Meaningful Use Incentive Program Structure

FACT SHEET

The HITECH Act provisions of the American Recovery and Reinvestment Act of 2009 ("ARRA") established Medicare and Medicaid incentive payments to providers who are meaningful users of certified Electronic Health Record (EHR) technology.

Program Structure

Medicare

- Incentive program begins in January 2011 for eligible professionals ("EPs" – these include doctors, osteopaths, dentists, podiatrists, optometrists and chiropractors who are not hospital-based) who demonstrate meaningful use ("MU").
    - Beginning in CY2015, payment reductions will be imposed on EPs who are not meaningful users.
- Incentive program begins in October 2010 for eligible hospitals and critical access hospitals ("CAHs") that demonstrate MU. Reduced payment updates begin in FY2015 for eligible hospitals that are not meaningful users.

Medicaid

- Payments will be available for up to 6 years, starting in 2010. No payments may be made after 2021.
- In first payment year, providers can receive incentive payment for adopting, implementing or upgrading EHRs. They do not have to meet the same Stage 1 criteria as Medicare providers.
- EPs include physicians, dentists, certified nurse-midwives, nurse practitioners and physician assistants practicing in a Federally Qualified Health Center that is led by a physician assistant or a Rural Health Clinic that is so led. For hospitals, acute care and children's hospitals are the only two types of facilities eligible.
- Providers that are not meaningful users after 2015 are not subject to payment adjustment.
- States will receive a 100% payment match for incentive payments and a 90% match for administrative expenses.

NOTE: Eligible Hospitals can qualify for both Medicare and Medicaid incentives. EPs, however, must pick one program, with the option to switch once between 2011 and 2014.

Timing

- In the first payment year, providers must only demonstrate MU for a continuous 90-day reporting period. Providers are required to demonstrate MU for 365 days in subsequent years.
- Providers can choose when to begin. Incentive payments are highest in early years, and decrease over time.
- There are 3 stages to the program – each lasting two years. Providers will be subject to increasingly robust criteria for demonstrating meaningful use as they move through the stages.

1875 connecticut avenue, nw, suite 650 ~ washington, dc 20009
202.986.2600 ~ 202.986.2539 (fax) ~ info@nationalpartnership.org
national partnership for women & families
Because actions speak louder than words.

Criteria for Demonstrating Meaningful Use

Three Criteria in HITECH for Qualifying for Incentive Payments

1. Use certified EHR in a meaningful manner, including ePrescribing.
2. Engage in electronic exchange of health information to improve quality.
3. Report on clinical quality measures.

The final rule elaborated on these criteria and defined additional criteria. The criteria are divided into functional objectives/criteria and quality measures, that all providers must meet in order to demonstrate MU in Stage 1. Stages 2 and 3 of MU will be defined in future rulemaking.

NOTE: While incentives are for Medicare and Medicaid providers only, reporting is for all patients, regardless of payer.

Functional Criteria

Providers must meet a percentage threshold or attest yes/no to fulfill the functional criteria. Providers must meet all the criteria defined as "Core" and can defer five of the defined as "Menu." In total:

- EPs must fulfill 20 functional criteria (unless exclusions* apply).
- Eligible Hospitals must fulfill 19 functional criteria (unless exclusions* apply).

*Some criteria are allowed to be excluded in cases where the criterion does not apply to a particular provider's practice.

Core Objectives

- Use CPOE for medication orders.*
- Implement drug to drug and drug allergy interaction checks.
- E-Prescribing (EP only).*
- Record demographics.
- Maintain an up-to-date problem list.
- Maintain active medication list.
- Maintain active medication allergy list.
- Record and chart changes in vital signs.*
- Record smoking status.*
- Implement one clinical decision support rule.
- Report CQM as specified by the Secretary
- Electronically exchange key clinical information
- Provide patients with an electronic copy of their health information.*
- Provide patients with an electronic copy of their discharge instructions (Eligible Hospital/CAH Only).*
- Provide clinical summaries for patients for each office visit (EP Only).*
- Protect electronic health information created or maintained by certified EHR.

Menu Objectives

- Implement drug-formulary checks.
- Record advance directives for patients 65+ (Eligible hospital/CAH Only).*
- Incorporate clinical lab-test results
- Identify and provide patient-specific education resources.
- Perform medication reconciliation.*
- Provide summary care record for each transition or referral.*

into EHR as structured data.*
- Generate lists of patients by specific conditions.
- Send reminders to patients for preventive/follow-up care (EP Only).*
- Provide patients with timely electronic access to their health information (EP Only).*
- Capability to submit electronic data to immunization registries.*
- Capability to submit electronic data on reportable lab results to public health agencies (Eligible hospital/CAH Only).*
- Capability to submit electronic syndromic surveillance data to public health agencies.*

Each criterion is tied to one of five *Health Outcome Priority Principles*:

1. Improve quality, safety, efficiency and reducing health disparities
2. Engage patients and families in their health care
3. Improve care coordination
4. Improve population and public health
5. Ensure adequate privacy and security protections for personal health information

Quality Reporting

Providers must submit information on clinical quality measures.

- EPs must submit 6 measures: 3 core and 3 selected from a list
- Hospitals must submit 15 core measures

For more information, contact Christine Monahan, (202) 986-2600, cmonahan@nationalpartnership.org, or visit www.nationalpartnership.org/hit.