Department of Health & Human Services
Office of the National Coordinator for
Health Information Technology

Meaningful Use and ONC Overview

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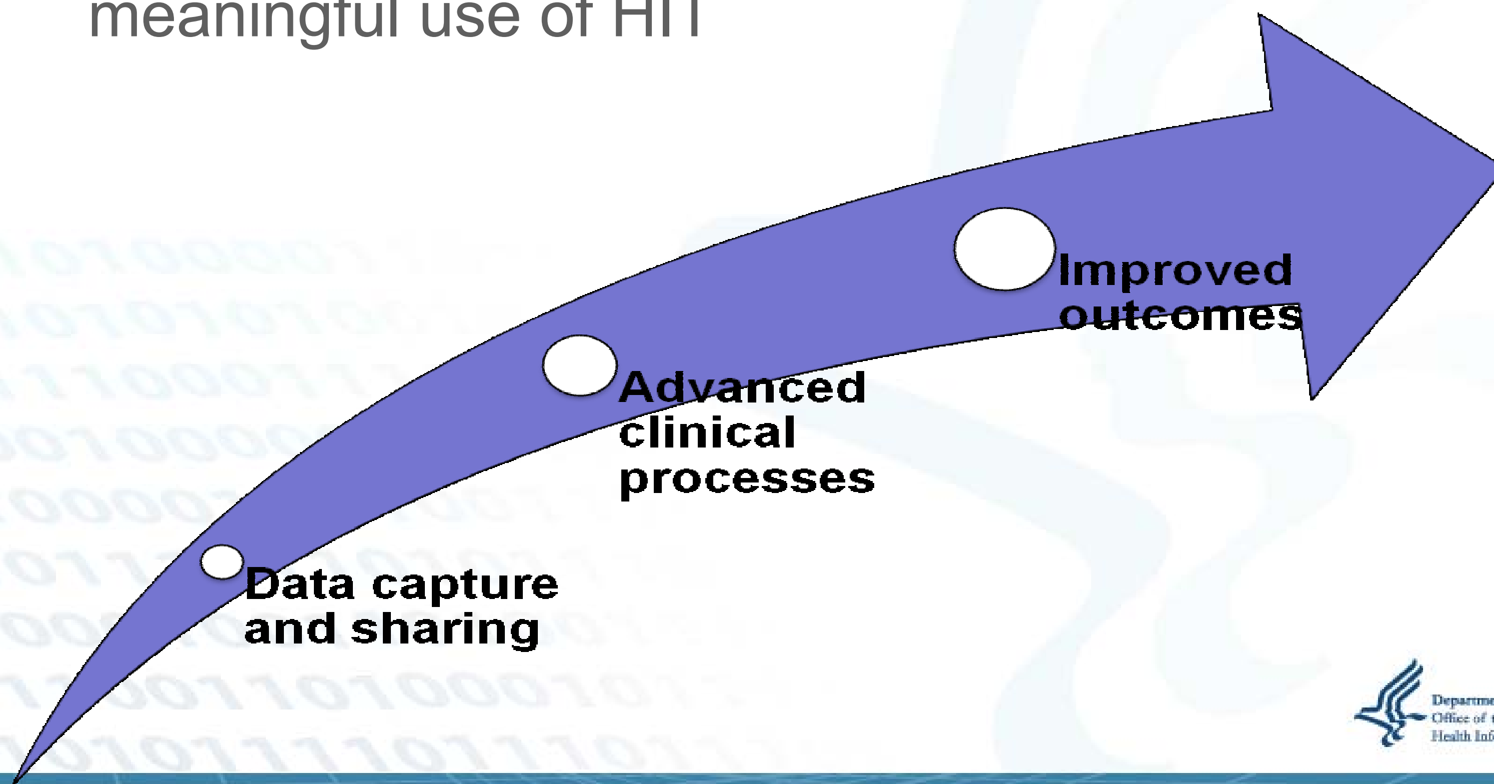
A Seasonal View of Meaningful Use

