

## Glossary of Terms

### Adopting, implementing or upgrading (AIU) certified EHR technology

The process by which providers have installed and started using certified EHR technology that is capable of meeting meaningful use requirements; or expanded the available functionality and commenced utilization of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training.

### Acute Care Hospital

According to the proposed rule and for purposes of the Medicaid incentive program, an Acute Care Hospital means a health care facility where;

1. the average length of patient stay is 25 days or fewer, and
2. the CMS certification number, (previously known as the Medicare Provider number), has the last four digits in the series 0001 -0879.

### Attestation

In order for eligible professionals to receive an EHR incentive payment, they must attest (legally state) through their state's secure Medicaid website that they've demonstrated "meaningful use" with certified EHR technology.

### Certification Commission for Healthcare Information Technology:

CCHIT: A voluntary, private-sector organization launched in 2004 to certify health information technology products such as electronic health records and the networks over which they interoperate. See [www.cchit.org](http://www.cchit.org)

### Children's Hospital

According to the Proposed rule and for purposes of the Medicaid incentive program, a Children's Hospital is defined as a separately certified children's hospital, either freestanding or hospital-within-hospital, that has a CMS certification number, (previously known as the Medicare Provider number), that has the last four digits in the series 3300-3399, and predominantly treats individuals under the age of 21.

### EHR - Electronic Health Record

An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and is created, managed, and consulted by authorized clinicians and staff across more than one health care organization. The principal difference between an EHR and an EMR is the ability to exchange information interoperably. This requires use of nationally recognized interoperability standards, common in EHRs but not always a part of an EMR. Thus the term EMR is on course for eventual retirement.

### Eligible Professionals

Eligible professionals for Medicaid incentive payments are; physicians, dentists, certified nurse mid-wives, nurse practitioners, advanced practice registered nurses and physician assistants (PA) practicing in a PA-led FQHC or Rural Health Clinic. Also,

- they must be non-hospital based with at least 30% medical assistance patient volume (20% for pediatricians), OR
- practice in an FQHC or Rural Health Clinic and have a 30% patient volume attributable to “needy” individuals

### EMR – Electronic Medical Record

An electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization. The principal difference between an EMR and an EHR is the ability to exchange information interoperably. This requires use of nationally recognized interoperability standards, common in EHRs but not always a part of an EMR. Thus the term EMR is on course for eventual retirement.

### Exclusion

CMS allows providers to report that specific meaningful use measures do not apply to them because they have no patients or insufficient number of actions that would allow calculation of the meaningful use measure. For example, a physician who has no patients age 65 or older or age 5 or younger would not have to meet the requirement to send an appropriate reminder to 20 percent or more of all patients in those age groups during the EHR reporting period.

### Federally Qualified Health Center (FQHC)

A federally qualified health center (FQHC) is a public or non-profit safety net provider receiving grant funds under Section 330 of the Public Health Service Act. FQHCs must serve a medically underserved area or population, offer a sliding fee scale for people who qualify based on income, and be governed

by a consumer-based board. They provide primary care and preventive healthcare services, dental health, and behavioral health services. Additional information about FQHCs is found at:

<http://www.cms.hhs.gov/MLNProducts/downloads/fqhcfactsheet.pdf>

### HIE – Health Information Exchange

The electronic movement of health-related information among organizations according to nationally recognized standards. HIE is also commonly used to describe a regional health information organization or RHIO.

### HIT - Health Information Technology

The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making.

### HIO – Health Information Organization

An organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.

### Hospital-Based

An eligible professional who furnishes more than 90% of his or her covered professional services in a hospital setting, inpatient or emergency room, in the year preceding the payment year.

### Hospital-Based Provider

A provider who furnishes 90% or more of their services in a hospital setting (inpatient, outpatient, or emergency room).

### Meaningful Use (MU)

The requirements for EHR use and reporting to qualify for the incentive payment within the Medicaid EHR Incentive Program. Meaningful Use will be the standard by which providers will use EHR technology and build enhancements for future reporting and quality measures to improve patient outcomes.

### Medicaid Encounter for an EP

- Medicaid paid for part or all of the service; or
- Medicaid paid all or part of the individual's premiums, copayments, and cost-sharing.

### "Needy Individuals"

Individuals meeting any one of the following three criteria: (1) they are receiving medical assistance from Medicaid or the Children's Health Insurance Program (CHIP); (2) they receive uncompensated care from the provider; or (3) they receive services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

### NHIN - 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 healthcare. Developing a vision for the NHIN began more than a decade ago with publication of an Institute of Medicine report, "The Computer-Based Patient Record."

### ONC - Office of the National Coordinator

The ONC is a federal government agency that is part of the U.S. Department of Health and Human Services. The ONC oversees and encourages the development of a national, interoperable (compatible) health information technology system to improve the quality and efficiency of health care. See [www.hhs.gov/healthit/](http://www.hhs.gov/healthit/)

### Patient volume

The proportion of an EP's patient encounters that qualify as a Medicaid or needy in FQGCs or RHCs encounter. This figure is estimated through a numerator and denominator as defined in the State Medicaid HIT Plan.

### PHR - Personal Health Record

PHR is an electronic application through which individuals can maintain and manage their own health information (and that of others for whom they are authorized) in a private, secure, and confidential environment.

### PHR versus EHR

Control of information distinguishes EHR from PHR. The information in a PHR, whether contributed from an EHR or through other sources, is for the individual to manage and decide how it is accessed and used. Electronic

portals of information on an individual that are hosted by a provider or payer organization, without transferring the control of the information to the individual, are not PHRs but rather examples of giving individuals access to information in an EHR.

#### Physician Assistant (PA) led Federally Qualified Health Clinic (FQHC) or Rural Health Clinic (RHC)

- PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, we would consider the PA as the primary provider);
- PA is a clinical or medical director at a clinical site of practice; or
- PA is an owner of an RHC.

#### “Practices Predominantly” in an FQHC/RHC

An eligible professional who practices in a FQHC/RHC clinical location for over 50% of total encounters of the eligible professional over a period of six months in the most recent calendar year.

#### RHIO - Regional Health Information Organization

A RHIO is a multi-stakeholder organization that enables the exchange and use of health information, in a secure manner, for the purpose of promoting the improvement of health quality, safety, and efficiency. Officials from the U.S. Department of Health and Human Services (HHS) see RHIOs as the building blocks for the National Health Information Network (NHIN). When complete, the NHIN will provide universal access to electronic health records.

#### Rural Health Clinic (RHC)

To qualify for Medicare Rural Health Clinic (RHC) certification, the clinic must be located in a non-urbanized area as defined by the U.S. Census Bureau *and* a federally-designated underserved area. The clinic is required to have a physician assistant (PA), nurse practitioner (NP), or certified nurse midwife (CNM) on-site and available to see patients at least 50% of the time the clinic is open. RHCs must directly provide routine diagnostic and laboratory services commonly furnished in a physician office.

Additional information about RHCs is found at:

<http://www.cms.hhs.gov/MLNProducts/downloads/RuralHlthClinfctsh.pdf>