EHR Incentive Programs

A program administered by the Centers for Medicare & Medicaid Services (CMS)

An Introduction to the **Medicaid EHR Incentive Program** for Eligible Professionals

cms.gov/EHRIncentivePrograms

Table of Contents

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.*

CHAPTER 1: PROGRAM BASICS

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.

Other CMS Progams

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

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. All eligible professionals will be in Stage 1 of meaningful use for two years before moving on to Stage 2.

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.

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.

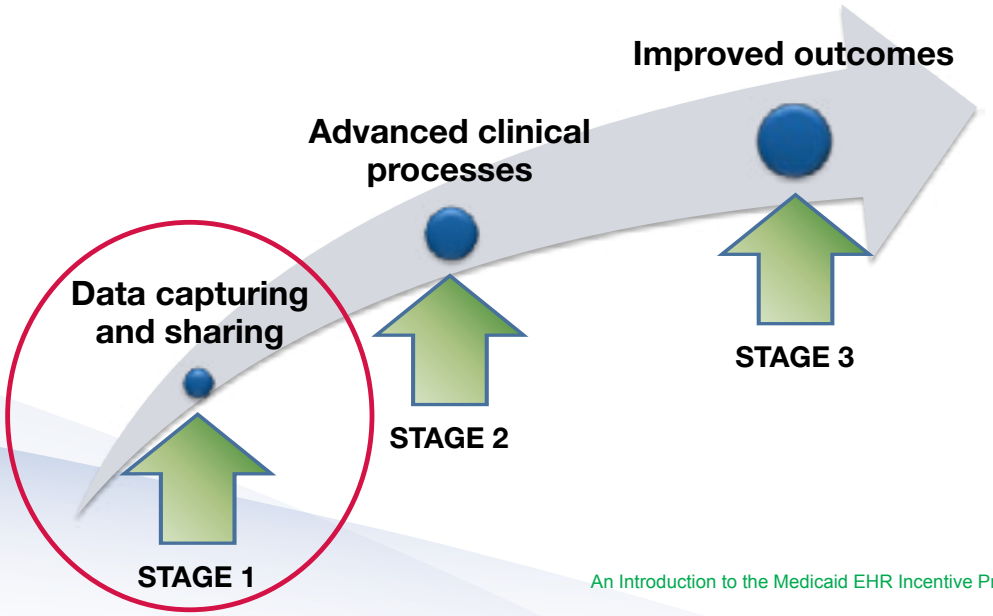
To do this, providers must meet all of the objectives established by CMS for this program. Then they will be able to demonstrate **MEANINGFUL USE** of their EHRs and receive an incentive payment.

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.

We are currently in Stage 1. 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.



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.

What kind of an 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.

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://oncchpl.force.com/ehrcert.

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.

Eligible professionals can only participate in one of the programs. And 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.

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 $44,000 (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.	

For more information

For more information

MEDICARE EHR INCENTIVE PROGRAM

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.

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.

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.*

CHAPTER 2: HOW TO PARTICIPATE

Eligibility

How do you get started?

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

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.*

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]

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.

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.

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. 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.

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.

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.

