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

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Frequently Asked Questions (FAQs) for the Nevada Medicaid Incentive Payment Program for Electronic Health Records (EHR)

Program Basics

1. What is the Nevada Medicaid EHR Incentive Program?

As part of the American Recovery and Reinvestment Act of 2009, federal incentive payments will be available to eligible doctors and hospitals when they adopt certified Electronic Health Records (EHR) and demonstrate meaningful use.. Medicaid providers can receive their first year's incentive payment for adopting, implementing, or upgrading certified EHR technology, but must demonstrate meaningful use in subsequent years in order to qualify for additional payments.

2. What is the difference between the Medicare and the Medicaid EHR IncentivePrograms?

There are many differences between the two programs. For more information, please go to: https://www.cms.gov/EHRIncentivePrograms/35_Basics.asp#TopOfPage.

For eligibility differences between the two programs, visit https://www.cms.gov/EHRIncentivePrograms/downloads/eligibility_flow_chart.pdf or http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage.

3. Why is having an EHR important?

There are many benefits of an EHR:

Efficiency: EHRs give providers the ability to share patient data with colleagues and patients; to retrieve old data effortlessly; to view test results prescribed by other doctors; and the ability to access patient records remotely to answer patient questions intelligently from outside the medical office.

Effectiveness: EHRs can compute information such as drug interactions or allergies and provide "decision support" for clinicians. They reduce costs through reduced paperwork, improved safety, reduced duplication of testing, and most importantly, improved health through the delivery of more effective health care.

Financial Incentive: Currently, the federal government is encouraging physicians to transition to a certified EHR with financial incentives of up to $44,000 for Medicare providers, or $63,750 for Medicaid providers. Physicians have the opportunity to receive financial and technical help being offered through the Medicaid and Medicare programs and Regional Extension Centers (RECs).

Financial incentives are also available for some hospitals and are described within this document.

4. When does the Nevada Medicaid EHR Incentive Program begin?

Enrollment in the Nevada Medicaid EHR Incentive Program began on August 6, 2012. To begin the process, register at CMS's Registration and Attestation site at: (http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp#TopOfPage).

5. Where can I read more on the Medicaid EHR Incentive Program?

The Centers for Medicare & Medicaid Services (CMS) have a broad range of information available on their website, including federal eligibility requirements, meaningful use definitions, and the payment process. Please go to: https://www.cms.gov/EHRIncentivePrograms/. To learn more about the Nevada Medicaid EHR Incentive Program, please visit - https://dhcfp.nv.gov/EHRIncentives.htm

Certified EHR Technology

6. How do I determine whether an EHR system has been approved for the incentive program?

The Office of the National Coordinator for Health Information Technology (ONC) provides the authoritative, comprehensive listing of EHR systems that have been tested and certified. To determine the certification of a particular EHR, go to: http://onc-chpl.force.com/ehrcert/. The list is updated regularly, so check back if you don't see your EHR on the list.

7. How do I obtain a CMS certification number for my EHR system?

You must obtain a CMS certified ID number for your current EHR system. The Office of the National Coordinator for Health IT is responsible for overseeing the certification of EHR modules and systems. Information on certified systems is available on their website http://healthit.hhs.gov/chpl.

8. What if my EHR system is not on the Certified Health IT Product List (CHPL) – will they be adding more? How can I get mine added?

Only the product versions that are included on the CHPL (http://onc-chpl.force.com/ehrcert) are certified under the ONC Temporary Certification Program. Please note that the CHPL is a "snapshot" of the current list of certified products. The CHPL is updated frequently as newly certified products are reported to ONC.

If your product is not currently listed on the CHPL, encourage your vendor to go through the certification process with ONC. The vendor should contact the ONC via email at ONC.certification@hhs.gov, with "CHPL" in the subject line.

9. Do I need to have an EHR in place to register for the Medicaid EHR Incentive Program?

You may begin the registration process at CMS while you are evaluating the appropriate EHR for your office. However, you must demonstrate adoption, implementation, or a technology upgrade to receive a Nevada Medicaid incentive payment.

