eHealth Programs Eligibility

	PQRS		eRx[1]		EHR Incentive Program		
	Eligible for Incentive	Subject to Payment Adjustment	Eligible for Incentive	Subject to Payment Adjustment	Eligible for Medicare Incentive	Eligible for Medicaid Incentive	Subject to Medicare Payment Adjustment[2]
PHYSICIANS							
Doctor of Medicine	■	■	■	■	■	■	■
Pediatrician						■	
Doctor of Osteopathy	■	■	■	■	■	■	■
Doctor of Podiatric Medicine	■	■	■	■	■		■
Doctor of Optometry	■	■	■		■	3	■
Doctor of Oral Surgery	■	■	■		■	■	■
Dentist	■	■	■			4	
Doctor of Dental Medicine	■	■	■		■	■	■
Doctor of Chiropractic	■	■	■		■		■
PRACTITIONERS							
Physician Assistant	■	■	■	■		5	
Nurse Practitioner	■	■	■	■		■	
Clinical Nurse Specialist	■	■	■				
Certified Registered Nurse Anesthetist	■	■	■				
Certified Nurse Midwife	■	■	■			■	
Clinical Social Worker	■	■	■				
Clinical Psychologist	■	■	■				
Registered Dietician	■	■	■				
Nutrition Professional	■	■	■				
Audiologists	■	■	■				
THERAPISTS							
Physical Therapist	■	■	■				
Occupational Therapist	■	■	■				

[1] Only providers with prescribing authority can participate in the eRx Incentive Program.

[2] Eligible professionals who bill Medicare and are not meaningful users under either the Medicare or Medicaid EHR Incentive Program will be subject to a payment adjustment.

[3] Optometrists may be eligible for the Medicaid EHR Incentive Program, depending on the state.

[4] Other providers licensed to practice dentistry or dental surgery in their state are eligible for the Medicaid EHR Incentive Program.

[5] Physician assistants who furnish services in Federally Qualified Health Centers or Rural Health Clinics that are led by physician assistants are eligible for the Medicaid EHR Incentive Program.

Information about Other CMS eHealth Initiatives

Providers may also be eligible for these quality and Accountable Care Organizations (ACOs) programs at CMS:

1. Maintenance of Certification Program
2. Physician Feedback/Value-Based Payment Modifier Program
3. Medicare Shared Savings Program
4. Advance Payment ACO Model
5. Pioneer ACO Model

Many providers will also need to comply with Administrative Simplification provisions:

1. ICD-10—the October 1, 2014 transition to ICD-10 affects diagnosis and inpatient procedure coding for everyone covered by Health Insurance Portability Accountability Act (HIPAA), not just those who submit Medicare or Medicaid claims
2. Operating rules for HIPAA transactions:
   - Standard and operating rules for electronic funds transfer (EFT), as well as electronic remittance advice (RA) and claims attachments—January 1, 2014 is the effective date of operating rules for EFT and RA
   - Standard and operating rules for health care claims attachments—January 1, 2016 is the effective date of operating rules for health care claims attachments
3. Health Plan Identifier (HPID)—On November 7, 2016 all covered entities are required to use HPIDs where they identify health plans that have HPIDs in standard transitions