



The EMR Incentive Program: How to Qualify

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The passage of the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) created a program of incentives for healthcare providers to convert their records to a system of electronic medical records (EMR). Incentive payments totaling in tens of thousands of dollars are available to healthcare practitioners and practices that demonstrate “meaningful use” of an EMR system, and penalties may be imposed on providers who are not using EMR by a certain date. Clearly there are reasons to convert to EMR, but what are the terms of the incentive program work? How does one qualify? What does “meaningful use” really mean?

The Technical Terms of EMR Incentive Qualification

Fundamentally, to qualify for the EMR Incentive Program, you must meet the following criteria:

- You must be a qualifying medical practitioner and you must bill Medicaid and/or Medicare.

Qualifying physicians include MDs, osteopaths, dentists, podiatrists, chiropractors, optometrists, nurse practitioners and a number of other healthcare providers. Again, since the incentives themselves are being administered through the Medicaid and Medicare programs, providers must bill one or both of those programs to qualify.

- You must use an EMR system that has been certified by the Federal Department of Health and Human Services. HHS maintains a list of qualifying EMR products on the Certified Health IT Product List, which is available on its website, accessible at: HealthIT.HHS.gov
- You must meet the “meaningful use” standard.

While the base set of qualifiers seems simple enough, the devil is in the details. The focus here is on the meaningful use provision.

“Meaningful Use”

The meaningful use criteria are designed to determine whether a practice is using EMR as an effective and significant tool. The criteria themselves are phased in over time—a total period of five years—and are designed to demonstrate increasing reliance on EMR as the administrative mainstay of the practice. During the first stage, it must be demonstrated that the EMR system is the tool for tracking visits, diagnoses, prescriptions and other medical information, the sharing and reporting of patient information and so forth. There are 15 specific “core” clinical quality measures that must

be tracked, including basic patient demographics, electronic prescriptions, drug interactions, vital signs, etc. There are another five measures that must be fulfilled from a list of 10 choices, including an electronic list of patients by condition, the sending of electronic reminders to patients, electronic access to lab results for patients, medications, and so on.

For the second stage, in addition to all of the first stage functionality, it must be shown that the EMR system is being used to send out orders and retrieve results for such things as lab tests.

In the third stage, the functions of the first two stages must still be in practice and they must be supplemented by the use of the EMR system to establish patient personal health records and the ability to access comprehensive patient records, among other things.

The Bottom Line

The incentives available to healthcare providers are substantial, and the advantages of establishing a system of electronic medical records are numerous and real, but there are a lot of hurdles that need to be cleared. Establishing a functional and flexible EMR system can be costly, which is why the incentive program was developed in the first place. By engaging a medical IT professional, you can be certain that a system will be able to meet the considerable criteria established by HHS and serve the needs of you and your patients well into the future in the most financially efficient manner possible.



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