

The Meaning of 'Meaningful Use'

Why Practice Administrators Need to Understand the Criteria

BY JAMES B. CALNAN, CPA

The Centers for Medicare & Medicaid Services (CMS) has released a proposed regulation in January, defining the requirements eligible professionals must meet to be considered 'meaningful users' of an electronic health record (EHR) system. Eligible professionals who are meaningful users of an EHR can be reimbursed for up to \$44,000 for adopting a 'certified' system under the Medicare incentive program, and up to \$63,750 under the Medicaid program.

The program is part of the American Recovery and Reinvestment Act of 2009 (ARRA). The regulations are part of a comprehensive program authorized by ARRA to create a nationwide, interoperable, secure, and private electronic health-information system. Since the start of the incentive program is now less than a year away, it is critical that practice administrators understand the criteria required to be a meaningful user and other important program specifics. Medicare penalties begin in 2015 for those who are not meaningful EHR users.

Wading Through the Details

The proposed and complex interim final rule, which comprises about 136 pages, outlines 25 meaningful-use criteria that eligible professionals must meet, including facilitating electronic access by patients to their per-

sonal health information, conducting electronic administrative transactions, and electronically communicating with laboratories, immunization registries, and others.

The rule was created by the Office of the National Coordinator (ONC) for Health Information Technology, which is



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under the Department of Health and Human Services. The Centers for Medicare and Medicaid Services (CMS) is responsible for implementation of the rule.

CMS proposes a phased approach to achieving meaningful use by eligible professionals between 2011 and 2015, with each of the three stages requiring escalating requirements. The meaningful-use criteria proposed for stage one (beginning in 2011) predominantly focuses on electronically capturing health information in a coded format, using that information to track key clinical conditions and communicating that information for care-coordination purposes, implementing clinical-decision support tools to facilitate disease and medication management,

and reporting clinical quality measures and public health information. CMS intends to update the stage two and three criteria through future rulemaking.

The Medical Group Management Association (MGMA) contends that the proposed EHR incentive program

simplify the meaningful-use criteria and qualifying procedures to ensure the success of the program."

The rules include a number of requirements which will create significant barriers to physician efforts to achieve the designation of, and prove that they are, meaningful users of an EHR.

These include:

- Unreasonable thresholds for some of the meaningful-use criteria (i.e., computerized prescription-order entry, electronic claim submission, electronic insurance eligibility verification, and others);
- Potentially difficult meaningful-use attestation after the first year; and
- A requirement that physician offices provide

patients and others with electronic copies of medical records.

For More Information

In response to the complexities of this rule, MGMA has developed a comprehensive three-part Webinar series to help members understand the specifics of the incentive program and how to select and implement an EHR that best meets their organizations' clinical and administrative requirements. Access the MGMA Web site (www.mgma.com) for further details. ❖

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rule and the standards, implementation specifications, and certification criteria released by CMS and the ONC are overly complex and that medical groups will confront significant challenges trying to meet the program requirements.

"The Medicare and Medicaid incentive programs must be designed to facilitate the rapid deployment of health-information technology," said Dr. William Jessee, MGMA president and CEO. "Overly burdensome requirements and needlessly complex administration will only discourage physician participation in the program and the implementation of EHRs. As strong proponents of the use of health information technology in the ambulatory setting, we encourage the administration to