

Basic MU Concepts for
Eligible Professionals, Eligible Hospitals,
and Critical Access Hospitals

Last Updated: April 11, 2014

Meaningful Use

The Centers for Medicare & Medicaid Services (CMS) governs the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs based on the requirements published in *The Final Rule Stage 1* and *The Final Rule Stage 2*. These programs provide financial incentives to eligible providers (EPs), eligible hospitals (EHs) and Critical Access Hospitals (CAHs) for demonstrating meaningful use (MU) of certified EHR technology while achieving quality, efficiency, and patient safety in the healthcare system.

EHR Certification

The EHR incentive programs require the use of certified EHR technology in a meaningful way. The benefits of the meaningful use of EHRs include:

- Complete and accurate information
- Better access to information
- Patient empowerment

Stages of Meaningful Use

The EHR incentive programs are based upon the successful completion of three stages, each of which builds upon the preceding stage. Stage 1 focuses on capturing and sharing health information electronically; Stage 2 focuses on advanced clinical processes; and Stage 3 focuses on improved outcomes.

In each stage, an EP, EH, or CAH must meet specific performance measures (core and menu) and report on Clinical Quality Measures (CQMs) to demonstrate MU.

Requirements for Stage 1 (2014 and beyond)*

EPs must meet:

- 13 core objectives
- 5 of 10 from menu set
- 9 clinical quality measures (CQMs)

EHs must meet:

- 11 core objectives
- 5 of 10 from menu set
- 16 clinical quality measures (CQMs)

Note: Exclusions no longer count toward meeting menu objectives.

Requirements for Stage 2

EPs must meet:

- 17 core objectives
- 3 of 6 from menu set
- 9 clinical quality measures (CQMs)

EHs must meet:

- 16 core objectives
- 3 of 6 from menu set
- 16 clinical quality measures (CQMs)

Requirements for Stage 3

CMS has not announced the requirements for Stage 3 but is expected to do so in summer 2015.

Medicare and Medicaid Differences

Although both programs promote demonstrating MU, many substantial differences exist between the two.

Eligibility

The following providers are eligible to participate in the Medicare program:

- doctors of medicine or osteopathy
- doctors of dental surgery or dental medicine
- doctors of podiatric medicine
- doctors of optometry
- chiropractors

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

- doctors of medicine
- doctors of osteopathy
- doctors of dental medicine or surgery
- nurse practitioners
- certified nurse midwives
- physician assistants (when working at a PA-led FQHC or RHC)

All IHS hospitals, which includes Subsection (d) hospitals and Critical Access Hospitals (CAHs), are eligible to participate in both programs.

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Medicare and Medicaid Differences (con't.)

The chart below outlines the primary differences between the two programs. All entries apply to both EPs and EHs, unless noted.

Medicare	Medicaid
Run by CMS (2011 through 2016)	Run by each state's Medicaid agency (2011 through 2021)
EP payments occur over five consecutive years; EH payments occur over four consecutive years	EP payments occur over six years (do not have to be consecutive); EH payments occur over three to six years (varies by state)
Payment adjustments begin in 2015	No Medicaid payment adjustments
Must demonstrate MU every year to receive incentive payments	Can receive an incentive payment for A/I/U in the first year; must continue to demonstrate MU to receive subsequent payments
No patient volume requirement	EPs minimum 30% patient volume; EHs minimum 10% patient volume

Medicare Time Line (EPs/EHs) and Incentives (EPs)

The EP incentive amounts listed below are based on 75 percent of allowable Medicare Part B charges.

2012	2013	2014*	2015	2016
Stage 1 90 Days \$18,000	Stage 1 365 Days \$12,000	Stage 2 3 Months* \$8,000	Stage 2 365 Days \$4,000	Stage 3 366 Days \$2,000
	Stage 1 90 Days \$15,000	Stage 1 3 Months* \$12,000	Stage 2 365 Days \$8,000	Stage 2 366 Days \$4,000
		Stage 1 3 Months* \$12,000	Stage 1 365 Days \$8,000	Stage 2 366 Days \$4,000

Medicaid Time Line (EPs/EHs) and Incentives (EPs)

The EP incentive amounts listed below are contingent on EPs meeting their required minimum Medicaid patient volume.

2012	2013	2014*	2015	2016	2017
A/I/U \$21,250	Stage 1 90 Days \$8,500	Stage 1 3 Months \$8,500	Stage 2 365 Days \$8,500	Stage 2 366 Days \$8,500	Stage 3 365 Days \$8,500
	A/I/U \$21,250	Stage 1 3 Months \$8,500	Stage 1 365 Days \$8,500	Stage 2 366 Days \$8,500	Stage 2 365 Days \$8,500
		A/I/U \$21,250	Stage 1 90 Days \$8,500	Stage 1 366 Days \$8,500	Stage 2 365 Days \$8,500
			A/I/U \$21,250	Stage 1 90 Days \$8,500	Stage 1 365 Days \$8,500
				A/I/U \$21,250	Stage 1 90 Days \$8,500

To learn more about MU, visit www.ihs.gov/meaningfuluse.