



Frequently Asked Questions on the  
American Recovery & Reinvestment Act of 2009  
March 12, 2009

**Q: Where can I find a web page for comprehensive health IT information related to the ARRA?**

**A:** <http://www.himss.org/EconomicStimulus/>

**Q: Where can I find the actual ARRA legislation?**

**A:** <http://www.thomas.gov/home/approp/app09.html#h1>

**Q: Where can I find a summary of the health IT components?**

**A:** <http://www.himss.org/content/files/HIMSSSummaryOfARRA.pdf>

**Q: Where can I find a detailed analysis of the health IT components?**

**A:** <http://www.himss.org/ASP/ContentLogin.asp?ContentId=68938&loggedIn=>

**Q: What education is going to be offered at HIMSS09 concerning ARRA?**

**A:** <http://www.himssconference.org/education/ESPSessions.aspx>

**Q: What other educational opportunities can I access?**

- The audio-synched-with-Powerpoint presentations from the 5-part HIMSS webinar series on economic stimulus is available at no charge to HIMSS members. You can access the archived sessions at:  
<https://marketplace.himss.org/acct618b/default.aspx?Tabid=87>
- Distance Education courses and sessions can be accessed at:  
<http://www.prolibraries.com/himss/>

**Q: What is the total health IT funding and where is the funding located?**

- \$20.819 billion in incentives through the Medicare and Medicaid reimbursement systems to assist providers in adopting EHRs
- \$4.7 billion for the National Telecommunications and Information Administration's Broadband Technology Opportunities Program
- \$2.5 billion for the U.S. Department of Agriculture's Distance Learning, Telemedicine, and Broadband Program
- \$2 billion for the Office of the National Coordinator (ONC)
- \$1.5 billion for construction, renovation, and equipment for health centers through the Health Resources and Services Administration
- \$1.1 billion for comparative effectiveness research within the Agency for Healthcare Research and Quality (AHRQ), National Institutes of Health (NIH), and the Department of Health and Human Services (HHS).
- \$500 million for the Social Security Administration
- \$85 million for health IT, including telehealth services, within the Indian Health Service
- \$50 million for information technology within the Veterans Benefits Administration

**Q: How does the legislation define certified EHR technology?**

**A:** Certified EHR technology means a qualified EHR that is certified to meeting standards pursuant to ARRA and includes patient demographic and clinical health information, such as medical history and problem lists, and has the capacity to provide clinical decision support to support physician order entry, to capture and query information relevant to healthcare quality, and to exchange electronic health information with, and integrate such information from other sources.

**Q: Who will certify EHR technologies?**

**A:** This is a multi-level effort. At the top, the [National Coordinator for Health Information Technology](#) endorses standards and certification criteria. The National Coordinator has two committees providing recommendations. The HIT Policy Committee (a federal advisory committee) makes recommendations regarding the certification criteria areas needed for the e-exchange and use of health information. The HIT Standards Committee recommends the actual certification criteria. Further, the National Coordinator, in consultations with the Director of [NIST](#), is directed by Congress to identify an existing program or programs to carry out the voluntary certifications of health IT. This being the case, HIMSS hopes that the National Coordinator will recognize [CCHIT](#).

**Q: How does ARRA define “meaningful use” mean for hospitals?**

**A:** There are two similar, but not identical definitions; one each for Medicare and Medicaid.

For Medicare Incentives (Section 4102):

- Using certified EHR technology (see definition above); and,
- To the satisfaction of the Secretary of HHS, demonstrating that the certified EHR technology is connected in a manner that provides, in accordance with law and standards applicable to the exchange of information, for the e-exchange of health information to improve the quality of health care, such as care coordination; and,
- The hospital submits information, in a manner and form specified by the Secretary, on such clinical quality measures and such other measures as selected by the Secretary.

For Medicaid Funding (Section 4201):

- The definition must be established through a means that is approved by the State and acceptable to the Secretary of HHS. As a further step, the definition must be in alignment with the one used for Medicare (see above).

