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CENTERS FOR MEDICARE & MEDICAID SERVICES

01

BEGINNER

EHR
INCENTIVE PROGRAM

» An Introduction to:

MEDICAID EHR INCENTIVE PROGRAM
FOR ELIGIBLE PROFESSIONALS

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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HOW TO USE THIS GUIDE

This guide is intended to provide eligible professionals with a simple overview of the Medicaid EHR Incentive Program. Each step of the program is explained in this guide to help health care professionals understand the basics of the program and determine how to successfully participate. Hyperlinks to the CMS website are included throughout the guide to direct you to more information and resources.

Table of contents

The table of contents is interactive. Simply click on a chapter to read that section, and then click on the chapter title to return to the table of contents.

HOW TO USE THIS GUIDE

Icons

This guide includes special icons to better help you understand the program and find resources. While reading the guide, please note the following:

- The "i" icon inside of a computer screen is intended to alert the reader that there are additional resources on the specific topic being discussed.

- The "checklist" icon alerts the reader to the stage of the program that is discussed in that section.

Please also keep in mind that screen shots of user guides and videos can be clicked so the reader can easily locate those resources and review them.

HOW TO USE THIS GUIDE

Resources

The resources section located at the end of the guide contains many of the tools CMS has created to help eligible professionals learn more about the EHR Incentive Programs. Next to each resource there is a description to help the reader determine if it will be useful to their needs. The resources are grouped in the following categories:

- An EHR Incentive Programs Overview

- Other CMS Programs

- Certified EHR Technology

- Eligibility

- Registration

- Meaningful Use

Please note: This guide was prepared as a service to the health care industry and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

What is the Medicaid EHR Incentive Program?

The Medicaid EHR Incentive Program provides incentive payments for certain Medicaid health care providers to adopt and use EHR technology in ways that can positively affect patient care.

What is an EHR? An electronic health record (EHR)–sometimes called an electronic medical record (EMR)–allows health care providers to record patient information electronically instead of using paper records. However, EHRs are often capable of doing much more than just recording information. The EHR Incentive Program asks providers to use the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care.

It's important to know that the Medicaid EHR Incentive Program is NOT a reimbursement program for purchasing or replacing an EHR. Providers have to meet specific requirements in order to receive incentive payments.

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Approaching Deadlines for the Medicaid EHR Incentive Program

This guide refers to a number of important program milestones. As you move through the guide, please note the following key dates.

DATE	MILESTONE
January 1	Reporting period begins for eligible professionals
February 28*	Last day for eligible professionals to register and attest to receive an incentive payment
October 3	Last day for eligible professionals to begin 90-day reporting period to demonstrate meaningful use.
December 31	Reporting year ends for eligible professionals

Attestation deadlines vary per state

Please note these dates are not applicable to everyone and may be different depending on your program participation. Visit the CMS eHealth interactive timeline [**http://cms.gov/eHealth/downloads/Timeline_091213_FINAL.pdf**], and the interactive tool My EHR Participation Timeline [**http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html**] for more information.

Other CMS programs

CMS has a number of quality improvement and incentive programs, but the Medicaid EHR Incentive Program is a separate incentive program with different requirements. The EHR you use and the information you submit for other programs may not meet the requirements of the Medicaid EHR Incentive Program.

CMS QUALITY IMPROVEMENT PROGRAMS

- **Medicaid EHR Incentive Program**

- **Medicare EHR Incentive Program**

- **Physician Quality Reporting System (PQRS)**

- **Medicare Improvements for Patients and Providers Act (MIPPA) e-Prescribing Incentive Program**

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Note about the Medicaid program and this guide

The Medicaid EHR Incentive Program allows providers to adopt, implement, or upgrade to certified EHR technology in their first year of participation.

However, providers also have the option to choose to meet meaningful use in their first year of participation by reporting on measures for a 90-day reporting period.

For the purposes of this guide, we will assume that first year participants are choosing to adopt, implement, or upgrade to meet first year requirements.

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What requirements do you have to meet?

To receive an EHR incentive payment in the Medicaid EHR Incentive Program, providers have to meet certain requirements.

First year of participation:

In their first year of participation, providers can

- **A** dopt,
- **I** mplement,
- **U** pgrade to,

or demonstrate meaningful use of certified EHR technology.

Second year and subsequent years of participation:

In their second year of participation and subsequent participation years, providers must show that they are using their EHRs in a **meaningful way** by meeting thresholds for a number of objectives.

CMS has established the objectives for "meaningful use" that everyone must meet to receive an incentive payment.

What is meaningful use?

It's not enough just to own a certified EHR. Providers have to show CMS that they are using their EHRs in ways that can positively affect the care of their patients.

To do this, providers must meet all of the objectives established by CMS for this program. Then they will be able to demonstrate **MEANINGFUL USE** of their EHRs and receive an incentive payment.

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How does the program work?

The EHR Incentive Programs consist of 3 stages of meaningful use.

Each stage will have its own set of requirements to meet in order to demonstrate meaningful use.

Eligible professionals always begin participating under Stage 1 requirements. Medicaid eligible professionals can refer to My Participation Timeline [**http://cms.gov/Regulations-and-Guidance/ Legislation/EHRIncentivePrograms/Participation-Timeline.html**] to see the years they will demonstrate each stage of meaningful use.

The requirements in Stage 1 are focused on providers capturing patient data and sharing that data either with the patient or with other health care professionals.

Improved outcomes

Advanced clinical processes

Data capturing and sharing

STAGE 1
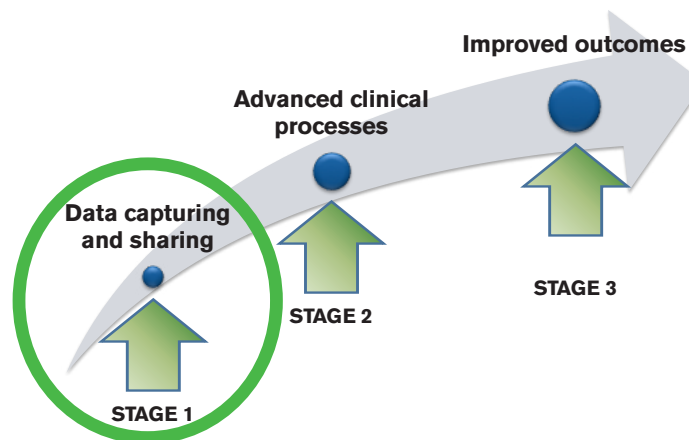
STAGE 2

STAGE 3

How does the program work?

