

**FREQUENTLY ASKED QUESTIONS ABOUT ARRA AND HEALTH INFORMATION EXCHANGE
INCLUDING MEANINGFUL USE, CERTIFICATION OF ELECTRONIC MEDICAL RECORDS SYSTEMS, AND
MEDICARE AND MEDICAID PROVIDER INCENTIVES**

Q What is electronic health information exchange?

Health information exchange (HIE) is the electronic movement of health-related information among healthcare organizations and providers according to nationally recognized standards. The goal of health information exchange is to facilitate access to and retrieval of clinical data to provide safer, timelier, efficient, effective, equitable, patient-centered care. (Source: AHRQ)

Q What is the evidence that electronic health information exchange improves quality, contains costs, and improves population health?

Several studies have been conducted to determine the impact of health information exchange. A starting point for reading the research literature is an article titled “The Value of Health Care Information Exchange and Interoperability” in the journal *Health Affairs* (January 19, 2005). The article can be accessed at:

<http://content.healthaffairs.org/cgi/content/full/hlthaff.w5.10/DC1>

An excellent FAQ can be found at the National Conference of State Legislatures website: (April 8, 2007): <http://ncsl.org/default.aspx?tabid=14055>

Q What are the provisions of the American Recovery and Reinvestment Act (ARRA) regarding electronic health information exchange? Where can I find these on the Internet?

A copy of the text of the Act related to HIE can be found at:

http://www.hhs.gov/recovery/reports/plans/onc_hit.pdf

The website of the Office of the National Coordinator (ONC) of Health Information Technology describes the health information technology provisions of the Act. It includes information about provider incentive payments for Meaningful Use and other HIT provisions of ARRA. Go to:

<http://healthit.hhs.gov/portal/server.pt>

Link to Kentucky Medicaid eHR Incentive Program Information:

<http://chfs.ky.gov/dms/ehr.htm>

Q What is a certified electronic health record (EHR) system? Why is it important I use an EMR that is certified? How can I find out if my system is certified?

Certified EHR technology is defined as a qualified electronic health record that is certified as meeting the standards applicable to the setting as adopted by the Office of the National Coordinator (ONC) for Health Information Technology. The ONC is pursuing a public-private process to develop specific criteria for health IT systems to include:

.Functionality—ensuring that the systems can support the activities and perform the

- functions for which they are intended
- .Security—ensuring that systems can protect and maintain the confidentiality of data entrusted to them; and
- .Interoperability—ensuring that systems can connect to, and exchange information with other systems

To this end, the ONC’s HIT Policy Committee is recommending that in defining the certification process for an electronic health record, the following objectives are pursued:

1. Focus certification on Meaningful Use
2. Leverage the certification process to improve progress on privacy, security, and interoperability
3. Improve the objectivity and transparency of the certification process
4. Expand certification to include a range of software sources, e.g., open source, self-developed, etc.
5. Develop a short-term certification plan

Source: ONC HIT Policy Committee website, letter from Vice Chair Paul Tang to ONC

Q: Is there a list of qualified electronic health records?

The **list** of Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Click on this link to find the list of qualified eHR: <http://onc-chpl.force.com/ehrcert>

Q: Does “certified” mean those EHR technologies certified by the Certification Commission for Health Information Technology (CCHIT)?

CCHIT is not named in the legislation. However, the Secretary of Health and Human Services is directed by Congress to recognize an existing certifying body.

Q What is Meaningful Use?

Under the Health Information Technology for Economic and Clinical Health (HITECH Act), which was enacted under the American Recovery and Reinvestment Act of 2009 (Recovery Act), incentive payments are available to eligible professionals (EPs), critical access hospitals, and eligible hospitals that successfully demonstrate are **meaningful** use of certified EHR technology. The Recovery Act specifies three main components of **meaningful** use:

1. The use of a certified EHR in a **meaningful** manner (e.g.: e-Prescribing);
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care;
3. The use of certified EHR technology to submit clinical quality and other measures.

In the final rule Medicare and Medicaid EHR Incentive Program, CMS has **defined** stage one of **meaningful** use.

To view the final rule, please visit: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>.
http://questions.cms.hhs.gov/app/answers/detail/a_id/10084/kw/meaningful%20use%20define

[d/session/L3NpZC8xWWhobVpraw%3D%3D](#)

Q When will the criteria for Meaningful Use be published?

