

Explanation of Meaningful Use

The Centers for Medicare and Medicaid Services (CMS) have developed incentive programs to help hospitals and physicians establish and use electronic health records as dictated by the Health Information Technology for Economic and Clinical Health Act (HITECH Act). To receive these incentive payments, hospitals and physicians (providers) have to show that they are “meaningfully using” the technology by meeting goals for a number of specific performance measures. The Meaningful Use incentive programs are offered to hospitals and providers who participate in either the Medicare or Medicaid (Medi-Cal) program, and in Natividad Medical Center’s (NMC) case both.

Thus far CMS has set up the incentives in three different stages. Each one is more advanced than the other in the required technology and how it is used in patient care:

- The first stage helps providers develop basic methods for capturing and sharing patient care information
- The second stage helps providers use the patient care data to better communicate patient care information with other providers
- The third stage helps providers use this information to actually show improvements in the care of patients.

These stages are being phased in over a multiyear schedule, giving hospitals and doctors two or three years in each stage before moving to the next level. CMS is now working with hospitals and providers to help them receive the most benefit from these government incentives. NMC began its Medicare reporting in federal fiscal year 2013, the last year possible to report without incurring CMS penalties rather than incentive payments. NMC has thus far attested for Medicare Stage 1 in September 2013. NMC’s future timeline for meaningful use reporting is Medicare Stage 1 Year 2 reporting July 1- Sept 30, 2014 and Medicare Stage 2 reporting October 1, 2014- September 30, 2015. See the attached spreadsheet for current and future reporting periods. Medicaid (Medi-Cal) reporting is on a slightly different timeline and is dependent upon Medicare reporting and attestation.

First Reporting Federal Fiscal Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	2	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	2	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

NMC →