

**IDAHO MEDICAID ELECTRONIC HEALTH RECORD (EHR) INCENTIVE PROGRAM:
MEANINGFUL USE
FREQUENTLY ASKED QUESTIONS**

Questions	Answers
<p>What is meaningful use, and how does it apply to the Medicare and Medicaid EHR Incentive Programs?</p>	<p>Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, incentive payments are available to Eligible Professionals (EPs), Critical Access Hospitals (CAHs), and Eligible Hospitals (EHs) that successfully demonstrate they are using Certified EHR Technology.</p> <p>The Recovery Act specifies three main components of meaningful use:</p> <ol style="list-style-type: none"> 1. The use of a certified EHR in a meaningful manner (e.g. e-Prescribing) 2. The use of Certified EHR Technology for electronic exchange of health information to improve quality of health care 3. The use of Certified EHR Technology to submit clinical quality and other measures <p>In the final rule, The Centers for Medicare and Medicaid Services (CMS) has defined stage one of meaningful use.</p>
<p>Who is responsible for demonstrating meaningful use of Certified EHR Technology, the provider or the vendor?</p>	<p>The provider. To receive an EHR incentive payment, the provider (EP, EH or CAH) is responsible for demonstrating meaningful use of Certified EHR Technology.</p>
<p>The meaningful use standards for the Medicare and Medicaid EHR Incentive Program require interoperability. Who will pay for ensuring connectivity between physician practices and hospitals? Will there be federal guidance, or will this be hashed out at a local or community level?</p>	<p>The Office of the National Coordinator for Health Information Technology (ONC) has awarded funds to all states, eligible territories, and qualified State Designated Entities (SDEs) under the Health Information Exchange Cooperative Agreement Program to help fund efforts to rapidly build capacity for exchanging health information across the health care system both within and between states. These exchanges will play a critical role in facilitating the exchange capacity of EPs, EHs and CAHs to help them meet interoperability requirements which will be part of meaningful use. See HealthIT.gov for additional information.</p>

Questions	Answers
<p>What are the requirements for dentists participating in the Medicaid EHR Incentive Program?</p>	<p>Dentists must meet the same eligibility requirements as other EPs. This also means that for Stage 1 they must demonstrate all 13 of the core meaningful use objectives and five from the menu of their choosing. Several meaningful use objectives have exclusion criteria that are unique to each objective. Eligible Professionals will have to evaluate whether they individually meet the exclusion criteria for each applicable objective as there is no blanket exclusion by EP type.</p>
<p>In a group practice, will each provider need to demonstrate meaningful use in order to get EHR incentive payments or can meaningful use be calculated or averaged at the group level?</p>	<p>Medicare and Medicaid incentive payments are made on a per EP basis, not by practice. Each EP will need to demonstrate the full requirements of meaningful use in order to qualify for the EHR incentive payments.</p>
<p>What are the payment adjustments for EHs and CAHs that are not participating in the Medicare EHR Incentive Program? Are there any hardship exceptions?</p>	<p>As part of the Recovery Act, Congress mandated payment adjustments to be applied to Medicare EHs, and CAHs that are not meaningful users of Certified EHR Technology under the Medicare EHR Incentive Programs. These payment adjustments will be applied beginning on October 1, 2014, for Medicare EHs. Payment adjustments for CAHs will be applied beginning with the Federal Fiscal Year 2015 cost reporting period. Medicaid eligible hospitals that can only participate in the Medicaid EHR Incentive Program and do not bill Medicare are not subject to these payment adjustments.</p> <p>EHs and CAHs that can participate in either the Medicare or Medicaid EHR Incentive Programs will be subject to the payment adjustments unless they are meaningful users under one of the EHR Incentive Programs in the time periods specified below.</p> <p>Medicare Subsection (d) eligible hospitals that are not meaningful users will be subject to a payment adjustment beginning on October 1, 2014. Critical Access Hospitals (CAHs) that are not meaningful users will be subject to a payment adjustment for fiscal year 2015.</p>

Questions	Answers
<p>What are the payment adjustments for EPs who are not participating in the Medicare EHR Incentive Program? Are there any hardship exceptions?</p>	<p>As part of the Recovery Act, Congress mandated payment adjustments to be applied to Medicare EPs who are not meaningful users of Certified EHR Technology under the Medicare EHR Incentive Programs. These payment adjustments will be applied beginning on January 1, 2015, for Medicare EPs. Medicaid EPs who can only participate in the Medicaid EHR Incentive Program and do not bill Medicare, are not subject to these payment adjustments.</p> <p>EPs who can participate in either the Medicare or Medicaid EHR Incentive Programs will be subject to the payment adjustments unless they are meaningful users under one of the EHR Incentive Programs in the time periods specified below.</p> <p>Medicare EPs who are not meaningful users will be subject to a payment adjustment beginning on January 1, 2015.</p>
<p>Where can I find a list of public health agencies and immunization registries to submit my data as required by the public health objectives?</p>	<p>You can visit the Idaho Department of Health and Welfare's Immunization Registry.</p> <p>Idaho does not currently accept syndromic surveillance.</p>
<p>Can I use the electronic specifications for CQMs to satisfy both the Physician Quality Reporting System (PQRS) and the Medicare and Medicaid EHR Incentive Programs?</p>	<p>No. Each program has specific specifications for reporting. In the future CMS expects to harmonize specifications between PQRS (formerly known as the Physician Quality Reporting Initiative, or PQRI) and the Medicare and Medicaid EHR Incentive Programs. Therefore, if a provider is reporting under the PQRI EHR program, they must refer to the PQRS EHR specifications. Providers are required to report using the specifications for clinical quality measures.</p>
<p>What is the reporting period for EPs participating in EHR incentive programs?</p>	<p>The EHR reporting period for an EP's first year is any continuous 90-day period within the calendar year. Any time after October 30, 2014, the EHR reporting period for EPs is the entire calendar year.</p>