

Eligibility

Providers may be eligible for incentives from either Medicare **or** Medicaid, but not both. In addition, providers may not be hospital-based.

Medicare: A Medicare Eligible Professional (EP) is defined as a doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatry, doctor of optometry or a chiropractor.

Medicaid: A Medicaid EP is defined as a physician, nurse practitioner, certified nurse-midwife, dentist, or physician assistant (PA) working in a Federally Qualified Health Center (FQHC) or rural health clinic (RHC) led by PA. To qualify for an EHR incentive payment, a Medicaid EP must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume
- Have a minimum 20% Medicaid patient volume, and is a pediatrician
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

If You Qualify for Both Programs

If you are eligible for both the Medicare and the Medicaid incentive programs, you can only participate in one program, not both. You will need to select which program you want to participate in when you register. You may switch between programs one time after your first incentive payment before 2015. Here are the general differences:

Medicare	Medicaid
Registration for the Medicare program will be available starting on January 3, 2011. Providers can access the registration system through this web site when registration opens: http://www.cms.gov/EHRIncentivePrograms/	Can participate once State of Alaska offers the program by registering using Alaska State Level Registry in January 2011. <u>Contact</u> State of Alaska Health Information Technology (HIT) Program Office Email: HITInfo@Alaska.gov Phone: (907) 269-6097 Visit: http://www.hss.state.ak.us/hit/ for more information.
Can receive up to \$44,000 in incentives, and up to \$48,400 if practicing in a Health Provider Shortage Area	Can receive up to \$63,750 in incentives
Required to demonstrate meaningful use of certified EHR technology every year to qualify for payment	Can qualify for payment for adopting, implementing, upgrading or demonstrating meaningful use of certified EHR technology in first participation year. Required to demonstrate meaningful use in each subsequent year to qualify for payment
Must participate by the second year to receive the maximum incentive payment	Must participate by 2016 to receive the maximum incentive payment

Payments

Medicare

Medicare offers incentive payments up to \$44,000 over five years. Your total amount is calculated based on 75% of your allowed Medicare charges in a given year. The maximum amounts you can receive in a given year are listed in this chart.

Medicaid

Providers can qualify for the first payment of \$21,250 in the first participation year for adopting, implementing, upgrading or demonstrating meaningful use of certified EHR technology. Providers are required to demonstrate meaningful use in each subsequent year to qualify for payment

Important! All Medicare providers will have a payment reduction in 2015 if they are not demonstrating meaningful use. For example, if you are a physician and accept both Medicare and Medicaid, you must be demonstrating meaningful use by 2015 (in either the Medicare or the Medicaid EHR incentive program) or you will have a Medicare fee-schedule reduction for all your Medicare claims. The payment reduction for Medicare Fee-for-Service physicians starts at 1% and increases up to 5% for every year that you are not demonstrating meaningful use. Hospital-based physicians are not subject to possible payment reductions.

Reporting Measures

Eligible Professionals report on 20 of 25 measures:

- Core Set – all 15 measures
- Menu Set – 5 of 10 including 1 public health measure

Core Set - must report all 15	
OBJECTIVE	MEASURE
Record patient demographics (sex, race, ethnicity, date of birth, preferred language)	More than 50% of patients' demographic data recorded as structured data
Record vital signs and chart changes (height, weight, blood pressure, body-mass index, growth charts for children)	More than 50% of patients 2 years of age or older have height, weight, and blood pressure recorded as structured data
Maintain up-to-date problem list of current and active diagnoses	More than 80% of patient have at least one entry recorded as structured data
Maintain active medication list	More than 80% of patient have at least one entry recorded as structured data
Maintain active medication allergy list	More than 80% of patient have at least one entry recorded as structured data
Record smoking status for patients 13 years of age or older	More than 50% of patients 13 years of age or older have smoking status recorded as structured data
Provide patients with clinical summaries for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
On request, provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies)	More than 50% of requesting patients receive electronic copy within 3 business days
Generate and transmit permissible prescriptions electronically	More than 40% are transmitted electronically using certified EHR technology
Computer provider order entry (CPOE) for medication orders	More than 30% of patients with at least one medication in their medication list have at least one medication ordered through CPOE
Implement drug-drug and drug-allergy interaction checks	Functionality is enabled for these checks for the entire reporting period
Implement capability to electronically exchange key clinical information among providers and patient-authorized entities	Perform at least one test of EHR's capacity to electronically exchange information
Implement one clinical decision support rule and ability to track compliance with this rule	One clinical decision support rule implemented
Implement systems to protect privacy and security of patient data in the EHR	Conduct or review a security risk analysis, implement security updates as necessary, and correct identified security deficiencies
Report clinical quality measures to CMS or states (See <i>Clinical Quality Measures</i> defined below)	For 2011, provide aggregate numerator and denominator through attestation; for 2012, electronically submit measures (See <i>Clinical Quality Measures</i> defined below)