For the Medicaid EHR Incentive Program, providers will have three years to meet Stage 1, assuming that during their first year of program participation, they adopt, implement, or upgrade to certified EHR technology.

Providers can participate in the program for three years under Stage 1 regardless of when they begin the Medicaid program. After these three years, providers will begin Stage 2. Depending on when they begin participation in the Medicaid program, providers may begin Stage 2 at different times.

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What kind of EHR do you need?

In order to capture and share patient data efficiently, providers need an EHR that stores data in a structured format.

Structured data allows patient information to be easily retrieved and transferred, and it allows the provider to use the EHR in ways that can aid patient care.

CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must use in order to qualify for this incentive program.

✓ **Get a certified EHR.**
✓ Make sure you are eligible.
✓ Register.
✓ AIU/Meaningful use.
✓ Attest.

To get an incentive payment, you must use an EHR that is **certified specifically for the EHR Incentive Programs.** EHRs certified or qualified for other CMS incentive programs may not be certified for this program. Also, if you already own an EHR, it may not be certified for use in the EHR Incentive Programs.

More about certified EHRs

For more information

CERTIFIED EHRs

For more information about certified EHR technology, visit the CMS website, **http://www.cms.gov/Regulations-and-Guidance/Legislation/ EHRIncentivePrograms/Certification.html.** You can find a complete list of certified EHR technology at the **Certified Health IT Product List (CHPL) website**, **http:// healthit.hhs.gov/CHPL**.

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Choosing a program: Medicare or Medicaid?

The EHR Incentive Programs are available for Medicare and Medicaid eligible professionals.

Medicaid EHR Incentive Program	**Medicare EHR Incentive Program**

Although the two programs are similar in many ways, there are also some differences between them.

Although eligible professionals may see both Medicare and Medicaid patients, they must choose to participate in only one of the programs. If an eligible professional chooses to participate in the Medicaid EHR Incentive Program, then she or he can participate in only one state's incentive program in any given year.

The chart on the following page can help eligible professionals choose which program to participate in.

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Choosing a program: Medicare or Medicaid?

Medicaid EHR Incentive Program	Medicare EHR Incentive Program
Every state runs its own program	Run by CMS
Program runs from 2011 through 2021	Program runs from 2011 through 2016
Maximum incentive amount is $63,750 (across 6 years of program participation)	Maximum incentive amount is $43,720 (across 5 years of program participation)
No Medicaid payment reductions if you choose not to participate	Payment reductions begin in 2015 for providers who are eligible but choose not to participate
In the first year, providers can receive an incentive payment for adopting, implementing, or upgrading a certified EHR.	In the first year and all remaining years, providers must demonstrate meaningful use of certified EHR technology to get incentive payments.
In all remaining years, providers will meet meaningful use guidelines, just like in the Medicare program.	

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For more information

MEDICAID EHR INCENTIVE PROGRAMS

This is a guide to the Medicaid EHR Incentive Program. To learn more about differences between the Medicare and Medicaid EHR Incentive Programs, visit the program basics section [**https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html**] of our website.

If you are interested in the Medicare EHR Incentive Program, view our guide, *An Introduction to the Medicare EHR Incentive Program for Eligible Professionals* [**https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads//Beginners_Guide.pdf**].

How much will you get paid?

Your incentive payment [**https://www.cms.gov/Regulations-and-Guidance/Legislation/ EHRIncentivePrograms/Basics.html**] is a fixed amount each year and will remain constant as long as you meet all eligibility requirements for program participation. These requirements include adopting, implementing, upgrading to, or demonstrating meaningful use of certified EHR technology in your first year of program participation, and achieving the meaningful use requirements for the remaining years you partcipate. There is no payment threshold for participants in the Medicaid EHR Incentive Program. The table on the following page shows the incentive amounts broken down by the year you start participating in the program.

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How much will you get paid?

	Medicaid EP Qualifies to Receive First Payment in 2011	Medicaid EP Qualifies to Receive First Payment in 2012	Medicaid EP Qualifies to Receive First Payment in 2013	Medicaid EP Qualifies to Receive First Payment in 2014	Medicaid EP Qualifies to Receive First Payment in 2015	Medicaid EP Qualifies to Receive First Payment in 2016
Payment amount in 2011	$21,250.00	$0.00	$0.00	$0.00	$0.00	$0.00
Payment amount in 2012	$8,500.00	$21,250.00	$0.00	$0.00	$0.00	$0.00
Payment amount in 2013	$8,500.00	$8,500.00	$21,250.00	$0.00	$0.00	$0.00
Payment amount in 2014	$8,500.00	$8,500.00	$8,500.00	$21,250.00	$0.00	$0.00
Payment amount in 2015	$8,500.00	$8,500.00	$8,500.00	$8,500.00	$21,250.00	$0.00
Payment amount in 2016	$8,500.00	$8,500.00	$8,500.00	$8,500.00	$8,500.00	$21,250.00
Payment amount in 2017	$0.00	$8,500.00	$8,500.00	$8,500.00	$8,500.00	$8,500.00
Payment amount in 2018	$0.00	$0.00	$8,500.00	$8,500.00	$8,500.00	$8,500.00
Payment amount in 2019	$0.00	$0.00	$0.00	$8,500.00	$8,500.00	$8,500.00
Payment amount in 2020	$0.00	$0.00	$0.00	$0.00	$8,500.00	$8,500.00
Payment amount in 2021	$0.00	$0.00	$0.00	$0.00	$0.00	$8,500.00
TOTAL incentive payments	**$63,750.00**	**$63,750.00**	**$63,750.00**	**$63,750.00**	**$63,750.00**	**$63,750.00**

How much will you get paid?

