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Health care legislative and regulatory update



By Larry Goldberg
Senior adviser for health care
legislative and regulatory matters

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CMS and ONC Issue Final Rules Regarding Standards, Implementation Specifications and “Meaningful Use” for EHR Incentive Program

The Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) have issued two inter-related final regulations to implement the electronic health records (EHR) incentive program under the *Health Information Technology for Economic and Clinical Health Act* (HITECH). The regulations are mandated by the *American Recovery and Reinvestment Act of 2009* (ARRA).

Copies of both rules are available on-line. The 276-page [CMS rule](#) is titled *Electronic Health Record Incentive Program* and the 66 page [ONC rule](#) is titled *Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology*. Both rules are scheduled to be published in the *Federal Register* on July 28th. The CMS rule will be effective 60 days after publication, while the ONC rule will be effective 30 days after publication.

Key Provisions of the Final Rule

CMS says that its final meaningful use rule incorporates changes from the proposed rule on meaningful use that are designed to make the requirements more readily achievable while meeting the goals of the HITECH Act. For Stage 1, which begins in 2011, the criteria for meaningful use focus on electronically capturing health information in a coded format, using that information to track key clinical conditions, communicating that information for care coordination purposes, and initiating the reporting of clinical quality measures and public health information.

- For Stage 1, CMS’s proposed rule called on physicians and other eligible professionals (EPs) to meet 25 objectives (23 for hospitals). The final rule divides the objectives into a “core” group of required objectives and a “menu set” of procedures from which providers can choose. This “two track” approach, CMS notes, ensures that the most basic elements of meaningful EHR use will be met by all providers qualifying for incentive payments, while at the same time allowing latitude in other areas to reflect providers’ varying needs and their individual paths to full EHR use (see more below).
- In line with recommendations of the Health Information Technology Policy Committee, the final rule includes the objective of providing patient-specific educational resources for both EPs and eligible hospitals and the objective of recording advance directives for eligible hospitals.
- With respect to defining hospital-based physicians, the final rule conforms to the *Continuing Extension Act of 2010*. That law addressed provider concerns about hospital-based providers

in ambulatory settings being unable to qualify for incentive payments by defining a hospital-based EP as performing substantially all of his or her services in an inpatient hospital setting or emergency room only.

- The rule makes final a proposed definition that would make individual payments to eligible hospitals identified by their individual CMS Certification Number. The final rule retains the proposed definition of an eligible hospital because that is most consistent with policy precedents in how Medicare has historically applied the statutory definition of a "subsection (d)" hospital under other hospital payment regulations.
- Under Medicaid, the final rule includes critical access hospitals (CAHs) in the definition of acute care hospital for the purpose of incentive program eligibility.
- The final rule's economic analysis estimates that incentive payments under Medicare and Medicaid EHR programs for 2011 through 2019 will range from \$9.7 billion to \$27.4 billion.

Comment

The material presented is extremely detailed, has many tables, contains many particulars and requires an in-depth review to understand all the parameters and specifications being addressed. The rules also point out that failure to adopt EHR technology will result in reductions in future hospital rates-of-increases and physician payment amounts.

The CMS rule contains only a few final summary paragraphs as to the actions the agency has taken relative to the numerous comments addressed. Failure to provide subject ending summaries makes reading much more difficult.

CMS' Final Rule

CMS is finalizing its definition of a meaningful EHR user as proposed. Additionally, CMS will update the meaningful use criteria on a biennial basis, with the Stage 2 criteria by the end of 2011 and the Stage 3 criteria by the end of 2013.

CMS notes that the HITECH Act creates incentives under the Medicare Fee-for-Service (FFS), Medicare Advantage (MA), and Medicaid programs for EPs, eligible hospitals and CAHs to adopt and demonstrate meaningful use of certified EHR technology, and payment adjustments (reductions) under the Medicare FFS and MA programs for EPs, eligible hospitals, and CAHs who fail to adopt and demonstrate meaningful use of certified EHR technology.

Eligible hospitals and CAHs may participate in both the Medicare program and the Medicaid program, assuming they meet each program's eligibility requirements, which vary across the two programs. In certain cases, the HITECH Act has used nearly identical or identical language in defining terms that are used in the Medicare FFS, MA, and Medicaid programs, including such terms as "hospital-based EPs" and "certified EHR technology."

CMS says that the first payment year for EPs is any calendar year (CY) beginning with CY 2011 and for eligible hospitals and CAHs is any fiscal year (FY) beginning with (FY) 2011.

CMS is modifying its proposed definitions of second, third, fourth, fifth payment year to make clear that these years are "each successive year following the first payment year." For the Medicaid EHR incentive program, CMS included definitions of first, second, third, fourth, fifth and sixth payment year that make clear that these are the years for which payment is received.

CMS has removed language in the final rule discussing possible directions for any year beyond 2014. CMS says it will address the years beyond 2014 in later rulemaking. The table below outlines how CMS anticipates applying the respective criteria of meaningful use in the first years of the program, and how it anticipates applying such criteria for subsequent payment years, through 2014.

Stage of Meaningful Use Criteria by Payment Year

First Payment Year	Payment Year 2011	2012	2013	2014	2015
2011	Stage 1	Stage 1	Stage 2	Stage 2	TBD
2012		Stage 1	Stage 1	Stage 2	TBD
2013			Stage 1	Stage 1	TBD
2014				Stage 1	TBD

For hospitals, CMS will deem any Medicare eligible hospital or CAH who is a meaningful EHR user under the Medicare EHR incentive program and is otherwise eligible for the Medicaid incentive payment to be classified as a meaningful EHR user under the Medicaid EHR incentive program.

CMS says that after consideration of the public comments received, it is establishing a core set of objectives with associated measures and a menu set of objectives with associated measures. In order to qualify as a meaningful EHR user, an EP, eligible hospital, or CAH must successfully meet the measure for each objective in the core set and all but five of the objectives in the menu set. With one limitation, an EP, eligible hospital, or CAH may select any five objectives from the menu set to be removed from consideration for the determination of qualifying as a meaningful EHR user.

CMS' final regulations, at §495.8, will require that for CY 2011, EPs demonstrate that they satisfy each of the fifteen objectives and their associated measures of the core set listed at §495.6(d) and five of the objectives and their associated measures from the menu set listed at §495.6(e) unless excluded as described in §495.6(a)(2). (An exclusion will reduce the number of objectives/measures the EP must satisfy by the number that is equal to the EP's exclusions.)

At §495.8, CMS will require that for FY 2011, eligible hospitals and CAHs demonstrate that they satisfy each of the fourteen objectives and their associated measures of the core set listed at §495.6(f) and five of objectives and their associated measures from the menu set listed at §495.6(g) unless excluded as described in §495.6(b)(2).

The Stage 1 objectives for each group are listed in the table below. The 14 required hospital items are numbered.

