Proving Meaningful Use of a Certified EMR

In order to qualify for the incentive, you must first prove meaningful use of a certified EMR. Meaningful use is defined as the use of certified EHR technology at point of care, such as e-prescribing, while ensuring connectivity and data sharing between other providers regardless of the EMR solution they use, and that clinical quality measures are reported to the Secretary. The reporting period for 2011 will be 90 days, and after that, the reporting period will be a full year.

The Stages of Meaningful Use

- Stage 1 (2011) - The electronic capture of patient data
- Stage 2 (2013) - Improved Clincal Processes
- Stage 3 (2015) - Quality Measurement and Improvement

Stage 1 of Meaningful Use

The goal for stage 1 of meaningful use requirements (2011-2012) are going to be the simplest of the requirements. The goals of stage 1 are:

- Improve quality, safety and efficiency of healthcare
- Engage Patients and families in their healthcare
- Improve care coordination
- Ensure adequate privacy and security protections for personal health information
- Improve population and public health

Stage 1 Meaningful Use Requirements and Measures for Eligible Professionals

Core Set

All of the following Entries must be met in order to achieve meaningful use.

ePrescribing

Eligible Professionals must prescribe electronically for at least 40% of prescriptions for unique patients. In Stage 2, this number is expected to increase to 60% and may increase even more in stage 3. In addtion, drug-drug and drug-allergy checks must be implemented.

Computerized Physician Order Entry (CPOE)

At least 30% of unique patients with at least one medicaiton in their list must have at least one medicaiton order entered using CPOE.

Clinical Decision Support

Eligible professionals must implement at least one clinical decision support rule that is relevant to specialty or high clinical priority. The technology must provide the ability to track compliance of the implemented rule.

Quality Measures

For at least 80% of unique patients, data must be gathered regarding the following:

- Active Diagnoses
- Active Medication
- Active Allergy
- Active Medication Allergy
- (if patient has none, there must be an indication)

For at least 80% of unique patient, data must be gathered and charted regarding the following:

- Hypertension and Blood Pressure Management
- Tobacco Use and Cessation Intervention
- Adult Weight Screenings (BMI must be charted) and follw-up sessions
- Plus, 3 addiontal measures chosen from a list of 38
- For pediatricians, growth charts and BMI must be plotted for children between the ages of 2 and 20

Record Demographics

For at least 50% of uniqe patients, the following data must be gathered:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of Birth

Maintain Up to Date Lists

For at least 80% of unique patients, up to date lists must be maintained regarding the following:

- Problem List of Current and Active Diagnoses
- Active Medication List
- Active Medication Allergy List

Provide Patients with Electronic Access to their Health Information (Upon Request)

At least 50% of patients who request copies, must be provided with electronic access within 3 business days for the following:

- Diagnostic Test Results
- Problem list
- Medication list
- Medication Allergies
- Clinical Summary

Exchange key information

The eligible provider must demonstrate the ability to exchange key information like problem list, medicaiton list, miedication allergies, etc. among other providers. This must be tested at least once.

Ensure Adequate Privacy and Security

Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Menu Set

At least 5 out of the following 10 entries must be met in addtion to the above requirements in order to achieve meaningful use. The five choices must include at least one of the following:

- Submit to immunization registries
- Submit to syndromic surveillance
- Submit to reportable lab registries

If such registries do not exist in your area, you will not be penalized by CMS.

Implement Drug-Formulary checks

This must be enabled in the EHR system

Incorporate lab results

More than 40% clinical lab results must be recorded in the EHR software as structure data.

Clinical Reporting

Providers must generate at least one report listing patients with a specific condition.

Send Reminders for Preventative / Follow Up Care

For at least 20% of patients 65+ or under the age 5, appropriate reminders must be sent.

Provide Patients with Electronic Access to their Health Information

At least 50% of patients who request copies, must be provided with electronic access within 4 business days of being available to the provider for the following:

- Diagnostic Test Results
- Problem list
- Medication list
- Medication Allergies
- Clinical Summary

Patient Education

Provide more than 10% of unique patients are provided with patient-specific electronic resources or education materials.

Perform Medication Reconciliation (if relevant)

For at least 50% of transitions of care in which a patient was referred to the provider, the provider must perform medication reconciliation.

Provide Summary of Care Record

The physician must provide a summary of care when a patient is referred to another provider for at least 50% of transitions.

Submit Immunization Data

The provider must perform at least one test of the ability to submit data to immunization registries.

Submit Electronic Syndromic Surveillance Data

Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)

