

Meaningful Use for Orthopaedics

Frequently Asked Questions

What is “Meaningful Use”?

“Meaningful Use” is broad terminology that refers to a government-sponsored initiative that has been designed to encourage providers to use healthcare IT solutions to improve the quality of care while lowering costs.

How does this relate to ARRA or “the stimulus”?

The HITECH provision of the American Recovery and Reinvestment Act of 2009 (ARRA), also known as the “economic stimulus plan,” is the legislation that provides significant financial incentives to assist providers in the purchase, implementation and meaningful use of a certified electronic health records (EHR) system.

Who is eligible to receive stimulus dollars under ARRA/HITECH?

The ARRA outlines two separate EHR incentive programs— a Medicare program and a Medicaid program. Each has its own set of eligibility requirements and eligible professionals (EPs) may only participate in one. In each case, EHR incentive payments will be available for EPs that demonstrate meaningful use of an EHR.

The Medicaid program provides for up to \$63,750 in incentives per EP that meets Meaningful Use criteria. EPs in the Medicaid program must be physicians, nurse practitioners, certified nurse-midwives, dentists or physician assistants that meet one of the following criteria:

- Practice predominantly in a federally qualified health centers or rural health center and have a minimum of 30 percent patient volume attributable to needy individuals
- Have more than 30 percent of patients paying with Medicaid (more than 20 percent for pediatricians) for 90 continuous days in the year prior to eligibility

The Medicare program provides for up to \$44,000 in incentives per EP that meets Meaningful Use criteria and accepts Medicare payments. EPs in the Medicare program must be doctors of medicine, osteopathy, dental surgery, dental medicine, podiatry, optometry or chiropractors.

Hospital-based EPs are not eligible for incentive payments. An EP is considered hospital based if 90 percent or more of his or her services are performed in a hospital inpatient or emergency room setting.

How many times can I qualify for Meaningful Use?

Each EP is only eligible for one incentive payment per year, regardless of how many practices or location at which he or she provides services.

What are the requirements for “Meaningful Use”?

Purchasing an EHR does not, on its own, qualify a provider to receive stimulus dollars. A provider must actually make “meaningful use” of this technology.

There are three fundamental requirements for Meaningful Use:

- Connect certified EHR technology in a manner that provides for the electronic exchange of health information to improve the quality of care
 - Use certified EHR technology in a meaningful manner
 - Submit meaningful data, such as clinical quality measures to CMS
-

What is “certified EHR technology”?

The government has defined a set of core functionality that must be present in healthcare IT applications in order to be considered compliant. If an EHR has that set of functionality, it can be validated by a certified testing group that can give EHR solutions the “stamp of approval” for certification.

What Merge solutions are “certified” for Meaningful Use?

Merge OrthoEMR™ 4.0 and Merge RIS™ 7.0 are certified through the Drummond Group and Merge EHR/PM 4.1.7 is certified through the Certification Commission for Health Information Technology (CCHIT). Both organizations are approved by the Office of the National Coordinator for Health Information Technology (ONC) of the U.S. Department of Health and Human Services (HHS) as an Authorized Testing and Certification Body (ONC-ATCB).

How do I use EHR technology in a meaningful manner?

There are a total of 25 Meaningful Use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met. Of the 25 objectives, 15 are required core objectives and the remaining five objectives may be chosen from a list of 10 menu objectives. The complete list can be found at <https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>.

How do I submit my information to CMS?

Starting April 18, 2011, data may be submitted through the attestation system on the CMS web site at <https://ehrincentives.cms.gov>. The system requires EPs to complete sections on these topics:

- Meaningful Use Core Measures
- Meaningful Use Menu Measures
- Core Clinical Quality Measures
- Alternate Core Clinical Quality Measures (only required if any core CQM has a denominator of zero)
- Additional Clinical Quality Measures

When will the EHR stimulus funding actually come to the physicians, and in what form?

A consolidated incentive payment will be made on a rolling basis, as soon as CMS ascertains that a provider has demonstrated Meaningful Use for the applicable reporting period. The reporting periods are 90 days for the first year and a calendar year for subsequent years. The following diagram illustrates how payments will be distributed based on the first year of qualification.

		<i>First Year of Qualification</i>				
		CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
Payments	CY 2011	\$18,000				
	CY 2012	\$12,000	\$18,000			
	CY 2013	\$8,000	\$12,000	\$15,000		
	CY 2014	\$4,000	\$8,000	\$12,000	\$12,000	
	CY 2015	\$2,000	\$4,000	\$8,000	\$8,000	
	CY 2016		\$2,000	\$4,000	\$4,000	
	TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Where can I find out more information about Meaningful Use?

The Centers for Medicare and Medicaid Services Web site at <http://www.cms.gov/EHRIncentivePrograms/> provides complete information on registration, attestation and more.

Are there other government incentive programs Merge customers should be aware of?

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) provides for an ePrescribing incentive program for eligible professionals, beginning July 1, 2009. MIPPA mandates that the Centers for Medicare and Medicaid Services (CMS) have the authority to adjust physician fee schedules, regardless of a provider's participation in the eRx Incentive Program. In November 2010, CMS published its intention to require that every physicians order 25 e-prescriptions in 2011 (10 being within the first six months of this year).

How can I start ePrescribing before I implement a certified EHR?

The National ePrescribing Patient Safety Initiative (NEPSI) is offering a free module to increase the number of physicians utilizing ePrescribing technology. The module can be found at www.nationalerx.com. Only one physician from each practice must register. Additional physicians and users may be added once the registration process is complete.

The free module is a Web-based program that will work on virtually any operating system and Internet browser. The only additional hardware requirements would include printers for prescriptions that require hand signatures per federal regulations.

In order to qualify, physicians must submit eRx quality data code G8553, which notes that at least one eRx was dispensed during patient visit. For more information, including criteria for exemptions please visit http://www.cms.gov/ERxIncentive/02_Spotlight.asp#TopOfPage or call the QualityNet Help Desk at 1-866-288-8912.

What happens if I choose not to participate in Meaningful Use and ePrescribing?

While participation in Meaningful Use is not required by law, late adopters or non-adopters will lose thousands of dollars in incentives and, in 2015 or later, physicians will see Medicare payment reductions of up to five percent. For ePrescribing, providers who do not participate this year may be subject to a one percent decrease in Medicare reimbursements for 2012.