

## Meaningful Use Qualification Criteria Checklist for Eligible Professionals

AMERICAN RECOVERY AND REINVESTMENT ACT (MEDICARE INCENTIVE PER PROVIDER)							
YEAR	2011	2012	2013	2014	2015	2016	TOTAL
APPLY 2011	\$18,000 <sup>(1)</sup>	\$12,000 <sup>(1)</sup>	\$8,000 <sup>(2)</sup>	\$4,000 <sup>(2)</sup>	\$2,000 <sup>(3)</sup>	\$0	\$44,000
APPLY 2012		\$18,000 <sup>(1)</sup>	\$12,000 <sup>(1)</sup>	\$8,000 <sup>(2)</sup>	\$4,000 <sup>(3)</sup>	\$2,000 <sup>(3)</sup>	\$44,000
APPLY 2013			\$15,000 <sup>(1)</sup>	\$12,000 <sup>(2)</sup>	\$8,000 <sup>(3)</sup>	\$4,000 <sup>(3)</sup>	\$39,000
APPLY 2014				\$12,000 <sup>(1)</sup>	\$8,000 <sup>(3)</sup>	\$4,000 <sup>(3)</sup>	\$24,000
APPLY 2015							\$0

The American Recovery and Reinvestment Act (ARRA) authorized incentives for eligible providers (EP) who demonstrate meaningful use of electronic health records (EHR) to receive incentive payments based on 75 percent of Medicare claims up to \$44,000 per provider. The requirements for meaningful use will progressively increase from Stage 1 in 2011 to Stage 2 in 2013 to Stage 3 in 2015. The following checklist is based on Stage 1 criteria for providers seeking Medicare incentives as detailed in the Centers for Medicare & Medicaid Services publication of its final rule released on July 13, 2010. (Source: <http://frwebgate3.access.gpo.gov/cgi-bin/TEXTgate.cgi?WAISdocID=9Q2YRX/2/1/0&WAIAction=retrieve>)

### EHR MEANINGFUL USE CHECKLIST

Core Set of Measures Required By All Providers			
Health Outcomes Policy Priority #1: Improve quality, safety and efficiency and reduce health disparities			
Stage 1 Objectives	✓	Description/Measure	Core/Menu %
1. Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed health care professional who can enter orders into the medical record per state, local and professional guidelines	✓	More than 30 percent of unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Core
		<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of unique patients with at least one medication in their medication list seen by the EP or admitted to an eligible hospital's or Critical Access Hospitals's (CAH) inpatient or emergency department (POS 21 or 23) during the EHR reporting period</li> <li>Numerator: The number of patients in the denominator that have at least one medication order entered using CPOE</li> <li>Threshold: The resulting percentage must be more than 30 percent in order for an EP, eligible hospital or CAH to meet this measure.</li> <li>Exclusion: If an EP writes fewer than 100 prescriptions during the EHR reporting period, they would be excluded from this requirement.</li> </ul>	30%
2. Implement drug-drug and drug-allergy interaction checks	✓	The EP enabled this functionality for the entire EHR reporting period.	Core
		<b>Measure:</b> <ul style="list-style-type: none"> <li>Verification that EP enabled this functionality for the entire EHR reporting period</li> </ul>	Verify
3. Generate and transmit permissible prescriptions electronically	✓	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Core
		<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: All permissible prescriptions written by the EP</li> <li>Numerator: The number of prescriptions in the denominator which were transmitted electronically (Example: Through Surescripts)</li> <li>Threshold: The resulting percentage must be more than 40 percent in order for an EP, eligible hospital or CAH to meet this measure.</li> <li>Exclusion: Any prescription subject to restrictions established by the Department of Justice on electronic prescribing for controlled substances in Schedule II-V in effect on Jan. 13, 2010</li> </ul>	40%