How you can Qualify for your Incentive Payment

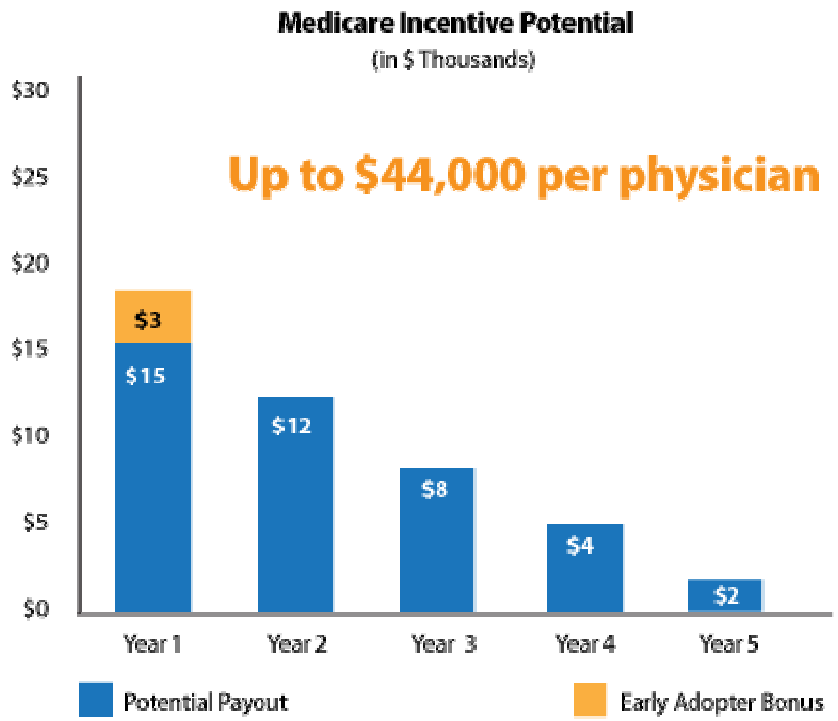
The stimulus package passed for the year 2009 pumps $19 billion into the medical industry to help implement technology that makes healthcare safer and more connected. Those who prove meaningful use of Electronic Health Records can receive an incentive reimbursement of up to $64,000 over six years. Hospitals can qualify for $2-8 million in funding. Remember, 70% of the incentive comes within the first two years. **This means that in order to receive the maximum reimbursement, you must start early.**

Here's How it Works:

There are two ways you can qualify for the incentive. Qualified providers can qualify under either incentive, but not both. You can qualify either under Medicare or Medicaid. Physicians qualifying under the Medicare portion can receive up to $44,000 and those qualifying under the Medicaid incentive can qualify for up to $64,000. You can receive your incentive payments starting in January of 2011. Physicians who do not implement EHR technology by 2015 will suffer from a 1% reduction in Medicare Payments (reductions will continue to increase after 2015 up to 5%).

Qualifying Under the Medicare Provision

Physicians qualifying under the Medicare provision are eligible for up to $44,000. The total amount that you receive is based on how early you adopt and your Medicare Part B billings. (You must submit Medicare Part B claims to qualify.) You will receive the lesser amount of either 75% of your Medicare Part B charges or $44,000 over a five year period from 2011 to 2015. You can also qualify for an early adopter incentive of $3,000 (if you qualify for either 2011 or 2012.) Remember, to receive your maximum payment, you must start now. MAXIMUM incentives (including $3,000 bonus) will be paid as follows:

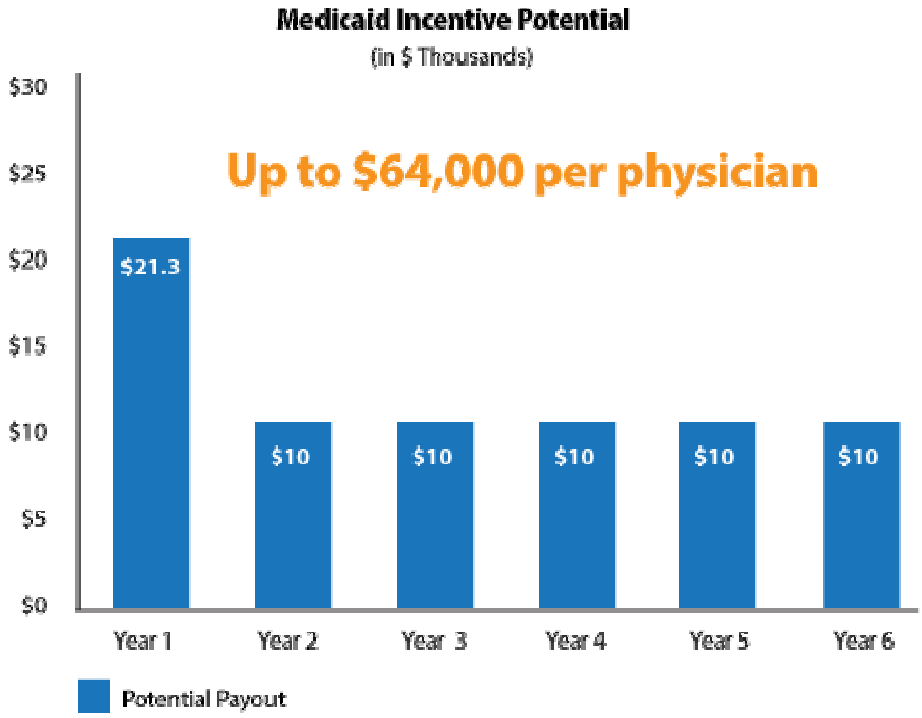


- $18,000 for the 1st year
- $12,000 for the 2nd year

- $8,000 for the 3rd year
- $4,000 for the 4th year
- $2,000 for the 5th year

Qualifying Under the Medicaid Provision

Providers qualifying under Medicaid are eligible for up to $63,750 over six years. Your payment is calculated as 85% of the EHR cost (up to $25,000 for the first year), and 85% of annual cost (up to $10,000) over the following five years. To qualify for the Medicaid provision, at least 30% of your cases must be attributable to Medicaid. For pediatricians, the minimum percentage of Medicaid patients is reduced to 20%. However, office-based pediatricians are only eligible to receive up to two thirds of the maximum payment.



- $21,3000 for the 1st year
- $10,000 for the 2nd year
- $10,000 for the 3rd year
- $10,000 for the 4th year
- $10,000 for the 5th year