Stage 1 Meaningful Use Objectives and Associated Measures Sorted by Core and Menu Set

CORE SET			
	Stage 1 Objectives		
Health Outcomes Policy Priority	Eligible Professionals	Eligible Hospitals and CAHs	Stage 1 Measures
Improving quality, safety,	Use CPOE for medication orders directly entered by any licensed	1. Use CPOE for medication orders directly entered by any licensed	More than 30% of unique patients with at least one medication in their medication list seen by the EP or

CORE SET			
	Stage 1 Objectives		
Health Outcomes Policy Priority	Eligible Professionals	Eligible Hospitals and CAHs	Stage 1 Measures
efficiency, and reducing health disparities	healthcare professional who can enter orders into the medical record per state, local and professional guidelines	healthcare professional who can enter orders into the medical record per state, local and professional guidelines	admitted to the eligible hospital's or CAH's inpatient or emergency department (point of service (POS 21 or 23)) have at least one medication order entered using CPOE
	Implement drug-drug and drug-allergy interaction checks	2. Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period
	Generate and transmit permissible prescriptions electronically (eRx)		More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
	Record demographics <ul style="list-style-type: none"> • preferred language • gender • race • ethnicity • date of birth 	3. Record demographics <ul style="list-style-type: none"> • preferred language • gender • race • ethnicity • date of birth • date and preliminary cause of death in the event of mortality in the eligible hospital or CAH 	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data
	Maintain an up-to-date problem list of current and active diagnoses	4. Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data
	Maintain active medication list	5. Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
	Maintain active medication allergy list	6. Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data
	Record and chart changes in	7. Record and chart changes in	For more than 50% of all unique patients age 2 and over seen by the EP

CORE SET			
	Stage 1 Objectives		
Health Outcomes Policy Priority	Eligible Professionals	Eligible Hospitals and CAHs	Stage 1 Measures
	vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI 	vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI 	or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data
	Record smoking status for patients 13 years old or older	8. Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data
	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	9. Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule	Implement one clinical decision support rule
	Report ambulatory clinical quality measures to CMS or the States	10. Report hospital clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule
Engage patients and families in their health care	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	11. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days
		12. Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it
	Provide clinical summaries for patients for each office visit		Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
Improve care		13.	Performed at least one test of certified

CORE SET			
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
coordination	Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	EHR technology's capacity to electronically exchange key clinical information
Ensure adequate privacy and security protections for personal health information	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	14. Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process

MENU SET			
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
Improving quality, safety, efficiency, and reducing health disparities	Implement drug-formulary checks	Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period
		Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded
	Incorporate clinical lab-test results into certified EHR technology as structured data	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition
	Send reminders to patients per		More than 20% of all unique

MENU SET			
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
	patient preference for preventive/follow up care		patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period
	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP		More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information
Engage patients and families in their health care	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources
	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)
Improve care coordination	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals
	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)
Improve population and public health ²		Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up

MENU SET			
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
		applicable law and practice	submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)
	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)

2 Unless an EP, eligible hospital or CAH has an exception for all of these objectives and measures they must complete at least one as part of their demonstration of the menu set in order to be a meaningful EHR user

Stage 1 Meaningful Use Objectives and Associated Measures Sorted by Method of Measure Calculation

Measures with a Denominator of Unique Patients Regardless of Whether the Patient's Records Are Maintained Using Certified EHR Technology		
Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Eligible Hospitals and CAHs	
Maintain an up-to-date problem list of current and active diagnoses	Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data
Maintain active medication list	Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
Maintain active medication allergy list	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data
Record demographics <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of Birth 	Record demographics o <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of Birth • Date and preliminary cause of death in the event of 	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data

Measures with a Denominator of Unique Patients Regardless of Whether the Patient's Records Are Maintained Using Certified EHR Technology		
Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Eligible Hospitals and CAHs	
	mortality in the eligible hospital or CAH	
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP		More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources

Measures with a Denominator of Based on Counting Actions for Patients whose Records are Maintained Using Certified EHR Technology		
Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Eligible Hospitals and CAHs	
Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE
Generate and transmit permissible prescriptions electronically (eRx)		More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI 	Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI Plot and display growth charts for children 2-20 years, including BMI	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data
Record smoking status for patients 13 years old or older	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data
	Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital have an indication of an advance directive status recorded
Incorporate clinical lab-test results into certified EHR technology as structured data	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the

Measures with a Denominator of Based on Counting Actions for Patients whose Records are Maintained Using Certified EHR Technology		
Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Eligible Hospitals and CAHs	
		EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days
	Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it
Provide clinical summaries for patients for each office visit		Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
Send reminders to patients per patient preference for preventive/ follow up care		More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period
The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)
The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals

Measures Requiring Only a Yes/No Attestation		
Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	
Implement drug-drug and drug-allergy interaction checks	Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period
Implement drug-formulary checks	Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition

Measures Requiring Only a Yes/No Attestation		
Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	
outreach	outreach	
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule	Implement one clinical decision support rule
Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information
Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)
	Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology capacity's to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process

Sections 4101(a) and 4102(a)(1) of the HITECH Act: Reporting on Clinical Quality Measures Using EHRs by EPs, Eligible Hospitals, and CAHs

For eligible hospitals and CAHs, CMS is finalizing one set of 15 clinical quality measures for both Medicare and Medicaid. For Stage 1 none of the finalized 15 clinical quality measures for eligible hospitals and CAHs are currently included in the RHQDAPU program, and therefore there is no issue of redundant and duplicative

reporting based upon the HITECH Act. Eligible hospitals and CAHs will report numerators, denominators, and exclusions, even if one or more values as displayed by their certified EHR is zero.

CMS says that it will require no separate data collection by the hospital, but require submission solely of that information that can be generated automatically by the certified EHR technology; that is, it will only adopt those clinical quality measures where the certified EHR technology can calculate the results.

Measure Number Identifier	Measure Title, Description & Measure Steward	Electronic Measure Specifications Information
Emergency Department (ED)-1 NQF 0495	Title: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department Measure Developer: CMS/Oklahoma Foundation for Medical Quality (OFMQ)	Click here.
ED-2 NQF 0497	Title: Emergency Department Throughput – admitted patients Admission decision time to ED departure time for admitted patients Description: Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status Measure Developer: CMS/OFMQ	Click here.
Stroke-2 NQF 0435	Title: Ischemic stroke – Discharge on anti-thrombotics Description: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge Measure Developer: The Joint Commission	Click here.
Stroke-3 NQF 0436	Title: Ischemic stroke – Anticoagulation for A-fib/flutter Description: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge. Measure Developer: The Joint Commission	Click here.
Stroke-4 NQF 0437	Title: Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset Description: Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. Measure Developer: The Joint Commission	Click here.
Stroke-5 NQF 0438	Title: Ischemic or hemorrhagic stroke . Antithrombotic therapy by day 2 Description: Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2. Measure Developer: The Joint Commission	Click here.
Stroke-6 NQF 0439	Title: Ischemic stroke . Discharge on statins Description: Ischemic stroke patients with LDL 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge. Measure Developer: The Joint Commission	Click here.

Measure Number Identifier	Measure Title, Description & Measure Steward	Electronic Measure Specifications Information
Stroke-8 NQF 0440	Title: Ischemic or hemorrhagic stroke. Stroke education Description: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke. Measure Developer: The Joint Commission	Click here.
Stroke-10 NQF 0441	Title: Ischemic or hemorrhagic stroke. Rehabilitation assessment Description: Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services. Measure Developer: The Joint Commission	Click here.
Venous Thromboembolism (VTE)-1 NQF 0371	Title: VTE prophylaxis within 24 hours of arrival Description: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. Measure Developer: The Joint Commission	Click here.
VTE-2 NQF 0372	Title: Intensive Care Unit VTE prophylaxis Description: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer). Measure Developer: The Joint Commission	Click here.
VTE-3 NQF 0373	Title: Anticoagulation overlap therapy Description: This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) . 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications. Measure Developer: The Joint Commission	Click here.
VTE-4 NQF 0374	Title: Platelet monitoring on unfractionated heparin Description: This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol. Measure Developer: The Joint Commission	Click here.
VTE-5 NQF 0375	Title: VTE discharge instructions Description: This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health, home	Click here.

Measure Number Identifier	Measure Title, Description & Measure Steward	Electronic Measure Specifications Information
	hospice or discharged/transferred to court/law enforcement on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions. Measure Developer: The Joint Commission	
VTE-6 NQF 0376	Title: Incidence of potentially preventable VTE Description: This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. Measure Developer: The Joint Commission	Click here.

CMS will require EPs, eligible hospitals, and CAHs to attest to the numerator, denominator, and exclusions for the payment year 2011.