4. Record Demographics – Preferred language – Gender – Race – Ethnicity – Date of Birth	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data.	Core
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of unique patients seen by the EP</li> <li>Numerator: The number of patients in the denominator that have demographics recorded as structured data</li> <li>Threshold: The resulting percentage must be more than 50 percent in order for an EP, eligible hospital or CAH inpatient or emergency department to meet this measure</li> <li>Exclusion: None</li> </ul>	50%
5. Maintain an up-to-date problem list of current and active diagnosis	More than 80 percent 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.	Core
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of unique patients seen by the EP</li> <li>Numerator: The number of patients in the denominator that have at least one entry or an indication that no problems are known for the patient recorded as structured data</li> <li>Threshold: The resulting percentage must be more than 80 percent in order for an EP, eligible hospital or CAH inpatient or emergency department to meet this measure</li> <li>Exclusion: None</li> </ul>	80%
6. Maintain active medication list	More than 80 percent 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.	Core
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of unique patients seen by the EP</li> <li>Numerator: The number of patients in the denominator that have at least one entry (or an indication of “none” if the patient has no medication allergies) recorded as structured data</li> <li>Threshold: The resulting percentage must be more than 80 percent in order for an EP, eligible hospital or CAH inpatient or emergency department to meet this measure</li> <li>Exclusion: None</li> </ul>	80%
7. Maintain active medication allergy list	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Core
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of unique patients seen by the EP</li> <li>Numerator: The number of patients in the denominator that have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data</li> <li>Threshold: The resulting percentage must be more than 80 percent in order for an EP, eligible hospital or CAH inpatient or emergency department to meet this measure</li> <li>Exclusion: None</li> </ul>	80%
8. Record and chart changes in vital signs – Height – Weight – Blood pressure – BMI – Plot and display growth charts for children 2 – 20 including BMI	For more than 50 percent of all unique patients ages 2 and over seen by an EP, record the following vital signs: height, weight and blood pressure as structured data. Calculate and display body mass index (BMI); plot and display growth charts for children 2 – 20 years.	Core
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of unique patients ages 2 and over seen by the EP</li> <li>Numerator: The number of patients in the denominator that have the following vital signs: height, weight and blood pressure recorded as structured data, and from which the BMI can be calculated and the growth charts of children 2 – 20 years can be plotted and displayed.</li> <li>Threshold: The resulting percentage must be more than 50 percent in order for an EP, eligible hospital or CAH inpatient or emergency department to meet this measure</li> <li>Exclusion: An EP who sees no patients 2 years old or over or who believes that the vital signs have no relevance on their scope of practice.</li> </ul>	50%

9. Record smoking status for patients 13 years and older	More than 50 percent of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department have smoking status recorded as structured data.	Core
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of unique patients 13 years old or older seen by the EP</li> <li>Numerator: The number of patients in the denominator that have smoking status recorded as structured data</li> <li>Threshold: The resulting percentage must be more than 50 percent in order for an EP, eligible hospital or CAH inpatient or emergency department to meet this measure</li> <li>Exclusion: An EP who sees no patients 13 years old or older during the EHR reporting period</li> </ul>	50%
10. Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule	Implement one clinical decision support rule.	Core
	<b>Measure:</b> Implement one clinical decision support rule.  [Note: The ability to calculate the measure is included in certified EHR technology. The clinical decision support is described as a HIT functionality that builds upon the foundation of an EHR to provide persons involved in care processes with general and person-specific information, intelligently filtered and organized, at appropriate times, to enhance health and health care. <i>Federal Register / Vol. 75, No. 144 / Wednesday, July 28, 2010 / Rules and Regulations , Page 44350</i> ]	1
11. Report ambulatory clinical quality measures to CMS or the States	For 2011, provide aggregate numerator and denominator through attestation. For 2012, electronically submit the measures .	Core
	<b>Measure:</b> <ul style="list-style-type: none"> <li>For 2011, provide aggregate numerator, denominator and exclusions through attestation</li> <li>Every provider must report on three core quality measures (or alternative if appropriate)</li> <li>Every provider must report on three additional quality measures as chosen by the provider</li> </ul>	3/3 QM
<b>Health Outcomes Policy Priority #2: Engage patients and families in their health care</b>		
12. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list medication lists, medication allergies) upon request	More than 50 percent of all patients of the EP who request an electronic copy of their health information are provided it within three business days.	Core
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of all patients of the EP who request an electronic copy of their health information</li> <li>Numerator: The number of patients in the denominator who were provided it within three business days</li> <li>Threshold: The resulting percentage must be more than 50 percent in order for an EP to meet this measure.</li> <li>Exclusion: EPs/elible hospitals who receive no requests during the EHR reporting period</li> </ul>	50%
13. Provide clinical summaries for patients for each office visit	Clinical summaries are provided to patients for more than 50 percent of all office visits within three business days.	Core
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of office visits by the EP during the EHR reporting period.</li> <li>Numerator: Number of office visits in the denominator for which the patient is provided a clinical summary within three business days.</li> <li>Threshold: The resulting percentage must be more than 50 percent in order for an EP to meet this measure.</li> <li>Exclusion: EPs who have no office visits during the EHR reporting period</li> </ul>	50%
<b>Health Outcomes Policy Priority #3: Improve care coordination</b>		
14. Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results) among providers of care and patient authorized entities	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	Core
	<b>Measure:</b> Verification that the certified EHR technology electronically exchanged key clinical information when tested during the EHR reporting period	1

