

SuccessEHS

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Meaningful Use

Reference Information

This document contains reference information for:

- *Medicare EHR Incentive Program Steps*
- *Medicaid EHR Incentive Program Steps*
- *Stage 1 Meaningful Use Core Measures*
- *Stage 1 Meaningful Use Menu Measures*
- *Core/Alternative Core Clinical Quality Measures*
- *Menu Clinical Quality Measures*

Medicare EHR Incentive Program Steps

Medicare Eligible Provider Types: MD, DO, DDS, DMD, DPM, DC, and Optometrist.

1. First payment year, he/she would prove out MU for a continuous 90 days for Stage 1 using a certified EHR technology; exclusion clauses exercised (*See Charts 3 and 4 – highlighted red are potential exclusions for EPs*).
2. Provider MUST have a PECOS number.
3. Each individual Provider must register with CMS (www.cms.gov/EHRIncentivePrograms/) and select the Medicare incentive program.
4. Payment Years 2-5, he/she would prove out MU for a full calendar year.
5. EPs must run data, perform calculations, provide attestation and submit to Medicare (*no electronic submission required for CY2011*).
6. EPs are eligible for incentives equal to 75% of total allowable Medicare charges for the Payment Year or calendar year, capped at the statutory limited of:

Chart 1 – Medicare Statutory Incentive Caps

Calendar Year	First Calendar Year in which the EP Receives an Incentive Payment				2015 and subsequent years
	2011	2012	2013	2014	
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
<i>Shortage Area Totals*</i>	<i>\$48,400</i>	<i>\$48,400</i>	<i>\$42,900</i>	<i>\$26,400</i>	<i>\$0</i>

** Providers practicing in a federally identified shortage area are eligible for a 10% increase*

Example:

- Dr. Jones billed Medicare \$50,000 in CY2011.
- BCBS is the Medicare Administrative Contractor for his state.
- BCBS issues a \$18,000 Medicare incentive payment for Dr. Jones to his TIN.

$\$50,000 \times .75 = \$37,500$ – Rule: exceeds 2011 year 1 cap of \$18,000 = \$18,000 payment.

Medicaid EHR Incentive Program Steps

Medicaid Eligible Provider Types: Physician, Dentist, Certified Nurse Mid-wife, Certified Nurse Practitioner, and qualifying Physician Assistant (must be the lead provider at a FQHC or RHC).

1. Each individual Provider must register with CMS (www.cms.gov/EHRIncentivePrograms/) and select the Medicaid incentive program; and, follow any state Medicaid registration requirements.
2. Provider would need to meet the volume threshold requirements based on his/her individual state calculation formula. Volume threshold must meet the following for the individual EP to be eligible: Pediatrician – 20%; FQHC/RHC – 30%; All Others – 30%.
3. The first Payment Year, he/she would adoption, implement, or upgrade certified EHR technology. There is no EHR Reporting Period for the first Payment Year. EP must only adoption (acquire, purchase, or secure a certified system), implement (install/use a certified system capable of MU), or upgrade (expand functionality of a certified system by staffing, maintenance, training or upgrading to a certified EHR technology).
4. The second Payment Year, he/she would prove out MU for a continuous 90 days for Stage 1; exclusion clauses can be exercised (*See Charts 3 and 4 – highlighted red are potential exclusions for EPs*).
5. Payment Years 3-6, he/she would be subject to MU for a full calendar year.
6. Years 2-6, EP must run data, perform calculations, provide attestation and submit to his/her state.

Chart 2 - Medicaid Statutory Incentive Caps

Calendar Year	First Calendar Year in which the EP Receives an Incentive Payment					
	2011	2012	2013	2014	2015	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	\$0	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018	\$0	\$0	\$8,500	\$8,500	\$8,500	\$8,500
2019	\$0	\$0	\$0	\$8,500	\$8,500	\$8,500
2020	\$0	\$0	\$0	\$0	\$8,500	\$8,500
2021	\$0	\$0	\$0	\$0	\$0	\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Meaningful Use Stage 1 Measures

