

Medicaid Eligible Professionals can still receive
the maximum EHR incentive!
Start Today!

WHAT
YOU
NEED
TO
KNOW?



MU Objective 4: Electronic Prescribing (eRx)

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

Exclusions: Writes fewer than 100 permissible* prescriptions or there is no pharmacy within 10 miles of the practice that accepts electronic prescriptions.

Your Practice Support Consultants are here to help!

Contact us with any questions or concerns you may have.

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Maximum EHR Incentive Payments by Program Based on the
First Calendar Year (CY) for Which the Eligible Professional Receives Payment

CY	CY 2011		CY 2012		CY 2013		CY 2014		CY 2015		CY 2016	
	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid
2011	\$18,000	\$21,250										
2012	\$12,000	\$8,500	\$18,000	\$21,250								
2013	\$8,000	\$8,500	\$12,000	\$8,500	\$15,000	\$21,250						
2014	\$4,000	\$8,500	\$8,000	\$8,500	\$12,000	\$8,500	\$12,000	\$21,250				
2015	\$2,000	\$8,500	\$4,000	\$8,500	\$8,000	\$8,500	\$8,000	\$8,500		\$21,250		
2016		\$8,500	\$2,000	\$8,500	\$4,000	\$8,500	\$4,000	\$8,500		\$8,500		\$21,250
2017				\$8,500		\$8,500		\$8,500		\$8,500		\$8,500
2018						\$8,500		\$8,500		\$8,500		\$8,500
2019							\$8,500			\$8,500		\$8,500
2020										\$8,500		\$8,500
2021												\$8,500
Total (if EP does not switch programs)	\$44,000	\$63,750	\$44,000	\$63,750	\$39,000	\$63,750	\$24,000	\$63,750	\$0	\$63,750	\$0	\$63,750

2016 – Medicaid Eligible Professionals who begin the EHR Incentive Program in 2016 will still be able to receive the initial payment of \$21,250.

Has your practice recently employed Medicaid eligible providers who have not previously participated in the EHR incentive program? The North Carolina Medicaid Incentive Program ([NC MIPS](#)) will begin accepting 2016 AIU attestations on [May 17th](#).

Medicare and Medicaid Eligible Professionals who are in their first year of Meaningful Use will attest to a 90 day reporting period.

- NC MIPS will begin accepting 2016 Meaningful Use attestations on June 1st*
- CMS Medicare Attestation System will begin accepting 2016 attestations July 1st*

* Only providers who are attesting to their first year of Meaningful Use will be eligible to attest to 90 days during 2016. The program is currently a full year for all other participants.

Patient-Centered Medical Home (PCMH)

Are you ready?



The People Skills You Need to Know to Succeed!

Practice Transformation is the key to providing **higher quality** while at the same time **lowering costs**. As healthcare moves to **payment models** that are tied to **value** becoming a **Patient-Centered Medical Home** will ready your practice.

Things to think about:

- Do you currently offer extended hours or have an agreement with an urgent care center that can access your patient's record outside normal business hours?
- Are you able to see patients the same day for routine and urgent care needs?
- Do you hold daily care team meetings or have a structured process of communication to discuss the care needs of your patients? Does everyone on the care team have a defined role in the process?
- Are you tracking referrals until you have a note back from the specialists? Do you follow-up on overdue reports?
- Do you have an ongoing quality improvement process? How do you know what needs to be improved?

The Front Office Super Star!

Saturday, May 21, 2016

When: 8:30 am - 12:45 pm

Where: Charlotte AHEC,
Center for Learning & Development

Register Now!



Important Dates!

- May 17th – NC MIPS opens for AIU attestations
- June 1st – NC MIPS opens for new provider 90 day attestations
- July 1st – CMS Medicare Portal opens for new provider 90 day attestations
- July 1st – Last day to submit Medicare EHR Hardship Application



Erin's Acronyms – MACRA

It's a world of acronyms now in healthcare. What do they mean? Do they affect me? Am I going to have to click another button? It's too confusing, maybe it will go away. We've all had these thoughts.....
Let's start simple.

MACRA = Medicare Access & CHIP Reauthorization Act of 2015

What is it?

- Ends Sustainable Growth Rate formula for determining Medicare payments
- Rewards providers for giving better care (value vs. volume)
- Combines quality reporting programs (i.e. PQRS, MU, VBPM) into one new system

These 3 changes create the **MACRA Quality Payment Program (QPP)**

What's that? Tune in next month for more of Erin's Acronyms!