



# Meaningful Use: A Primer

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## Background

On Feb. 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009 (ARRA), a critical measure to stimulate the economy. Among other provisions, the new law provides major opportunities for the Department of Health and Human Services (DHHS), its partner agencies, and the States to improve the nation's health care through health information technology (HIT) by promoting the meaningful use of electronic health records (EHR) via incentives. A [full copy of the bill](#) can be found on the CMS website.

The HIT provisions of the Recovery Act are found primarily in Title XIII, Division A, Health Information Technology, and in Title IV of Division B, Medicare and Medicaid Health Information Technology. These titles together are cited as the Health Information Technology for Economic and Clinical Health Act or the HITECH Act.

The ARRA 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.

## Funding

Under Title IV, funding is available to certain eligible professionals (EPs) and hospitals, as described below. Funds will be distributed through Medicare and Medicaid incentive payments to EPs, physicians, and hospitals who are "meaningful EHR users." In addition, with regard to the Medicaid program, federal matching funds are also available to states to support their administrative costs associated with these provisions.

To qualify for incentive payments, meaningful use requirements must be met in the following ways:

- **Medicare EHR Incentive Program (\$44,000)**—Eligible professionals, physicians, eligible hospitals, and critical access hospitals (CAHs) must successfully demonstrate meaningful use of certified electronic health record technology every year they participate in the program.
- **Medicaid EHR Incentive Program (\$63,750)**—Eligible professionals, physicians and eligible hospitals may qualify for incentive payments if they adopt, implement, upgrade or demonstrate meaningful use in their first year of participation. They must successfully demonstrate meaningful use for subsequent participation years.
- **Adopted:** Acquired and installed certified EHR technology. (For example, can show evidence of installation.)
- **Implemented:** Began using certified EHR technology. (For example, provide staff training or data entry of patient demographic information into EHR.)
- **Upgraded:** Expanded existing technology to meet certification requirements. (For example, upgrade to certified EHR technology or add new functionality to meet the definition of certified EHR technology.)



## Meaningful Use Stages

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.

## ARRA Timeline

The CMS timeline can be found at the end of this document.

### Development of Stage 1 Criteria for Meaningful Use

The meaningful use criteria is the culmination of an intensive process that involved input from several federal advisory committees (the National Center for Vital Health Statistics, the HIT Policy Committee, and the HIT Standards Committee).

### Stage 1 Criteria for Meaningful Use

The Stage 1 criteria for meaningful use focus on electronically capturing health information in a coded format, using that information to track key clinical conditions, communicating that information for care coordination purposes, and initiating the reporting of clinical quality measures and public health information.

The criteria for meaningful use are based on a series of specific objectives, each of which is tied to a measure that allows EPs and hospitals to demonstrate that they are meaningful users of certified EHR technology.

For Stage 1, which begins in 2011, there are 25 objectives/measures for EPs and 24 objectives/measures for eligible hospitals.

- 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.
  - There are 15 required core objectives
  - The remaining 5 objectives may be chosen from the list of 10 menu set objectives
- For eligible hospitals and CAHs, there are a total of 24 meaningful use objectives. To qualify for an incentive payment, 19 of these 24 objectives must be met.
  - There are 14 required core objectives
  - The remaining 5 objectives may be chosen from the list of 10 menu set objectives

[See the Stage 1 criteria under “downloads” at the bottom of the CMS Meaningful Use web page.](#)

Where it is impossible for an EP or eligible hospital to meet a specific measure, an exclusion is defined in the final rule. If an exclusion applies to an EP or eligible hospital, then such professional or hospital does not have to meet that objective/measure in order to be determined a meaningful EHR user. For example, if an EP has two exceptions (one for a core objective/measure and one for a menu objective/measure), the EP would need to meet the remaining 14 objectives/measures in the core set and four of the remaining nine objectives/measures in the menu set.