The following is required for EPs:

- The information submitted with respect to clinical quality measures was generated as output of an identified certified electronic health record.
- The information submitted is accurate to the best of the knowledge and belief of the EP.
- The information submitted includes information on all patients to whom the clinical quality measure applies for all patients included in the certified EHR technology.
- The NPI and TIN of the EP submitting the information.
- The numerators, denominators, and exclusions for each clinical quality measure result reported, providing separate information for each clinical quality measure including the numerators, denominators, and exclusions for all applicable patients contained in the certified EHR technology irrespective of third party payer or lack thereof.
- The beginning and end dates for which the numerators, denominators, and exclusions apply (the Medicare EHR reporting period in payment year 1 is 90 days as stated at §495.4, and for payment year 2 is the beginning and end date of the reporting period as stated at §495.4. For Medicaid providers, as there is no EHR reporting period for adopting, implementing or upgrading for their first payment year, it is in their second payment year/first year of demonstrating meaningful use that they have a 90-day EHR reporting period. Therefore, it is their 2nd year of demonstrating meaningful use that has a 12 months EHR reporting period.

For eligible hospitals and CAHs, CMS is finalizing the following requirements:

- The information submitted with respect to clinical quality measures was generated as output from an identified certified EHR technology.

- The information submitted is accurate to the best of the knowledge and belief of the official submitting on behalf of the eligible hospital or CAHs. The information submitted includes information on all patients to whom the measure applies for all patients included in the certified EHR technology.
- The identifying information for the eligible hospital and CAH at §495.10.
- The numerators, denominators, and exclusions for each clinical quality measure result reported, providing separate information for each clinical quality measure including the numerators, denominators, and exclusions for all applicable patients contained in the certified EHR technology irrespective of third party payer or lack thereof.
- The beginning and end dates for which the numerators, denominators, and exclusions apply (the Medicare EHR reporting period in payment year 1 is 90 days as stated at §495.4, and for payment year 2 is the beginning and end date of the reporting period as stated at §495.4. For Medicaid providers, as there is no EHR reporting period for adopting, implementing or upgrading for their first payment year, it is in their second payment year/first year of demonstrating meaningful use that they have a 90-day EHR reporting period. Therefore, it is their 2nd year of demonstrating meaningful use that has a 12 month EHR reporting period.

Hospital-based Eligible Professionals

Section 1848(o)(1)(C)(i) of the Act, as added by section 4101(a) of the HITECH Act, states that hospital-based EPs are not eligible for the Medicare incentive payments. Similarly, the majority of hospital-based EPs will not be eligible for Medicaid incentive payments under 1903(t)(2)(A) of the Act (the only exception to this rule is for those practicing predominantly in an FQHC or RHC).

Following publication of the proposed rule, Congress modified the definition of hospital-based EPs via the **Continuing Extension Act of 2010** by changing the statute as follows. This limits hospital based physicians **not** eligible to incentive payments to only those in the inpatient or emergency room setting only. Others in clinics will now be eligible.

- Medicare- Section 1848(o)(1)(C)(ii) of the Social Security Act by striking setting (whether inpatient or outpatient) and inserting inpatient or emergency room setting, and.
- Medicaid- Section 1903(t)(3)(D) of the Social Security Act by striking setting (whether inpatient or outpatient) and inserting inpatient or emergency room setting.

CMS estimates that 12–13 percent of family practitioners under Medicare will now be considered hospital-based.

Medicare Eligible Professionals (EPs)

A Medicare EP is a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor, who is legally authorized to practice under state law. A qualifying EP is one who demonstrates meaningful use for the EHR reporting period.

A qualifying EP can receive EHR incentive payments for up to five years with payments beginning as early as CY 2011. A qualifying EP will receive an incentive payment equal to 75 percent of Medicare allowable charges for covered professional services furnished by the EP in a payment year, subject to maximum payments. In general, the maximum amount of total incentive payments that an EP can receive under the Medicare program is \$44,000.

An EP who predominantly furnishes services in a geographic Health Professional Shortage Area is eligible for a 10 percent increase in the maximum incentive payment amount. The maximum amount of total incentive payments that such an EP can receive under the Medicare program is \$48,400.

The following table shows the maximum incentive payment amounts available to EPs under Medicare FFS.

Maximum Total Amount of EHR Incentive Payments for a Medicare EP who does not Predominantly Furnish Services in a Health Professional Shortage Area

Calendar Year	First CY in which the EP Receives an Incentive Payment				
	2011	2012	2013	2014	2015 - subsequent years
2011	\$18,000	-----	-----	-----	-----
2012	\$12,000	\$18,000	-----	-----	-----
2013	\$8,000	\$12,000	\$15,000	-----	-----
2014	\$4,000	\$8,000	\$12,000	\$12,000	-----
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016	-----	\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Beginning in 2015, if an EP is not a meaningful EHR user for any EHR reporting period for the year, then the Medicare physician fee schedule amount for covered professional services furnished by the EP during the year (including the fee schedule amount for purposes of determining a payment based on the fee schedule amount) is adjusted to equal the 'applicable percent' of the fee schedule amount (defined below) that would otherwise apply. The payment adjustments will not apply to hospital-based EPs.

The term 'applicable percent' means: “(I) for 2015, 99 percent (or, in the case of an EP who was subject to the application of the payment adjustment if the EP is not a successful electronic prescriber under section 1848(a)(5) for 2014, 98 percent);” “(II) for 2016, 98 percent; and (III) for 2017 and each subsequent year, 97 percent.”

In addition, if for 2018 and subsequent years the Secretary finds that the proportion of EPs who are meaningful EHR users is less than 75 percent, the applicable percent shall be decreased by 1 percentage point from the applicable percent in the preceding year, but in no case shall the applicable percent be less than 95 percent.

EPs who meet the eligibility requirements for both the Medicare and Medicaid incentive programs may participate in only one program and must designate the program in which they would like to participate. CMS will permit, after the initial designation, EPs be allowed to change their program selection only once during payment years 2012 through 2014.

Medicare Eligible Hospitals

Eligible hospitals may receive incentive payments for up to four years for fiscal years beginning October 2010 (FY 2011), provided they meet the requirements for demonstrating meaningful use.

Eligible hospitals can qualify to receive payments from both the Medicare and Medicaid EHR incentive programs.

An eligible hospital for Medicare incentive payments is a “subsection (d) hospital” that is paid under the hospital inpatient prospective payment system (IPPS). Hospitals must be located in one of the 50 states or the District of Columbia. The statutory definition of a subsection (d) hospital does not apply to hospitals and hospital units excluded under section 1886(d)(1)(B) from the IPPS, such as psychiatric, rehabilitation, long term care, children's, and cancer hospitals. FY 2015 will be the last year for which an eligible hospital can begin receiving incentive payments for meaningful EHR use.

CMS proposed that incentive payments for eligible hospitals would be calculated based on the provider number used for cost reporting purposes, which is the CMS Certification Number (CCN) of the main provider (also referred to as OSCAR number). CMS is not modifying the proposal. Therefore, individual hospitals in a multi-hospital campus will not receive individual incentive payments, but rather be viewed as part of the single entity.

CMS addresses the issue of timing of cost report data that will be used to determine a hospital's number of discharges. CMS says that after consideration of the public comments it received with regard to the use of cost reporting periods for preliminary and final incentive payment determinations, the agency is adopting the following policies:

- For purposes of determining preliminary incentive payments, CMS will employ discharge and other relevant data from a hospital's most recently submitted 12-month cost report once the hospital has qualified as a meaningful user.

- For purposes of determining final incentive payments, CMS will employ the first 12-month cost reporting period that begins after the start of the payment year, in order to settle payments on the basis of the hospital discharge and other data from that cost reporting period.

Incentive Payment Calculation for Eligible Hospitals:

The initial amount of the incentive is the sum of a “base amount,” – \$2,000,000 and a sum based upon total discharges up to the 23,000th discharge adjusted for the portion of Medicare as follows:

- (i) For the first through the 1,149th discharge, \$0.
- (ii) For the 1,150th through the 23,000th discharge, \$200.
- (iii) For any discharge greater than the 23,000th, \$0.