Chart 3 – Stage 1 Meaningful Use Core Objectives and Measures

15 Core Objectives – Required for All EPs			
Objective	Measure	Exclusions	Threshold
Record Patient Demographics	Gender, race, ethnicity, DOB, and preferred language as structured data	None	50%
Record Vital Signs and Chart Changes	Height, weight, blood pressure, BMI, and growth charts for children as structured data	EP does not see pts. age 2 or older; or, EP believes all 3 vitals have no relevance to his/her scope of practice	50%
Maintain Up-to-date Problem List	One entry recorded as structured data	None	80%
Maintain Active Medication List	One entry recorded as structured data	None	80%
Maintain Active Medication Allergy List	One entry recorded as structured data	None	80%
Record Smoking Status	Patients age 13 and older as structured data	EP see no patients age 13 or older	50%
Provide Patients with Clinical Summaries	For each office visit to patients within 3 business days	EP has no office visits during the EHR Reporting Period	50%
Electronic Copy of Health Information, upon request	Upon request, including diagnostic test results, problem list, medication list, and medication allergies	EP has no requests during the EHR Reporting Period	50% within 3 business days of request
Generate and Transmit Permissible Prescriptions Electronically	Using a certified EHR technology (Controlled Substance Permissible 6.1.2010)	EP writes fewer than 100 scripts during EHR Reporting Period	40%
Computerized Provider Order Entry (CPOE)	Patients with at least one medication in their medication list must have at least one medication ordered through CPOE	EP writes fewer than 100 scripts during EHR Reporting Period	30% of Medication Orders Only
Implement Drug-Drug and Drug-Allergy Interaction Checks	Enable functionality	None	Entire Reporting Period
Implement Ability to Exchange Key Clinical Information	Electronically among providers and patient-authorized entities	None	1 Test
Implement Clinical Decision Support and Track Compliance	One Rule implemented and tracked compliance	None	1 Rule
Implement Systems to Protect Privacy and Security of Patient Data	Conduct/review a security risk analysis; implement security updates as necessary and correct security deficiencies	None	During Reporting Period
Report Clinical Quality Measures (CQM)	To CMS or states; number of measures reduced from 99 to 44; all quality measures are NQF and have electronic specifications to map code for electronic transmission; 3 Core (and 3 alternative core) and 38 menu	None	CY2011 provide aggregate numerator/denominator or through attestation; CY2012 electronic submission of measures

Chart 4 – Stage 1 Meaningful Use Menu Objectives and Measures – EP chooses five (5)

10 Menu Objectives – EPs Must Choose 5			
Objective	Measure	Exclusions	Threshold
Implement Drug Formulary Checks	Must be implemented and must access at least one internal or external drug formulary	None	During Reporting Period
Incorporate Clinical Lab Test Results into EHR	Incorporated as structured data – positive/negative or numerical format – within the EHR	EP orders no labs with +/- or numeric format during EHR Reporting Period	40%
Generate Lists of Patients by Condition	For use in quality improvement, reduction of disparities, research or outreach.	None	1 List with a Specific Condition
Use EHR for Patient-Specific Education Resources	Provide patient-specific education resources to patients, as appropriate	None	10%
Perform Medication Reconciliation	During transitions of care	EP did not receive any transitions of care during EHR Reporting Period	50% during transitions of care
Provide Summary of Care Record	Patients referred or transitioned to another provider or setting	EP neither transfers or refers a pt. during EHR Reporting Period	50%
Submission of Electronic Immunization Data to Registry/Information Systems*	Submission and follow-up submission (where registries can accept electronic submissions)	EP administers no immunizations during EHR reporting period; or, no registry available	One Test
Submission of Electronic Syndromic Surveillance Data*	Data submission and follow-up submission to Public Health agencies (where agencies can accept electronic data)	EP does not collect any reportable data during EHR reporting period; or, electronic info cannot be received by public health agency	One Test
Send Reminders to Patients	Preventative and follow-up care for patients aged 65+ or age 5 or less	EP has no pts. age 65+ or age 5 and younger	20%
Timely Electronic Access to Health Information	Including lab results, problem list, medication list, medication allergies – within 4 days of being updated in the EHR	EP neither orders nor creates labs, problem list, Rx list, and Rx allergy list during the EHR Reporting Period.	10%

