconciliation
Summary care record
Immunization
Surveillance Data

And 5 of These…
# Exclusions

## Meaningful Use Core Measures: 1-15
*(Program requires that physicians complete all 15 core measures.)*

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Title</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CPOE for medication order</td>
<td>Any physician who writes fewer than 100 prescriptions during the EHR reporting period.</td>
</tr>
<tr>
<td>2</td>
<td>Drug interaction check</td>
<td>No exclusion.</td>
</tr>
<tr>
<td>3</td>
<td>Maintain an up-to-date problem list of current and active diagnoses</td>
<td>No exclusion.</td>
</tr>
<tr>
<td>4</td>
<td>Generate and transmit permissible prescriptions electronically (eRx)</td>
<td>Any physician who writes fewer than 100 prescriptions during the reporting period.</td>
</tr>
<tr>
<td>5</td>
<td>Maintain active medication list</td>
<td>No exclusion.</td>
</tr>
<tr>
<td>6</td>
<td>Maintain active medication allergy list</td>
<td>No exclusion.</td>
</tr>
<tr>
<td>7</td>
<td>Record demographics</td>
<td>No exclusion.</td>
</tr>
<tr>
<td>8</td>
<td>Record vital signs</td>
<td>Any physician who either sees no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to the scope of their practice.</td>
</tr>
<tr>
<td>9</td>
<td>Record smoking status</td>
<td>Any physician who sees no patients 13 years or older.</td>
</tr>
<tr>
<td>10</td>
<td>Clinical quality measures (CQMs)</td>
<td>No exclusion.</td>
</tr>
<tr>
<td>11</td>
<td>Clinical decision support rule</td>
<td>No exclusion.</td>
</tr>
<tr>
<td>12</td>
<td>Electronic copy of health information</td>
<td>Any physician who has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.</td>
</tr>
<tr>
<td>13</td>
<td>Clinical summaries</td>
<td>Any physician who has no office visits during the EHR reporting period.</td>
</tr>
<tr>
<td>14</td>
<td>Electronic exchange of clinical information</td>
<td>No exclusion; however, an unsuccessful test of electronic exchange of key clinical information will still meet the measure of this objective.</td>
</tr>
<tr>
<td>15</td>
<td>Protect electronic health information</td>
<td>No exclusion.</td>
</tr>
</tbody>
</table>
## Exclusions

### Meaningful Use Menu Set Measures: 1-10

(Program requires that physicians choose five of 10 measures.)

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Title</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Drug formulary checks</td>
<td>Any physician who writes fewer than 100 prescriptions during the EHR reporting period.</td>
</tr>
<tr>
<td>2</td>
<td>Clinical lab test results</td>
<td>Any physician who orders no lab tests whose results are in either a positive/negative or numeric format during the reporting period.</td>
</tr>
<tr>
<td>3</td>
<td>Patient lists</td>
<td>No exclusion.</td>
</tr>
<tr>
<td>4</td>
<td>Patient reminders</td>
<td>A physician who has no patients 65 years or older or 5 years or younger with records maintained using certified EHR technology.</td>
</tr>
<tr>
<td>5</td>
<td>Patient electronic access</td>
<td>Any physician who neither orders nor creates lab tests or information that would be contained in the problem list, medication list, or medication allergy list during the reporting period.</td>
</tr>
<tr>
<td>6</td>
<td>Patient-specific education resources</td>
<td>No exclusion.</td>
</tr>
<tr>
<td>7</td>
<td>Medication reconciliation</td>
<td>Any physician who was not the recipient of any transitions of care during the EHR reporting period.</td>
</tr>
<tr>
<td>8</td>
<td>Transition of care summary</td>
<td>Any physician who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period.</td>
</tr>
<tr>
<td>9</td>
<td>Immunization registries data submission</td>
<td>No exclusion.</td>
</tr>
<tr>
<td>10</td>
<td>Syndromic surveillance data submission</td>
<td>A physician who does not collect any reportable syndromic information on his or her patients during the EHR reporting period or does not submit such information to any public health agency that has the capacity to receive the information electronically</td>
</tr>
</tbody>
</table>
Any eligible professional demonstrating meaningful use must have at least 50% of their patient encounters during the EHR reporting period at a practice/location or practices/locations equipped with certified EHR technology capable of meeting all of the meaningful use objectives. Therefore, States should collect information on meaningful users' practice locations in order to validate this requirement in an audit.

Patient volume: Eligible professionals may choose one (or more) clinical sites of practice in order to calculate their patient volume. This calculation does not need to be across all of an eligible professional's sites of practice. However, at least one of the locations where the eligible professional is adopting or meaningfully using certified EHR technology should be included in the patient volume. In other words, if an eligible professional practices in two locations, one with certified EHR technology and one without, the eligible professional should include the patient volume at least at the site that includes the certified EHR technology. When making an individual patient volume calculation (i.e., not using the group/clinic proxy option), a professional may calculate across all practice sites, or just at the one site. http://www.cms.gov/EHRIncentivePrograms.
Meaningful Use
Resources

► Certifiers
CCHIT: http://wwwstage.cchit.org/get_certified/cchit-certified-2011
There are more...

► Overseers
Office of the National Coordinator — Health IT: http://healthit.hhs.gov/
Centers for Medicaid and Medicare Services: http://www.cms.gov/EHRIncentivePrograms/
NIST (for vendors): http://healthcare.nist.gov/use_testing/finalized_requirements.html
“Path to Payment”: http://www.cms.gov/EHRIncentivePrograms/10_PathToPayment.asp#TopOfPage

► Regional Extension Centers: http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__rec_program/1495

► Registration & Attestation
Eligible professionals must register here: https://ehrincentives.cms.gov/hitech/login.action
All Core Measures, How measured, reported, exclusions: http://www.cms.gov/EHRIncentivePrograms/Downloads/