The total maximum incentive amount that you can be paid under the Medicaid EHR Incentive Program is $63,750 over six years of program participation. Participation in the program does not have to take place across consecutive years. As you can see, you can receive the maximum Medicaid incentive payment as long as you begin participating in the program by 2016.

Note: Incentive payments for pediatricians who meet 20% Medicaid patient volume but fall short of 30% Medicaid patient volume are reduced to two-thirds of the incentive payment. These pediatricians would receive $14,167 in the first year and $5,667 in subsequent years.

Are there penalties?

There are no penalties for not participating in the Medicaid EHR Incentive Program.

Note: Medicaid eligible professionals who are not eligible to participate in both the Medicare and Medicaid EHR Incentive Programs will not be subject to payment adjustments. However, Medicaid eligible professionals who also treat Medicare patients will have a payment adjustment to Medicare reimbursements starting in 2015 if they do not successfully demonstrate meaningful use.

Eligibility

How do you get started?

Before you do anything, make sure you are eligible for the program.

✓ Get a certified EHR.
✓ **Make sure you are eligible.**
✓ Register.
✓ AIU/Meaningful use.
✓ Attest.

The following are considered "eligible professionals" who can participate in the Medicaid EHR Incentive Program*:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioners
- Certified nurse-midwives
- Dentists
- Physician assistants who furnish services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

*In certain states, optometrists are eligible for the Medicaid EHR Incentive Program. For an optometrist to be eligible, the state Medicaid program must cover adult optometrist services as physician services in the Medicaid State Plan. Please check with your state Medicaid agency for more information.

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Eligibility

To qualify for participation in the Medicaid EHR Incentive Program, an eligible professional must also meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume*

- Have a minimum 20% Medicaid patient volume, and be a pediatrician*

- Practice predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) and have a minimum 30% patient volume attributable to needy individuals

Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria

Eligibility

An eligible professional is considered to practice predominantly in an FQHC or RHC when an FQHC or RHC is the clinical location for over 50% of the eligible professional's total encounters over a period of 6 months in the most recent calendar year.

Needy individuals are persons meeting any of the following criteria:

- They are receiving medical assistance from Medicaid or the Children's Health Insurance Program (CHIP)

- They are furnished uncompensated care by the eligible professional

- They are furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay

Eligibility

CMS has developed a web tool that can help you determine whether or not you are eligible to participate in the EHR Incentive Programs. Click on the image to the right to try out the tool on our website. [**https://www.cms.gov/Regulations-and-Guidance/ Legislation/EHRIncentivePrograms/Eligibility.html**]

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Eligibility

Can practices participate?

Practices cannot participate in the Medicaid EHR Incentive Program.

Incentive payments for the Medicaid EHR Incentive Program are made to individual providers, not to practices or medical groups. Although a provider can designate a practice to receive the incentive funds on their behalf, it is up to the provider to make this decision—the practice or medical group cannot claim the money or make the decision for the provider, even if the EHR belongs to the practice.

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Eligibility

Are you hospital-based?

Eligible professionals who are hospital-based cannot participate in the EHR Incentive Programs.

A provider is considered hospital-based if he or she provides 90% or more of their covered professional services in either a hospital inpatient (Place of Service 21) or emergency department (Place of Service 23) setting.

Your state Medicaid agency makes the determination if you are hospital-based. You will find out your status when your state verifies your eligibility for the program.

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Check your state's program status

States may voluntarily offer the Medicaid EHR Incentive Program to their Medicaid eligible professionals and hospitals. All states plan to have their programs up and running by the end of 2012, as do the District of Columbia and Puerto Rico. Most territories plan to launch their incentive programs in 2013. To see if your state's program has launched go to the Medicaid State Information section of the EHR website [**https://www.cms.gov/Regulations-and-Guidance/ Legislation/EHRIncentivePrograms/MedicaidStateInfo.html**].

You can also look at the State EHR Incentive Program Milestones and Web Resources [**https:// www.cms.gov/apps/files/statecontacts.pdf**], which provides individual websites for each state's Medicaid EHR Incentive Program.

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Registration

How do you register?

If you fall into one of the qualifying eligible professional categories and have checked to make sure your state is currently participating in the Medicaid program, the next step is to get registered.

✓ Get a certified EHR.
✓ Make sure you are eligible.
✓ **Register.**
✓ AIU/Meaningful use.
✓ Attest.

You must:

First register with CMS online at https://ehrincentives.cms.gov/.

Registering does not mean that you have to participate. You can cancel your registration at any time.

Registration

How do you register?

CMS will then send your information to your individual state. Twenty-four hours after successfully registering through the CMS website, you will need to log in to your state program's website to verify your registration and provide additional eligibility information.

> **Visit the State EHR Incentive Program Milestones and Web Resources [https://www.cms.gov/apps/files/statecontacts.pdf] to find your state's Medicaid program website.**

Please note: Although the Medicaid EHR Incentive Programs opened in January 2011, a few states are not yet ready to participate. Information on when registration will be available for Medicaid EHR Incentive Programs in specific states is posted on the Medicaid State Information page of the website.
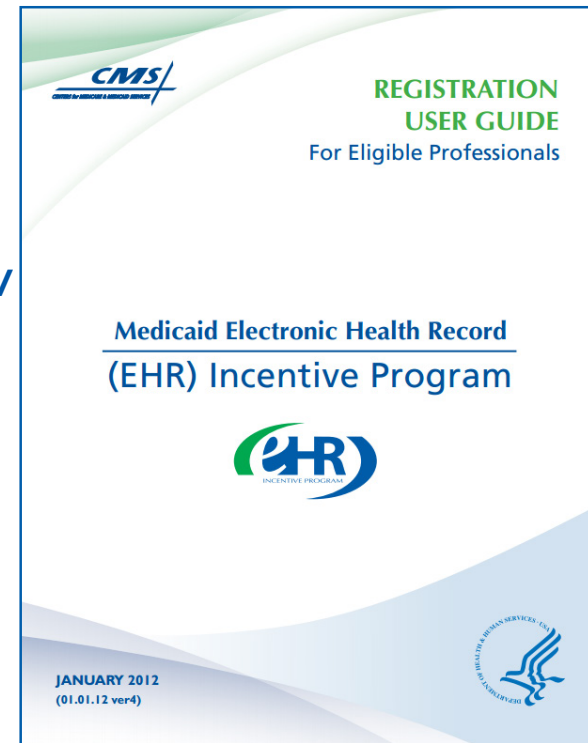
Registration

How do you register?