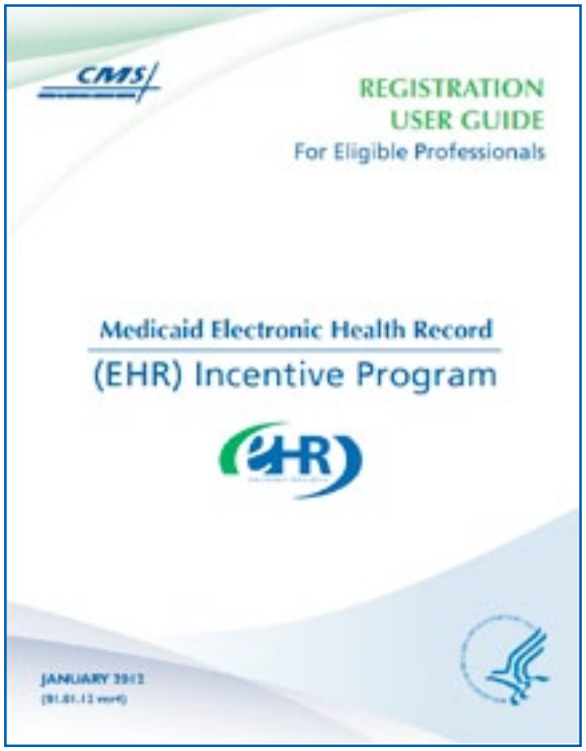
Note: Although the Medicaid EHR Incentive Programs opened in January 2011, some states are not ready to participate. Information on when registration will be available for Medicaid EHR Incentive Programs in specific states is posted on the Medicaid State Information page of the website.

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.

CHAPTER 3: MEANINGFUL USE

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 meet all of the Stage 1 requirements that CMS has established.

First year participants:

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

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:

- **Adopt an EHR:** Acquire and install certified EHR technology (for example, can show evidence of installation).
- **Implement an EHR:** Begin using certified EHR technology (for example, provide staff training or data entry of patient demographic information into an EHR).
- **Upgrade 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?

Second-year and subsequent-year participants:

In the second and subsequent years, eligible professionals must meet the requirements for meaningful use to receive their incentive payment.

For the first time providers demonstrate meaningful use, 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 remaining years they participate, eligible professionals have to meet the requirements for the entire calendar year (365 days).

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.

Visit the State EHR Incentive Program Milestones and Web Resources (https://www.cms.gov/apps/files/statecontacts.pdf) to learn about your state's Medicaid EHR Incentive Program attestation tail period for 2011.

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 objective has an associated measure, 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.

What are the requirements?

Eligible professionals have to meet the following measures in order to receive a meaningful use incentive payment:

- **15 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 15 core objectives and meet the thresholds established by those objectives.
- **10 MENU OBJECTIVES** – You only have to report on 5 out of the 10 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.

What are the requirements?

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.

Note: *The current core and menu objectives reflect Stage 1 of Meaningful Use. Stage 2 (effective 2014 for the earliest Medicare and Medicaid EHR Incentive Program participants) will demonstrate some changes to the Meaningful Use core and menu objectives. This guide will be revised as appropriate to reflect Stage 2 criteria. Additionally, the guide will be updated in accordance with any Stage 1 changes to the Medicaid EHR Incentive Program that become effective after the publication of the Stage 2 Meaningful Use Final Rule in 2012.*

What are the requirements?

In addition to meeting the thresholds for the 15 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

15	+	5	+	6	=	MU
Core Measures		Menu Measures		CQMs		**Meaningful Use**

Meaningful Use: 15 Core Objectives

Below are the 15 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. Report ambulatory clinical quality measures to States
11. Implement clinical decision support
12. Provide patients with an electronic copy of their health information, upon request
13. Provide clinical summaries for patients for each office visit
14. Capability to exchange key clinical information
15. Protect electronic health information

Meaningful Use: 15 Core Objectives

Over the next 15 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.

CORE OBJECTIVES

1. Computerized provider order entry (CPOE)

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
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.	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.	You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period.

CORE OBJECTIVES

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.

CORE OBJECTIVES

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.

CORE OBJECTIVES

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.

CORE OBJECTIVES

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.

CORE OBJECTIVES

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.

CORE OBJECTIVES

7. Record demographics

What the Measure Requires

More than 50% of all unique patients seen by the EP have demographics 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:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of Birth

Are You Excluded from Having to Do This?

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

CORE OBJECTIVES

8. Record and chart changes in vital signs

What the Measure Requires

For more than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are 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

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:

- You don't see any patients 2 years or older
- You don't believe any of these vital signs are relevant to your scope of practice

CORE OBJECTIVES

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.

