

MEANINGFUL USE: FREQUENTLY ASKED QUESTIONS

1. WHAT IS MEANINGFUL USE?

In an effort to expand the use of Electronic Health Records (EHR), the Center for Medicare and Medicaid Services (CMS) has established an incentive program, *Meaningful Use* (MU), which is the use and application of EHRs in a way which measurably improves health care quality, efficiency and patient safety.

As a part of The American Recovery and Reinvestment Act (ARRA) of 2009, there are three established main components of Meaningful Use:

1. The use of a certified EHR in a meaningful manner, such as e-prescribing.
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
3. The use of certified EHR technology to submit clinical quality and other measures. [i]

The National Institutes of Health has prepared a video providing a good overview of the MU Program which has experts from CMS and Indian Health Services (IHS) discussing the Medicare and Medicaid EHR Incentive Program including:

- Eligibility Requirements for the Medicare EHR Incentive Program
- Eligibility Requirements for the Medicaid EHR Incentive Program
- Meaningful Use Requirements for Eligible Professionals (EP)
- Eligible Hospitals (EH) and Critical Access Hospitals (CAH)
- Incentive Payment Amounts
- Indian Health Services' Use of Electronic Health Records and Health Information Technology

Video: [Overview of the MU Program](#)

2. WHY MEANINGFUL USE?

Meaningful use of Electronic Health Records supports five health care goals:

- Improve quality, efficiency, patient safety, and reduce health disparity



- Improve care coordination
- Promote public and population health
- Engage patients and families
- Ensure privacy and security

3. WHO IS ELIGIBLE FOR MEANINGFUL USE?

In order to participate in Medicare and Medicaid Incentive programs, all eligible health professionals are required to utilize certified Electronic Health Record technology. By utilizing this technology, healthcare providers can demonstrate that they are applying the appropriate technology in ways which ensures secure use and exchange of health records. Through use of this technology, providers may demonstrate fulfillment of Meaningful Use criteria.

As the incentives are distributed through both Medicare and Medicaid, health professionals eligible for reimbursement are also differentiated under two categories.

Eligible professionals under the *Medicare Electronic Health Record Incentive Program* include:

- Doctor of Medicine or Osteopathy
- Doctor of Dental Surgery or Dental Medicine
- Doctor of Podiatry
- Doctor of Optometry
- Chiropractor

Eligible professionals under the *Medicaid Electronic Health Record Incentive Program* include:

- Physicians (Doctors of Medicine and Doctors of Osteopathy)
- 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. This is defined as:
 - Physician Assistant is the primary provider in a clinic (for example, when there is a part-time physician and fulltime Physician Assistant, Center for Medicare and Medicaid Services would consider the Physician Assistant as the primary provider)





- Physician Assistant provides the majority of services
- Physician Assistant is a Clinical or Medical Director at a clinical site of practice
- Physician Assistant is an owner of a Rural Health Clinic

Flow Chart to Determine Eligibility for Meaningful Use:

[Flow Chart to Determine Eligibility for Meaningful Use \(pdf\)](#)

HRSA has developed a toolkit for C/MHCs, other safety net providers and ambulatory care providers looking to implement health IT in their facilities. The toolbox is designed to be used by a range of stakeholders, from senior management to the staff charged with implementing health information systems.

The Health IT Adoption Toolbox is organized by 7 topic-specific modules and 4 special topics:

1. Financing
2. Staffing and Expertise
3. Technology Assessment
4. Opportunities for Collaboration
5. System Implementation
6. Organization Change Management and Training
7. Evaluating, Optimizing, and Sustaining

Special Topics:

1. Open Source and Public Domain Software
2. Personal Health Records
3. Privacy and Security
4. Electronic Prescribing

[Health IT Adoption Toolbox](#)

4. WHAT IS THE CMS INCENTIVE PROGRAM?

The Medicare and Medicaid Electronic Health Records Incentive Programs provide a financial incentive for the “meaningful use” of certified Electronic Health Record technology to achieve health and efficiency



goals. Eligibility to participate in incentive program is determined by criteria established by Medicare and Medicaid.