Click the image on the right to download a Registration User Guide that will give you step-by-step directions on how to register online.

[**https://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf**]

The Registration User Guide also contains instructions for how a provider can let a third party, such as an office manager, register on his or her behalf.

Please note: Although CMS has implemented functionality that allows an EP to designate a third party to register on her or his behalf, states will not necessarily offer the same functionality for attestation in the Medicaid EHR Incentive Program. Check with your state to see what functionality will be offered.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

REGISTRATION USER GUIDE
For Eligible Professionals

Medicaid Electronic Health Record (EHR) Incentive Program

(EHR) INCENTIVE PROGRAM

JANUARY 2012
(01.01.12 ver4)

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What do you have to do for meaningful use?

To show CMS that they are using their certified EHR in a meaningful way, providers must begin by meeting all of the Stage 1 requirements that CMS has established. In subsequent years, providers will proceed to meet requirements for Stage 2 and 3.

✓ Get a certified EHR.
✓ Make sure you are eligible.
✓ Register.
✓ **AIU/Meaningful use.**
✓ Attest.

First year participants:

For the first year they participate, eligible professionals have the option of adopting, implementing, or upgrading to a certified EHR system.

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What do you have to do for meaningful use?

Below are some examples of how EPs can meet the CMS requirements during their first year of participation:

- **A**dopt an EHR: Acquire or install certified EHR technology (for example, can show evidence of installation).

- **I**mplement an EHR: Begin using certified EHR technology (for example, provide staff training or data entry of patient demographic information into an EHR).

- **U**pgrade to an EHR: Expand existing technology to meet certification requirements (for example, upgrade to certified EHR technology or add new functionality to meet the definition of certified EHR technology).

What do you have to do for meaningful use?

For the first time providers demonstrate meaningful use under Stage 1, they have to meet the requirements for and report data on a continuous 90-day period during the calendar year (any 90 consecutive days from January 1st to December 31st).

For the second year they participate under Stage 1 unless their second year is in 2014, eligible professionals have to meet the requirements for the entire calendar year (365 days). If their first year under Stage 2 falls in 2014, EPs will again demonstrate meaningful use for a continuous 90-day period. For all other years they participate in Stage 2, EPs will have to demonstrate meaningful use for the full calendar year.

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What do you have to do for meaningful use?

Meaningful use deadlines:

Regardless of when a state chooses to launch its Medicaid program, the meaningful use deadlines are the same for all participants. This means that if a state launches their program in September 2012, participants in that state will only have a few months to complete the meaningful use requirements in order to receive an incentive payment for that year.

However, each state does allow for an attestation tail period immediately following the end of a calendar year during which EPs can attest to meeting program criteria for the previous calendar year. The 2012 attestation tail period varies by state, but typically lasts 60 or 90 days, with a handful of states granting longer attestation tail periods of 120 days.

What are the requirements?

CMS has established **objectives** that all providers must meet in order to show that they are using their EHRs in ways that can positively affect the care of their patients—in other words, so that providers can demonstrate meaningful use.

Some of the **objectives** have a minimum percentage that providers have to meet. Other **objectives** specify an action that must be taken or a functionality of the EHR that must be enabled for the duration of the reporting period.

What are the requirements?

Objectives and Measures	
Objectives	**Measures**
What every eligible professional is required to achieve in order to be able to show that they are meaningfully using their EHR.	The minimum requirement to achieve each objective. Every <u>objective</u> has an associated <u>measure</u>, which the eligible professional must meet or surpass.

What are the requirements?

There are **EXCLUSIONS** from many of the objectives that exempt you from having to meet those specific objectives. If you meet the qualifications for an exclusion, then you will not have to report on that objective and can still receive a full EHR incentive payment.

These exclusions may be applicable to certain specialists who do not perform the actions specified in the objective within their normal scope of practice. Check the exclusion for each objective to see if you can qualify for it.

What are the requirements?

As you will see, there is a lot of flexibility about what providers have to report.

But you have to meet the thresholds for **ALL** of the core objectives (or qualify for an exclusion to objectives) in order to be able to show meaningful use.

If you fail to meet **even one** of the measures, you will not receive a payment. There are no partial incentive payments.

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What are the requirements?

Eligible professionals have to meet the following measures in order to receive a meaningful use incentive payment under 2014* Stage 1:

- **13 CORE OBJECTIVES** – These are objectives that everyone who participates in the program must meet. Some of the core objectives have exclusions that could exempt you from having to meet them, but many of them do not. You have to report on all 13 core objectives and meet the thresholds established by those objectives.

- **9 MENU OBJECTIVES** – You only have to report on 5 out of the 9 available menu objectives, including at least one public health-related objective. You can choose objectives that make sense for your workflow or practice. Again, some of these objectives have exclusions that could exempt you from having to meet them.

Under Stage 2, EPs will have to meet 17 core objectives and 3 out of 6 menu objectives.

*For 2013 Stage 1 requirements, visit the 2013 Definition Stage 1 of Meaningful Use page: **http://www.cms.gov/ Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2013Definition_Stage1_MeaningfulUse.html**

What are the requirements?

Under Stage 2, EPs will have to meet 17 core objectives and 3 out of 6 menu objectives. Keep in mind that states can seek prior approval from CMS to require that up to 4 public health-related menu objectives be core objectives for their Medicaid eligible professionals.

Please note: The Stage 2 rule for the EHR Incentive Programs changed several Stage 1 meaningful use objectives, measures, and exclusions for eligible professionals for the 2013 reporting cycle. These changes took effect on January 1, 2013 for eligible professionals, with additional changes taking effect January 1, 2014. This guide reflects updated information on meaningful use requirements per the Stage 2 rule.

What are the Stage 1 requirements?