Medicare Share

As a result of the changes being made, CMS is adopting the following policies for employing data on the eligible hospital's Medicare fee-for-service and managed care inpatient bed days, total inpatient bed-days, and charges for charity care from the hospital in making preliminary and final EHR incentive payment determinations:

- For purposes of determining preliminary incentive payments, CMS will employ data on the hospital's Medicare fee-for-service and managed care inpatient bed days, total inpatient bed-days, and charges for charity care from a hospital's most recently submitted 12-month cost report once the hospital has qualified as a meaningful user.
- For purposes of determining final incentive payments, CMS will employ the first 12-month cost reporting period that begins after the start of the payment year, in order to settle payments on basis of the hospital's Medicare fee-for-service and managed care inpatient bed days, total inpatient bed-days, and charges for charity care data from that cost reporting period.

CMS says the HITECH Act defines the numerator and denominator of the Medicare share fraction for an eligible hospital in terms of estimated Medicare FFS and managed care inpatient bed-days, estimated total inpatient bed-days, and charges for charity care. Specifically, the Act defines the numerator of the Medicare share fraction as the sum of—

- The estimated number of inpatient-bed-days (as established by the Secretary) which are attributable to individuals with respect to whom payment may be made under part A; and
- The estimated number of inpatient-bed-days (as so established) that are attributable to individuals who are enrolled with a MA organization under Part C.

CMS will derive this information from Worksheet E-1, Part II, line 2 of the pending Medicare cost report, Form CMS-2552-10, which is defined as the sum of lines 1 and 8 through 12 in column 6, Worksheet S-3, Part I of the pending cost report.

CMS is finalizing its proposal for determining the count of total inpatient-bed days in the denominator of the Medicare share fraction as including all patient days attributable to inpatients, excluding those in units not paid under the IPPS. Accordingly, CMS will derive this information from Worksheet E-1, Part II, line 4 of the pending Medicare cost report, Form CMS-2552--10, which is defined as the sum of lines 1 and 8 through 12, in column 8, Worksheet S-3, Part I of the pending cost report.

Charity Factor

CMS will define charity care as part of uncompensated and indigent care described for Medicare cost reporting purposes in the Medicare cost report instructions at section 4012 of the Provider Reimbursement Manual (PRM), Part 2; Worksheet S-10; Hospital Uncompensated and Indigent Care Data. Subsection (d) hospitals and CAHs are required to complete the Worksheet S-10.

CMS provides the following formula to calculate incentive amounts:

Incentive Payment Calculation for Subsection D Hospitals

$$\text{Incentive Amount} = [\text{Initial Amount}] \times [\text{Medicare Share}] \times [\text{Transition Factor}]$$

$$\text{Initial Amount} = \$2,000,000 + [\$200 \text{ per discharge for the } 1,150^{\text{th}} - 23,000^{\text{th}} \text{ discharge}]$$

$$\text{Medicare Share} = \text{Medicare} / (\text{Total} * \text{Charity Care}) = [M / (T * C)]$$

$$M = [\# \text{ of Inpatient Bed Days for Part A Beneficiaries}] + [\# \text{ of Inpatient Bed Days for MA Beneficiaries}]$$

$$T = [\# \text{ of Total Inpatient Bed Days}]$$

$$C = [\text{Total Charges} - \text{Charges for Charity Care}^*] / [\text{Total Charges}]$$

*If data on charity care is not available, then the Secretary would use data on uncompensated care as a proxy. If the proxy data is not also available, then “C” would be equal to 1.

The initial amount must be multiplied not only by the Medicare share fraction, but also by an applicable transition factor in order to determine the incentive payment to an eligible hospital for an incentive payment year. The applicable transition factor equals 1 for the first payment year, three-fourths for the second payment year, one-half for the third payment year, one-fourth for the fourth payment year, and zero thereafter.

The following table shows the possible years an eligible hospital could receive an incentive payment and the transition factor applicable to each year.

Transaction Factor for Medicare FFS Eligible Hospitals

Fiscal Year	Fiscal Year that Eligible Hospital First Receives the Incentive Payment				
	2011	2012	2013	2014	2015
2011	1.00	-----	-----	-----	-----
2012	0.75	1.00	-----	-----	-----
2013	0.50	0.75	1.00	-----	-----
2014	0.25	0.50	0.75	0.75	-----
2015	-----	0.25	0.50	0.50	0.50
2016	-----	-----	0.25	0.25	0.25

The current reduction of 2.0 percent to the IPPS annual update for failure to report quality data is modified. Beginning in FY 2015, the failure to report quality data information becomes 0.5 percent and 1.5 percent will become subject to being a meaningful EHR user.

For FY 2015 and each subsequent FY, an eligible hospital that is not “a meaningful EHR user for an EHR reporting period will receive a reduced update to the IPPS standardized amount.

For FY 2015 and each subsequent FY, the reduction to three-quarters of the applicable update will be 33 1/3 percent for FY 2015, 66 2/3 percent for FY 2016, and 100 percent for FY 2017 and each subsequent FY.

Critical Access Hospitals (CAHs)

A qualifying CAH is a certified critical access hospital that meets the definition of a meaningful EHR user.

Qualifying CAHs may receive incentive payments for up to four payment years beginning with cost reporting periods that begin in FY 2011. The year with a cost reporting period that begins in FY 2015 is the last payment year for which a qualifying CAH can receive incentive payments as a meaningful EHR user.

A qualifying CAH will receive an incentive payment amount equal to the product of its reasonable costs incurred for the purchase of certified EHR technology and its Medicare share percentage. The Medicare share percentage equals the lesser of (1) 100 percent; or (2) the sum of the Medicare share fraction for the CAH and 20 percentage points.

If a CAH is not a meaningful EHR user during the cost reporting period beginning in FY 2015, its reimbursement will be reduced from 101 percent of its reasonable costs to 100.66 percent. For FY 2016, the percentage is reduced to 100.33 percent. For FY 2017 and each subsequent FY, the percentage of reimbursement is reduced to 100 percent of reasonable costs

The amount of the incentive payment made to a qualifying CAH represents the expensing and payment of the reasonable costs of certified EHR technology computed in a single payment year. The Medicare contractor will review the CAH's current year and each subsequent year's cost report to ensure that the assets associated with the acquisition of certified EHR technology are expensed in a single period and that depreciation and interest expenses associated with the acquisition are not allowed.

CAHs will receive a single initial incentive payment per year with the initial payments beginning in May 2011.

Medicare Advantage (MA) Organization Incentive Payments

EPs

Section 4101(c) of the HITECH Act, provides for incentive payments to qualifying MA organizations for certain of their affiliated EPs who are meaningful users of certified EHR technology during the relevant EHR reporting period for a payment year.

MA EPs must be "eligible professionals" as defined under section 1848(o) of the Act, and must either--

- Be employed by the qualifying MA organization; or
- Be employed by, or be a partner of, an entity that through contract with the qualifying MA organization furnishes at least 80 percent of the entity's Medicare patient care services to enrollees of the qualifying MA organization.

Hospitals

CMS notes that the hospital incentive payment methodology and payment amount will be identical under the Medicare FFS EHR incentive program and the MA EHR incentive program.

Medicaid Incentives

CMS will provide to States (1) 90 percent Federal Financial Participation (FFP) for State expenditures related to the administration of an EHR incentive program for certain Medicaid providers that are adopting, implementing, or upgrading and meaningfully using certified EHR technology; and (2) 100 percent FFP for State expenditures for those incentive payments.

Only certain Medicaid providers will be eligible for EHR incentive payments.

The following Medicaid providers are eligible to participate in the incentives program:

(1) Medicaid EPs which are limited to the following individuals;

- A physician
- A dentist
- A certified nurse-midwife
- A nurse practitioner
- A physician assistant practicing in a Federally Qualified Health Center or Rural Health Clinic, which is so led by a physician assistant

(2) Acute care hospitals; including CAHs;

(3) Children's hospitals.