Medicaid Eligibility: Eligible Professionals (EPs)

10. What is an eligible professional (EP) and how do I know if I can apply?

CMS defines an eligible professional for the Medicaid Incentive Program as:

- Physicians.
- Nurse Practitioners.
- Certified Nurse-Midwife.
- Dentists.
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or Indian Health Program (IHP) that includes Indian Health Service/Tribal Organization/Urban Indian Organization (I/T/U) that is so led by a Physician Assistant.

Further, Medicaid EPs must also:

- Have a minimum of 30 percent Medicaid patient volume***** (20 percent minimum for pediatricians*****). Professionals that practice predominately in a FQHC, RHC or IHP-I/T/U must have a minimum of 30 percent needy individual patient volume. Needy individuals include CHIP and Medicaid patients, uncompensated care, or care provided to patients on a sliding scale. Practicing predominately is defined in FAQ #26.
- EPs may NOT be hospital-based. This is defined as any provider who furnishes 90 percent or more of their services in a hospital setting (inpatient or emergency room).

Note: Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.

A tool that will help you determine your eligibility can be found here:
www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage.

For more information, please go to:
www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#BOOKMARK1.

11. Can I count Children's Health Insurance Program (CHIP - Nevada Check Up) patient encounters towards the Medicaid patient volume?

Are you attesting as practicing in an FQHC, RHC or IHP?

- If yes, you may include your CHIP-Nevada Check Up patient encounters.
- If no, you may ***NOT*** include your CHIP-Nevada Check Up patient encounters.

12. How do I distinguish between Medicaid FFS and CHIP – Nevada Check Up encounters?

The Electronic Verification System (EVS) is used to confirm member eligibility. The user is able to request eligibility confirmation for the Nevada Medicaid or Nevada Check Up program and displays MEDICAID FFS or CHECK-UP FFS in the"Eligibility Verification Information" section. Refer to Chapter 2 of the EVS User Manual at:
http://www.medicaid.nv.gov/Downloads/provider/NV_EVS_User_Manual_Ch2.pdf

13. Can I qualify for the Nevada Medicaid Incentive Program if I am not a doctor of medicine or osteopathy?

The **Medicaid** Incentive Program defines an eligible professional (EP) as:

- Physicians (M.D. or D.O.).

- Nurse Practitioners.
- Certified Nurse-Midwife.
- Dentists.
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or Indian Health Program (IHP) that includes Indian Health Service/Tribal Organization/Urban Indian Organization (I/T/U) that is so led by a Physician Assistant.

However, the **Medicare** Incentive Program recognizes the following as an eligible professional:
- Doctor of medicine or osteopathy.
- Doctor of dental surgery or dental medicine.
- Doctor of podiatry.
- Doctor of optometry.
- Chiropractor.

For more information, go to the CMS site here:
http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage.

14. For the patient volume calculation, can I include my managed care recipients?

Any encounter an eligible professional has with a Medicaid recipient (whether it's paid through a capitated arrangement with an MCO plan or fee-for-service claim to the Medicaid System) can and should be included in the patient volume calculation.

15. I work in a group practice. Is each provider in the practice eligible for incentive payments or do payments apply to the practice as a whole?

The incentive program is based on the eligibility of individual practitioners, or eligible professionals (EPs), not the group practice. Each EP in your group will need to apply as an individual provider, although you may be able to attest to your Medicaid patient volume threshold as a group if you meet the criteria.

16. I am an eligible professional but I work in a hospital—am I eligible for the incentive program?

Eligible professionals who furnish 90 percent or more of their services in a hospital setting (inpatient or emergency room) are not eligible for the Nevada Medicaid EHR Incentive Program. However, if you are an EP who works primarily in a hospital outpatient clinic, you may be eligible if you meet the program criteria.

17. Am I eligible for the incentive payment if I bought my system prior to this program being launched?

Yes. If you are an eligible professional and you meet the participation criteria and your EHR is a certified system, you may receive incentive payments. You must register for the Medicaid EHR Program to begin the process. For more information regarding registration, please visit: https://ehrincentives.cms.gov/hitech/login.action.

Providers can receive the first year of incentives by:
- Adopting – Purchasing a certified EHR.
- Implementing – Beginning implementation of a previously purchased certified EHR.
- Upgrading – Purchasing or implementing an upgraded version of a certified EHR.

