

What is the Meaningful Use Program?

The Health Information Technology for Economic and Clinical Health (HITECH) Act made significant investments in health information technology to improve healthcare delivery. To promote the adoption of electronic health record (EHR) technology, HITECH authorized incentive payments for certain healthcare providers that meaningfully use such technology to improve patient care. The Centers for Medicare & Medicaid Services (CMS) manages the EHR Incentive Programs (also known as the Meaningful Use Program). As of June 2013, 400,960 professionals and 4,477 hospitals were participating, and \$15.5 billion in incentive payments had been paid.

Who may participate and how do participants qualify for an incentive payment?

Incentives are available to specific types of healthcare professionals and hospitals that treat Medicare and/or Medicaid patients. Eligible professionals may participate in the Medicare or the Medicaid EHR Incentive Program, as applicable, but not both. Eligible hospitals, however, may participate in both.

Participants must adopt EHR technology certified by the Office of the National Coordinator for Health Information Technology (ONC). Participants must meaningfully use that EHR technology and demonstrate meaningful use to CMS through a reporting process known as attestation. Upon successful attestation, participants will qualify for an incentive payment.

How do participants demonstrate meaningful use?

The program is divided into three stages with increasing requirements for participation. CMS establishes objectives with associated measures for each stage that, if achieved, demonstrate meaningful use of an EHR. Participants start with Stage 1 requirements, moving to Stage 2 their third year and Stage 3 their fifth year, and must meet all relevant requirements to obtain an incentive payment.

- Stage 1: requirements focus on capturing and sharing patient data;
- Stage 2: requirements focus on aggregating data and improving quality at the point of care;
- Stage 3: requirements will focus on using data to impact outcomes; criteria expected in 2014.

Participants must submit measure values as well as certain Clinical Quality Measures (CQMs) calculated by their EHRs to CMS every year through attestation.

Differences in Medicare EHR Incentive Program and Medicaid EHR Incentive Program

	Medicare Incentive Program	Medicaid Incentive Program
Program Operations	• Run by CMS	• Run by states at their option (operational in 49 states).
Maximum Incentive Payment	• \$44,000	• \$63,750
Maximum Years of Participation	• Five	• Six
Last Year to Receive Payments	• 2015	• 2021

Meaningful use criteria are the same in both programs, although states may add requirements to their Medicaid program. Beginning in 2015, Medicare eligible providers not meeting meaningful use requirements will be subject to an annual reduction in their Medicare reimbursement of 1 - 5%. There is no penalty for Medicaid providers.

For more information about Meaningful Use, see <http://www.healthinfoLaw.org/federal-law/hitech>. Follow us on Twitter at [@HealthInfoLaw](https://twitter.com/HealthInfoLaw)

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