CORE OBJECTIVES

10. Report ambulatory clinical quality measures to CMS

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by CMS.	You have to report data on clinical quality measures—which we'll discuss in another section of this guide.	There is no exclusion for this objective. Everyone has to report clinical quality measures.

CORE OBJECTIVES

11. 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.

CORE OBJECTIVES

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

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.	You must provide an electronic copy of a patient's records in a timely fashion for over half of all patients who ask for an electronic copy.	If none of your patients requests an electronic copy of their health information, you can be excluded from meeting this objective.

CORE OBJECTIVES

13. 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.

CORE OBJECTIVES

14. Capability to exchange key clinical information

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	You have to test your EHR's ability to electronically transfer information to another provider. You don't have to send actual patient information at this point, and a test is the only requirement to meet this objective. Even if the test fails, you have successfully met this objective.	There is no exclusion for this objective. Everyone has to meet it.

CORE OBJECTIVES

15. Protect electronic health information

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
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.	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.	There is no exclusion for this objective. Everyone has to meet it.

Meaningful Use: 10 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 10 menu objectives
- At least one of the 5 you report on must be a Public Health objective

Over the next 13 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.

Meaningful Use: 10 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.

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.

MENU OBJECTIVES

1. Submit electronic data to immunization registries

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
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.	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.	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

MENU OBJECTIVES

2. Submit electronic syndromic surveillance data to public health agencies

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
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.	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.	You could be excluded from meeting this objective for either of these reasons: • You don't collect any reportable syndromic data • There's no immunization registry to which you can send information

Other 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:

1. Drug formulary checks
2. Incorporate clinical lab-test results
3. Generate lists of patients by specific conditions
4. Send reminders to patients for preventive/follow-up care
5. Patient-specific education resources
6. Electronic access to health information for patients
7. Medication reconciliation
8. Summary of care record for transitions of care

Let's look at each of these.

MENU OBJECTIVES

1. Drug formulary checks

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.	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.	There is no exclusion for this objective if you select it.

MENU OBJECTIVES

2. Incorporate clinical lab-test results

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
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.	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.	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.

MENU OBJECTIVES

3. 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.

MENU OBJECTIVES

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

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
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.	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.	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.

MENU OBJECTIVES

5. 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.

MENU OBJECTIVES

6. Electronic access to health information for patients

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	You provide electronic access for at least 10% of your patients to their health information. An online portal or access to a personal health record are two examples of doing this. Note that you only have to provide access—not make sure the patient actually uses the information.	You can be excluded from meeting this objective if you do not order or create any of the following information: • Lab results • Problem list • Medication list • Medication allergy list

MENU OBJECTIVES

7. Medication reconciliation

What the Measure Requires	What That Means for You	Are You Excluded from Having to Do This?
EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	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.	You can be excluded from meeting this objective if you did not see any patients after they received care from another provider.

MENU OBJECTIVES

8. 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.

What if none of the 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

One of the core objectives requires every eligible professional to report on 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

You will have to report on

- 3 core clinical quality measures **AND**
- 3 clinical quality measures that you select from an additional list

You select the 3 additional clinical quality measures based on their relevance to your scope of practice.

If you don't collect information on one or more of the 3 core clinical quality measures, you can choose one or more replacements from an alternate core list.

Core Clinical Quality Measures

Here are the 3 core clinical quality measures that everyone must report on:

Clinical Quality Measure Title	NQF Measure Number & PQRI Implementation Number
Hypertension: Blood Pressure Measurement	NQF 0013
Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment b) Tobacco Cessation Intervention	NQF 0028
Adult Weight Screening and Follow-up	NQF 0421 PQRI 128

You can find more information on these and other clinical quality measures on our website.