In 2011, EPs, eligible hospitals and CAHs seeking to demonstrate meaningful use are required to submit aggregate clinical quality measure numerator, denominator, and exclusion data to CMS or the states by attestation. In 2012, EPs, eligible hospitals and CAHs seeking to demonstrate meaningful use must electronically submit clinical quality measures selected by CMS directly to CMS (or the states) through certified EHR technology. CMS recognizes that for clinical quality reporting to become routine, the administrative burden of reporting must be reduced. By using certified EHR technology to report information on clinical quality measures



electronically to a health information network, a state, CMS, or a registry, the burden on providers that are gathering the data and transmitting them will be greatly reduced.

The burden of generating the necessary information for the provider to then use the information to improve health care quality, efficiency, and patient safety will also be reduced. CMS expects that by their second implementation year, states will have the capacity to accept direct submission of Medicaid providers' clinical quality measures from certified EHR technology.

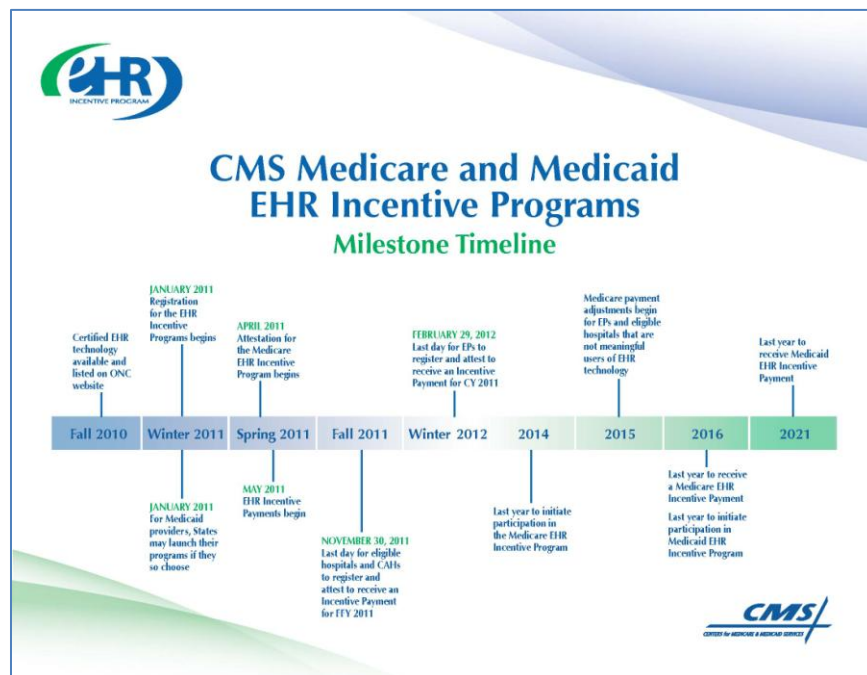
### Beyond the Stage 1 Criteria for Meaningful Use

The policy goals of meaningful use will be most fully realized by building on findings from Stage 1 and by making full use of the greater proliferation of certified EHR technology and supporting HIT/E infrastructure that will take place under Stage 1. CMS intends to propose through future rulemaking two additional stages of the criteria for meaningful use.

Stage 2 would expand upon the Stage 1 criteria in the areas of disease management, clinical decision support, medication management support for patient access to their health information, transitions in care, quality measurement and research, and bi-directional communication with public health agencies. These changes will be reflected by a larger number of core objective requirements for Stage 2. CMS may also consider applying the criteria more broadly to the outpatient hospital settings (and not just the emergency department). Information exchange is a critical part of care coordination and can expect that the infrastructure will support greater requirements for using health information exchanges for Stage 2.

Stage 3 would focus on achieving improvements in quality, safety and efficiency, focusing on decision support for national high priority conditions, patient access to self management tools, access to comprehensive patient data, and improving population health outcomes.

Additional information on the Medicare and Medicaid EHR Incentive Programs, including a link to the text of the final rule, can be found at the [CMS website](#).



**Note:** The source of information for this document is CMS.gov. For more information on how Hayes can help you meet meaningful use requirements, visit our [website](#) or call us at 617-559-0404.