

**2011 Qualifications for the  
HITECH Medicare EHR Incentive Program  
are now defined and achievable.**



		Incentives Earned in Calendar Year						TOTAL
		2011	2012	2013	2014	2015	2016	
FIRST MU PERIOD	2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
	2012		\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000
	2013			\$15,000	\$12,000	\$8,000	\$4,000	\$39,000
	2014				\$12,000	\$8,000	\$4,000	\$24,000
	2015					\$0	\$0	\$0

Meaningful Use (MU) Stage
<b>Stage 1:</b> Data Capture – Basic Use Functions, Quality Measures Reporting (42 CFR Part 495.6)
<b>Stage 2*:</b> Disease Management Dimensions – CPOE, Test Results Transmission
<b>Stage 3*:</b> Improving Population Health – Patient Access, Comprehensive Patient Data Access
<i>*Stage 2 and Stage 3 Guidelines will be published by end of 2011 and 2013, respectively.</i>

**How does my practice meet the “Stage 1” criteria for EHR Incentive Program?**

- Purchase and install a ONC-ATCB 2011/2012 certified complete EHR (ex: Streamline EHR, Version 10.8)
- Accomplish the Stage 1 Meaningful Use criteria as defined by the CMS Final Rule which includes:
  - Achieving all 15 Core Objectives
  - Achieving 5 out of 10 Menu Objectives

**How long do we have to be using the EHR in a “meaningful” way to qualify?**

For the first year (2011) of the EHR Incentive Program, the required reporting period is any continuous 90 days within a calendar year. The first day to start demonstrating meaningful use is January 1. The last possible date to start is October 3, 2011.

**After achieving Meaningful Use, how do I register for the EHR Incentive Program?**

Qualified Eligible Providers (EPs) are expected to be able to register through a web-based program in January 2011. You will be able to find registration and other program information at [www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms) when it becomes available.

When registering, an EP will first need to decide whether they wish to participate in the Medicare or Medicaid EHR incentive program for the first calendar year. Next, the EP must provide:

- Name, Business Address, Business phone and National Provider Identifier (NPI)
- Taxpayer Identification Number (TIN/EIN) to which incentive payment should be made

April 2011 will be the earliest to submit qualifications and reports. You must retain records of all submitted documentation for six years.

**How much do I need to bill to Medicare in order to receive payments under the Incentive Program in the first year (2011)?**

Any provider who bills Medicare is eligible to participate in the program. The payment is calculated by multiplying the amount of annual Medicare FFS payments by 75%. Therefore, any provider that receives more than \$24,000 in annual Medicare FFS payments will be eligible to receive the maximum bonus payment of \$18,000 for 2011.

**When will I receive my payment?**

CMS expects that Medicare incentive will begin to be paid in May 2011.