To qualify under the Medicaid EHR incentive program the entity or individual must meet the following thresholds:

Entity	Minimum 90-Day Medicaid Patient Volume Threshold	
Physicians	30%	Or the Medicaid EP practices predominantly in an FQHC or RHC - 30% "needy individual" patient volume threshold
Pediatricians	20%	
Dentists	30%	
Certified nurse midwives	30%	
Physicians Assistants when practicing at an FQHC/RHC led by Physician Assistant	30%	
Physician Assistants when	30%	
Nurse Practitioner	30%	NA
Acute care hospital	10%	NA
Children's hospital	NA	NA

EPs

To qualify for an EHR incentive payment, a Medicaid EP must not be hospital-based. Have a minimum 30 percent patient volume attributable to individuals receiving Medicaid; or, if a pediatrician have a minimum 20 percent patient volume attributable to individuals receiving Medicaid; or practice predominantly in a Federally Qualified Health Center or Rural Health Clinic and have a minimum 30 percent patient volume attributable to needy individuals.

The maximum incentive payment an EP could receive from Medicaid equals \$63,750, over a period of 6 years. EPs must begin receiving incentive payments no later than CY 2016

Maximum Incentive Payment Amount for Medicaid Professionals

Cap on Net Average Allowable Costs, per the HITECH Act	85 percent Allowed for Eligible Professionals	Maximum Cumulative Incentive over 6-year Period
\$25,000 in Year 1 for most professionals	\$21,250	\$63,750
\$10,000 in Years 2-6 for most professionals	\$8,500	
\$16,667 in Year 1 for pediatricians with a minimum 20 percent patient volume, but less than 30 percent patient volume, Medicaid patients	\$14,167	\$42,500
\$6,667 in Years 2-6 for pediatricians with a minimum 20 percent patient volume, but less than 30 percent patient volume, Medicaid patients	\$5,667	

The following table demonstrates the payment scenarios available to a Medicaid EP who begins in their first year by adopting, implementing, or upgrading certified EHR technology.

Payment Scenarios for Medicaid EPs Who Begin Adoption in the First Year

Calendar Year	Medicaid EPs who begin adoption in					
	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

The two tables above do not represent EPs whose incentive payments may be reduced because their net average allowable costs may actually be lower than \$25,000 in the first year, or \$10,000 in subsequent years (\$25,000 * 0.85 = \$21,250; \$10,000 * 0.85 = \$8,500).

Acute Care Hospitals

CMS is finalizing its proposal that for purposes of Medicaid incentive payments, an “acute care hospital” is defined as: a health care facility where the average length of patient stay is 25 days or fewer. This definition also includes some specialty hospitals where the average length of stay is 25 days or fewer. This definition of acute care hospitals will exclude specialty providers and long-term care facilities where the average patients' length of stay exceeds 25 days. **However, it will now include CAHs.**

An acute care hospital must have at least a 10 percent Medicaid patient volume for each year for which the hospital seeks an EHR incentive payment. A children's hospital is exempt from meeting a patient volume threshold.

States may pay children's hospitals and acute care hospitals up to 100 percent of an aggregate EHR hospital incentive amount provided over a minimum of a 3-year period and a maximum of a 6-year period. The aggregate EHR hospital incentive amount is calculated using an overall EHR amount multiplied by the Medicaid share. The aggregate EHR hospital incentive amount is the total amount the hospital could receive in Medicaid payments over 4 years of the program.

The Medicaid EHR incentive program is equal to the sum over 4 years of (I)(a) the base amount (defined by statute as \$2,000,000); plus (b) the discharge related amount defined as \$200 for the 1,150th through the 23,000th discharge for the first payment year (for subsequent payments years, States must assume discharges increase by the provider's average annual rate of growth for the most recent 3 years for which data are available per year): multiplied by (II) the transition factor for each year equals 1 in year 1, 3/4 in year 2, 1/2 in year 3, and 1/4 in year 4.

Unlike Medicaid EPs, who must waive rights to duplicative Medicare incentive payments, hospitals may receive incentive payments from both Medicare and Medicaid, contingent on successful demonstration of meaningful use and other requirements under both programs.

The statute specifies that the payment year is determined based on a Federal fiscal year that ends during the Federal fiscal year prior to the fiscal year that serves as the payment year.

Children's Hospitals

CMS notes that while the Act specifically includes children's hospitals as eligible for the Medicaid incentive, it does not provide a definition of a children's hospital.

CMS is defining a children's hospital as a separately certified children's hospital, either freestanding or hospital-within-hospital that—

- (1) Has a CNN that has the last 4 digits in the series 3300-3399; and
- (2) Predominantly treats individuals under 21 years of age.

ONC Rule

The ONC rule provides a section-by-section description of the rule's regulations. The ONC material provides a very useful table at the beginning of each discussion point illustrating the final actions being adopted. Many items appear redundant, but each regulation section is summarized below.

a. General Certification for Complete EHRs or EHR Modules –

§170.302 §170.302(a) - Drug-drug, drug-allergy, drug-formulary checks

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period	Interim Final Rule Text: (1)Alerts. Automatically and electronically generate and indicate in real-time, alerts at the point of care for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, age, and computerized provider order entry (CPOE). (3)Customization. Provide certain users with administrator rights to deactivate, modify, and add rules for drug-drug and drug-allergy checking. (4)Alert statistics.

		<p>Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.</p> <p>Final Rule Text: §170.302(a) (1) Notifications. Automatically and electronically generate and indicate in real-time, notifications at the point of care for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, and computerized provider order entry (CPOE). (2) Adjustments. Provide certain users with the ability to adjust notifications provided for drug-drug and drug-allergy interaction checks.</p>
Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period	<p>Interim Final Rule Text: (2) Formulary checks. Enable a user to electronically check if drugs are in a formulary or preferred drug list in accordance with the standard specified in §170.205(b).</p> <p>Final Rule Text: §170.302(b) Drug-formulary checks. Enable a user to electronically check if drugs are in a formulary or preferred drug list.</p>

§170.302(b) - Maintain up-to-date problem list

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data	<p>Interim Final Rule Text: Maintain up-to-date problem list. Enable a user to electronically record, modify, and retrieve a patient's problem list for longitudinal care in accordance with: (1) The standard specified in §170.205(a)(2)(i)(A); or (2) At a minimum, the version of the standard specified in §170.205(a)(2)(i)(B).</p> <p>Final Rule Text: §170.302(c) Final rule text remains the same as Interim Final Rule text, except for references to adopted standards, which have been changed.</p>

§170.302(c) - Maintain active medication list

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data	<p>Interim Final Rule Text: Maintain active medication list. Enable a user to electronically record, modify, and retrieve a patient's active medication list as well as medication history for longitudinal care in accordance with the standard specified in §170.205(a)(2)(iv).</p> <p>Final Rule Text: §170.302(d) Maintain active medication list. Enable a user to electronically record, modify, and retrieve a patient's active medication list as well as medication history for longitudinal care.</p>

§170.302(d) - Maintain active medication allergy list

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data	Interim Final Rule Text: Maintain active medication allergy list. Enable a user to electronically record, modify, and retrieve a patient's active medication allergy list as well as medication allergy history for longitudinal care.
		Final Rule Text: Unchanged Now §170.302(e)

§170.302(e) - Record and chart vital signs

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI 	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data	Interim Final Rule Text: (1) Vital signs. Enable a user to electronically record, modify, and retrieve a patient's vital signs including, at a minimum, the height, weight, blood pressure, temperature, and pulse. (2) Calculate body mass index. Automatically calculate and display body mass index (BMI) based on a patient's height and weight. (3) Plot and display growth charts. Plot and electronically display, upon request, growth charts for patients 2-20 years old.
		Final Rule Text: §170.302(f) (1) Vital signs. Enable a user to electronically record, modify, and retrieve a patient's vital signs including, at a minimum, height, weight, and blood pressure. (2) Unchanged (3) Unchanged

