Medicaid EHR Incentive Payment Program and Meaningful Use

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The Centers for Medicare & Medicaid Services (CMS) have issued final rules to implement the Electronic Health Record (EHR) Incentive Payment Program that was authorized by the *American Recovery and Reinvestment Act of 2009* (ARRA). The incentive program is intended to improve health care by motivating health care professionals and hospitals to use EHRs in meaningful ways.

The rules pertaining to “meaningful use” are of interest to Medicaid providers and hospitals that want to qualify for EHR incentive payments. The Texas Health and Human Services Commission (HHSC) Office of e-Health Coordination encourages Medicaid providers to become familiar with the rules as early as possible. This article includes a basic overview of the requirements and provides links to other information and resources.

To be eligible for incentives, providers must be able to demonstrate that they are using certified EHR technology for three fundamental purposes:

- **Meaningful use**: e-prescribing, electronic patient health histories, clinical decision support tools, and other meaningful uses.
- **Connectivity**: connecting to other providers through a health information exchange to improve access to the full view of a patient’s health history.
- **Reporting**: Submitting information on clinical quality measures and other measures in accordance with federal standards.

The program will be implemented in stages. In each stage, CMS will introduce new criteria to enhance meaningful use in these fundamental areas. For most criteria, providers must meet or exceed the CMS-established targets to qualify for incentives. The first stage will begin in 2011 and end in 2012.

**Specific Criteria for Meaningful Use in Stage One (2011–2012)**

The final rules that CMS issued in July 2010 establish specific meaningful use criteria and clinical quality measures that incorporate the fundamental purposes of meaningful use, connectivity, and reporting. These are summarized below:

**Meaningful Use Objectives:**

**Core Set of Meaningful Use Objectives**

The core set of meaningful use objectives includes 15 objectives that demonstrate:

- Access to basic patient data including demographic information, vital signs, medications, allergies, problem list, diagnoses, and smoking status.
- The EHR is being used to support clinical decisions and to place clinical orders and electronic prescriptions.

Eligible professionals (EPs) must report on all 15 objectives, unless they qualify for an exclusion. Eligible hospitals (EHs) must report on 14.
Menu Set of Meaningful Use Objectives

There are 10 additional objectives from which providers and hospitals must pick five to implement during the first two years of the program. These include, but are not limited to:

- Drug formulary checks.
- Incorporating structured clinical laboratory results.
- Support for medication reconciliation across care settings.
- Generating patient reminders.

Clinical Quality Measures

EPs must report on three core clinical quality measures:

- Blood pressure level: Hypertension
- Tobacco use assessment and cessation intervention
- Adult weight screening and follow up

The rules require EPs to submit alternate quality measures if one or more of the three measures above do not apply to their particular practice. EPs must select and report on three additional clinical quality measures that are based on their population and specialty. The additional clinical quality measures are located in Table 6 of the final rule.

EHs must report on all 15 of the hospital clinical quality measures that are located in Table 10 of the final rule.

Meaningful Use Resources:

- The Rules: Medicare and Medicaid Programs; Electronic Health Record Incentive Program
- CMS EHR Incentive Programs – Meaningful Use
- Texas Medicaid Electronic Health Record (EHR) Incentive Payment Program

For more information, call the TMHP Contact Center at 1-800-925-9126.