

AMC NOMA Article on Meaningful Use

“Meaningful Use” for EHR Stimulus Payments - an Update”

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As most physicians are aware, the American Recovery and Reinvestment Act of 2009 (“ARRA”) provides significant incentives to encourage electronic health record (EHR) adoption in the form of Medicare and Medicaid incentive payments. Beginning in 2011, eligible physicians can receive additional Medicare payments of up to \$44,000 over a five-year period or allowable costs up to \$63,750 over a six-year period under Medicaid. To be eligible, physicians must demonstrate to the satisfaction of the U.S. Department of Health and Human Services (HHS) their “meaningful use” of certified EHR technologies.

We expect the Centers for Medicare and Medicaid Services (CMS) to propose a formal definition of “meaningful use” by year end through the rulemaking process and to adopt a final rule in early 2010. In the meantime, physicians are anxious to make timely decisions for selecting and upgrading their current EHR systems and maximizing their likelihood of eligibility. Here’s what we know so far.

Definitions Under Way

CMS will determine eligibility under two steps: first, the EHR technology used must be certified. Second, physicians must demonstrate their use and exchange of health information by:

- using a certified EHR technology in a meaningful manner, including appropriate e-prescribing;
- connecting the certified EHR technology for the electronic exchange of health information to improve quality of health care (e.g., promoting care coordination); and
- meeting clinical quality measures established by HHS.

We have informal guidance already for both steps. The HHS Office of National Coordinator (ONC) received recommendations this summer from two federal advisory committees that solicited public input on certification standards and a roadmap for how providers might be eligible for incentive payments. EHR vendors have had a few months to study the criteria and standards recommended by the ARRA HIT Standards Committee in order for a technology to be considered “certified”. Many expect that CMS will make only minor changes in these standards when it proposes rules.

For “meaningful use”, the ARRA HIT Policy Committee recommended an evolving definition, with the bar raised each year to ‘ramp up’ providers over time. See HIT Policy Matrix at www.healthit.hhs.gov/meaningfuluse. The HIT Policy Matrix focuses on how EHR technology should be used to meet broad health policy goals under ARRA and identifies specific care goals

for providers that advance the following priorities through measurable clinical conditions and use of EHR technology.

- improving quality, safety, and efficiency and reducing health disparities
- engaging patients and families;
- improving care coordination;
- improving population and public health; and
- ensuring adequate privacy and security protection for personal health information.

The provider goals escalate over time, beginning in 2011, and increase in scope and complexity in 2013 and 2015, with the intention of improving the quality of care, and the health care delivery system as a whole, as demonstrated by the achievement of measurable outcomes. The progression begins in 2011 with the initial goal of electronically capturing in coded format and reporting health information and using that information to track key clinical conditions. In 2013, the meaningful use objectives expand toward guidance and support of care processes and care coordination. Finally, in 2015, the objectives focus on achieving and improving performance and supporting care processes and on measuring key health system outcomes

In the Meantime

Ideally, physicians want to make sure that over the term of the software license, all versions of the software are certified as necessary to allow eligibility for Medicare incentives beginning January 1, 2011 and continue until all payments have been received. This is difficult without a final definition available, but frankly, vendors who are in the market for the long-term must license software meeting these evolving standards in order to stay in the health care market.

Several EHR vendors have come out with “guarantees” that their software products will meet requirements for meaningful use. Read these statements carefully. Most guarantees are limited to whether the software will be considered a “certified EHR technology,” (and not whether the physician will be considered a “meaningful user”), or are really a credit on the vendor’s fees if the physician is not eligible (not a guarantee of stimulus funds). Limitations include dollar amounts and placing responsibility squarely on the physician for HIPAA privacy and security compliance and as well as meeting any quality goals that are based on outcomes.

Nonetheless, the guarantee programs are a signal from vendors that they intend to stay in the market and evolve as necessary to support practices over the period of eligibility--an important commitment to obtain given the problems inherent with switching vendors midstream to maintain your incentive payments. Physician practices should be in a dialogue with their vendors to understand the level of commitment to the road ahead, the flexibility of the software product to potential changes, and the available support to assist physician practices through the journey. Stay tuned for further updates on this topic.

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