§170.302(f) - Smoking status

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Record smoking status for patients 13 years old or older, modify, and retrieve the smoking status of a patient. Smoking status types must include: current every day smoker; current some day smoker; former smoker; never smoker; smoker, current status unknown; and unknown if ever smoked.	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data	Interim Final Rule Text: Smoking status. Enable a user to electronically record, modify, and retrieve the smoking status of a patient. Smoking status types must include: current smoker, former smoker, or never smoked.
		Final Rule Text: §170.302(g) Smoking status. Enable a user to electronically record

§170.302(g) - Incorporate laboratory test results

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
<p>Incorporate clinical lab-test results into certified EHR technology as structured data</p>	<p>More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data</p>	<p>Interim Final Rule Text: (1) Receive results. Electronically receive clinical laboratory test results in a structured format and display such results in human readable format. (2) Display codes in readable format. Electronically display in human readable format any clinical laboratory tests that have been received with LOINC® codes. (3) Display test report information. Electronically display all the information for a test report specified at 42 CFR 493.1291(c)(1) through (7). (4) Update. Enable a user to electronically update a patient's record based upon received laboratory test results.</p>
		<p>Final Rule Text: §170.302(h) (1) Unchanged (2) Display test report information. Electronically display all the information for a test report specified at 42 CFR 493.1291(c)(1) through (7). (3) Incorporate results. Electronically attribute, associate, or link a laboratory test result to a laboratory order or patient record.</p>

§170.302(h) - Generate patient lists

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
<p>Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach</p>	<p>Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition</p>	<p>Interim Final Rule Text: Generate patient lists. Enable a user to electronically select, sort, retrieve, and output a list of patients and patients' clinical information, based on user-defined demographic data, medication list, and specific conditions.</p> <p>Final Rule Text: §170.302(i) Generate patient lists. Enable a user to electronically select, sort, retrieve, and generate lists of patients according to, at a minimum, the data elements included in: (1) Problem list; (2) Medication list; (3) Demographics; and (4) Laboratory test results</p>

§170.302(i) - Report quality measures

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Eligible Professionals: Report ambulatory clinical quality measures to CMS or the States Eligible Hospitals and CAHs: Report hospital clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of [the Medicare and Medicaid EHR Incentive Programs final rule] For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of [the Medicare and Medicaid EHR Incentive Programs final rule	Interim Final Rule Text: (1) Display. Calculate and electronically display quality measures as specified by CMS or states. (2) Submission. Enable a user to electronically submit calculated quality measures in accordance with the standard and implementation specifications specified in §170.205(e).
		Final Rule Text: §170.304(j) (1) Calculate. (i) Electronically calculate all of the core clinical measures specified by CMS for eligible professionals. (ii) Electronically calculate, at a minimum, three clinical quality measures specified by CMS for eligible professionals, in addition to those clinical quality measures specified in paragraph (1)(i). (2) Submission. Enable a user to electronically submit calculated clinical quality measures in accordance with the standard and implementation specifications specified in §170.205(f). §170.306(i) (1) Calculate. Electronically calculate all of the clinical quality measures specified by CMS for eligible hospitals and critical access hospitals. (2) Submission. Enable a user to electronically submit calculated clinical quality measures in accordance with the standard and implementation

§170.302(j) - Check insurance eligibility and §170.302(k) - Submit claims

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Removed from final rule	Removed from final rule	Interim Final Rule Text: Enable a user to electronically record and display patients' insurance eligibility, and submit insurance eligibility queries to public or private payers and receive an eligibility response in accordance with the applicable standards and implementation specifications specified in §170.205(d)(1) or (2).
		Final Rule Text: Removed
		Interim Final Rule Text: Enable a user to electronically submit claims to public or private payers in accordance with the standard and implementation specifications specified in §170.205(d)(3).
		Final Rule Text: Removed

§170.302(l) - Medication reconciliation

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)	Interim Final Rule Text: Medication reconciliation. Electronically complete medication reconciliation of two or more medication lists by comparing and merging into a single medication list that can be electronically displayed in real-time.
		Final Rule Text: §170.302(j) Medication reconciliation. Enable a user to electronically compare two or more medication lists.

§170.302(m) - Submission to immunization registries

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)	Interim Final Rule Text: Submission to immunization registries. Electronically record, retrieve, and transmit immunization information to immunization registries in (1) The standard (and applicable implementation specifications) specified in §170.205(e)(1) or §170.205(e)(2); and (2) At a minimum, the version of the standard specified in §170.207(e).accordance with: (1) One of the standards specified in §170.205(h)(1) and, at a minimum, the version of the standard specified in §170.205(h)(2); or (2) The applicable state-designated standard format.
		Final Rule Text: §170.302(k) Submission to immunization registries. Electronically record, modify, retrieve, and submit immunization information in accordance with: (1) The standard (and applicable implementation specifications) specified in §170.205(e)(1) or §170.205(e)(2); and (2) At a minimum, the version of the standard specified in §170.207(e).

§170.302(n) - Public health surveillance

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)	Interim Final Rule Text: Public health surveillance. Electronically record, retrieve, and transmit syndrome-based public health surveillance information to public health agencies in accordance with one of the standards specified in §170.205(g).
		Final Rule Text: §170.302(l) Public health surveillance. Electronically record, modify, retrieve, and submit syndrome-based public health surveillance information in accordance with the standard (and applicable implementation specifications) specified in §170.205(d)(1) or §170.205(d)(2).

§170.302(o) - Access control

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	Interim Final Rule Text: Access control. Assign a unique name and/or number for identifying and tracking user identity and establish controls that permit only authorized users to access electronic health information.
		Final Rule Text: §170.302(o) Unchanged

§170.302(p) - Emergency access

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	Interim Final Rule Text: Emergency access. Permit authorized users (who are authorized for emergency situations) to access electronic health information during an emergency.
		Final Rule Text: §170.302(p) Unchanged

§170.302(q) - Automatic log-off

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	Interim Final Rule Text: Automatic log-off. Terminate an electronic session after a predetermined time of inactivity
		Final Rule Text: §170.302(q) Unchanged

§170.302(r) - Audit log

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	Interim Final Rule Text: (1) Record actions. Record actions related to electronic health information in accordance with the standard specified in §170.210(b). (2) Alerts. Provide alerts based on user-defined events. (3) Display and print. Electronically display and print all or a specified set of recorded information upon request or at a set period of time.
		Final Rule Text: §170.302(r) (1) Record actions. Record actions related to electronic health information in accordance with the standard specified in §170.210(b). (2) Generate audit log. Enable a user to generate an audit log for a specific time period and to sort entries in the audit log according to any of the elements specified in the standard at

§170.302(s) - Integrity

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	Interim Final Rule Text: (1) In transit. Verify that electronic health information has not been altered in accordance with the standard specified in §170.210(c). (2) Detection. Detect the alteration and deletion of electronic health information and audit logs, in accordance with the standard specified in §170.210(c).
		Final Rule Text: §170.302(s) (1) Create a message digest in accordance with the standard specified in 170.210(c). (2) Verify in accordance with the standard specified in 170.210(c) upon receipt of electronically exchanged health information that such information has not been altered.

§170.302(t) - Authentication

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	Interim Final Rule Text: (1) Local. Verify that a person or entity seeking access to electronic health information is the one claimed and is authorized to access such information. (2)Cross network. Verify that a person or entity seeking access to electronic health information across a network is the one claimed and is authorized to access such information in accordance with the standard specified in §170.210(d).
		Final Rule Text: §170.302(t) Authentication. Verify that a person or entity seeking access to electronic health information is the one claimed and is authorized to access such information.

