

Changes for **Eligible Professionals**

These changes affect enrollments received on or after January 1, 2013:

Eligibility

- ❖ Patient volume will be calculated for either a three-month or 90-day period going back 12 months from the date of attestation. Previously this was based on a 90-day period in the previous calendar year
- ❖ Patient volume can now include CHIP expansion programs. This is called Kids Connection in Nebraska. As there are still some Medicaid programs which cannot be included in the Medicaid encounters for the EHR Incentive Program, DHHS will continue to help providers with the allowable Medicaid encounters. Previously, encounters for services paid under the Kids Connection program were excluded.
- ❖ A Medicaid encounter can now be counted if the patient is enrolled in the state's Medicaid program (either through fee-for-service or managed care) at the time of service without the requirement of Medicaid payment liability. This would include a service where Medicare and/or insurance paid more than the Medicaid allowable so Medicaid paid zero or services that might not have been reimbursed by Medicaid (such as oral health services for adults). Previously only encounters where Medicaid paid greater than zero were included.

Meaningful Use

- ❖ Stage 2 will not start until 2014 at the earliest. All providers will be in Stage 1 meaningful use for two years before going into Stage 2.
- ❖ A new alternate measure is allowed for Computerized Provider Order Entry (CPOE) core measure. The current measure for CPOE is based on the number of unique patients with a medication in their medication list that was entered using CPOE. The new alternate measure is based on the total number of medication orders created during the EHR reporting period. An EP may select either measure for this objective in Stage 1.
- ❖ A new optional measure is being added for recording and charting vital signs. The current measure specified that vital signs must be recorded for more than 50% of all unique patients **ages 2 and over**. The new measure amends that age limit to recording blood pressure to **ages 3 and over** and height and weight for patients of **all ages**. There are also some changes in the exclusions. Any EP who 1) sees no patients 3 years or older is excluded from recording blood pressure, 2) believes that all three vital signs of height, weight and blood pressure have no relevance to their scope of practice is excluded from recording them, 3) believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure, or 4) believes that blood pressure is relevant to their scope of practice but height and weight are not, is excluded from recording height weight. The changes to this measure are optional with 2013, but will be required in 2014 and beyond.
- ❖ The objective for electronic exchange of key clinical information will no longer be required for Stage 1. A more robust requirement for electronic health information exchange will be part of the Stage 2 objective.
- ❖ There will no longer be a separate objective for reporting ambulatory or hospital clinical quality measures (CQM). It is still a requirement that CQMs be reported, but the stand-alone objective is being removed since it is redundant.