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html]

Alternate Core Clinical Quality Measures

If the data produced by your EHR indicates a zero for the denominator of one or more of the core clinical quality measures, then you must choose one or more alternate core clinical quality measures from this list:

Clinical Quality Measure Title	NQF Measure Number & PQRI Implementation Number
Weight Assessment and Counseling for Children and Adolescents	NQF 0024
Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older	NQF 0041 PQRI 110
Childhood Immunization Status	NQF 0038

You can find more information on these and other clinical quality measures on our website http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms.

Additional Clinical Quality Measures

Finally, you select 3 from this list of 38 additional clinical quality measures and report on those:

Additional Clinical Quality Measures
1. Diabetes: Hemoglobin A1c Poor Control
2. Diabetes: Low Density Lipoprotein (LDL) Management and Control
3. Diabetes: Blood Pressure Management
4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
6. Pneumonia Vaccination Status for Older Adults
7. Breast Cancer Screening
8. Colorectal Cancer Screening
9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Additional Clinical Quality Measures

Additional Clinical Quality Measures *continued*
11. Anti-depressant medication management: (a) Effective Acute Phase Treatment,(b)Effective Continuation Phase Treatment
12. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
15. Asthma Pharmacologic Therapy
16. Asthma Assessment
17. Appropriate Testing for Children with Pharyngitis
18. Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
20. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Additional Clinical Quality Measures

Additional Clinical Quality Measures *continued*
21. Smoking and Tobacco Use Cessation, Medical assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies
22. Diabetes: Eye Exam
23. Diabetes: Urine Screening
24. Diabetes: Foot Exam
25. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
27. Ischemic Vascular Disease (IVD): Blood Pressure Management
28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
31. Prenatal Care: Anti-D Immune Globulin
32. Controlling High Blood Pressure

Additional Clinical Quality Measures

Additional Clinical Quality Measures *continued*
33. Cervical Cancer Screening
34. Chlamydia Screening for Women
35. Use of Appropriate Medications for Asthma
36. Low Back Pain: Use of Imaging Studies
37. Ischemic Vascular Disease
38. Diabetes: Hemoglobin A1c Control (<8.0%)

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.

If your EHR reports zeros on one of the core clinical quality measures, replace it with one from the alternate core list.

Choose 3 measures from the additional list that are relevant to your scope of practice.

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.

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.

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.*

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 this time, you will need to enter information on all of the following:

- 15 core objectives
- 5 out of 10 menu objectives
- 3 core (or 3 alternate core) clinical quality measures
- 3 out of 38 additional clinical quality measures

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/]

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.

The launch date for the Medicaid EHR Incentive Program varies by state, so the earliest date attestation can begin also varies by state. Several states disbursed incentive payments as early as January 2011.

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].

CHAPTER 5: RESOURCES

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 professions determine their eligibility for the Medicare and Medicaid EHR Incentive Programs
Meaningful Use	Clinical Quality Measures- Webinar	A presentation explaining 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
	EHR Incentive Program MU Stage1 Requirements Summary	A presentation to help eligible professionals understand the requirements of Stage 1 for meaningful use
	Guide to Clinical Quality Measures	A guide to help eligible professionals understand clinical quality measures

Resources Library

Topic	Resource	Description
Other CMS Programs	EHR Incentive Program, PQRS, and e-Prescribing Comparison Tip Sheet	A PDF document that compares the three CMS programs
	Medicare Improvements for Patients and Providers Act (MIPPA) e-Prescribing Incentive Program	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
Overview	Differences between Medicare and Medicaid EHR Incentive Programs	Notable differences between the Medicare and Medicaid EHR Incentive Programs
	EHR Incentive Program Timeline	Key dates of the Medicare and Medicaid EHR Incentive Programs
	Eligible Professional HIT Planner	Planning PDF to help prepare eligible professionals for the EHR Incentive Programs
	Medicaid EHR Incentive Program Tip Sheet for Eligible Professionals	A tip sheet explaining the basics of the Medicaid EHR Incentive Program
	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	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

CHAPTER 6: GLOSSARY

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.

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.

cms.gov/EHRIncentivePrograms