§170.302(u) – Encryption

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	Interim Final Rule Text: (1) General. Encrypt and decrypt electronic health information according to user-defined preferences in accordance with the Standard specified in §170.210(a)(1). (2) Exchange. Encrypt and decrypt electronic health information when exchanged in accordance with the standard specified in §170.210(a)(2).
		Final Rule Text: §170.302(u) General encryption. Encrypt and decrypt electronic health information in accordance with the standard specified in §170.210(a)(1), unless the Secretary determines that the use of such algorithm would pose a significant security risk for Certified EHR Technology. §170.302(v) Encryption when exchanging electronic health information. Encrypt and decrypt electronic health information when exchanged in accordance with the standard specified in §170.210(a)(2).

§170.302(v) - Accounting of disclosures

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	Interim Final Rule Text: Record disclosures made for treatment, payment, and health care operations in accordance with the standard specified in §170.210(e).
		Final Rule Text: §170.302(w) Certification criterion made optional, while the text of this certification criterion remains unchanged

b. Specific Certification for Complete EHRs or EHR Modules Designed for an Ambulatory Setting - §170.304

§170.304(a) - Computerized provider order entry

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE	Interim Final Rule Text: Enable a user to electronically record, store, retrieve, and manage, at a minimum, the following order types: (1) Medications; (2) Laboratory; (3) Radiology/imaging; and (4) Provider referrals.
		Final Rule Text: §170.304(a) Computerized provider order entry. Enable a user to electronically record, store, retrieve, and modify, at a minimum, the following order types: (1) Medications; (2) Laboratory; and (3) Radiology/imaging

§170.304(b) - Electronically exchange prescription information

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	Interim Final Rule Text: Enable a user to electronically transmit medication orders (prescriptions) for patients in accordance with the standards specified in §170.205(c).
		Final Rule Text: §170.304(b) Electronic prescribing. Enable a user to electronically generate and transmit prescriptions and prescription-related information in accordance with: (1) The standard specified in §170.205(b)(1) or §170.205(b)(2); and (2) The standard specified in 170.207(d).

§170.304(c) - Record demographics

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Record demographics <ul style="list-style-type: none"> • preferred language • gender • race • ethnicity • date of birth 	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data	Interim Final Rule Text: Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, insurance type, gender, race, ethnicity, and date of birth.
		Final Rule Text: §170.304(c) Record demographics. Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, gender, race, ethnicity, and date of birth. Enable race and ethnicity to be recorded in accordance with the standard specified at 170.207(f).

§170.304(d) - Generate patient reminder list

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Send reminders to patients per patient preference for preventive/ follow up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period	Interim Final Rule Text: Electronically generate, upon request, a patient reminder list for preventive or follow-up care according to patient preferences based on demographic data, specific conditions, and/or medication list.
		Final Rule Text: §170.304(d) Patient reminders. Enable a user to electronically generate a patient reminder list for preventive or follow-up care according to patient preferences based on, at a minimum, the data elements included in: <ol style="list-style-type: none"> (1) Problem list; (2) Medication list; (3) Medication allergy list; (4) Demographics; and (5) Laboratory test results.

§170.304(e) - Clinical decision support

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
<p>Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule</p>	<p>Implement one clinical decision support rule</p>	<p>Interim Final Rule Text: (1) Implement rules. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to specialty or clinical priorities that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list. (2) Alerts. Automatically and electronically generate and indicate in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade. (3) Alert statistics. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.</p>
		<p>Final Rule Text: §170.304(e) (1) Implement rules. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results. (2) Notifications. Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.</p>

§170.304(f) - Electronic copy of health information

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
<p>Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request</p>	<p>More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days</p>	<p>Interim Final Rule Text: Enable a user to create an electronic copy of a patient’s clinical information, including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in: (1) Human readable format; and (2) On electronic media or through some other electronic means in accordance with: (i) One of the standards specified in §170.205(a)(1); (ii) The standard specified in §170.205(a)(2)(i)(A), or, at a minimum, the version of the standard specified in §170.205(a)(2)(i)(B); (iii) One of the standards specified in §170.205(a)(2)(ii); (iv) At a minimum, the version of the standard specified in §170.205(a)(2)(iii); and (v) The standard specified in §170.205(a)(2)(iv).</p> <p>Final Rule Text: §170.304(f) Electronic copy of health information. Enable a user to create an electronic copy of a patient’s clinical information, including, at a minimum, diagnostic test results, problem list, medication list, and medication allergy list in: (1) Human readable format; and (2) On electronic media or through some other electronic means in accordance with: (i) The standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2); and (ii) For the following data elements the applicable standard must be used: (A) Problems. The standard specified in §170.207(a)(1) or, at a minimum, the version of the standard specified in §170.207(a)(2); (B) Laboratory test results. At a minimum, the version of the standard specified in §170.207(c); and (C) Medications. The standard specified in §170.207(d).</p>

§170.304(g) - Timely access

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
<p>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP results, problem list, medication list, and medication</p>	<p>More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP’s discretion to withhold certain information</p>	<p>Interim Final Rule Text: Enable a user to provide patients with online access to their clinical information, including, at a minimum, lab test results, problem list, medication list, medication allergy list, immunizations, and procedures.</p> <p>Final Rule Text: §170.304(g) Timely access. Enable a user to provide patients with online access to their clinical information, including, at a minimum, lab test</p>

§170.304(h) - Clinical summaries

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
<p>Provide clinical summaries for patients for each office visit</p>	<p>Clinical summaries provided to patients for more than 50% of all office visits within 3 business days</p>	<p>Interim Final Rule Text: (1) Provision. Enable a user to provide clinical summaries to patients for each office visit that include, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations and procedures. (2) Provided electronically. If the clinical summary is provided electronically it must be: (i) Provided in human readable format; and (ii) On electronic media or through some other electronic means in accordance with: (A) One of the standards specified in §170.205(a)(1); (B) The standard specified in §170.205(a)(2)(i)(A), or, at a minimum, the version of the standard specified in §170.205(a)(2)(i)(B); (C) One of the standards specified in §170.205(a)(2)(ii); (D) At a minimum, the version of the standard specified in §170.205(a)(2)(iii); and (E) The standard specified in §170.205(a)(2)(iv).</p> <p>Final Rule Text: §170.304(h) Clinical summaries. Enable a user to provide clinical summaries to patients for each office visit that include, at a minimum, diagnostic test results, problem list, medication list, and medication allergy list. If the clinical summary is provided electronically it must be: (1) Provided in human readable format; and (2) Provided on electronic media or through some other electronic means in accordance with: (i) The standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2); and (ii) For the following data elements the applicable standard must be used: (A) Problems. The standard specified in §170.207(a)(1) or, at a minimum, the version of the standard specified in §170.207(a)(2); (B) Laboratory test results. At a minimum, the version of the standard specified in §170.207(c); and (C) Medications. The standard specified in §170.207(d).</p>

§170.304(i) - Exchange clinical information and patient summary record

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
<p>Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically</p> <p>-----</p> <p>The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral</p>	<p>Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information</p> <p>-----</p> <p>The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals</p>	<p>Interim Final Rule Text:</p> <p>(1) Electronically receive and display. Electronically receive a Patient's summary record, from other providers and organizations including, at a minimum, diagnostic tests Results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with §170.205(a) and upon receipt of a patient summary record formatted in an alternate standard specified in §170.205(a)(1), Display it in human readable format.</p> <p>(2) Electronically transmit. Enable a user to electronically transmit a patient summary record to other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with: (i)One of the standards specified in §170.205(a)(1); (ii)The standard specified in §170.205(a)(2)(i)(A), or, at a minimum, the version of the standard specified in §170.205(a)(2)(i)(B); (iii)One of the standards specified in §170.205(a)(2)(ii); (iv)At a minimum, the version of the standard specified in §170.205(a)(2)(iii); and (v)The standard specified in §170.205(a)(2)(iv).</p> <hr/> <p>Final Rule Text: §170.304(i) (1) Electronically receive and display. Electronically receive and display a patient's summary record, from other providers and organizations including, at a minimum, diagnostic tests results, problem list, medication list, and medication allergy list in accordance with the standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2). Upon receipt of a patient summary record formatted according to the alternative standard, display it in human readable format. (2) Electronically transmit. Enable a user to electronically transmit a patient summary record to other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, and medication allergy list in accordance with: (i) The standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2); and (ii) For the following data elements the applicable standard must be used: (A) Problems. The standard specified in §170.207(a)(1) or, at a minimum, the version of the standard specified in §170.207(a)(2); (B) Laboratory test results. At a minimum, the version of the standard specified in §170.207(c); and (C) Medications. The standard specified in §170.207(d).</p>

c. Specific Certification for Complete EHRs or EHR Modules Designed for an Inpatient Setting - §170.306