To receive more than one year of Medicaid incentives or any Medicare incentives, providers must go beyond purchasing and installing a system and demonstrate that they are "meaningfully using" that system.

18. I work at more than one clinical site. Am I required to use data from all practices to support my demonstration of meaningful use and the minimum patient volume thresholds for the Medicaid EHR Incentive Program?

CMS has addressed this question. To view the answer, click here.

19. Can I include encounters in my Medicaid patient volume calculation if Medicaid did not pay for the service? For example, this might include individuals dually eligible for Medicare and Medicaid, when there is third-party liability, or when Medicaid did not pay for an encounter (even if the patient was Medicaid eligible).

CMS has addressed this question. To view the answer, click here.

20. I have a group practice. How will I register and enroll the physicians in the group?

When setting up a group, the following guidelines apply – CMS has also addressed this question, please see https://questions.cms.gov/faq.php?id=5005&faqId=2993
All participating members must agree to attest to patient volume as a group when they complete their individual enrollment process.

- All providers that are part of a group and plan to attest in the Nevada EHR Incentive Payment Program must be registered with CMS for the EHR Incentive program.

- If your group will be using the group patient volume methodology as a proxy for the EPs in the group, all Medicaid encounters can be used, even encounters with non-eligible providers.
- If an eligible professional (EP) chooses not to participate in the group/clinic, the encounters generated by that EP are still used in the calculation for that particular group/clinic. The EP cannot use those encounters for calculating volumes for another practice or individually.
- The group will need to appoint one person to act as the designated lead enroller who will enroll the group at the state level. Then the individuals will attest to the group volumes and other criteria to complete the process.

21. I work as part of a group practice, but I cannot find my group when I search by Group TIN in the attestation portal.

Group affiliated providers may not be linked properly as required for EHR Incentive attestation to the group for which they practice. If you encounter this issue, please call CGI Business Services at 888-639-3452. Have your Group TIN available for reference. If it is determined you are not linked properly to the affiliated group, you will be directed to the Provider Portal at http://www.medicaid.nv.gov/providers/enroll.aspx. The group entity must be enrolled so the affiliated individual providers may be linked to the group. For more information regarding Medicaid provider group enrollment, please see the Provider Enrollment Instructions listed on the above link.

22. How can an eligible provider (EP) that is new to a practice meet the patient volume/practice predominantly criteria to be eligible for the Medicaid Electronic Health Records (EHR) Incentive Program? CMS has addressed this question, please see: https://questions.cms.gov/faq.php?id=5005&faqId=7817

23. Can attestation information submitted for the Electronic Health Records (EHR) Incentive Programs be updated, changed, cancelled or withdrawn after successful submission in the EHR Registration and Attestation System? CMS has addressed this question, please see: https://questions.cms.gov/faq.php?id=5005&faqId=8035

24. Can eligible professionals (EPs) or eligible hospitals round their patient volume percentage when calculating patient volume in the Medicaid Electronic Health Records (EHR) incentive program? CMS has addressed this question, please see: https://questions.cms.gov/faq.php?id=5005&faqId=8037

Medicaid Eligibility: Hospitals

25. Are all hospitals eligible for the Medicaid EHR Incentive Program?

Eligible hospitals in the Medicaid EHR program include the following:

- Acute Care hospitals;
  - Cancer hospitals.
  - Critical Access hospitals.
- Children's hospitals.

For acute care hospitals, the following requirements must be met:

- Minimum Medicaid patient volume of 10 percent.
- CMS certification number (CCN) with the last 4 digits of 0001-0879 or 1300-1399.
- Must have an average length of patient stay of 25 days or shorter.

For children's hospitals, the following requirements must be met:

- CCN with the last 4 digits of 3300-3399.
- No minimum patient volume threshold for children's hospitals.

For more information, please go to: http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp - BOOKMARK2.

26. What year is the hospital fiscal year that ends during the FFY that serves as the first payment year?

The hospital fiscal year (a 12-month period) that ends in the Federal Fiscal Year (FFY) before the hospital's fiscal year that serves as the first payment year is determined by the following table.

