

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

ACRONYMS		
ACRONYM	TERM DEFINITION/DESCRIPTION	
ACA (PPACA)	Patient Protection and Affordable Care Act of 2010	
	Landmark federal health care reform legislation enacted in 2010.	
AIU	Adopt, Implement, Upgrade	
	Terms used to describe actions which a provider can undertake with regards to its	
APD	deployment of electronic health record (EHR) systems.	
APD	Advance Planning Document	
	Type of document required by CMS for states to receive access to federal funds for certain programs or investments including the EHR Incentive Program.	
ARRA	American Recovery and Reinvestment Act	
	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.	
CAH	Critical Access Hospital	
	CMS extends this status to certain hospitals so they can be eligible for certain	
CLUD	payment levels or types of payments under the Medicare and Medicaid programs.	
CHIP	Children's Health Insurance Program	
	Established in 1997, it is a health care coverage program – with capped federal funding - which is supplemental to Medicaid.	
CMS	Centers for Medicare & Medicaid Services	
	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.	
CQM	Clinical Quality Measures	
	Some of these quality measures will be used to determine if a provider is making meaningful use of an EHR system.	
EH	Eligible Hospital	
	In accordance with the ARRA, a hospital that can claim and receive financial	
	incentives for the acquisition and utilization of an EHR system.	
EHR	Electronic Health Record	
	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.).	

EP	
	Eligible Professional
	In accordance with the ARRA, a health professional that can claim and receive
FAQs	financial incentives for the acquisition and operation of an EHR system. Frequently Asked Questions
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	Questions asked most frequently about the establishment and ongoing
	administration of the EHR Incentive Program.
FFP	Federal Financial Participation
	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
FQHC	administer the Medicaid EHR Incentive Program.
FUNC	Federally Qualified Health Center 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
	https://questions.cms.gov/faq.php?id=5005&faqld=2845.
HIE	Health Information Exchange
	Exchange of health information by electronic means. ARRA contains many
	incentives to promote HIE and, concomitantly, the meaningful use of EHRs
HIPAA	Health Insurance Portability and Accountability Act (1996)
	This law impacted the design of health information technology in the following ways:
	 The standardization of electronic information for administrative, financial and patient health purposes.
	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.
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IHS	Indian Health Service
	The Federal Health Program for American Indians and Alaska Natives
I/T/U	Indian Health Service/Tribal Organization/Urban Indian Organization
	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.
IV&V	Independent Verification & Validation
	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
MITA	Medicaid Information Technology Architecture
	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.
MMIS	Medicaid Management Information System
	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.
MU	Meaningful Use
	Meaningful use of EHR systems, in accordance with the (evolving) definition of this term enacted by the ONC.
NEIPS	Nevada EHR Incentive Payments System
NLR	National Level Repository (CMS Registration and Attestation Module)
	The information system developed and implemented by CMS for the enrollment of EHR Incentive Program-eligible providers. This system can be accessed at: https://ehrincentives.cms.gov/hitech/login.action
OIG	Office of the Inspector General
	The main purpose of this office is to ensure that funds disbursed or managed by CMS are utilized effectively.
ONC	Office of the National Coordinator for Health Information Technology 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.

PAPD	Planning Advance Planning Document
	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.
REC	Regional Extension Center
	Non-profit organizations authorized by ARRA to support the selection, acquisition and implementation of EHR systems.
RHC	Rural Health Clinic 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.
RO	Regional Office of CMS
	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.
SLR	State Level Repository (State Registration and Attestation Module)
	Information system that every state/territory is installing to manage the enrollment of Medicaid EHR Incentive Program-eligible providers.
SMA	State Medicaid Agency
	Agencies that manage the Medicaid programs in every state/territory.
SMHP	State Medicaid HIT Plan
	CMS requires that every state/territory submit an SMHP in addition to an IAPD in order to obtain Medicaid EHR Incentive Program funding.