

Part B Insider (Multispecialty) Coding Alert

Electronic Health Records: At Long Last: CMS Proposes 'Meaningful Use' Definition -- Meet These 25 Criteria to Qualify

New definition lets you know what you must do if you want to be considered a meaningful electronic health record user.

Practices that have been waiting for CMS to define the term "meaningful use" are finally in luck -- but don't look for a quick one-sentence definition.

As most practices are aware, the American Recovery and Reinvestment Bill of 2009 offers annual bonuses to practices that show "meaningful use" of electronic health records (EHRs), and in 2015, practices that aren't showing meaningful use will face penalties. However, the government was slow to issue a definition of the term "meaningful use," causing some physicians to delay adoption of EHRs because they didn't want to risk being a non-meaningful user.

On Dec. 29, CMS and the Office of the National Coordinator for Health Information Technology announced that the definition was finally available for public comment.

"CMS's proposed regulation would define and specify how to demonstrate 'meaningful use' of EHR technology, which is a prerequisite for receiving the Medicare incentive payments," said **Charlene Frizzera**, CMS's acting administrator, in a Dec. 30 statement.

25 measures: Stage 1 of the meaningful use criteria (which begins in 2011) includes 25 objectives/measures for eligible professionals (most Part B practices fall under this category) and 23 objectives/measures for eligible hospitals. To be considered a meaningful EHR user, you must meet all of the criteria set forth.

For example: The following includes just a sampling of what you'll find in the list of 25 meaningful use criteria for stage one of the incentive program. To read the complete list, check out the proposal in the Federal Register at www.federalregister.gov/OFRUupload/OFRDData/2009-31217_PI.pdf.

- Use a computer physician order entry (CPOE)
- Implement drug-drug, drug-allergy, drug-formulary checks
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 or SNOMED CT
- Generate and transmit permissible prescriptions electronically
- Maintain an active medication list
- Maintain an active medication allergy list
- Record demographics (preferring language, insurance type, gender, race, ethnicity, and date of birth)
- Record and chart changes in vital signs
- Record smoking status for patients age 13 and older
- Incorporate clinical lab test results into EHR as structured data
- Generate lists of patients by specific conditions

- Report ambulatory quality measures to CMS
- Send reminders to patients for preventive follow-up care (per patient preference)
- Implement five clinical decision support rules relevant to specialty or high clinical priority
- Check insurance eligibility electronically from payers
- Submit claims electronically.

Keep in mind: You can not only qualify for a financial bonus if you use EHRs -- but you could also boost your practice's efficiency, CMS says. "Widespread adoption of electronic health records holds great promise for improving health care quality, efficiency, and patient safety," said **David Blumenthal, MD**, national coordinator for health information technology, in a Dec. 30 statement.

CMS will accept public comments on the rule for 60 days, either electronically (at www.regulations.gov) or by mail (CMS, Department of Health and Human Services, Attention: CMS-0033-P, P.O. Box 8013, Baltimore, MD 21244-8013). If you do submit comments, refer to ID CMS-0033-P.