



**STATE OF NEVADA**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH CARE FINANCING AND POLICY**

**Medicaid Electronic Health Record (EHR) Provider Incentive Program**  
**ACRONYMS**

ACRONYM	TERM DEFINITION/DESCRIPTION
<b>ACA (PPACA)</b>	<p><b>Patient Protection and Affordable Care Act of 2010</b></p> <p>Landmark federal health care reform legislation enacted in 2010.</p>
<b>AIU</b>	<p><b>Adopt, Implement, Upgrade</b></p> <p>Terms used to describe actions which a provider can undertake with regards to its deployment of electronic health record (EHR) systems.</p>
<b>APD</b>	<p><b>Advance Planning Document</b></p> <p>Type of document required by CMS for states to receive access to federal funds for certain programs or investments including the EHR Incentive Program.</p>
<b>ARRA</b>	<p><b>American Recovery and Reinvestment Act</b></p> <p>The section of the Act known as the HITECH Act governs the EHR Incentive Programs (under the Medicare and Medicaid programs) for the adoption and use of EHR systems.</p>
<b>CAH</b>	<p><b>Critical Access Hospital</b></p> <p>CMS extends this status to certain hospitals so they can be eligible for certain payment levels or types of payments under the Medicare and Medicaid programs.</p>
<b>CHIP</b>	<p><b>Children’s Health Insurance Program</b></p> <p>Established in 1997, it is a health care coverage program – with capped federal funding - which is supplemental to Medicaid.</p>
<b>CMS</b>	<p><b>Centers for Medicare &amp; Medicaid Services</b></p> <p>Federal agency that manages Medicaid at the national level. Per the HITECH Act CMS also has responsibility at the federal level for the EHR Incentive Programs. CMS is part of the Department of Health and Human Services.</p>
<b>CQM</b>	<p><b>Clinical Quality Measures</b></p> <p>Some of these quality measures will be used to determine if a provider is making meaningful use of an EHR system.</p>
<b>EH</b>	<p><b>Eligible Hospital</b></p> <p>In accordance with the ARRA, a hospital that can claim and receive financial incentives for the acquisition and utilization of an EHR system.</p>
<b>EHR</b>	<p><b>Electronic Health Record</b></p> <p>Information system utilized primarily to capture an individual’s health data, along with the health services offered by a provider (doctor, hospital, laboratory, pharmacy, etc.).</p>

<b>EP</b>	<b>Eligible Professional</b>  In accordance with the ARRA, a health professional that can claim and receive financial incentives for the acquisition and operation of an EHR system.
<b>FAQs</b>	<b>Frequently Asked Questions</b>  Questions asked most frequently about the establishment and ongoing administration of the EHR Incentive Program.
<b>FFP</b>	<b>Federal Financial Participation</b>  The percentage of the total cost of a program that the federal government commits to or is obligated by law to cover; for example, per the ARRA the federal government can cover 90 percent of the costs incurred by states/territories to establish and administer the Medicaid EHR Incentive Program.
<b>FQHC</b>	<b>Federally Qualified Health Center</b> Clinics managed by non-profit organizations to which CMS confers this status to safeguard the clinic's financial viability. For CMS complete definition please see <a href="https://questions.cms.gov/faq.php?id=5005&amp;faqId=2845">https://questions.cms.gov/faq.php?id=5005&amp;faqId=2845</a> .
<b>HIE</b>	<b>Health Information Exchange</b>  Exchange of health information by electronic means. ARRA contains many incentives to promote HIE and, concomitantly, the meaningful use of EHRs..
<b>HIPAA</b>	<b>Health Insurance Portability and Accountability Act (1996)</b>  This law impacted the design of health information technology in the following ways: 1. The standardization of electronic information for administrative, financial and patient health purposes. 2. Unique medical identifiers for individuals, employees, health plans and medical providers. 3. Security standards designed to protect the confidentiality and integrity of one's personal medical information for past, present and future.
<b>HIT</b>	<b>Health Information Technology</b>
<b>HITECH</b>	<b>Health Information Technology for Economic and Clinical Health Act</b>  Section of ARRA that provides federal agencies, state and territorial governments, certain health care providers and certain non-profit organizations with access to federal funds for the purposes of promoting the acquisition and operation of HIT.
<b>IAPD</b>	<b>Implementation Advance Planning Document</b>  One of the two types of APD that CMS requires of states/territories in order to obtain access to certain federal funds. Once CMS approves an IAPD, a state/territory can receive federal funds to implement and manage certain programs.
<b>IAPD-U</b>	<b>Implementation Advance Planning Document-Update</b>  The updating of an IAPD in accordance with CMS requirements.
<b>IHP</b>	<b>Indian Health Program</b>  Indian Health Program that includes Indian Health Service/Tribal Organization/Urban Indian Organization

