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Allscripts ePrescribe™

2011 ePrescribing Incentives



Meaningful Use or MIPAA? Which Do You Choose?

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2011 is an exciting time in the industry, and more importantly, ushers in the beginning of Meaningful Use (MU). Through the Health Information Technology for Economic and Clinical Health (HITECH) Act under the American Recovery and Reinvestment Act (ARRA), eligible providers can receive incentive payouts on Medicare or Medicaid transactions, but not both under Meaningful Use. Additionally in 2011, providers may only collect incentives for either Meaningful Use or Centers for Medicare and Medicaid Services (CMS) Medicare Improvements for Patients and Providers Act (MIPPA) eRx incentives, but cannot collect both at the same time.

2012 MIPPA Payment Adjustment Period for eRx Incentives

CMS will begin imposing a 1% penalty in 2012 for those providers that do not adequately report under the eRx program during the payment adjustment period that runs from January 1, 2011 through June 30, 2011. Beginning 2013 CMS will be imposing a 1.5% penalty as well. In order to avoid the 1% penalty adjustment on Medicare Fees beginning in 2012, at least 10 electronic prescriptions must be submitted with the appropriate G-code during the adjustment period. In order to avoid the 1.5% penalty beginning 2013 you will need to electronically prescribe at least 25 times between January and December of 2011.

For electronic prescribers with less than 10% of Medicare Part B charges comprised of the codes in the denominator, the payment adjustment will not apply. Additionally, the payment adjustment doesn't apply if you have fewer than 100 "denominator" encounters with Medicare part B beneficiaries during the first six months of 2011.

Furthermore, if an eligible provider does not have prescribing privileges, G-code G8644 can be reported so the eligible provider may not be considered for a payment adjustment.

How to Choose between Medicare and Medicaid MU Incentives

EHR incentives can be earned through Medicare or Medicaid*. As a provider, you must identify the program through which you will participate. This is an important decision because you will be able to switch between programs only one time after you receive your first incentive payment. Although the requirements are similar, there are important differences to consider when making the selection.

Physicians who are eligible for both programs will likely find participation under Medicaid to be a preferable option because the incentives are higher, the first year provides rewards for adoption/purchase without requiring demonstration of meaningful use, and the program offers more flexibility in terms of time frames.

To participate under Medicaid, however, a provider must have a practice that is 30% Medicaid (20% for pediatricians), based on number of patient encounters. Some providers are eligible only under Medicaid—nurse practitioners, certified nurse-midwives, dentists, and physician assistants who practice in a Federally Qualified Health Center or rural health clinic that is led by a physician assistant.



Comparison of Medicare and Medicaid Incentive Programs

	MEDICARE	MEDICAID
Maximum incentive	\$44,000 over 5 years (+10% for EPS in HPSAs)	\$63,750 over 6 years (\$42,500 for pediatricians with 20–30% Medicaid)
First payment year	Requires meaningful use	\$21,250 for adoption, implementation, upgrading to EHR (\$14,167 for pediatricians with 20–30% Medicaid)
Latest start time to earn maximum	2012 (Must start by 2014 to qualify for any incentives)	2016
Last payment year	2016	2021
Eligibility for concurrent ePrescribing bonus (MIPPA)	No	Yes

*Not all states have their EHR incentive programs ready to go yet. **Fourteen states** will launch in either January or February; others are expected later in the year. The Medicaid programs are run by individual states, so requirements and processes may vary somewhat from the Medicare program and from each other.

For more information regarding Meaningful Use please visit the Allscripts Stimulus Center <http://www.allscripts.com/en/solutions/stimulus-central.html>.

Do you know Your eRx Volume?

The ePrescribing Utilization Dashboard provides both provider and practice level details regarding ePrescribing activities. Make sure to access your ePrescribing Dashboard to view your prescription volume today! If you do not have access to the ePrescribing Utilization Dashboard please contact your ePrescribing Utilization Account Management Team at 888-993-7966 or email eprescribenow@allscripts.com.