UPMC PRACTICE SOLUTIONS

Additional Information about Meaningful Use and the ARRA Electronic Health Record (EHR) Incentive Programs

The Office of National Coordinator has implemented the Medicare and Medicaid EHR Incentive Programs to provide a financial incentive for the "meaningful use" of certified EHR technology to achieve health and efficiency goals. The goal is to assist Providers with adopting a Certified EHR and using it meaningfully in order to positively affect patient outcomes. Meaningful users of EHR tools will have the available data and records to support clinical decision making, e-prescribing with automated refills and best practice alerts and reminders which should ultimately reduce clinical errors and improve quality care.

The following Questions and Answers are intended solely to provide guidance in assisting providers with understanding the EHR Incentive program and are not intended to contain the complete instructions or to guarantee eligibility for the program. In order to gain additional information and to receive on-going updates- providers should visit the U.S. Department of Health and Human Services- Centers for Medicare and Medicaid Services-EHR Incentive Programs website at *https://www.cms.gov/EHRIncentivePrograms*.

1. What are the required components of Meaningful Use?

The American Recovery and Reinvestment Act of 2009 specifies three 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.

Simply put, "meaningful use" means providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.

2. When can I register and where do I register for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs?

Registration for the Medicare EHR Incentive Program began on January 3, 2011 and is available for eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs) online at *https://ehrincentives.cms.gov.* Please note that although the Medicaid EHR Incentive Programs will begin January 3, 2011, not all states will be ready to participate on this date. Information on when registration will be available for Medicaid EHR Incentive Programs in specific States is posted at *http://www.cms.gov/EHRIncentivePrograms/ 40_MedicaidStateInfo.asp.*

UPMC
LIFECHANGINGMEDICINE

Additional Information about Meaningful Use
and the ARRA Electronic Health Record (EHR) Incentive Programs

3. What are the Criteria for Meaningful Use?

The criteria for meaningful use will be staged in three steps over the course of the next five years.

- Stage 1 (2011 and 2012) sets the baseline for electronic data capture and information sharing.
- Stage 2 (expected to be implemented in 2013) and
- Stage 3 (expected to be implemented in 2015) will continue to expand on this baseline and be developed through future rule making.

4. What are the requirements for Stage 1 of Meaningful Use (2011 and 2012)?

Stage 1 Meaningful use includes both a core set and a menu set of objectives that are specific to eligible professionals or eligible hospitals and CAHs.

For eligible professionals, there are a total of 25 meaningful use objectives.

To qualify for an incentive payment, 20 of these 25 objectives must be met.

1. There are 15 required core objectives.
2. The remaining 5 objectives may be chosen from the list of 10 menu set objectives.

EPs must submit 6 total Clinical Quality Measures (3 core quality measures and 3 out of 38 remaining quality measures)

Where can I find more information on the 15 Core objectives and the menu set of 10 objectives?

Please visit the CMS website for more information about the core and menu set measures at:
https://www.cms.gov/EHRIncentivePrograms/Downloads/ EP-MUTOC.pdf

5. How do I report Stage 1 Meaningful Use?

Reporting period is 90 days for first year and 1 year subsquently. The initial reporting is through attestation for both the core and menu objectives and the clinical quality measures. The Reporting may be yes/no or numerator/ denominator attestation. In order to meet certain objectives/measures, 80% of patients must have records in the certified EHR technology.

6. What if our practice and providers work at multiple locations?

An Eligible Professional who works at multiple locations, but does not have certified EHR technology available at all of them would have to have 50% of their total patient encounters at the locations where certified EHR technology is available. All of the meaningful use measures would need to be for the encounters that occurred at locations where certified EHR technology is available.

UPMC
LIFECHANGINGMEDICINE