



## Notable Differences between the Medicare and Medicaid EHR Incentive Programs

Medicare	Medicaid
<b>Federal Government will implement (will be an option nationally)</b>	<b>Voluntary for States to implement (may not be an option in every State)</b>
<b>Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use</b>	<b>No Medicaid payment reductions</b>
<b>Must demonstrate MU in Year 1</b>	<b>A/I/U option for 1<sup>st</sup> participation year</b>
<b>Maximum incentive is \$44,000 for EPs (10% bonus for EPs in HPSAs)</b>	<b>Maximum incentive is \$63,750 for EPs</b>
<b>Meaningful Use definition is common for Medicare</b>	<b>States can adopt certain additional requirements for Meaningful Use</b>
<b>Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015</b>	<b>Last year a provider may initiate program is 2016; Last year to register is 2016</b>
<b>Only physicians, subsection (d) hospitals and CAHs</b>	<b>5 types of EPs, acute care hospitals (including CAHs) and children's hospitals</b>

### Acronym Translation

A/I/U – Adopt, Implement or Upgrade  
 CAH – Critical Access Hospital  
 EHR – Electronic Health Record  
 EP – Eligible Professional  
 HPSA – Health Professional Shortage Area