



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

Glossary – Electronic Health Record (EHR) Incentive Payment Program

Adopt, implement or upgrade – (1) Acquire, purchase, or secure access to certified EHR technology; (2) Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements; or (3) Expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training.

American Recovery and Reinvestment Act (ARRA) – The 2009 federal economic stimulus package that contains an investment of \$59 billion in health care initiatives, including \$19 billion in health information technology (IT). The health IT provisions of ARRA are found primarily in Title XIII, Division A, Health Information Technology and in Title IV of Division B, Medicare and Medicaid Health Information Technology. These titles together are cited as the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Attestation – Confirmation by a provider that they have met the meaningful use standards. During the first year of incentive payments, eligible professionals and hospitals are allowed to provide attestation, or a confirmation of their compliance with the meaningful use standards. The state will verify the attestation when specific compliance criteria are developed. For more information, please visit: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

Centers for Medicare and Medicaid Services (CMS) – The federal agency within the U.S. Department of Health and Human Services (HHS) that regulates Medicare and Medicaid. CMS works in conjunction with state governments to administer Medicaid and the State Children’s Health Insurance Program (CHIP).

e-Health – The secure use of electronic information and communications technologies in support of health care delivery, such as electronic health records, electronic prescribing, health information exchange, and telemedicine.

e-Prescribing – The electronic transmission, not including facsimile transmission, of clear and accurate prescriptions bi-directionally to / from pharmacies and the point-of-care; prescribers can also review drug and formulary coverage. E-prescribing software can be integrated into existing clinical information systems to allow physician access to patient-specific information to the screen(s) for drug interactions and allergies.

Electronic Health Record (EHR) – An electronic record of health-related information for an individual that conforms to nationally-recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff *across more than one health care organization*.

Electronic Health Record (EHR) Incentive Payment Program – A program to pay incentives to certain classes of eligible Medicare and Medicaid professionals and hospitals who adopt and become meaningful users of electronic health records in their day-to-day medical practice. Authorized by the American Recovery and Reinvestment Act of 2009 (Section 4201).

Electronic Medical Record (EMR) – An electronic record of health-related information for an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff *within one health care organization*. An EMR provides the underlying data for an EHR, but it is not transmitted among organizations

and usually is more robust than an EHR. **Eligible Hospitals (EH)** – Hospitals that are eligible to receive Medicaid and/or Medicare EHR incentive payments. Some hospitals may receive incentive payments from both Medicare and Medicaid if they meet all eligibility criteria.

Under the **Medicaid** program, there are two types of eligible hospitals:

- Acute care hospitals with at least a 10% Medicaid patient volume
- Children’s hospitals (no Medicaid patient volume requirements)

Eligible Professionals (EP) – Health professionals that are eligible to receive Medicaid and/or Medicare EHR incentive payments. EPs that are eligible for both the Medicaid and Medicare incentive programs are permitted to participate in only one program, not both.

Under the **Medicaid** program, the following types of professionals are eligible, each of which must be legally authorized to practice their profession under state law:

- Physicians
- Dentists
- Certified nurse midwives
- Nurse practitioners
- Physician assistants (PAs) who are practicing in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Indian Health Program (IHP) that includes Indian Health Service/Tribal Organization/Urban Indian Organization (I/T/U) which is so led by a physician assistant.

Health Information Exchange (HIE) – The electronic movement of health-related information among organizations according to nationally-recognized standards.

Health Information Organization (HIO) – An organization that oversees and governs the exchange of health-related information among organizations according to nationally-recognized standards.

Health Information Technology (HIT) – The use of information and communication technology – involving both computer hardware and software – in health care to store, protect, retrieve, use, and transfer clinical, administrative, and financial information. The following are examples of HIT: electronic health records; personal health records; e-mail communication; clinical alerts and reminders; computerized decision support systems; and hand-held devices.

Health Information Technology Regional Extension Center (REC) – Established by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, each REC serves a defined geographic area – Nevada has 1 REC. Its purpose is to furnish assistance defined as education, outreach, and technical assistance to help primary care providers to select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care.

Interoperability – The ability of a system or a product to share and exchange information and data with other systems or products without special effort on the part of the customer.

Meaningful Use (MU) –To realize improved health care quality, efficiency and patient safety, the criteria for meaningful use will be staged in steps over the course of the next several years. For more information regarding meaningful use, please see http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

National Health Information Network (NHIN) – Describes the technologies, standards, laws, policies, programs and practices that enable health information to be shared among health decision makers, including consumers and patients, to promote improvements in health and health care. The development of a vision for the NHIN began more than a decade ago with publication of an Institute of Medicine report, “The Computer-Based Patient Record.”

Needy individuals – Individuals that meet one of following: (1) Received medical assistance from Medicaid or the Children’s Health Insurance Program; (2) Were furnished uncompensated care by the provider; or (3) Were furnished services at either no cost or reduced cost based on a sliding scale determined by the individuals’ ability to pay.

Office for Civil Rights (OCR) – The office within the federal Department of Health and Human Services (HHS) that serves as the HIPAA oversight office; protects fundamental rights of nondiscrimination and health information privacy.

Office of e-Health Coordination (OeHC) – Within the Office of Health Services (OHS) in the Health and Human Services Commission (HHSC), OeHC will ensure that health information initiatives relating to HHS programs are coordinated across the HHS enterprise.

Office of the National Coordinator for Health Information Technology (ONC) – The office within the federal Department of Health and Human Services (HHS) that supports the adoption of health information technology and promotes nationwide health information exchange to improve health care.

Personal Health Record (PHR) – An electronic application through which individuals can maintain and manage their health information (and that of others for whom they are authorized) in a private, secure, and confidential environment.

Practices predominantly – An eligible professional for whom the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year occurs at a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Indian Health Program (IHP) that includes Indian Health Service/Tribal Organization/Urban Indian Organization (I/T/U). **Privacy** – An individual’s interest in protecting his or her individually identifiable health information and the corresponding obligation of those persons and entities that participate in a network for the purposes of electronic exchange of such information, to respect those interests through fair information practices.

Regional Extension Center (REC) – See “Health Information Technology Regional Extension Center”

Regional Health Information Organization (RHIO) – A health information organization that oversees and governs the exchange of health-related information among organizations within a defined geographic area for the purpose of improving health and care in that community.

Security – The physical, technological, and administrative safeguards used to protect individually identifiable health information.

For more information on the Medicaid and Medicare EHR Incentive Programs, please see <http://www.cms.gov/EHRIncentivePrograms/>.