In addition to meeting the thresholds for the 13 core and 5 menu objectives, all eligible professionals have to report on Clinical Quality Measures, also known as CQMs.

We'll review the Clinical Quality Measures later, but for now you should know that Clinical Quality Measures are different from core and menu objectives.

There are no thresholds to meet for Clinical Quality Measures—you simply report the data exactly as it is calculated by your certified EHR.

Meaningful Use

$$13 + 5 + 9 = MU$$

Core Measures	Menu Measures	CQMs	Meaningful Use

Stage 1 meaningful use: 13 core objectives

Below are the 13 core objectives that every eligible professional must meet in order to receive an EHR Incentive Payment.

1. Computerized provider order entry (CPOE)

2. Drug-drug and drug-allergy checks

3. Maintain an up-to-date problem list of current and active diagnoses

4. E-Prescribing (eRx)

5. Maintain active medication list

6. Maintain active medication allergy list

7. Record demographics

8. Record and chart changes in vital signs

9. Record smoking status for patients 13 years or older

10. Implement clinical decision support

11. Provide patients with the ability to view, download, or transmit their health information online

12. Provide clinical summaries for patients for each office visit

13. Protect electronic health information

Stage 1 meaningful use: 13 core objectives

Over the next 13 pages, we'll take a quick look at each of these core objectives so that you can see at a glance:

- What the objective requires
- What you have to do to meet the required threshold
- What exclusions exist for the objective

Keep in mind that this is only a quick guide. There are many details about meeting these objectives that cannot be addressed in a standard guide. Once you have a grasp of the program basics, we encourage you to explore our Meaningful Use Specification Sheets [**http://www.cms.gov/ Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads//EP- MU-TOC.pdf**], which give in-depth information on each of the core objectives, including how to calculate numerators and denominators, definitions of important terms, and additional information about achieving the objectives.

1. Computerized provider order entry (CPOE)

What the Measure Requires

More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

What That Means for You

For at least 30% of your patients that have a medication listed in the EHR, you or a licensed staff person will have to use the EHR's CPOE module to enter medication orders.

Optional alternate: More than 30% of your medication orders during the reporting period are recorded using CPOE.

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period.

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2. Drug-drug and drug-allergy checks

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
EP has enabled this functionality for the entire EHR reporting period.	Certified EHR comes with the ability to automatically check for potentially adverse drug-drug or drug-allergy interactions. You have to turn this functionality on and keep it on.	There is no exclusion for this objective. Everyone has to meet it.

3. Maintain an up-to-date problem list of current and active diagnoses

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	More than 80% of your patients have to have an entry in the EHR about current diagnoses—either actual problems or just an indication that there are no problems right now.	There is no exclusion for this objective. Everyone has to meet it.

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4. E-Prescribing (eRx)

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	More than 40% of the prescriptions you write have to be sent electronically—not by phone and not by fax—using your certified EHR.	• You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period. • You can be excluded from meeting this objective if there is not a pharmacy within your organization and there are no pharmacies that accept electronic prescriptions within 10 miles of your practice location at the start of your EHR reporting period.

5. Maintain active medication list

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	More than 80% of your patients have to have an entry in the EHR about medications—either medications they are currently taking or just an indication that they aren't taking any medications right now.	There is no exclusion for this objective. Everyone has to meet it.

6. Maintain active medication allergy list

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	More than 80% of your patients have to have an entry in the EHR about current diagnoses—either actual problems or just an indication that there are no problems right now.	There is no exclusion for this objective. Everyone has to meet it.

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7. Record demographics

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	For more than half of your patients you have to record the following in the EHR: • Preferred language • Gender • Race • Ethnicity • Date of Birth	There is no exclusion for this objective. Everyone has to meet it.

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8. Record and chart changes in vital signs

What the Measure Requires

Required:

For more than 50% of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.

What That Means for You

For more than half of your patients, you have to record the following in the EHR:

- Height

- Weight

- Blood pressure (for patients age 3 and over only)

- Calculate and display body mass index (BMI)

- Plot and display growth charts for children 0-20 years, including BMI

A certified EHR will chart changes in those vital signs for you.

Are You Excluded from Having to Do This?

You can be excluded from this objective for either of these reasons:

1. If you see no patients 3 years or older, you are excluded from recording blood pressure;

2. If you believe that all three vital signs of height, weight, and blood pressure have no relevance to your scope of practice you are excluded from recording them;

3. If you believe that height and weight are relevant to your scope of practice, but blood pressure is not, you are excluded from recording blood pressure; or

4. If you believe that blood pressure is relevant to your scope of practice, but height and weight are not, you are excluded from recording height and weight.

9. Record smoking status for patients 13 years or older

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Smoking status is recorded in the EHR for over half of your patients that are over the age of 13.	You can be excluded from meeting this objective if you don't see any patients who are 13 years or older.

10. Implement clinical decision support

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
Implement one clinical decision support rule.	Certified EHRs have the ability to program clinical decision support that can trigger alerts or clinical information for providers when they encounter patients with certain diagnoses or treatments. You should implement one of these rules that makes sense for your medical practice.	There is no exclusion for this objective. Everyone has to meet it.

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11. Provide patients with an electronic copy of their health information

What the Measure Requires

More than 50% of all patients are provided the ability to view, download, or transmit their health information online within 4 business days after it is available.

What That Means for You

You must provide patients the ability to view, download, or transmit their health information (including diagnostic test results, problem lists, medication allergies) online in a timely fashion for over half of all patients.

Are You Excluded from Having to Do This?

There is no exclusion for this objective. Everyone has to meet it.

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12. Provide clinical summaries for patients for each office visit

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.	For more than half of your office visits, patients receive a clinical summary within 3 days of the visit.	If you do not conduct any office visits, you can be excluded from meeting this objective.

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13. Protect electronic health information

What the Measure Requires

Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

What That Means for You

You have to meet the same HIPAA requirements for protecting patient information in your EHR as you do for paper records. To do this, you must conduct a security review of your system and correct any problems that could make patient information vulnerable.

Are You Excluded from Having to Do This?

There is no exclusion for this objective. Everyone has to meet it.