The definition and criteria for Stage One Meaningful Use was published July 16, 2010

<http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3794&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cbOrder=date>

The Department for Medicaid Services is responsible for developing State-specific criteria for Meaningful Use for Kentucky **Medicaid** providers. The State is currently awaiting guidance from CMS, which is expected to become available after the first of the year.

As information becomes available about the definition of Meaningful Use and the criteria are determined for Medicare and Medicaid providers, the information will be posted to the Governor's Office of Electronic Health Information website (<http://chfs.ky.gov/os/goehi/khie.htm>). Providers are strongly encouraged to check the site's homepage frequently for updates.

For a copy of the HIT Policy Committee's recommendations, go to: (<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1233&parentname=CommunityPage&parentid=11&mode=2&inhiuserid=10741&cached=true>). From the homepage, click on the Meaningful Use link in the box on the right side of the page.

Q What are the provider incentives under ARRA for healthcare providers?

Link to Kentucky Medicaid eHR Incentive Program Information:

<http://chfs.ky.gov/dms/ehr.htm>

Q: If I'm eligible for provider incentives under Medicare, can I also get incentives from Medicaid?

No. Physicians can not take advantage of the incentive payments program under both the Medicare and Medicaid programs.

Q: Are the incentives for eligible providers designed for each provider in a practice or for the practice itself?

The incentive payments are for each eligible provider, not the practice.

Q Will qualifying providers working in multiple practices be able to receive multiple incentive payments?

No. Payments must not be duplicative.

Q: How do I go about applying for the incentives?

The Department for Health and Human Services will publish a rule establishing the criteria which eligible professionals and hospitals must meet in order to qualify for the EHR Medicare incentive

payments, including defining Meaningful Use. The rule will also explain how to apply for the incentives.

The Department for Medicaid Services will alert Kentucky Medicaid providers when the process is established for applying for Medicaid incentive payments.

Q When will payments begin for Meaningful Use?

By statute, the earliest dates that CMS will be able to pay an incentive under Medicare is October 1, 2010 for hospitals and January 1, 2011 for providers.

The Act does not provide a date for Medicaid incentive payments. CMS does not expect that States will be able to make payments until 2011.

Q What happens if I don't achieve Meaningful Use?

ARRA contains provision for a financial penalty for Medicare providers who fail to demonstrate Meaningful Use before 2015. The Act does not contain any provisions for Medicaid providers who fail to demonstrate Meaningful Use.

The penalty for Medicare providers is as follows:

Period	Reduction in Fee Schedule for Failure to Demonstrate Meaningful Use
2015	.1% of Medicare Fee Schedule
2016	.2% of Medicare Fee Schedule
2017 and Thereafter	.3% of Medicare Fee Schedule

The Act stipulates that if the proportion of health care providers who are Meaningful Users is less than 75%, the Secretary of Health and Human Services is authorized to increase penalties not to exceed 5% of the Medicare Fee Schedule beginning in 2018.

Q What's the timeline for receiving a provider incentive under Medicare?

Eligible providers can receive a Medicare incentive payment for achieving Meaningful Use beginning in 2011. Although payments extend through 2016, the last year that a provider can demonstrate Meaningful Use and qualify for payment incentives is 2014.

Q: Do hospitals qualify for Medicare payment incentives under ARRA?

Eligible hospitals can begin to receive payments in 2011. Payments are based on the year that the hospital first becomes eligible and decrease each year until being phased out in 2016. To be eligible for an incentive payment, the hospital must first demonstrate Meaningful Use prior to 2015. The formula for determining the incentive payment can be found in Title V, Subtitle A—

Medicare Incentives, Section 4102 of the Act. (For a complete copy of the Act, go to:
<http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111congbills&docid=f:h1enr.pdf>)

Q: Do hospitals qualify for Medicaid payment incentives under ARRA?

Children's hospitals are eligible for Medicaid payment incentives. The Act also stipulates that acute care hospitals, including critical access hospitals, can qualify if Medicaid beneficiaries comprise at least 10% of the hospital's patient volume.

Medicaid incentive payments for hospitals will be administered by the State according to the formula specified in the Act. The formula for determining the incentive payment can be found in Title V, Subtitle B—Medicaid Incentives, Section 4201 of the Act. (For a complete copy of the Act, go to: <http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111congbills&docid=f:h1enr.pdf>)

Q: Can an eligible hospital qualify for both Medicare and Medicaid payment incentives?

Yes. Eligible hospitals can receive incentive payments from both Medicare and Medicaid.