

Timeline for CMS ePrescribing and EHR Incentive Programs

ePrescribing

Reporting Year	Reporting Criteria	Incentive for reporting	Penalty for not reporting
1/1/2011 – 6/30/2011	At least 10 ePrescriptions		-1.0% beginning 2012
1/1/2011 – 12/31/2011	At least 25 ePrescriptions	1.0% in 2011 & 2012	-1.0% beginning 2012
1/1/2012 – 12/31/2012	10% of Medicare charges	1.0% in 2012	-1.5% beginning 2013
1/1/2013 – 12/31/2013	10% of Medicare charges	.5% in 2013	-2.0% beginning 2014
1/1/2014 – 12/31/2014	10% of Medicare charges	No incentive	Penalties will continue

EHR – Medicare or Medicaid (a provider cannot receive incentive payments from both)

Calendar Year	Maximum Benefit per year Based on the Calendar year of adoption to EHR			
	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
2016		\$2,000	\$4,000	\$4,000
Total	\$44,000	\$44,000	\$39,000	\$24,000

* Remember there is approximately 25.8 billion allocated for the incentive payments – once it's gone, it's gone!

Refer to the following web page to see the funding table for the Accelerating the Adoption of Health IT section of the Recovery Act:

<http://www.hhs.gov/recovery/reports/plans/> (refer to funding table)

Reporting Criteria by Payment Year for EHR incentive

First Payment Year	Reporting Criteria by Payment Year				
	2011	2012	2013	2014	2015 and beyond
2011	Stage 1 MU	Stage MU	Stage 2 MU	Stage 2 MU	Stage 3 MU
2012		Stage 1 MU	Stage 2 MU	Stage 2 MU	Stage 3 MU
2013			Stage 1 MU	Stage 2 MU	Stage 3 MU
2014				Stage 1 MU	Stage 3 MU
2015 and beyond					Stage 3 MU

* MU stands for Meaningful Use

Stage 1 Meaningful Use Requirements:

- At least 80% of all orders must be entered directly into the EHR
- 15 Core Objectives
- 5 objectives out of 10 from menu set
- 6 total Clinical Quality Measures
 - 3 core or alternate core, and 3 out of 38 from alternate set

Stage 2 and 3 Meaningful Use Requirements:

Requirements haven't been published as of 4/20/2011 – but Stage 2 will expand on Stage 1 criteria in the areas of disease management, clinical decision support, medication management support for patient access to their health information, transitions in care, quality measurement and research and bi-directional communication with public health agencies. This will increase the number of Core objectives.

Stage 3 will focus on achieving improvements in quality, safety and efficiency, focusing on decision support for national high priority conditions, patient access to self-management tools, access to comprehensive patient data, and improving population health outcomes.