§170.306(a) - Computerized provider order entry

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE	<p>Interim Final Rule Text Enable a user to electronically record, store, retrieve, and manage, at a minimum, the following order types: (1) Medications; (2) Laboratory; (3) Radiology/imaging; (4) Blood bank; (5) Physical therapy; (6) Occupational therapy; (7) Respiratory therapy; (8) Rehabilitation therapy; (9) Dialysis; (10) Provider consults; and (11) Discharge and transfer.</p> <p>Final Rule Text: §170.306(a) Computerized provider order entry. Enable a user to electronically record, store, retrieve, and modify, at a minimum, the following order types: (1) Medications; (2) Laboratory; and (3) Radiology/imaging</p>

§170.306(b) - Record demographics

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Record demographics <ul style="list-style-type: none"> • preferred language • gender • race • ethnicity • date of birth • date and preliminary cause of death in the event of mortality in the eligible hospital or CAH 	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data	<p>Interim Final Rule Text: Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, insurance type, gender, race, ethnicity, date of birth, and date and cause of death in the event of mortality.</p> <p>Final Rule Text §170.306(b) Record demographics. Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, gender, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality. Enable race and ethnicity to be recorded in accordance with the standard specified at §170.207(f).</p>

§170.306(c) - Clinical decision support

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule	Implement one clinical decision support rule	Interim Final Rule Text: (1) Implement rules. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to a high priority hospital condition that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list. (2) Alerts. Automatically and electronically generate and indicate in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade. (3) Alert statistics. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.
		Final Rule Text: §170.306(c) (1) Implement rules. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results. (2) Notifications. Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.

§170.306(d) - Electronic copy of health information

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days	Interim Final Rule Text: Enable a user to create an electronic copy of a patient's clinical information, including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, procedures, and discharge summary in: (1) Human readable format; and (2) On electronic media or through some other electronic means in accordance with: (i) One of the standards specified in §170.205(a)(1); (ii) The standard specified in §170.205(a)(2)(i)(A), or, at a minimum, the version of the standard specified in §170.205(a)(2)(i)(B); (iii) One of the standards specified in §170.205(a)(2)(ii); (iv) At a minimum, the version of the standard specified in §170.205(a)(2)(iii); and (v) The standard specified in §170.205(a)(2)(iv).
		Final Rule Text: §170.306(d) (1) Enable a user to create an electronic copy of a patient's clinical information, including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, and procedures: (i) In human readable format; and (ii) On electronic media or through some other electronic means in accordance with: (A) The standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2); and

		<p>(B) For the following data elements the applicable standard must be used:</p> <p>(1) Problems. The standard specified in §170.207(a)(1) or, at a minimum, the version of the standard specified in §170.207(a)(2);</p> <p>(2) Procedures. The standard specified in §170.207(b)(1) or §170.207(b)(2);</p> <p>(3) Laboratory test results. At a minimum, the version of the standard specified in §170.207(c); and</p> <p>(4) Medications. The standard specified in §170.207(d).</p> <p>(2) Enable a user to create an electronic copy of a patient's discharge summary in human readable format and on electronic media or through some other electronic means.</p>
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§170.306(e) - Electronic copy of discharge information

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy their discharge instructions are provided it	<p>Interim Final Rule Text: Enable a user to create an electronic copy of the discharge instructions and procedures for a patient, in human readable format, at the time of discharge on electronic media or through some other electronic means.</p> <p>Final Rule Text: §170.306(e) Electronic copy of discharge instructions. Enable a user to create an electronic copy of the discharge instructions for a patient, in human readable format, at the time of discharge on electronic media or through some other electronic means.</p>

§170.306(f) - Exchange clinical information and summary record.

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
<p>Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically</p> <p>-----</p> <p>The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each</p>	<p>Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information</p> <p>-----</p> <p>The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals</p>	<p>Interim Final Rule Text: (1) Electronically receive and display. Electronically receive a patient's summary record from other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, procedures, and discharge summary in accordance with §170.205(a) and upon receipt of a patient summary record formatted in an alternate standard specified in §170.205(a)(1), display it in human readable format. (2) Electronically transmit. Enable a user to electronically transmit a patient's summary record to other providers and organizations including, at a minimum, diagnostic results, problem list, medication list, medication allergy list, immunizations, procedures, and discharge summary in accordance with: (i) One of the standards specified in §170.205(a)(1); (ii) The standard specified in §170.205(a)(2)(i)(A), or, at a minimum, the version of the standard specified in §170.205(a)(2)(i)(B); (iii) One of the standards specified in §170.205(a)(2)(ii); (iv) At a minimum, the version of the standard specified in §170.205(a)(2)(iii); and 80 (v) The standard specified in §170.205(a)(2)(iv).</p>

<p>transition of care or referral</p>		<p>Final Rule Text: §170.306(f) (1) Electronically receive and display. Electronically receive and display a patient’s summary record from other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, and procedures in accordance with the standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2). Upon receipt of a patient summary record formatted according to the alternative standard, display it in human readable format. (2) Electronically transmit. Enable a user to electronically transmit a patient’s summary record to other providers and organizations including, at a minimum, diagnostic results ,problem list, medication list, medication allergy list, and procedures in accordance with: (i) The standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2); and (ii) For the following data elements the applicable standard must be used: (A) Problems. The standard specified in §170.207(a)(1) or, at a minimum, the version of the standard specified in §170.207(a)(2); (B) Procedures. The standard specified in §170.207(b)(1) or §170.207(b)(2); (C) Laboratory test results. At a minimum, the version of the standard specified in §170.207(c); and (D) Medications. The standard specified in §170.207(d).</p>
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§170.306(g) - Reportable lab results

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
<p>Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice</p>	<p>Performed at least one test of certified EHR technology’s capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)</p>	<p>Interim Final Rule Text: Electronically record, retrieve, and transmit reportable clinical lab results to public health agencies in accordance with the standard specified in §170.205(f)(1) and, at a minimum, the version of the standard specified in §170.205(f)(2). Final Rule Text: §170.306(g) Reportable lab results. Electronically record, modify, retrieve, and submit reportable clinical lab results in accordance with the standard (and applicable implementation specifications) specified in §170.205(c) and, at a minimum, the version of the standard specified.</p>

d. Adoption and Realignment of Certification Criteria to Support the Final Requirements for Meaningful Use Stage 1.

The following three certification criteria have been adopted as part of the initial set of certification criteria, implementation specifications, and standards in order to realign the adopted certification criteria with the final meaningful use Stage 1 requirements and to ensure that Certified EHR Technology will provide such capabilities.

Record Advance Directives

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded	Final Rule Text: §170.306(h) Advance directives. Enable a user to electronically record whether a patient has an advance directive.

Patient-Specific Education Resources

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources	Final Rule Text: §170.302(m) Patient-specific education resources. Enable a user to electronically identify and provide patient-specific education resources according to, at a minimum, the data elements included in the patient's: problem list; medication list; and laboratory test results; as well as provide such resources to the patient.

Automated Calculation of Percentage-based Meaningful Use Measures

Meaningful Use Stage 1 Objective	Meaningful Use Stage 1 Measure	Certification Criterion
N/A	N/A	Final Rule Text: §170.302(n) Automated measure calculation. For each meaningful use objective with a percentage-based measure, electronically record the numerator and denominator and generate including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure.

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