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Stage 1 meaningful use: 9 menu objectives

Now that we've seen all of the core objectives that you have to meet, let's look at the 10 menu objectives.

- **You have to report on 5 of these 9 menu objectives**
- **At least one of the 5 you report on must be a Public Health objective**

Over the next 12 pages, we'll take a quick look at all of the menu objectives. Again, once you understand the program basics, we encourage you to explore our Meaningful Use Specification Sheets [**http://www.cms.gov/Regulations-and-Guidance/Legislation/ EHRIncentivePrograms/downloads//EP-MU-TOC.pdf**], which give in-depth information on each of the menu objectives, including how to calculate numerators and denominators, definitions of important terms, and additional information about achieving the objectives.

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Stage 1 meaningful use: 9 menu objectives

As mentioned previously, states can seek prior approval from CMS to require that up to 4 public health-related menu objectives be core objectives for their Medicaid eligible professionals. Check with your state Medicaid agency to see if any menu objectives are now core objectives under your state's incentive program.

Stage 1 public health objectives

When selecting your 5 menu objectives, at least one must come from the Public Health list, which consists of the following:

> **Submit electronic data to immunization registries**

OR

> **Submit electronic syndromic surveillance data to public health agencies**

Let's look at each of these objectives in turn.

1. Submit electronic data to immunization registries

What the Measure Requires

Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically) except where prohibited.

What That Means for You

Your EHR comes equipped with the ability to electronically send immunization data. You have to test your EHR's ability to electronically transmit that information to a public health registry. Even if the test fails, you have successfully met this objective.

Are You Excluded from Having to Do This?

You could be excluded from meeting this objective for either of these reasons:

- You don't administer immunizations
- There's no immunization registry to which you can send information
- It is prohibited

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2. Submit electronic syndromic surveillance data to public health agencies

What the Measure Requires

Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information has the capacity to receive the information electronically) except where prohibited.

What That Means for You

Your EHR comes equipped with the ability to electronically send syndromic surveillance data (e.g., influenza population data). You have to test your EHR's ability to electronically transmit that information to a public health agency. Even if the test fails, you have successfully met this objective.

Are You Excluded from Having to Do This?

You could be excluded from meeting this objective for either of these reasons:

- You don't collect any reportable syndromic data during the EHR reporting period
- There's no immunization registry to which you can send information
- It is prohibited

Other stage 1 menu objectives

After you have selected a public health objective, you still have to choose 4 more menu objectives to report. You can select any 4 from the list below—or you could report on both public health objectives and choose 3 from the list below:

3. Drug formulary checks

4. Incorporate clinical lab-test results

5. Generate lists of patients by specific conditions

6. Send reminders to patients for preventive/follow-up care

7. Patient-specific education resources

8. Medication reconciliation

9. Summary of care record for transitions of care

Let's look at each of these.

3. Drug formulary checks

What the Measure Requires

EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.

What That Means for You

Your certified EHR has the ability to check potential medication orders against a drug formulary. If you choose this objective, then you need to enable the formulary check for the entire reporting period.

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period.

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4. Incorporate clinical lab-test results

What the Measure Requires

More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

What That Means for You

Results from over 40% of lab tests ordered during the reporting period are recorded in the EHR—as long as the tests yield a number or a positive/ negative response. Other test results do not count toward this objective.

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you did not order any lab tests during the reporting period or if none of the results from the tests you ordered came back as a number or as a positive/negative response.

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5. Generate lists of patients by specific conditions

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
Generate at least one report listing patients of the EP with a specific condition.	You can decide what condition is clinically relevant or useful to your practice, then generate a report from your certified EHR of patients with that condition.	There is no exclusion for this objective if you select it.

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6. Send reminders to patients for preventive/follow-up care

What the Measure Requires

More than 20% of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

What That Means for You

Over 20% of patients in these age ranges must be sent preventive or follow-up care reminders. The information in the reminder and how the reminder is sent (e.g., mail, email, telephone) is up to you.

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you have no patients 65 years or older or 5 years old or younger whose information is in your certified EHR.

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7. Patient-specific education resources

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
More than 10% of all unique patients seen by the EP are provided patient-specific education resources.	For over 10% of your patients, you use your certified EHR's ability to recommend educational resources to your patients. Your EHR is certified with the ability to make these recommendations based on patient-specific variables, such as chronic condition (e.g., diabetes).	There is no exclusion for this objective if you select it.

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8. Medication reconciliation

What the Measure Requires

EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

What That Means for You

For over half the patients who see you after receiving care from another provider, you should update medication information by comparing the patient's medical record to an external list of medications obtained from a patient, hospital, or other provider.

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you did not see any patients after they received care from another provider.

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9. Summary of care record for transitions of care

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	You send either an electronic or paper summary of care document that is generated by your certified EHR for over half of the patients you refer to another provider or transfer to another setting for care (e.g., nursing home).	You can be excluded from meeting this objective if you don't refer any patients or transfer any patients to another setting for care during the reporting period.

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What if none of the Stage 1 menu objectives are relevant?

It's rare, but it's possible that none of the menu objectives are applicable to your scope of practice. If that is the case for you and you qualify for all of the exclusions for each of the menu objectives, then you can select 5 menu objectives and claim the exclusion for each.