Hospital Fiscal Year Start	2012 Payment Year
January	January 1, 2010 through December 31, 2010
February	February 1, 2010 through January 31, 2011
March	March 1, 2010 through February 28, 2011
April	April 1, 2010 through March 31, 2011
May	May 1, 2010 through April 30, 2011
June	June 1, 2010 through May 31, 2011
July	July 1, 2010 through June 30, 2011
August	August 1, 2010 through July 31, 2011
September	September 1, 2010 through August 31, 2011
October	October 1, 2010 through September 30, 2011
November	November 1, 2009 through October 31, 2010
December	December 1, 2009 through November 30, 2010

27. What are the EHR reporting periods for eligible hospitals participating in both the Medicare and Medicaid EHR Incentive Programs, as well as the requirements for receiving an EHR Incentive payment?

Please see the table below regarding reporting requirements for Medicare/Medicaid dual participation. For more information regarding the EHR reporting periods please visit: https://questions.cms.gov/faq.php?id=5005&faqId=3575.

Hospital Participating In:				
Medicare Payment Year	**Medicaid Incentive Program Only**	**Medicaid 1st, then Medicare in same FY**	**Medicaid 1st, then Medicare in later FY**	**Medicare and Medicaid Simultaneously / Medicare 1st, then Medicaid in a later FY**
1st payment year	**AIU**	**AIU (Medicaid); MU, 90 day reporting period (Medicare)**	**AIU**	**MU, 90 day reporting period**
2nd payment year	**MU, 90 day reporting period**	**MU, 12 month reporting period**	**MU, 90 day reporting period**	**MU, 12 month reporting period**
3rd payment year	**MU, 12 month reporting period**	**MU, 12 month reporting period**	**MU, 12 month reporting period**	**MU, 12 month reporting period**

28. Can a 90 Day volume reporting period be used for attestation vs. the three month reporting cycle?

To participate in the Nevada Incentive Payments Program for Electronic Records, eligible professionals (EPs) and eligible hospitals (EHs) must report and meet certain Medicaid patient volume thresholds. The Medicaid Patient Volume is reported directly in the Nevada EHR Incentive Payment System (NEIPS) portal either:

1. For a continuous three-month period, starting with the first of the month. For example, a volume reporting period starting on March 1 would end on May 31; or

2. For a continuous 90-day reporting period, starting with any day of the month. For example a volume reporting period starting on March 15 would end on June 13.

If you choose to use a 90-day reporting period which starts on a day other than the first of the month, you will need to do the following:

1. Call the CGI Business Service Center at 888-639-3452 (option 3) or send an email to NEIPS.us.ipod@cgi.com to let us know that you will be attesting to a 90-day patient volume reporting cycle and to provide the start date.

2. Upload supporting documentation (PDF format) in the portal that includes, at a minimum, the following details for each claim or encounter:
    a. Date of Service
    b. Medicaid patient ID
    c. Provider ID (billing/performing)
    d. Status of claim (paid, etc.)

    You must use an auditable data source for your patient volume. Note the data source on your supporting documentation; for example, whether the data came from your Practice Management System, EHR system, or other auditable source.

3. On the attestation page, choose the starting month and year which align with your volume reporting start month and year.

For more information, contact NEIPS.us.ipod@cgi.com or call 888-639-3452 (option 3). Also, learn more about the Nevada Incentive Payments Program for Electronic Records by visiting: http://dhcfp.nv.gov/EHRIncentives.htm

Medicaid Eligibility: Federally-Qualified Health Centers (FQHCs) / Rural Health Clinics (RHCs) / Indian Health Programs (IHPs) that includes Indian Health Service/Tribal Organization/Urban Indian Organization(I/T/U)

29. I am a physician assistant (PA) and I work in an FQHC, RHC or IHP-I/T/U. Am I eligible for the incentive program?

- PAs at an FQHC, RHC or IHP-I/T/U are eligible when the FQHC, RHC or IHP-I/T/U is "so led" by a PA and are enrolled as a Nevada Medicaid Provider.

- PA-led is when a PA is:
  - The primary provider in a clinic.
  - A clinical or medical director at the clinic.
  - An owner of a RHC, FQHC, IHP-I/T/U.
- If a PA leads the FQHC/RHC/IHP-I/T/U, all PAs at that clinic qualify for the EHR incentive.