Clinical Quality Measures (CQM)

The EP is required to submit clinical quality measure data for his/her entire patient population. The data will be de-identified. For Stage 1 Meaningful Use, each individual, EP must submit data on 3 of the following Core or Alternative Core:

- **Core Measures**
 - HTN: BP Measurement (NQF 0013)
 - Tobacco Prevention/Screening: 1-Tobacco Use Assessment; 2-Cessation Intervention (NQF 0028)
 - Adult Weight Screening & Follow-up (NQF 0421; PQRI 128)
- **Alternative Core Measures**
 - Weight Assessment/Counseling for Children/Adolescents (NQF 0024)
 - Prevention/Screening: Flu Shots patients age 50+ (NQF 0041, PQRI 110)
 - Childhood Immunization Status (NQF 0038)

Additionally, each individual, EP must submit data on 3 additional CQMs from Chart 5 below.

Chart 5 – Menu Clinical Quality Measures; EP selects 3 for the EHR Reporting Period

No.	Category	Clinical Quality Measure
1	Asthma	Asthma Pharmacologic Therapy
2	Asthma	Asthma Assessment
3	Asthma	Use of Appropriate Medications for Asthma
4	Behavioral	Anti-depressant Rx: a) Effective Acute Phase Tx., b) Effective Continuation Phase Tx.
5	Behavioral	Alcohol & Other Drug Dependency: a) Initiation, b) Engagement
6	Cancer Prev.	Breast Cancer Screening
7	Cancer Prev.	Colorectal Cancer Screening
8	Cancer Prev.	Cervical Cancer Screening
9	Cancer Prev.	Smoking/Tobacco: a) Advising to quit, b) Discussing Cessation Rx, c) Discussing Cessation Strategies
10	Cardio	Heart Failure: ACE Inhibitor or ARB Therapy for LVSD
11	Cardio	CAD: Beta-Blocker Therapy for Patients with prior MI
12	Cardio	CAD: Oral Antiplatelet Therapy prescribed for Patients with CAD
13	Cardio	CAD: Drug Therapy for lowering LDL-Cholesterol
14	Cardio	Heart Failure: Warfarin Therapy Patients with Atrial Fibrillation
15	Cardio	IVD: Blood Pressure Management
16	Cardio	IVD: Use of Aspirin or other Antithrombotic
17	Cardio	IVD: Complete Lipid Panel and LDL Control
18	Cardio	Heart Failure: Beta-Blocker Therapy for LVSD

No.	Category	Clinical Quality Measure
19	Diabetes	Hemoglobin A1c Poor Control
20	Diabetes	LDL Management and Control
21	Diabetes	Blood Pressure Management
22	Diabetes	Eye Exam
23	Diabetes	Urine Screening
24	Diabetes	Foot Exam
25	Diabetes	Hemoglobin A1c Control (< 8.0%)
26	Hem.-Onc.	Breast Cancer: Hormonal Therapy for Stage IC-IIIC ER/PR Positive Breast Cancer
27	Hem.-Onc.	Colon Cancer: Chemo for Stage III Colon Cancer Patients
28	Hem.-Onc.	Prostate Cancer: Avoid Overuse of Bone Scan for Staging Low Risk Prostate Cancer Pts.
29	OB-GYN	Prenatal Care: Screening for HIV
30	OB-GYN	Prenatal Care: Anti-D Immune Globulin
31	Ophthal.	Primary Open Angle Glaucoma: Optic Nerve Evaluation
32	Ophthal.	Diabetic Retinopathy: Document Presence/Absence of Macular Edema & Level of Severity of Retinopathy
33	Ophthal.	Diabetic Retinopathy: Communication with Physician Managing Ongoing Diabetes Care
34	Wellness	Pneumonia Vaccination Status for Older Adults
35	Wellness	Controlling High Blood Pressure
36	Other	Chlamydia Screening for Women
37	Other	Low Back Pain: Use of Imaging Studies
38	Other	Appropriate Testing for Children with Pharyngitis