However, if you do not qualify for all of the exclusions to the menu objectives, you should go back and select menu objectives on which you can report.
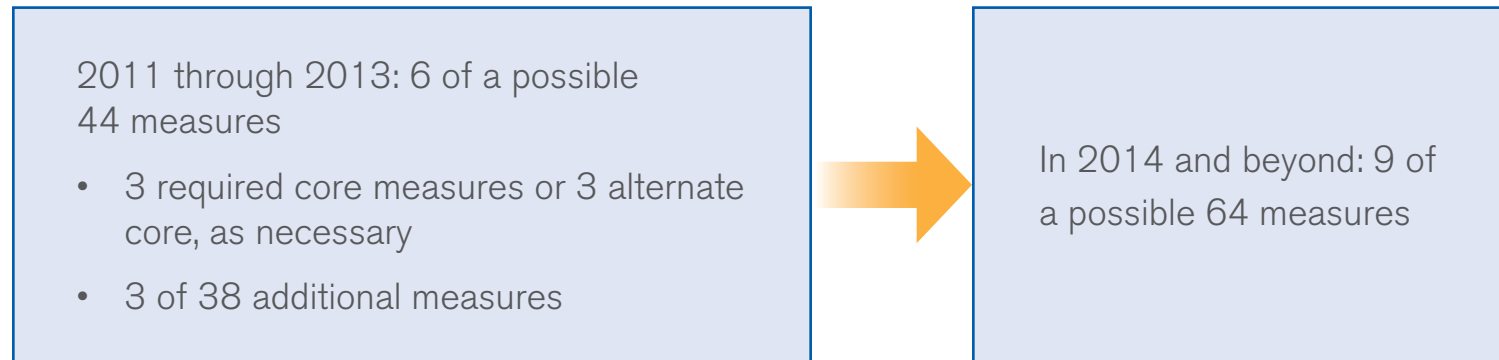
Clinical quality measures

Clinical quality measures do not have thresholds that you have to meet—you simply have to report data on them.

You don't have to do any calculations for the clinical quality measures. Your certified EHR will produce a report with clinical quality measure data, and you must enter that data exactly as your certified EHR produced it.

Clinical quality measures

The number of CQMs providers need to report in 2014 differs from previous years. Beginning in 2014, you must select and report 9 of a possible list of 64 approved CQMs

2011 through 2013: 6 of a possible 44 measures

- 3 required core measures or 3 alternate core, as necessary

- 3 of 38 additional measures

In 2014 and beyond: 9 of a possible 64 measures

Clinical quality measures

For 2014, CMS is not requiring the submission of a core set of CQMs.

CMS has identified two recommended core sets of CQMs- one for adults and one for children on high-priority health conditions and best-practices for care delivery.

- 9 CQMs for adult populations that meet all of the program requirements

- 9 CQMs for pediatric populations that meet all of the program requirements

These recommended core sets focus on conditions that contribute to the morbidity and mortality of most Medicare and Medicaid beneficiaries and also focus on areas that represent national public health priorities or disproportionately drive health care costs. CMS encourages eligible professionals to report from the recommended core set to the extent those CQMs are applicable to your scope of practice and patient population.

9 recommended measures for adult populations

Adult Recommended Core Measures

- Controlling High Blood Pressure

- Use of High-Risk Medications in the Elderly

- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

- Use of Imaging Studies for Low Back Pain

- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

- Documentation of Current Medications in the Medical Record

- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

- Closing the referral loop: Receipt of specialist report

- Functional status assessment for complex chronic conditions

9 recommended measures for pediatric populations

Pediatric Recommended Core Measures

- Appropriate Testing for Children with Pharyngitis

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

- Chlamydia Screening for Women

- Use of Appropriate Medications for Asthma

- Childhood Immunization Status

- Appropriate Treatment for Children with Upper Respiratory Infection (URI)

- ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

- Children who have dental decay or cavities

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2014 CQM Domains

2014 CQM Domains

1. Patients and Family Engagement

2. Patient Safety

3. Care Coordination

4. Population/Public Health

5. Efficient Use of Healthcare Resources

6. Clinical Process/Effectiveness

CQMs 2014 and Beyond

- Choose from at least 3 different domains

- CMS suggests that EPs choose a core set for both adults and children

Things to remember about clinical quality measures

Your certified EHR does all the work—it calculates the measures and gives you the numbers you report to CMS.

EPs are not excluded from reporting CQMs, but zero is an acceptable value.

Select and Report 9 measures of a possible list of 64 approved CQMs.

There are no minimum values that you must achieve for clinical quality measures. You only have to report on them, not achieve a benchmark.

How will a certified EHR help you?

You probably think there is a lot of information you're going to have to keep track of in order to get an incentive payment, but that's where your certified EHR will help you meet the requirements for meaningful use.

- All certified EHR technology adheres to the standards and criteria of the EHR Incentive Program—which means it is certified to include functionality that will help you accomplish the core and menu objectives you must meet.
- Certified EHR technology includes the ability to calculate the numerators and denominators for all of the objectives based on the patient information you enter as part of your everyday workflow.

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What is attestation?

Attestation is a legal statement that you have met the thresholds and all of the requirements of the Medicaid EHR Incentive Program. Providers will **only** attest through their state portal for the Medicaid EHR Incentive Program.

✓ Get a certified EHR.
✓ Make sure you are eligible.
✓ Register.
✓ AIU/Meaningful use.
✓ **Attest.**

First year participants:

During the first year of participation, you will demonstrate that you were able to adopt, implement, or upgrade your certified EHR system.

This is done by submitting the CMS EHR Certification Number obtained from the Certified Health IT Product List (CHPL) for your certified EHR through the state Medicaid agency site, and attesting that you meet all other eligibility criteria.

Note: States are requiring documentation to prove you have met the year one requirements of A/I/U. The documents that are required can vary by state. Make sure to check with your state Medicaid agency to see what documentation you will need to properly attest in year one of the program.

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What is attestation?

Second year and subsequent year participants:

During your second and subsequent years of participation, you will still attest through your state's internet-based portal but you will only attest to meeting the meaningful use requirements (as well as having met all other eligibility criteria).

