Achieving meaningful use
A Quick Reference to The new school of thought.

5) Assistance
4) Timelines
3) Meaningful use
2) Certification

Charges are $20K in 2011, incentive payment would be $15K versus $18K in health provider shortage areas)
maximum of $18,000 in 2011 and up to $44,000 per EP (2011-2016) (10% more Medicare
a certified EHR (including maintenance and training)
Medicaid

1) Eligibility/Payment - Determine if you are a Medicare or Medicaid eligible professional (EMR is non one both)
Medicaid - More than 30% (20% for pediatrics) of patient mix is Medicaid,
non-covered services (recommended, and most malpractice providers) Cover 85% of the "average allowable cost" to purchase, implement or upgrade EHRs and receive matched federal reimbursement.
Medicare - If more than $40,000 in allowable Medicare charges, qualify for the maximum of $18,000 in 2011 and up to $44,000 per EP (2011-2016) (10% more Medicaid)
Otherwise, qualify for 75% of allowable Medicare charges. For example, if Medicare charges are $20K in 2011, incentive payment would be $15K versus $19K.

2) Certification - Obtain or verify that your EHR is HHS certified with needed capabilities according to ARRA defined by OPM.
Meaningful use - Use required EHR capabilities capturing needed information according to ARRA defined by CCHIT.

3) Meaningful use - Use required EHR capabilities capturing needed information according to ARRA defined by CCHIT.
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5) Assistance - If you are in practice with less than 10 providers or supporting Medicaid populations, starting early 2010 obtain an additional $5,000 per provider in consulting assistance from regional extension centers.

In summary, core checkpoints to receiving funds include:

- If more than 30% (20% for pediatricians) of patient mix is Medicaid,

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## EHR Meaningful Use Definition for 2011 criteria
(Based upon August 2009 HIT Policy and Standards Committee approved definition)

<table>
<thead>
<tr>
<th>Category</th>
<th>Meaningful Use Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling/Registration</td>
<td>1. Record gender, insurance type, preferred language, race, ethnicity (according to census bureau, and advance directive) 2. Check insurance eligibility electronically.</td>
</tr>
<tr>
<td>Clinical Intake</td>
<td>1. Record blood pressures, height, weight, smoking status 2. Display calculated BMI</td>
</tr>
<tr>
<td>History/Exam Problem List</td>
<td>1. Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 in SNOMED, etc. 2. Document a progress note for each encounter</td>
</tr>
<tr>
<td>Plan</td>
<td>1. Use CPOE for all orders 2. Use one clinical decision rule relevant to specialty or high clinical priority</td>
</tr>
<tr>
<td>Medications</td>
<td>1. Maintain active medication list 2. Maintain active med allergy list 3. Use drug-drug, drug-allergy &amp; drug-formulary checks 4. Generate and transmit permissible prescriptions electronically 5. Record which medications were entered in generic form versus brand name form 6. Perform medication reconciliation at relevant encounters and each transition of care</td>
</tr>
<tr>
<td>Labs</td>
<td>1. Incorporate lab-test results into EHR as structured data</td>
</tr>
<tr>
<td>Procedures</td>
<td>1. Use CPOE for all referrals 2. Use of high-risk medications (re: Beers criteria) in the elderly 3. % of all medications entered into EHR as generics, when generic options exist in the relevant drug class 4. % of encounters with active medication reconciliation was performed</td>
</tr>
<tr>
<td>Patient/Family Education/PHR</td>
<td>1. Diabetics with A1c control (on insulin) 2. % of diabetes patients with LDL under control 3. Lab results incorporated into EHR in coded format 4. % of patients over 50 with annual colorectal cancer screening 5. % of females over 50 receiving annual mammogram</td>
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<tr>
<td>Medications</td>
<td>1. % patients with high risk medication alerts on aspirin prophylaxis 2. % of hospitalized patients who receive antithrombotic therapy (or equivalent) for those at risk of VTE 3. % of patients with recorded BMI</td>
</tr>
<tr>
<td>Labs</td>
<td>1. % claims submitted electronically to public and private payers</td>
</tr>
<tr>
<td>Procedures</td>
<td>1. Generate lists of patients by specific educational, racial, and ethnic groups (based on diversity data) 2. % of claims submitted electronically to all payers</td>
</tr>
<tr>
<td>History/Exam Problem List</td>
<td>1. % of patients at high risk for diabetes or obesity (weight, BMI, and waist circumference) 2. % of patients with high blood pressure (HBP) who have their blood pressure under control 3. % of patients over 75 with influenza vaccine 4. % of patients over 50 with a mammogram 5. Submission of Vital Health data to Immunization registries and actual submission where data to immunization registries and actual submission was permissible</td>
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<tr>
<td>Plan</td>
<td>1. % of patients for whom summaries of care were shared (electronic, paper, e-Fax) 2. % of patients who receive flu vaccine</td>
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<tr>
<td>Medications</td>
<td>1. % of patients with confirmed insurance eligibility confirmed 2. % of patients with SBP in the elderly</td>
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**Reporting criteria for 2011 ARRA funding**
(Based upon August 2009 HIT Policy and Standards Committee approved definition)

- % patient encounters with insurance eligibility confirmed
- % of smokers offered smoking cessation counseling
- % of patients with recorded BMI
- % of patients over 50 receiving annual mammogram
- % claims submitted electronically to public and private payers
- % of transitions in which summary care records are shared (electronic, paper, e-Fax)
- % of patients who receive flu vaccine
- Full compliance with HIPAA Privacy and Security Rules
- % of patients who receive flu vaccine
- % of claims submitted electronically to all payers
- % of patients at high risk for diabetes or obesity (weight, BMI, and waist circumference)
- % of patients with high blood pressure (HBP) who have their blood pressure under control
- % of patients over 75 with influenza vaccine
- % of patients over 50 with a mammogram
- Submission of Vital Health data to Immunization registries and actual submission where data to immunization registries and actual submission was permissible

**Note:** Only outpatient measures are listed here and other measures are still under final consideration.