30. I am an EP (but not a PA) and I work in an FQHC, RHC or IHP-I/T/U. Am I eligible for the incentive program?

You are eligible if you practice predominately in a FQHC/RHC/IHP-I/T/U. Practicing predominately means that more than 50 percent of total encounters for a six-month period in the most recent calendar year have occurred in the FQHC, RHC or IHP-I/T/U

Incentive Payments

31. What are the incentive payments for an eligible professional (EP)?

EPs who meet eligibility criteria can receive a maximum of $63,750 in incentive payments from Medicaid over a 6-year period. If participation criteria are met, the first year payment is $21,250; years two through six payments are $8,500 each. Pediatricians have a different set of requirements and incentive payments; see next question.

CMS has created a document called "Medicaid EHR Incentive Program Tip Sheet for Eligible Professionals" to help determine eligibility and incentive payment. It can be found in its Educational Materials section of CMS' website located here: http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp.

32. What are the incentive payments and eligibility requirements for pediatricians?

There are special eligibility rules and payment amounts for pediatricians. Those with a Medicaid patient volume threshold between 20 percent and 30 percent will receive a maximum of $42,500; however, pediatricians with 30 percent or more Medicaid patient volume can still receive up to $63,750.

33. What are the incentive payments for an eligible hospital?

Medicaid incentive payments for eligible hospitals are based upon a formula that includes a base incentive amount adjusted by the Medicaid share. Medicaid share is calculated using the number of Medicaid discharges, bed days and other factors. A hospital can qualify for ***both*** Medicare and Medicaid Incentives.

CMS has created a document called "Tip Sheet for Medicaid Hospitals" to help determine eligibility and incentive payment. It can be found in its Educational Materials section of CMS' website located here: http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp.

34. When can I participate in the incentive program?

Eligible professionals (EPs) must register and begin receiving incentive payments by calendar year 2016; final payment can be received up to 2021. EPs are permitted to skip year(s) of participation, even after 2016.

Eligible hospitals (EHs) must register and begin receiving incentive payments by calendar year 2016; final payment can be received up to 2018 in Nevada. Hospitals can skip years until 2016; after that, participation in the incentive program must be sequential (cannot skip years of participation).

35. How do the payments change if a provider enrolls after the initial start up year?

The Incentive Program runs from 2011 to 2021. In order for a provider to receive the maximum amount of incentives, he/she must be enrolled in the program, meet Meaningful Use criteria and receive first year payments by 2016 (year one - $21,250; Years 2-6 -- $8,500 / year). If a provider does not enroll by 2016, he/she is not eligible for any incentives.

36. When will Nevada Medicaid EHR incentive payments be made?

The first incentive payments were sent out on August 31, 2012.

37. Are incentive payments subject to federal income tax?

CMS has addressed this question. To view the answer, click here.

38. May a provider request additional funds if their EHR system costs more than the incentive payments offered from the EHR Program?

No. The purpose of the incentive payments is not to reimburse for the system and support costs; the intent is to encourage the adoption and meaningful use of certified EHR technology for improved health outcomes. There are no additional funds available through the incentive program.

39. Are eligible professionals (EPs) and hospitals (EHs) subject to penalties if they do not enroll in an EHR Incentive Program or fail to demonstrate meaningful use?

There are no payment adjustments or penalties for **Medicaid** EPs or hospitals that fail to demonstrate Meaningful Use. However, Medicare providers may see a reduction. See the CMS Tip Sheet (click here) for more information.

Meaningful Use

40. What defines Meaningful Use for the Medicaid EHR Incentive Program?

It is not necessary to achieve meaningful use to qualify for the ***first*** year of EHR Incentives. Providers can receive the first year of incentives by:

- Adopting – Purchasing a certified EHR.
- Implementing – Beginning implementation of a previously purchased certified EHR.
- Upgrading – Purchasing or implementing an upgraded version of a certified EHR.

To receive more than one year of Medicaid incentives, providers must go beyond purchasing and installing a system and demonstrate that they are “meaningfully using” that system.

