IDAHO MEDICAID ELECTRONIC HEALTH RECORD (EHR) INCENTIVE PROGRAM: EHR TECHNOLOGY FREQUENTLY ASKED QUESTIONS

Questions	Answers
If a provider feeds data from EHR technology to a data warehouse, can the provider report on Meaningful Use objectives and Clinical Quality Measures (CQMs) from the data warehouse?	To be a meaningful EHR user, a provider must do three things: • Have complete Certified EHR Technology for all meaningful use objectives either through a complete EHR or a combination of modules. • Meet 20 measures (19 for eligible hospitals (EH) and critical access hospitals (CAH)), including all of the core and five menu-set measures associated with the objectives (unless excluded). Core measures include reporting clinical quality measures. • Use the capabilities and standards of Certified EHR Technology in meeting the measure of each objective. If the conditions above are met and data is transferred from the Certified EHR Technology to a data warehouse, the provider can use information from the data warehouse to report on Meaningful Use objectives and CQMs. However, in order to report calculated CQMs, the data warehouse may need to be certified. The Office of the National Coordinator for Health Information Technology (ONC) has addressed the issue of certification of a data warehouse in their [FAQs]():
Can an eligible professional (EP) implement an EHR system and satisfy meaningful use requirements at any time within the calendar year for the Medicare and Medicaid EHR Incentive Program?	For a Medicaid EP's first payment year, the EHR reporting period is a continuous 90-day period within a calendar year. This means an EP must satisfy the meaningful use requirements for 90 consecutive days within their first year of participating in the program to qualify for an EHR incentive payment. In subsequent years any time after October 30, 2014, the EHR reporting period for EPs will be the entire calendar year. EPs must have adopted, implemented, upgraded, or meaningfully used Certified EHR Technology during the first calendar year. If the Medicaid EP adopts, implements, or upgrades in the first year of payment, and demonstrates meaningful use in the second year of payment, then the EHR reporting period in the second year is a continuous 90-day period within the calendar year. Any time after October 30, 2014, the reporting period would include the entire Federal Fiscal Year (FFY).

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Does a provider have to record all clinical data in their Certified EHR Technology in order to accurately report complete CQMs?	The Centers for Medicare and Medicaid Services (CMS) does not require providers to record all clinical data in their Certified EHR Technology at this time. CMS recognizes that this may yield numerator, denominator, and exclusion values for CQMs in the Certified EHR Technology that are not identical to the values generated from other methods (such as record extraction). However, at this time, CMS requires providers to report the CQM exactly as it is generated as output from the Certified EHR Technology in order to successfully demonstrate meaningful use.
If my Certified EHR Technology is capable of submitting batch files to an immunization registry using the standards adopted by ONC, is that sufficient to meet the Meaningful Use objective "submit electronic data to immunization registries"?	Yes. Submitting batch files to an immunization registry is sufficient to meet the Meaningful Use objective "submit electronic data to immunization registries", as long as they are formatted according to the standards adopted by the ONC.
How should an EH or CAH with multiple certified EHR systems report their CQMs?	Both EHs and CAHs that have multiple systems should generate a report from each of those certified EHR systems and then add the numerators, denominators, and exclusions from each generated report in order to arrive at a number that reflects the total data output for patient encounters in the relevant departments of the EH or CAH (e.g., inpatient or emergency department (POS 21 or 23)).
Must providers have their EHR technology certified prior to beginning the EHR reporting period in order to demonstrate Meaningful Use?	No. An EP or EH may begin the EHR reporting period for demonstrating Meaningful Use before their EHR technology is certified. Certification only needs be obtained prior to the end of the EHR reporting period. However, Meaningful Use must be completed using the capabilities and standards outlined in the ONC Standards and Certification Regulation for Certified EHR Technology. Any changes to the EHR technology after the beginning of the EHR reporting period would indicate that the provider was not using the capabilities and standards necessary to accomplish Meaningful Use. If these capabilities and standards are not available, any such change (no matter how minimal) would disqualify the

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	provider from being a meaningful EHR user. If providers begin the EHR reporting period prior to certification of their EHR technology, they are taking the risk that their EHR technology will not require any changes for certification. Any changes made to gain certification must be done prior to the beginning of the EHR reporting period during which Meaningful Use will be demonstrated. This does not apply to changes made to EHR technology that were not necessary for certification.
If the Certified EHR Technology possessed by an EP generates zero denominators for all CQMs in the additional set, is the EP responsible for determining whether they have zero denominators for any remaining CQMs in the additional set that their Certified EHR Technology is not capable of calculating?	No. The EP is not responsible for determining the status of CQMs that their Certified EHR Technology is not capable of calculating. The certification criterion for ambulatory CQMs sets a minimum threshold in order for the certification criterion to be met. A 2011 edition EHR technology must be certified to the six core CQMs (three core and three alternate core CQMs in Table 7 of the Stage 1 final rule) and at least three CQMs from the additional set (Table 6 of the Stage 1 final rule). In the Stage 1 final rule, we stated that it was our expectation that EPs would seek out certified EHR technologies that include and were certified for CQMs relevant to their scope of practice. Starting in 2014, EPs will have 2014 edition EHR technology which has different criteria. These FAQs apply only through the end of 2013.
Can an EP use EHR technology certified for an inpatient setting to meet a meaningful use objective and measure?	Yes. For objectives and measures where the capabilities and standards of EHR technology designed and certified for an inpatient setting are equivalent to or require more information than EHR technology designed and certified for an ambulatory setting, an EP can use that EHR technology to meet an objective and measure. Because there are some EP objectives that have no corollary on the inpatient side, in that case, an EP must possess Certified EHR Technology designed for an ambulatory setting to meet the objective. Please reference ONC FAQ 12-10-021-1 and 9-10-017-2 and CMS FAQ 10162 for discussions on what it means to possess Certified EHR Technology, ONC FAQ 6-12-025-1 for a list of affected capabilities and standards, and how that relates to the exclusion and deferral options of meaningful use.

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If a provider purchases a Complete EHR but opts to use alternate certified EHR modules for certain Meaningful Use functionality, will that provider qualify as a Meaningful User under the Medicare and Medicaid EHR Incentive Programs?	There are three things a provider must demonstrate to meet meaningful use: 1. Have Certified EHR Technology capable of demonstrating meaningful use, either through a complete certified EHR or a combination of certified EHR modules. 2. Meet the measures or exclusions for 17 Meaningful Use objectives (19 objectives for EHs and CAHs). 3. Meet those measures using the capabilities and standards that were certified to accomplish each objective. If a provider can meet all of these requirements, they may qualify for an incentive payment.