

How Do I Qualify for Incentive Payments?

Please see the tables on the previous page that summarize which providers are considered eligible professionals. Below is a list of requirements that eligible professionals must meet in order to receive incentives as well as a list of reporting requirements.

Eligible Professionals (EPs) must:

- Meet 15 core requirements + 5 menu requirements
- Report on 3 required core clinical quality measures (CQMs)
- If EP is unable to report on normal core measures, 3 alternative core measures are specified as well as a process for determining reporting requirements for the EP.
- Select 3 additional CQMs from a set of 38 CQMs.

Reporting Requirements:

- Reporting Period –for any consecutive 90 days for first year; one year subsequently
- For 2011 –Providers are required to submit summary quality measure data to CMS or States by attestation
- For 2012 –Providers are required to electronically submit quality measure data to CMS or States

Where Do I Begin?

Step 1: Sign up to work with the Hawai'i Pacific Regional Extension Center's (HPREC) expert staff.

Step 2: Work with the HPREC staff to determine which category of incentives best meets your profile:

- Medicare Incentives (Either Fee-for-Service or Medicare Advantage)
- Medicaid Incentives

Step 3: HPREC staff will assess your practice and help you develop a Meaningful Use action plan.

For additional information on how the Hawai'i Pacific REC can help you with Meaningful Use and the EHR Incentive Program, please contact Alan Ito at aito@hawaiihie.org or 808-441-1472.



Hawai'i Pacific Regional Extension Center,
a Program of the
Hawai'i Health Information Exchange

900 Fort Street Mall

Suite 1300

Honolulu, HI 96813

Phone: 808-441-1429

Fax: 808-441-1472

E-mail: aito@hawaiihie.org

www.hawaiihie.org/rec

Hawai'i
Pacific REC

Your EHR Meaningful Use Specialist

An Overview on Meaningful Use for Eligible Professionals



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An Overview on Meaningful Use

On Feb. 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009 (ARRA) into law. This new law includes provisions (known as the HITECH Act) designed to encourage “meaningful use” of health information technology by health care professionals and hospitals.

Under the law, the Centers for Medicare and Medicaid Services (CMS) in concert with the Office of the National Coordinator for Health Information Technology (ONC) created a new incentive program. The final rules were released on July 13, 2010 containing the requirements for demonstrating “meaningful use” and applying for incentive payments. Provided in this pamphlet are responses to common questions on Stage 1 meaningful use and EHR incentive payments. Responses are based on the CMS rule. However, this is not intended to be an official guide. We encourage you to work with the Hawai'i Pacific Regional Extension Center (REC) to make sure you and your practice qualify for incentives.

What Is Meaningful Use Exactly?

Meaningful Use is defined as:

- Use of a certified EHR in a meaningful manner (ex: clinical documentation, e-prescribing, etc.)
- Use of certified EHR technology for electronic exchange of health information
- Use of certified EHR technology to submit clinical quality and other measures

Who Is Eligible to Apply?

Medicare

- Doctor of medicine or osteopathy
- Doctor of oral surgery or dental medicine
- Doctor of podiatric medicine
- Doctor of optometry
- Chiropractor

NOTE: Hospital-based EPs are not eligible to participate. An EP is considered to be hospital-based if the EP furnishes 90% of his/her services in a hospital inpatient or emergency room setting.

Medicaid

- Physicians
- Dentists
- Certified nurse-midwives
- Nurse practitioners
- Physician assistants practicing in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) led by a physician assistant

NOTE: Hospital-based EPs are not eligible unless that Medicaid EP practices predominately in an FQHC or RHC

For Medicaid, there are also patient volume requirements to qualify:

Entity	Minimum Medicaid Patient Volume Threshold (percent)*	Or the Medicaid EP practices predominantly in a FQHC or RHC with a 30% needy individual patient volume threshold
Physician	30	
Pediatrician	20	
Dentist	30	
Certified nurse-midwife	30	
Nurse practitioner	30	
Physician assistant when practicing in a FQHC or RHC led by a physician assistant	30	