**Q: Within physician practices, what’s a “meaningful user”?**

**A:** There are two similar, but not identical definitions; one each for Medicare and Medicaid.

For Medicare Incentives (Section 4101):

- Using certified EHR technology (see definition above) that includes electronic prescribing; and,
- To the satisfaction of the Secretary of HHS, demonstrating that the certified EHR technology is connected in a manner that provides, in accordance with law and standards applicable to the exchange of information, for the e-exchange of health information to improve the quality of health care, such as care coordination; and,
- The hospital submits information, in a manner and form specified by the Secretary, on such clinical quality measures and such other measures as selected by the Secretary.

For Medicaid Funding (Section 4201):

- The definition must be established through a means that is approved by the State and acceptable to the Secretary of HHS. As a further step, the definition must be in alignment with the one used for Medicare (see above).

**Q: Are only physician-led practices eligible for funding?**

**A:** The term “physician” is clearly used in the Act’s language regarding Medicare funding (Section 4101). For Medicaid (Section 4201), professionals eligible for funding include physicians, dentists, certified nurse-midwives, and physician assistants. There are specific eligibility requirements associated with both sections; access the [HIMSS analysis](#), which is available as a benefit of membership.

**Q: For hospitals, what is the funding formula to determine incentives through Medicare?**

**A:** There is a complex formula detailed in the legislation. Please access Section 4102 of the [HIMSS analysis](#), which is available as a benefit of membership.

**Q: For eligible professionals (physicians), what is the funding formula to determine incentives through Medicare?**

Payment Year	Incentive
First Payment Year	<ul style="list-style-type: none"><li>• \$18,000 if the first payment year is 2011 or 2012</li><li>• \$15,000 if the first payment year is 2013</li><li>• \$12,000 if the first payment year is 2014</li></ul>
Second Payment Year	\$12,000
Third Payment Year	\$8,000
Fourth Payment Year	\$4,000
Fifth Payment Year	\$2,000
*For eligible professionals in a health professional shortage area (HPSA), the incentive payment amounts will be increased by 10%.	
*Payments are not available to hospital-based professionals (such as a pathologist, emergency room physician, or anesthesiologist).	

**Q: When does the funding become available?**

**A:** The funding periods vary depending upon the program. And, funding amounts vary depending mathematical formulas, and upon when professionals or entities engage in the opportunity. Our bottom line recommendation is to prepare now. Don't wait. If you prepare now, you'll be in a better position to access maximum levels of funding at the time they become available. Access the [HIMSS analysis](#) for complete information on all the funding sources and dates, which is available as a benefit of membership.

**Q: Does the legislation separate out any particular type of hospital?**

**A:** Yes. Two examples are in Sections 4101 (Medicare incentives for hospitals) and in Section 4201 (Medicaid incentives for hospitals). Each section defines special funding formulas for critical access hospitals. Plus, in Section 4201, there are also special formulas for acute hospitals that have at least a 10% volume of care being paid for through Medicaid, and for children's hospitals. Access the [HIMSS analysis](#) for complete information, which is available as a benefit of membership.

**Q: Does the ARRA differentiate between an EHR and EMR?**

**A:** No. The Act refers repeatedly to "certified EHR technology". See above for brief definitions, or access the [HIMSS analysis](#) for complete information, which is available as a benefit of membership.

**Q: What does the ARRA have to say on the topic of privacy & security?**

**A:** Privacy and security issues are addressed throughout the Act. Topics include notification to individuals of security breaches of their health information; adding new entities to the list of Business Associates – those that were not contemplated when HIPAA was passed over a decade ago; providing patients the right to request accounting of disclosures of their health information; new restrictions on the sale/marketing of personal health information; individual rights to access their information electronically; and, enforcement of laws. Access the [HIMSS analysis](#) for complete information on the privacy & security components of ARRA, which is available as a benefit of membership.

**Q: Who will harmonize health information standards?**

**A:** No later than December 31, 2009, the Secretary shall, through the rule making process, adopt an initial set of standards and implementation specifications. The [National Coordinator](#) may recognize an entity or entities for the purpose of harmonizing or updating standards and implementation specifications in order to achieve uniform and consistent implementation of the standards and implementation specification. This being the case, HIMSS hopes that the National Coordinator will recognize [HITSP](#).