<b>IHS</b>	<b>Indian Health Service</b>  The Federal Health Program for American Indians and Alaska Natives
<b>I/T/U</b>	<b>Indian Health Service/Tribal Organization/Urban Indian Organization</b>  Indian Health Service (IHS) = Federal Agency  Tribal Organization = Organized under the Indian Self-Determination and Education Assistance Act (PL 93-638). Sometimes referred to as “638s.”  Urban Indian Organization: Federally recognized nonprofit organization designed to serve Urban Indians.
<b>IV&amp;V</b>	<b>Independent Verification &amp; Validation</b>  The evaluation and confirmation of the abilities and functions of a program or information system. Normally this evaluation is completed by an independent organization with no affiliation to the government agency operating the program or information system..
<b>MITA</b>	<b>Medicaid Information Technology Architecture</b>  CMS initiative in place since 2002 to incentivize the development and implementation of information systems used to manage Medicaid programs that conform to certain standards or expected features.
<b>MMIS</b>	<b>Medicaid Management Information System</b>  These systems are used mainly to process paid claims for services provided by health professionals, hospitals, clinics, pharmacies, laboratories, etc. The systems are also used to fulfill program integrity and reporting functions.
<b>MU</b>	<b>Meaningful Use</b>  <b>Meaningful use of EHR systems, in accordance with the (evolving) definition of this term enacted by the ONC.</b>
<b>NEIPS</b>	Nevada EHR Incentive Payments System
<b>NLR</b>	<b>National Level Repository (CMS Registration and Attestation Module)</b>  The information system developed and implemented by CMS for the enrollment of EHR Incentive Program-eligible providers. This system can be accessed at: <a href="https://ehrincentives.cms.gov/hitech/login.action">https://ehrincentives.cms.gov/hitech/login.action</a>
<b>OIG</b>	<b>Office of the Inspector General</b>  The main purpose of this office is to ensure that funds disbursed or managed by CMS are utilized effectively.
<b>ONC</b>	<b>Office of the National Coordinator for Health Information Technology</b> This office is part of HHS. Its primary objective is to develop and implement standards that facilitate the exchange and significant use of medical and clinical information throughout the United States. This office also coordinates programs whose principal objective is to bring about these exchanges.

<b>PAPD</b>	<p><b>Planning Advance Planning Document</b></p> <p>One of the APD types that CMS requires that states/territories submit in order to access certain federal funds. Once CMS approves a PAPD a state can receive funds for the planning of a certain program.</p>
<b>REC</b>	<p><b>Regional Extension Center</b></p> <p>Non-profit organizations authorized by ARRA to support the selection, acquisition and implementation of EHR systems.</p>
<b>RHC</b>	<p><b>Rural Health Clinic</b></p> <p>Clinics that are certified under section 1861(aa)(2) of the Social Security Act to provide care in underserved areas, and therefore, receive cost-based Medicare and Medicaid reimbursements.</p>
<b>RO</b>	<p><b>Regional Office of CMS</b></p> <p>One of 10 offices that CMS established throughout the United States to supervise the operations of the Medicaid program; CMS has assigned each state/territory to one of the regional offices.</p>
<b>SLR</b>	<p><b>State Level Repository (State Registration and Attestation Module)</b></p> <p>Information system that every state/territory is installing to manage the enrollment of Medicaid EHR Incentive Program-eligible providers.</p>
<b>SMA</b>	<p><b>State Medicaid Agency</b></p> <p>Agencies that manage the Medicaid programs in every state/territory.</p>
<b>SMHP</b>	<p><b>State Medicaid HIT Plan</b></p> <p>CMS requires that every state/territory submit an SMHP in addition to an IAPD in order to obtain Medicaid EHR Incentive Program funding.</p>