

Final Rule Defining “Meaningful Use” of EHRs *Barriers Still Remain*

The Centers for Medicare & Medicaid Services (CMS) on July 13 released the final rule defining "meaningful use" of electronic health records (EHRs). Simultaneously, the Office of the National Coordinator (ONC) for Health Information Technology issued a final rule that spells out the initial standards, specifications and certification criteria for EHR technology. Together, these regulations set EHR adoption requirements that hospitals and physicians must meet to qualify for additional Medicare and Medicaid payments beginning in fiscal year 2011 and to avoid significant Medicare payment penalties beginning in 2015.

The Illinois Hospital Association appreciates the responsiveness of CMS on some of the following issues that raised inequitable positions for critical access hospitals while addressing some of the technical complexities of meaningful use, including:

- CMS has eliminated its “all-or-nothing” approach to meaningful use and provided some much-needed flexibility for hospitals. The final rule requires hospitals to meet 19 out of a total of 24 objectives included in the first year of the program. Fourteen core objectives are mandatory, including: Computerized provider order entry for medications, and reporting of quality measures. Hospitals also must select five additional objectives from a menu of 10 objectives.
- Critical access hospitals will be eligible for incentive payments under the Medicaid program; previously they had been excluded.
- Certified EHRs will be required to automatically generate required functionality measures for reporting; the proposed rule included significant manual calculations.

Despite these improvements, there are significant remaining concerns that will impede Illinois hospitals and providers from receiving the incentive payments in 2011 and beyond. These impediments include:

- A system with multiple hospitals that has been assigned one Medicare provider number by CMS is not eligible to receive incentive payments for each of their hospitals. However, a system with multiple hospitals that has been assigned multiple Medicare provider numbers by CMS is eligible to receive incentive payments for each of their hospitals. HHS is unfairly penalizing hospitals within a system that have one Medicare provider number.
- Free-standing post acute care hospitals, such as rehabilitation, behavioral health, and long term acute care hospitals are excluded from receiving any incentive payment. This is very disappointing given the important role that rehabilitation and long term acute care hospitals play in providing care for the many patients that transition to their facilities from acute medical-surgical hospitals. By excluding behavioral health hospitals, a large sector of the hospitalized population will be without medical records and information and the providers that service the behavioral health patients will remain disincentivized.

IHA remains concerned that despite the modifications, the ability for the majority of hospitals to meet meaningful use requirements in 2011 is extremely slim. IHA will be working with its members and the American Hospital Association to assess hospital capabilities and identify the barriers that still remain for building the HIT highway to the future.