Snow

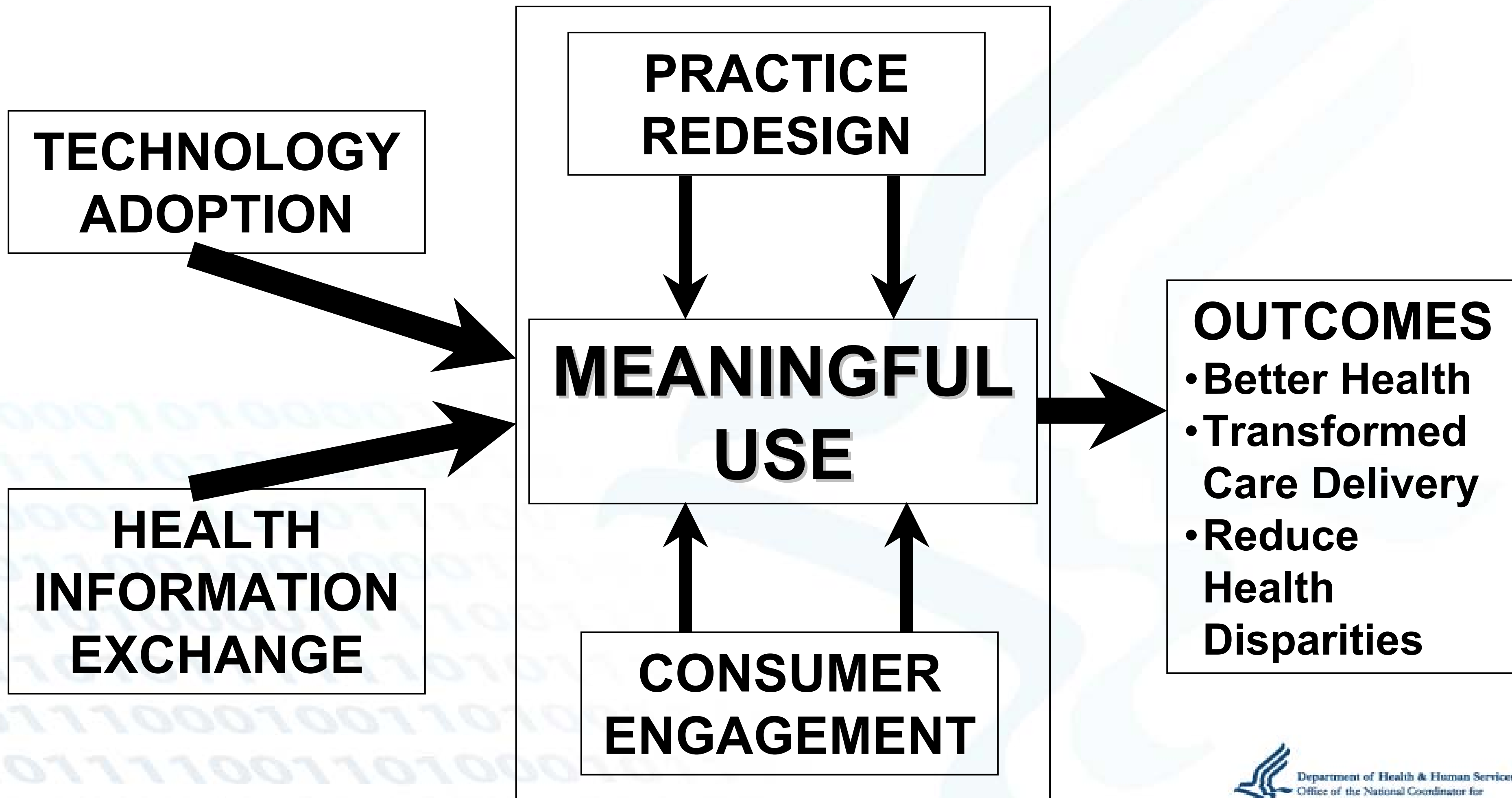
Meaningful Use of Snow

Making Meaning of "Meaningful Use"

- **HITECH goals**
  - Not about technology
  - Improving health and transforming health care through meaningful use of HIT



Getting to Meaningful Use…
…To Improve Health & Health Care



CMS Proposed Rule for Medicare & Medicaid Incentive Programs

- NPRM on display 12/30/2009
- Federal Register 1/13/2010
- 60-day comment period ends 3/15/2010
- Final Stage 1 rule to be issued spring 2010

Eligible Professionals (EPs)

MEDICARE

- MDs/DOs
- Dentists
- Podiatrists
- Optometrists
- Chiropractors

MEDICAID

- Physicians
- Dentists
- Certified nurse-midwives
- Nurse practitioners
- Physician Assistants (PAs)*

*PAs who practice in Federally Qualified Health Centers/Rural Health Clinics led by a PA

Hospitals Eligible for Incentive Payments

MEDICARE

- Acute care (subsection (d)) hospital
- Critical Access Hospitals (CAHs)

MEDICAID

- Acute care
- Children's hospital

What the MU NPRM Does

- Harmonizes MU criteria across CMS programs as much as possible
- Closely links with the ONC certification and standards IFR
- Builds on the recommendations of the HIT Policy Committee
- Coordinates with the existing CMS quality initiatives
- Provides a platform that allows for a staged implementation over time

Framework: All Objectives & Measures

- **NPRM proposes Policy Committee premise that providers must demonstrate they meet all objectives and associated measures to qualify as a meaningful EHR user**
- **2011 relies on attestation method**
- **Measures fall into 2 categories**
  - *HIT functionality measures*
  - *Clinical quality measures*

Framework: HIT Policy Committee's Recommended Five Priorities

- Improve quality, safety, efficiency and reduce health disparities
- Engage patients & families in their health care
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy & security protections for personal health information

Meaningful Use Proposed Stage 1 Objectives for EPs & Eligible Hospitals

1. Use Computerized Physician Order Entry (CPOE)
2. Implement drug-drug, drug-allergy, drug-formulary checks
3. Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®
4. Maintain active medication list
5. Maintain active medication allergy list
6. Record demographics
7. Record and chart changes in vital signs