Menu Set - Must pick 5 including 1 public health measure (designated as *PH*)	
OBJECTIVE	MEASURE
Implement drug formulary checks	Drug formulary check system is implemented and has access to at least one internal or external drug formulary for the entire reporting period
Incorporate clinical laboratory test results into EHRs as structure data	More than 40% of clinical laboratory test results whose results are in positive/negative or numerical format are incorporated into EHRs as structured data
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach	Generate at least one listing of patients with a specific condition
Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate	More than 10% of patients are provided patient-specific education resources
Perform medication reconciliation between care settings	Medication reconciliation is performed for more than 50% of transitions of care
Provide summary of care record for patients referred or transitioned to another provider or setting	Summary of care record is provided for more than 50% of patient transitions or referrals
PH Submit electronic immunization data to immunization registries or immunization information systems	Perform at least one test of data submission and follow-up submission (where registries can accept electronic submissions)
PH Submit electronic syndromic surveillance data to public health agencies	Perform at least one test of data submission and follow-up submission (where public health agencies can accept electronic data)
Send reminders to patients (per patient preference) for preventive and follow-up care	More than 20% of patients 65 years of age or older or 5 years of age or younger are set appropriate reminders
Provide patients with timely electronic access to their health information (including laboratory results, problem list, medication lists, medication allergies)	More than 10% of patients are provided electronic access to information within 4 days of its being updated in the EHR

Clinical Quality Measures (CQMs)

There are no performance thresholds implied; the requirement is that these measures be reported for Stage 1, not that they meet a specific value

- Eligible professionals must report on 3 required CQMs. If the denominator of 1 or more of the required core measures is zero, then eligible professionals are required to report results for up to 3 alternate core measures
- Eligible professionals must also select 3 additional CQMs from a set of 38 specialty measures
- In sum, eligible professionals must report on 6 total measures: 3 required core measures (substituting alternate core measures when necessary) and 3 additional measures**

Core Measures for ALL Physicians (Must report 3)	Source – PQRI¹	Source – NQF²
Blood Pressure Measurement		0013
Tobacco Use Assessment & Counseling		0028

Adult Weight Screening	128	0421
(Alternate Core Measures)		
Weight Assessment & Counseling for Children and Adolescents		0024
Influenza Vaccination for Pts >50 yrs	110	0041
Childhood Immunization Status		0038
Additional Specialty Measure Menu (Must report 3)		
Pneumonia Vaccination for Patients 65 Years and Older	111	0043
Screening Mammography	112	0031
Colorectal Cancer Screening	113	0034
Cervical Cancer Screening		0032
Chlamydia screening in women		0033
Controlling High Blood Pressure		0018
Asthma: Pharmacologic Therapy	53	0047
Asthma assessment	64	0001
Use of appropriate medications for people with asthma		0036
Childhood Immunization Status		0038
Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	117	0055
Diabetes Mellitus: Urine Screening for Microalbumin	119	0062
Diabetes Mellitus: Hemoglobin A1c Poor Control	1	0059
Comprehensive Diabetes Care: HbA1c Control (<8.0%)	NA	0575
Diabetes Mellitus: Foot Exam	163	0056
Diabetic Retinopathy: Documentation of Retinopathy	18	0088
Diabetes Mellitus: High Blood Pressure Control	3	0061
Communication with the Physician Managing On-going Care	19	0089
Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control	2	0064
Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	117	0055
Oral Antiplatelet Therapy Prescribed for Patients with CAD	6	0067
Beta-Blocker Therapy for CAD Patients with Prior MI	7	0070
Beta-Blocker Therapy for Left Ventricular Dysfunction (LVSD)	8	0083
Drug Therapy for Lowering LDL-Cholesterol	197	0073

Warfarin Therapy for Patients with Atrial Fibrillation	200	0084
Blood Pressure Management Control	201	0073
Use of Aspirin or Another Antithrombotic	204	0068
ACE Inhibitor or ARB for Left Ventricular Dysfunction (LVSD)	5	0081
Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer	71	0387
Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	72	0385
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients	102	0389
Major Depression: (a) Effective Acute Phase Rx Treatment and (b) Continuation	9	0105
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	NA	0004
Prenatal Screening for Human Immunodeficiency Virus (HIV)		0012
Prenatal Anti-D Immune Globulin		0014
Appropriate Testing for Children with Pharyngitis	66	0002
Low back pain: use of imaging studies		0052
Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	12	0086

Electronic Measure Specifications Information

¹ PQRI _ Physician Quality Reporting Initiative Measures List: http://www.cms.gov/PQRI/Downloads/2010_PQRI_MeasuresList_111309.pdf

² NQF _ National Quality Forum Measures List: http://www.qualityforum.org/Measures_list.aspx