

Eligible Professional Program Requirements

Providers recognized as eligible professionals may be eligible for the Medicare **or** Medicaid EHR Incentive Program if they adopt, implement, upgrade and meaningfully use certified EHR technology. The program requirements for both the Medicare and Medicaid EHR Incentive Program require that eligible professionals may not be hospital-based. Eligible professionals are considered hospital-based if 90% or more of the provider services are rendered in the Inpatient hospital and/or Emergency Room.

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 meet the qualifications for both the Medicare and the Medicaid incentive programs, when you register for the program at the CMS EHR incentive program portal you must chose which program you will participate in, and you can only participate in one program per payment year. You may switch between programs one time after your first incentive payment before 2015. Here are the general differences:

Medicare	Medicaid
To register for the Medicare program providers can access the Medicare Registration and Attestation System at: https://ehrincentives.cms.gov/hitech/login.action	You must register first at the CMS EHR incentive program portal then you may register using the Alaska Medicaid State Level Registry and complete the attestation process.
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.

Calendar Year	First Calendar Year in which the EP receives an Incentive Payment				
	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015 and later
2011	\$18,000				
2012	\$12,000	\$18,000			
2013	\$8,000	\$12,000	\$15,000		
2014	\$4,000	\$8,000	\$12,000	\$12,000	
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016		\$2,000	\$4,000	\$4,000	\$0
Total	\$44,000	\$44,000	\$39,000	\$24,000	\$0

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.

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

Payment Amount for Year:	First Year Medicaid EP Qualifies to Receive Payment 2011	First Year Medicaid EP Qualifies to Receive Payment 2012	First Year Medicaid EP Qualifies to Receive Payment 2013	First Year Medicaid EP Qualifies to Receive Payment 2014	First Year Medicaid EP Qualifies to Receive Payment 2015	First Year Medicaid EP Qualifies to Receive Payment 2016
2011	\$21,250	-	-	-	-	-
2012	\$8,500	\$21,250	-	-	-	-
2013	\$8,500	\$8,500	\$21,250	-	-	-
2014	\$8,500	\$8,500	\$8,500	\$21,250	-	-
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	-
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017	-	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018	-	-	\$8,500	\$8,500	\$8,500	\$8,500
2019	-	-	-	\$8,500	\$8,500	\$8,500
2020	-	-	-	-	\$8,500	\$8,500
2021	-	-	-	-	-	\$8,500
TOTAL Possible Incentive Payments	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Adopt, Implement, Upgrade

What does Adopt, Implement or Upgrade Mean?	
Adopt	Acquire, purchase, or secure access to certified EHR technology
Implement	Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements;
Upgrade	Expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the ONC EHR certification criteria.

Medicaid EHR Incentive Program Registration and Attestation

1. Register at the CMS EHR Incentive Program Registration site at <https://ehrincentives.cms.gov/hitech/login.action>.
2. Create a State Level Registry (SLR) account at <http://ak.rraincentive.com/>.
3. Locate and copy of your signed contract with a vendor for the purchase, implementation or upgrade of a certified EHR system.
4. Verify your EHR is certified and is on the list from ONC at <http://onc-chpl.force.com/ehrcert>.
5. Eligible professionals must locate your active medical license number and Medicaid ID.
6. Eligible hospitals must locate the most recent 4 years of cost report data.
7. Determine your Medicaid patient volume you will be reporting.
8. Determine which method of certified EHR technology you will be attesting, ADOPT, IMPLEMENT or UPGRADE.
9. Complete the Eligibility workbook and Adopt/Implement/Upgrade Attestation workbook.
10. Complete the application in the SLR and sign and complete your attestation.

For questions you may contact the Alaska Medicaid EHR Incentive Program Office.

Email: hss.hitinfo@alaska.gov

Phone: (907) 269-6097

Visit: <http://ak.rraincentive.com/> for more information.

Meaningful Use 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

Core Set - must report all 15

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)
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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

Meaningful Use 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

Additional Specialty Measure Menu (Must report 3)		
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