

# Meaningful Use:

## Frequently Asked Questions

---



**Please note:** This FAQ was compiled to provide quick answers for our customers. This is not an official document from CMS. Qualifacts has provided links throughout this document that will take you to official CMS websites offering greater detail to answer your questions. Please utilize those links to validate information provided within this document for your purposes.

### **What is Meaningful Use (MU)?**

---

The Health Information Technology for Economic and Clinical Health (HITECH) Act provides Health and Human Services (HHS) with the authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health information technology (HIT), including electronic health records (EHR) and private and secure electronic health information exchange.

Under the HITECH Act, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives (“Meaningful Use of an Electronic Health Record”).

### **What is Qualifacts doing to help us achieve Meaningful Use certification?**

---

Qualifacts is dedicated to helping our customers demonstrate Meaningful Use in order to receive incentive payments starting in 2011. Qualifacts will provide ongoing training to educate your agency about CareLogic’s support of Meaningful Use.

The training will focus on the following objectives:

What is Meaningful Use?

What is at stake?

What data should be captured in CareLogic to demonstrate MU? And what is the impact on business processes?

What do we do next?

### **How do I know if our Professionals are eligible to participate in the EHR Incentive Programs?**

---

The full list of Eligibility Requirements for Professionals can be found on the CMS web site.

- Incentive payments for eligible professionals are based on individual practitioners.
- If you are part of a practice, each eligible professional may qualify for an incentive payment if each eligible professional successfully demonstrates meaningful use of certified EHR technology.
- Each eligible professional is only eligible for one incentive payment per year, regardless of how many practices or locations at which he or she provide services.

- **Hospital-based eligible professionals are not eligible for incentive payments.** An eligible professional is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient (Place of Service code 21) or emergency room (Place of Service code 23) setting.

Eligible professionals under the Medicare EHR 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 EHR Incentive Program include:

- Physicians (primarily 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.

## **How do our EPs get registered to participate in MU?**

---

In order to participate, an Eligible Professional (EP) must meet the following criteria:

- Register for the Incentive Program through Centers for Medicare/Medicaid Services (CMS) website via the EHR Incentive Programs registration page
- Be enrolled in Medicare Fee For Service (FFS), Medicare Advantage (MA), or Medicaid (FFS or Managed Care)
- Have a National Provider Identifier (NPI)
- Use certified EHR technology

## **I understand EHR software can attain certification as Eligible Professionals and/or Eligible Hospital and Critical Access Hospital (CAH). What certification will CareLogic Enterprise acquire?**

---

CareLogic Enterprise was certified as a Complete EHR for Eligible Professionals on March 22, 2011.

Behavioral health centers and free standing psychiatric hospitals cannot qualify for Meaningful Use incentives, so we do not plan to pursue certification under the hospital program.

## **Are there different incentive programs for Medicaid and Medicare providers?**

---

Yes, there are different EHR incentive programs for Medicare and Medicaid providers. To best understand the requirements for each, visit the Office of the National Coordinator Health Information Technology website and view their "Being a Meaningful User of Electronic Health Records".

## **How soon can I register for the Medicare and Medicaid EHR Incentive Programs?**

---

CMS announced that the registration for the Meaningful Use program for hospitals, office-based physicians, and other providers was open effective January 3, 2011.

Please see the EHR Medicaid EP Registration User Guide for more information about the complete registration process. Please note that your agency does not register, but rather, your agency's eligible professionals will need to register individually. Qualifacts recommends encouraging your eligible professionals to begin the registration process as early as possible to ensure registration is complete prior to your 90-day attestation window.

## **What states are currently accepting registrations for Medicaid incentives?**

---

Please check the CMS web site for the latest list of states with open registration (CMS Medicaid Registration Enrollment). The states with open registration as of February 9, 2011 are:

- Alaska
- Iowa
- Kentucky
- Louisiana
- Oklahoma
- Michigan
- Mississippi
- North Carolina
- South Carolina
- Tennessee
- Texas

## **I understand there are 25 Measures associated with a provider demonstrating Meaningful Use. Do we have to be able to demonstrate all of them?**

---

No. There are 15 Core and 10 Menu requirements. Initially you will have to fulfill all 15 Core and 5 of the 10 Menu requirements. CareLogic will support all 25 requirements, and it will be up to your agency which 5 Menu requirements you will use during your 90-day attestation window.