Meaningful Use Proposed Stage 1 Objectives for EPs & Eligible Hospitals

8. Record smoking status for patients 13 years and older
9. Incorporate clinical lab-test results into EHR as structured data
10. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach
11. Report ambulatory quality measures to CMS or the States
12. Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules
13. Check insurance eligibility electronically from public and private payers
14. Submit claims electronically to public and private payers

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Meaningful Use Proposed Stage 1 Objectives for EPs & Eligible Hospitals

15. Provide patients with an electronic copy of their health information upon request
16. Capability to electronically exchange key clinical information among providers of care and patient-authorized entities
17. Perform medication reconciliation at relevant encounters and each transition of care
18. Provide summary care record for each transition of care and referral
19. Capability to submit electronic data to immunization registries and actual submission where required and accepted
20. Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice
21. Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities

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Additional Meaningful Use Proposed Stage 1 Objectives for EPs Only

1. Generate and transmit permissible prescriptions electronically
2. Send reminders to patients per patient preference for preventive/follow-up care
3. Provide patients with timely electronic access to their health information within 96 hours of information being available to EP
4. Provide clinical summaries for patients for each office visit

Additional Meaningful Use Proposed Stage 1 Objectives Eligible Hospitals Only

1. Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request
2. Capability to provide electronic submission of reportable lab results, as required by state or local law, to public health agencies and actual submission where it can be received.

EHR Incentive Payments Overview

- **EPs**
  - Medicare FFS
  - Medicare Advantage
  - Medicaid
- **Eligible Hospitals and CAHs**
  - Medicare FFS
  - Medicare Advantage
  - Medicaid

Incentive Payments for Eligible Professionals (EPs)

- Calendar Year
- 2011-2016 (Medicare) – Up to $44,000 over 5 years if "meaningful EHR user"
- 2011-2021 (Medicaid) – Up to $63,750 over 6 years – Adopt/Implement/Upgrade in Year 1, MU Years 2-6
- Meaningful user by 2012 in order to get max incentives
- 2015 and later – If not "meaningful EHR user" up to 3% payment adjustment in Medicare reimbursement
- Once a payment is received from one program, there is one opportunity to switch to the other during the life of the EHR incentive program

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Medicare Incentive Payments for EPs

	First Calendar Year in which the EP receives an Incentive Payment				
Calendar Year	**CY 2011**	**CY 2012**	**CY 2013**	**CY 2014**	**CY 2015 and later**
2011	**$18,000**				
2012	**$12,000**	**$18,000**			
2013	**$8,000**	**$12,000**	**$15,000**		
2014	**$4,000**	**$8,000**	**$12,000**	**$12,000**	
2015	**$2,000**	**$4,000**	**$8,000**	**$8,000**	**$0**
2016		**$2,000**	**$4,000**	**$4,000**	**$0**
TOTAL	**$44,000**	**$44,000**	**$39,000**	**$24,000**	**$0**

Additional Incentives for Medicare EPs Practicing in HPSAs

	First Calendar Year in which the EP receives an Incentive Payment				
Calendar Year	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015 and later
2011	$1,800				
2012	$1,200	$1,800			
2013	$800	$1,200	$1,500		
2014	$400	$800	$1,200	$1,200	
2015	$200	$400	$800	$800	$0
2016		$200	$400	$400	$0
TOTAL	$4,400	$4,400	$3,900	$2,400	$0

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Incentive Payments for Medicaid EPs

	First Calendar Year in which the EP receives an Incentive Payment					
Calendar Year	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
2011	$21,250					
2012	$8,500	$21,250				
2013	$8,500	$8,500	$21,250			
2014	$8,500	$8,500	$8,500	$21,250		
2015	$8,500	$8,500	$8,500	$8,500	$21,250	
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017		$8,500	$8,500	$8,500	$8,500	$8,500
2018			$8,500	$8,500	$8,500	$8,500
2019				$8,500	$8,500	$8,500
2020					$8,500	$8,500
2021						$8,500
TOTAL	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

Incentive Payments for Eligible Hospitals & Critical Access Hospitals (CAHs)

- Federal fiscal year
- $2M base + per discharge amount (based on Medicare/Medicaid share)
- Hospitals meeting Medicare MU requirements may be deemed eligible for Medicaid payments
- Payment adjustments for Medicare after 2015
- Hospitals cannot receive payments after 2016
- No penalties for Medicaid
- NPRM has narrative and sample calculation

Incentive Payment Timeline

- **Medicare**
  - EPs may receive payments no sooner than January 2011
  - Eligible hospitals & CAHs may receive payments no sooner than October 2010
- **Medicaid EPs**
  - Can potentially receive payments as early as 2010 for A/I/U and hospitals as early as 2011
- **Medicare Advantage EPs**
  - Will receive payments following determination that they are not eligible for full incentive under Medicare Part B—anticipate determination in spring 2012

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Other ONC programs

- Regional Extension Centers-support 100K providers to become meaningful users
- Workforce Training Programs-support the education of HIT professionals
- Beacon Communities-support demonstration communities in which clinicians, hospitals, and consumers achieve improvement in quality and efficiency in a geographic area

Resources

- http://healthit.hhs.gov