Health Outcomes Policy Priority #4: Ensure adequate privacy and security protections for personal health information			
15. Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities		Conduct or review a security risk analysis and implement security updates as necessary and correct identified security deficiencies as part of its risk management.	Core
		<b>Measure:</b> Verification that the EP conducted or reviewed a security risk analysis and implemented security updates as necessary and correctly identified security deficiencies as part of its risk management, during the EHR reporting period	Verify
<i>Menu Set — Choose Any Five Of The Following Measures</i>			
Health Outcomes Policy Priority #1: Improve quality, safety and efficiency and reduce health disparities			
16. Implement drug formulary checks		The EP enabled this functionality (drug formulary check system) and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Menu
		<b>Measure:</b> Verification that the EP enabled this functionality for the entire EHR reporting period	
17. Incorporate clinical lab test results into certified EHR technology as structured data		More than 40 percent 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.	Menu
		<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number 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</li> <li>Numerator: The number of clinical lab tests in the denominator which are incorporated in certified EHR technology as structured data</li> <li>Threshold: The resulting percentage must be more than 40 percent in order for an EP to meet this measure.</li> <li>Exclusion: EPs who order no tests that would be included in the denominator during the EHR reporting period</li> </ul>	40%
18. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach		Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition.	Menu
		<b>Measure:</b> Verification that the EP generated at least one report listing patients of the EP with a specific condition	1
19. Send reminders to patients per patient preference for preventive/follow-up care		More than 20 percent of all unique patients 65 years old or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	Menu
		<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of all unique patients 65 years old or older or 5 years old or younger</li> <li>Numerator: The number of patients in the denominator who were sent an appropriate reminder during the EHR reporting period</li> <li>Threshold: The resulting percentage must be more than 20 percent in order for an EP to meet this measure.</li> <li>Exclusion: EPs with no patients with records maintained in their certified EHR technology in the designated age categories</li> </ul>	20%
Health Outcomes Policy Priority #2: Engage patients and families in their health care			
20. Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the provider		More than 10 percent 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.	Menu
		<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of all unique patients seen by the EP</li> <li>Numerator: The number of patients in the denominator who were provided timely electronic access to their health information</li> <li>Threshold: The resulting percentage must be more than 10 percent in order for an EP to meet this measure.</li> </ul>	10%

21. Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10 percent of all unique patients seen by the EP are provided patient-specific education resources.	Menu
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of all unique patients seen by the EP</li> <li>Numerator: The number of patients in the denominator who were provided patient-specific education resources</li> <li>Threshold: The resulting percentage must be more than 10 percent in order for an EP to meet this measure.</li> <li>Exclusion: None</li> </ul>	10%
<b>Health Outcomes Policy Priority #3: Improve care coordination</b>		
22. Medication reconciliation on patients received from another setting of care or provider of care or where an encounter is relevant	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Menu
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of all patients transitioned into the care of the EP</li> <li>Numerator: The number of patients in the denominator for whom the EP performed medication reconciliation</li> <li>Threshold: The resulting percentage must be more than 50 percent in order for an EP to meet this measure.</li> <li>Exclusion: EPs who do not receive any transitions-of-care patients</li> </ul>	50%
23. THE EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary-of-care record for each transition of care or referral	The EP who transitions or refers their patient to another setting of care or provider of care provides summary-of-care record for more than 50 percent of transitions of care and referrals.	Menu
	<b>Measure:</b> <ul style="list-style-type: none"> <li>Denominator: Number of all EP's patients transitioned or referred to another setting of care or provider of care</li> <li>Numerator: The number of patients in the denominator for whom the EP provided a summary-of-care record</li> <li>Threshold: The resulting percentage must be more than 50 percent in order for an EP to meet this measure.</li> <li>Exclusion: EPs who neither refer nor transition patients to other settings of care</li> </ul>	50%
<b>Health Outcomes Policy Priority #4: Ensure adequate privacy and security protections for personal health information</b>		
<b>Health Outcomes Policy Priority #5: Improve population and public health</b>		
24. Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	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 (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	Menu
	<b>Measure:</b> <p>Verification that the EP performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and followed up with a submission if the test is successful</p>	1
25. Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	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 (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	Menu
	<b>Measure:</b> <p>Verification that the EP 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</p>	1

In addition to the meaningful use criteria listed above, the following clinical quality measures are included in the meaningful use definitions. All eligible providers are required to report on three core measures. If the denominator of one or more of these is “0,” the EP must choose from the alternative core measures. In addition, EPs are required to report on three additional non-core measures.

### CMS QUALITY REPORTING MEASURES

2011 Quality Measures	✓	Description	PQRI	NQF	Core/ Alternate
1. Preventive Care and Screening Measure Pair: (a) Tobacco Use Assessment (b) Tobacco Cessation Intervention		(a) Percentage of patients aged 18 years or older who have been seen for at least two office visits who were queried about tobacco use one or more times within 24 months  (b) Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least two office visits, who received cessation intervention	114	0028	Core
		Core: Required of all eligible professionals			
2. Blood Pressure Measurement		Percentage of patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least two office visits, with blood pressure (BP) recorded		0013	Core
		Core: Required of all eligible professionals			
3. Adult Weight Screening and Follow Up		Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters a follow-up plan is documented	128	0421	Core
		Core: Required of all eligible professionals			
4. Diabetes: Hemoglobin A1c Poor Control		Percentage of patients 18 – 75 years of age with diabetes (type I or II) who had hemoglobin A1c > 9.0 percent	1	0059	
5. Diabetes: Low Density Lipoprotein (LDL) Management and Control		Percentage of patients 18 – 75 years of age with diabetes (type I or II) who had LDL-C < 100 mg/dl	2	0064	
6. Diabetes: Blood Pressure Control		Percentage of patients 18 – 75 years of age with diabetes (type I or II) who had blood pressure < 140/90 mmHg	3	0061	
7. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)		Percentage of patients aged 18 years or older with a diagnosis of heart failure and LVSD (LVEF < 40 percent) who were prescribed ACE inhibitor or ARB therapy	5	0081	
8. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)		Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy	7	0070	
9. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)		Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September – February)	110	0041	Alternate Core
10. Pneumonia Vaccine		Percentage of patients 65 years and older who have ever received a pneumococcal vaccine	111	43	
11. Mammography		Percentage of women 40 – 69 years of age who had a mammogram to screen for breast cancer	112	0031	
12. Colorectal Cancer Screening		Percentage of adults 50 – 75 years of age who had appropriate screening for colorectal cancer	113	0034	
13. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD		Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy	6	0067	

14. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40 percent) and who were prescribed beta-blocker therapy	8	0083	
16. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months	12	0086	
17. Diabetic Retinopathy: Documentation of Presence or Absence of macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	18	0088	
18. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	19	0089	
19. Asthma Pharmacologic Therapy	Percentage of patients aged 5 – 40 with a diagnosis of mild, moderate or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	53	0047	
20. Asthma Assessment	Percentage of patients aged 5 – 40 with a diagnosis of asthma and who have been seen for at least two office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms	64	0001	
21. Appropriate Testing for Children with Pharyngitis	Percentage of children 2 – 18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode	66	0022	
22. Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period	71	0387	
23. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy or have previously received adjuvant chemotherapy within the 12 month reporting period	72	0385	
24. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients	Percentage of patents, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy OR external beam radiotherapy to the prostate OR radical prostatectomy OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	102	0389	
25. Smoking and Tobacco Use Cessation, Medical Assistance	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies	115	0027	
26. Diabetes Eye Exam	Percentage of patients 18 – 75 years of age with diabetes (type I or II) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy by an eye care professional)	117	0055	
27. Urine Screening	Percentage of patients 18 – 75 years of age with diabetes (type I or II) who had a nephropathy screening test or evidence of nephropathy.	119	0062	
28. Diabetes Foot Exam	Percentage of patients 18 – 75 years of age with diabetes (type I or II) who had a foot exam (visual inspection, sensory exam with monofilament or pulse exam)	163	0056	



29. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who are prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines)	197	0074	
30. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy	200	0084	
31. Ischemic Vascular Disease (IVD): Blood Pressure Management	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 – November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg)	201	0073	
32. Ischemic Vascular Disease: Use of Aspirin or other Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 – November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year	204	0068	
33. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (a) Initiation (b) Engagement	The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit		0004	
34. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit		0012	
35. Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation		0014	
36. Controlling High Blood Pressure	Percentage of patients 18 – 85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year		0018	
37. Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2 – 17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year		0024	Alternate Core
38. Cervical Cancer Screening	Percentage of women 21 – 64 years of age who received one or more Pap tests to screen for cervical cancer		0032	
39. Chlamydia Screening for Women	Percentage of women 15 – 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year		0033	
40. Use of Appropriate Medications for Asthma	Percentage of patients 5 – 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5 – 11 years, 12 – 50 years and total).		0036	
41. Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.		0038	Alternate Core



42. Low Back Pain: Use of Imaging Studies	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MR, CT scan) within 28 days of diagnosis	0052
43. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 – November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C < 100 mg/dL	0075
44. Diabetes: Hemoglobin A1c Control (< 8.0%)	Percentage of patients 18 – 75 years of age with diabetes (type I or II) who had hemoglobin A1c < 8.0 percent	0575

In order to be eligible for Medicaid payments, eligible providers must see at least 30 percent Medicaid patients (20 percent if specialty is pediatrics). Providers cannot receive both Medicare and Medicaid incentive payments.

AMERICAN RECOVERY AND REINVESTMENT ACT (MEDICAID INCENTIVE PER PROVIDER)												
YEAR	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	TOTAL
APPLY 2011	\$21,500	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500						\$63,750
APPLY 2012		\$21,500	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500					\$63,750
APPLY 2013			\$21,500	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500				\$63,750
APPLY 2014				\$21,500	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500			\$63,750
APPLY 2015					\$21,500	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500		\$63,750
APPLY 2016						\$21,500	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750

STAGE OF MEANINGFUL USE CRITERIA BY PAYMENT YEAR					
YEAR	2011	2012	2013	2014	2015
APPLY 2011	STAGE 1	STAGE 1	STAGE 2	STAGE 2	STAGE 3
APPLY 2012		STAGE 1	STAGE 1	STAGE 2	STAGE 3
APPLY 2013			STAGE 1	STAGE 2	STAGE 3
APPLY 2014				STAGE 1	STAGE 3
APPLY 2015					STAGE 3

**TMF Health Quality Institute**  
 Bridgepoint I, Suite 300 • 5918 West Courtyard Drive  
 Austin, TX 78730-5036  
 1-866-439-8863 • [www.tmf.org](http://www.tmf.org)