The *Medicare* EHR Incentive Program will provide incentive payments to eligible professionals, eligible hospitals, and Critical Access Hospitals 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. There's an additional incentive for eligible professionals who provide services in a Health Professional Shortage Area (HSPA).
- To get the maximum incentive payment, Medicare eligible professionals must begin participation by 2012.
- Incentive payments for eligible hospitals and Critical Access Hospitals (CAH) may begin as early as 2011 and are based on a number of factors, beginning with a \$2 million base payment.
- 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.

The *Medicaid* EHR Incentive Program will provide incentive payments to eligible professionals, eligible hospitals, and CAHs 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.
- 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.
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5. WHAT IS THE TIMELINE FOR IMPLEMENTATION OF MEANINGFUL USE?

Implementation of Meaningful Use and applications for its incentive program for eligible professional started in early 2011 and CMS already published its 2012 timeline.

[Timeline for Implementation of Meaningful Use](#)

6. What are the Requirements for Meaningful Use?

The first steps in achieving meaningful use are to have a certified electronic health record (EHR) and to be able to demonstrate that it is being used to meet the requirements. There are 3 sequential stages in Meaningful Use each meant to increase the effective use of health technology.

Stage 1 of Meaningful Use Recognition began in 2011. Stage 1 criterion for meaningful use focuses on electronically capturing and storing health information securely while facilitating the capacity to share information with other care provider.

The criteria for meaningful use are based on a series of specific objectives, each of which is tied to a measure that allows Eligible Professionals (EPs) and hospitals to demonstrate that they are meaningful users of certified EHR technology.

For Stage 1, there will be 25 objectives/measures for EPs and 24 objectives/measures for eligible hospitals. The objectives/measures have been divided into a core set and menu set. EPs and eligible hospitals must meet all objectives/measures in the core set (15 for Eligible Professionals and 14 for eligible hospitals). They can choose to defer up to five remaining objectives/measures. Each objective/measure was evaluated for its potential applicability to all EPs and eligible hospitals.

Centers for Medicare and Medicaid Services has created a table of Contents for Meaningful Use Core and Menu Set Measures for Eligible Professionals. This table allows users to view a detailed description of the Objective, Measure, and Exclusion, Definition of Terms, the Numerator and Denominator and additional information for each of the Stage 1 Measures for Meaningful Use.

[Table of Contents for Meaningful Use Core and](#)

[Menu Set Measures for Eligible Professionals](#)

Centers for Medicare and Medicaid Services has created a table which lists the Meaningful Use Objectives, providing term definitions, measurement guidelines and certification criteria and standards references.

[Table of Meaningful Use Objectives](#)

7. HOW CAN ELECTRONIC HEALTH RECORDS IMPROVE PATIENT CARE?

The use of Electronic Health Records is a part of a larger effort to improve care and to increase access to care for vulnerable and underserved populations.



By collecting and storing medical records digitally, Electronic Health Records provide an effective tool for healthcare providers to collect a wider range of patient information and to share it securely with other healthcare providers where the patient is at the center of care.

There are numerous potential benefits to patients and care providers through the use of Electronic Health Records including:

- More complete and accurate health records
- The capacity to better coordinate within and between health centers
- Secure exchange of information
- Follow up and patient reminders more easily provided
- Increased efficiency and convenience in having prescriptions filled and filing insurance forms
- Possible drug interaction conflicts can be alerted at time of writing new prescription
- Health records may allow for earlier diagnosis of illness
- Reduction in medical errors, increase in safer care
- Reduction in medical costs through reduced paperwork, and duplication of testing
- Increase in patient participation in his or her health care
- Increased access to affordable care

In order to support the adoption of Electronic Health Records, Health and Human Services, Centers for Medicare and Medicaid Services and other federal agencies have implemented a number of support and technical services to help health centers and healthcare providers adopt and implement the Electronic Health Record technology including:

- Regional Extension Centers (RECs) to support providers in adopting Electronic Health Records
- Workforce training programs
- Developing capabilities for information exchange, including building toward a Nationwide Health Information Network
- Improving privacy and security provisions of federal law
- Establishing standards and certifying Electronic Health Records technology
- Supporting State Medicaid Agencies in the planning and development of their Medicaid Electronic Health Record Incentive programs with 90/10 matching funds