To successfully attest during Stage 1 of meaningful use, you will need to enter information on all of the following:

- 13 core objectives
- 5 out of 9 menu objectives
- 9 measures from 64 approved CQMs

Under Stage 2 of meaningful use, which will begin no earlier than 2014 for the earliest EP participants in the Medicaid EHR Incentive Program, EPs will attest to 17 core objectives, and 3 out of 6 menu objectives.
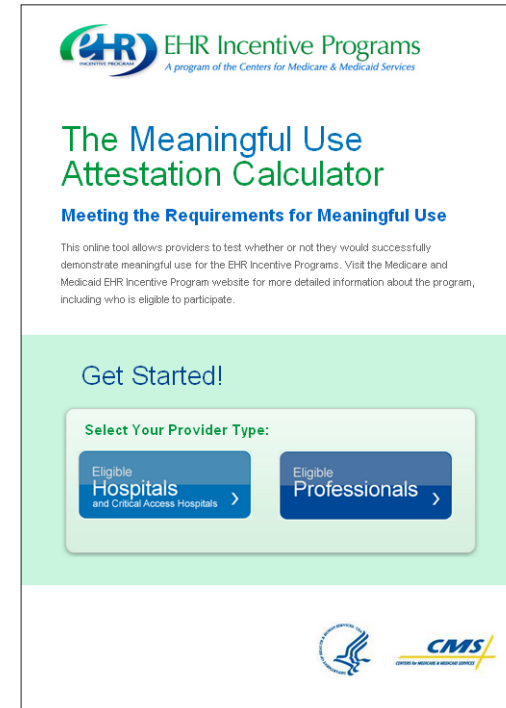
For more information on your state's internet-based portal, see the State EHR Incentive Program Milestones and Web Resources [**https://www.cms.gov/apps/files/statecontacts.pdf**], which provides individual websites for each state's Medicaid EHR Incentive Program.

Want to practice?

We've built an Attestation Calculator that allows you to see the language used during attestation and to enter your core and menu objective information to see if you have met all of the requirements for the EHR Incentive Program.

Click the image on the right to try it now!
[**http://www.cms.gov/apps/ehr/**]

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Steps to follow

After you attest

Medicaid incentives can be paid by the states shortly after their program has launched. States are required to issue incentive payments within 45 days of completing all eligibility verification checks for providers who have successfully attested to having adopted, implemented, or upgraded to certified EHR technology during their first year of participation in the Medicaid EHR Incentive Program.

All states have launched their Medicaid EHR Incentive Programs.

After you attest

For more information about your state's launch date, visit the State EHR Incentive Programs Milestones and Web Resources [**https://www.cms.gov/apps/files/statecontacts.pdf**], which provides individual websites for each state's Medicaid incentive program.

You can also look at the Medicaid State Information section of the CMS EHR Incentive Program website **[https://www.cms.gov/Regulations-and-Guidance/Legislation/ EHRIncentivePrograms/MedicaidStateInfo.html]**.

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Resources library

Topic	Resource	Description
Certified EHR Technology	CPHL Certified EHR List	Webpage maintained by ONC that provides a comprehensive listing of complete EHRs and EHR modules
Eligibility	Eligibility Flow Chart	Demonstrates the functionality of the online module for eligible professionals registering for the EHR incentive program
	Eligibility Widget	Helps eligible professionals determine their eligibility for the Medicare and Medicaid EHR Incentive Programs
Meaningful Use	Clinical Quality Measures - Web page	CMS web page that provides information on CQM requirements for meeting meaningful use
	Core and Menu Measures for Eligible Professionals with FAQs	Helps eligible professionals understand the core and menu measures needed to attest for meaningful use with FAQs included
	Guide to Clinical Quality Measures	A guide to help eligible professionals understand clinical quality measures
Other CMS Programs	eRx Incentive Program Homepage	CMS webpage that provides information on the MIPPA e-prescribing incentive program
	Physician Quality Reporting System (PQRS) Homepage	CMS webpage that provides information on the PQRS and how to participate in it

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Resources library

Topic	Resource	Description
Overview	Introduction to the Medicare EHR Incentive Program for Eligible Professionals	An overview of the Medicare EHR Incentive Program for eligible professionals
	EHR Incentive Program Timeline	Key dates of the Medicare and Medicaid EHR Incentive Programs
	My EHR Participation Timeline	Interactive timeline to determine which year eligible professionals will demonstrate each statge of meaningful use.
	Medicaid State Information	Webpage listing which states have already begun participation in the Medicaid EHR Incentive Program
	State Contact Information for Medicaid EHR Incentive Program	Provides contact information for each state's EHR Incentive Program
Registration	Registration, Attestation and PECOS Checklist	A checklist of steps providers need to take before they can register, attest, or enroll in PECOS
	Medicaid EHR Incentive Program Registration User Guide	A guide to help eligible professionals register online for EHR Incentive Program
	Medicare and Medicaid EHR Incentive Program Webinar for Eligible Professionals	Video explaining step by step instructions for how to register for the EHR Incentive Program

Glossary of terms

TERM	EXPLANATION
Attestation	In order for eligible professionals to receive an EHR incentive payment, they must attest (legally state) through their state's secure Medicaid website that they've demonstrated "meaningful use" with certified EHR technology.
Certified Electronic Health Record (EHR)	The Medicaid EHR Incentive Programs require the use of certified EHR technology. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments.
Eligible Professional (EP)	Eligible professionals under the Medicaid EHR Incentive Program include the health care providers below when they also meet the Incentive Program eligibility criteria. • Physicians (primarily doctors of medicine and doctors of osteopathy) • Nurse practitioners • Certified nurse-midwives • Dentists • Physician assistants who furnish services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.
Exclusion	CMS allows providers to report that specific meaningful use measures do not apply to them because they have no patients, or no or insufficient number of actions that would allow calculation of the meaningful use measure. For example, a physician who has no patients age 65 or older or age 5 or younger would not have to meet the requirement to send an appropriate reminder to 20 percent or more of all patients in those age groups during the EHR reporting period.

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Glossary of terms

TERM	EXPLANATION
Meaningful Use	The requirements for EHR use and reporting to qualify for the incentive payment within the Medicaid EHR Incentive Program. Meaningful use will be the standard by which providers will use EHR technology and build enhancements for future reporting and quality measures to improve patient outcomes.
Place of Service (POS)	POS codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. CMS maintain POS codes used throughout the health care industry.
Reporting Period	The reporting period is the period in which an EP must demonstrate meaningful use guidelines for the EHR Incentive Programs. In the first year of the Medicaid EHR Incentive Program, EPs have a reporting period of any continuous 90-day period within the calendar year.
Third-Party Reporting	For the EHR Incentive Programs, CMS implemented functionality that allows an EP to designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an EP must have an Identity and Access Management System (I&A) web user account (User ID/Password), and be associated to the EP's NPI. Those working on behalf of an EP(s) that do not have an I&A web user account can visit I&A Security Check to create one.

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