To demonstrate meaningful use, a provider must satisfy the three stages of meaningful use criteria. The following table outlines the three stages as they are currently known:

Stage	Focus	Meaningful Use Objectives	Clinical Quality Measures	Reporting Mechanism
Stage 1 (2012)	▪ Electronically capturing health information in a coded format ▪ Using that information to track key clinical conditions ▪ Communicating that information for care coordination purposes ▪ Initiating the reporting of clinical quality measures and public health information	▪ EPs: 20 objectives (15 core and 5 others from a set of options) ▪ EHs: 19 objectives (14 core and 5 others from a set of options)	Eligible Professionals: ▪ Providers must report on 3 clinical quality measures (alternate core measures if one or more of the core measures don't apply) ▪ Providers must also choose 3 other measures from a list of 38 Eligible Hospitals: ▪ Hospitals must report on 15 clinical quality measures	▪ Reported to the state via attestation
Stage 2 (2013)	CMS Stage 2 Information			
Stage 3 (2015)	▪ Achieving improvements in quality, safety and efficiency ▪ Decision support for national high priority conditions ▪ Patient access to self management tools ▪ Access to comprehensive patient data ▪ Improving population health outcomes	To be defined by future rulemaking by CMS		TBD

41. How does a provider report Meaningful Use and how often?

When providers enroll for the Nevada Medicaid EHR Incentive Program, they will do so in the Provider Portal at https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx. Part of that enrollment process includes one to two screens where they attest that they have adopted, implemented, or upgraded certified EHR technology. Every year thereafter, providers will need to go to the provider portal and provide necessary information for that year's participation, including patient volume. In 2013, providers who started participation in 2012 will attest to Meaningful Use Stage 1. Additional planning is being done for years beyond 2013.

Participating in the Incentive Program

42. I am unable to log into my provider account on the Nevada Medicaid Provider Portal.

The Nevada Medicaid Provider Portal uses an independent website registration process that will enable you to create and customize your profile and assign delegates to work on your behalf. Click here to view Chapter 1 of the Electronic Verification System (EVS) User Manual which details step by step instructions for getting started in the provider portal. Also, please see the Quick Reference Guide located on the portal log in page.

43. How do I get assistance with selecting a certified EHR and meaningfully using it?

Nevada Medicaid encourages Medicaid providers to actively engage local RECs to receive assistance and technical support for this program. For providers who already have an EHR system, REC consultants can focus on quality improvement measures such as: workflow analysis and process redesign, best practices suggestions, and meaningful use gap analysis to help achieve meaningful use. For those who do not have an EHR and are not sure where to begin, REC technical assistance experts can help narrow down the selection of EHR vendors to help providers make an informed decision as to which system is best for their practice. HealthInsight is the REC in the state of Nevada. For more information, please visit http://www.healthinsight.org/Internal/REC.html.

44. What happens after I register?

If a provider completes all enrollment steps for the Nevada Medicaid EHR Incentive Program and is determined to be eligible for an incentive payment, the payment will be made within the month following incentive payment verification and approval (not to exceed 45 days from payment approval).

45. The Payee NPI and Tax ID I input during my CMS Registration is associated with multiple Medicaid Enrollments, which one should I choose during the Payee Selection step?

In Nevada Medicaid Enrollment, all enrollments are directed to the same banking information. For purposes of the Payee Selection, you may select any of the Payees which have been listed as they all map to the same Payee NPI and Payee Tax ID which was input during the CMS Registration process.

46. How long should I keep my attestation records?

An eligible professional (EP), eligible hospital (EH) or critical access hospital (CAH) attesting to receive an incentive payment for either the Medicare or Medicaid Electronic Health Record (EHR) Incentive Program may be subject to an audit.
EPs, EHs and CAHs should retain all relevant supporting documentation – in either paper or electronic format – used to complete the Attestation Module as follows:

- Documentation to support attestation data for meaningful use objectives and clinical quality measures should be retained for six (6) years post-attestation
- Documentation to support payment calculations (such as cost report data) should follow the current documentation retention processes

NEW AND UPDATED FAQs FROM CMS

47. If I participated in the Medicaid Electronic Health Records (EHR) Incentive Program last year, am I required to participate in the following year?

CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=7737

48. If I am participating in the Medicaid Electronic Health Record (EHR) Incentive Program but also provide care to Medicare patients, am I subject to the Medicare payment adjustments?

CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=7727

49. To meet the third measure of the objective of providing "a summary of care record for each transition of care or referral" for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, must the electronic exchange with a recipient using technology designed by a different EHR developer occur for each provider or can there be one exchange per location? What if the provider chooses instead to exchange information with the CMS test EHR?
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=7729

UPDATED

50. If multiple eligible professionals contribute information to a shared portal or to a patient's online personal health record (PHR), how is it counted for meaningful use when the patient accesses the information on the portal or PHR?
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=7735

51. What are the specific medical specialty codes associated with anesthesiology, radiology and pathology for the specialty-based determination for the granting of a hardship exception from the payment adjustments in the Medicare Electronic Health Record (EHR) Incentive Program?
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=7731

52. For the Medicare Electronic Health Record (EHR) Incentive Program, how are incentive payments determined for eligible professionals practicing in a Health Professional Shortage Area (HPSA)?
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=7733

53. How should eligible professionals (EPs) select menu objectives for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs?
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=2903

54. For eligible professionals (EPs) who see patients in both inpatient and outpatient settings (e.g., hospital and clinic), and where certified electronic health record (EHR) technology is available at each location, should these EPs base their denominators for meaningful use objectives on the number of unique patients in only the outpatient setting or on the total number of unique patients from both settings?
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=2765

55. If an eligible professional (EP) sees a patient in a setting that does not have certified electronic health record (EHR) technology but enters all of the patient's information into certified EHR technology at another practice location, can the patient be counted in the numerators and denominators of meaningful use measures for the Medicare and Medicaid EHR Incentive Programs?
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=3077

56. When can a hospital use the case number threshold exemption for the clinical quality measure (CQM) requirement of meaningful use?
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8400

57. If a provider who is participating in the EHR Incentive Program either retires or opts out of Medicare or Medicaid, can he/she still receive an incentive payment?
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8406

UPDATED ***58. Can attestation information submitted for the EHR Incentive Programs be updated, changed, cancelled or withdrawn after successful submission in the EHR Registration and Attestation System?***
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8035

NEW ***59. When new versions of CQM specifications are released by CMS, do developers of EHR technology need to seek retesting/recertification of their certified complete EHR or certified EHR module in order to keep its certification valid?***
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8896

NEW ***60. If EHR technology is already certified to the "version 1" CQM specifications, can it be updated to include CMS updated "version 2" specifications without seeking retesting/recertification?***
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8898

NEW ***61. If EHR technology has not yet been certified to the criteria related to CQM capabilities (45 CFR 170.314(c)(1) through (3)), can the EHR technology be tested and certified to just the newest available version of the CQM specifications?***
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8900

NEW ***62. Can a state capture electronic Clinical Quality Measures, or eCQMs, for the Medicaid EHR Incentive Program through a Health Information Exchange (HIE)?***
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8902

NEW ***63. Can a public health agency use a HIE to interface with providers who are submitting public health data to meet the public health objectives of meaningful use (such as submitting information to an immunization registry, reporting lab results to a public health agency or reporting syndromic surveillance information)?***
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8904

NEW ***64. If a provider utilizes a health information organization that participates with the eHealth Exchange but is not connected to public health entities in the provider's state, does the provider still need to connect to those entities for purposes of participating in the Medicare and Medicaid EHR Incentive Program?***
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8906

NEW ***65. How does a provider attest to a meaningful use objective (e.g., the "transitions of care," "view/download patient data," and public health objectives) where the provider electronically transmits data using technical capabilities provided by a HIE?***
CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8908

NEW ***66. If an EP or hospital attesting to meaningful use in the EHR Incentive Program submits a successful test to the immunization registry in year 1 of Stage 1 and engages with the immunization registry in year 2, but does not achieve ongoing submission of data to the immunization registry during their reporting period in year 1 or year 2, should they attest to the measure or the exclusion?***

CMS has addressed this question, please see: https://questions.cms.gov/faq.php?faqId=8910