For a full list of the Core and Menu requirements, visit the complete Stage 1 Meaningful Use Specification List, which can be found for Eligible Professionals at the CMS web site.

## **What are the financial incentive payments available to eligible professionals who demonstrate Meaningful Use?**

---

Eligible professionals who demonstrate Meaningful Use have the opportunity to receive incentive payments up to \$44,000 from Medicare, or \$63,750 from Medicaid. These funds are paid out over several years. Please see the charts below for Medicaid and Medicare incentive schedules.

## Medicare

Incentive Paid in:	Meaningful Use of a Certified EHR Starting in:				Failure to demonstrate by:			
	2011	2012	2013	2014	2015	2016	2017	2018
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				
2016		\$2,000	\$4,000	\$4,000				
<b>Total:</b>	<b><u>\$44,000</u></b>	<b><u>\$44,000</u></b>	<b><u>\$39,000</u></b>	<b><u>\$24,000</u></b>				
10% HPSA Bonus:	<u>\$48,400</u>	<u>\$48,400</u>	<u>\$42,900</u>	<u>\$26,400</u>				
Penalty for failure to demonstrate:					-1%	-2%	-3%	-4%

## Medicaid

Incentive Paid in:	Meaningful Use of a Certified EHR Starting in:					
	2011	2012	2013	2014	2015	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
<b>Total:</b>	<b><u>\$63,750</u></b>	<b><u>\$63,750</u></b>	<b><u>\$63,750</u></b>	<b><u>\$63,750</u></b>	<b><u>\$63,750</u></b>	<b><u>\$63,750</u></b>

### Will our EPs be required to use e-prescribing in order to demonstrate Meaningful Use?

E-Prescribing is required to meet the measures of Meaningful Use. You may also browse CMS's frequently asked questions website to get more answers regarding e-prescribing. [Click here.](#)

### Can we be exempt from demonstrating some of the measures if we feel they do not apply to our business (ex: smoking status)?

The short answer is that it depends. If the specific measure you are referring to is one of the CORE measures, you

must collect that data to show Meaningful Use of an EHR for that measure. If the specific measure you are referring to is one of the MENU measures, you can opt not to include that as one of the 5 CORE measures you will demonstrate.

In the case of smoking status specifically, it is one of the required 15 CORE measures, and you must collect that data even if you do not plan to use it in your business. For a full understanding of the CORE and MENU measures, refer to the Stage 1 Meaningful Use Specification List (Eligible Professionals).

## **I understand that as part of demonstrating Meaningful Use, we have to demonstrate “Clinical Quality Measures”. What are the “Clinical Quality Measures?”**

---

To demonstrate meaningful use successfully, eligible professionals, eligible hospitals and CAHs are required also to report clinical quality measures specific to eligible professionals or eligible hospitals and CAHs.

- Eligible professionals must report on 6 total clinical quality measures: 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures (selected from a set of 38 clinical quality measures).
- Eligible hospitals and CAHs must report on all 15 of their clinical quality measures.

See [Clinical Quality Measures](#) to learn more about clinical quality measures for eligible professionals, eligible hospitals and CAHs.

## **I have read many of the Measures Medicaid and Medicare require for us to demonstrate Meaningful Use, and some of the terms seem vague. In the Measures, what does it mean when they use terms such as “unique patients” or “permissible prescriptions”?**

---

On the same page on the CMS website where the site lists the “Clinical Measures,” it also includes a list of definitions for each “Clinical Measure.” For example, for the Measure, “More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.” The term “problem list” is defined by CMS as “a list of current and active diagnoses as well as past diagnoses relevant to the current care of the patient.” Please go to the CMS website for more information. Eligible Professional Meaningful Use Core and Menu Set Measures.