IDAHO MEDICAID ELECTRONIC HEALTH RECORD (EHR) INCENTIVE PROGRAM: ENCOUNTERS AND LOCATIONS FREQUENTLY ASKED QUESTIONS

Questions	Answers
Does an eligible professional (EP) need EHR Technology at the location where the patient is being seen in order for the patient to be counted in the numerators and denominators of meaningful use?	Yes. Starting in 2013, in order for a patient to be counted towards determination and eligibility in meaningful use, an EP must have access to Certified EHR Technology at the location where the patient is seen. Patients seen at locations where the EP does not have access to Certified EHR Technology can't be included. Access to Certified EHR Technology can qualify as: • Any location hosting Certified EHR Technology • The EP bringing their Certified EHR Technology to the location on a portable device • The EP having access to their Certified EHR Technology remotely at the location using devices available at the location
For EPs who see unique patients in both inpatient and outpatient settings, can the EP base their denominators for meaningful use objectives on the number of unique patients in both settings?	No. Only unique patients seen in an outpatient setting can be included in the numerators and denominators for meaningful use objectives. The term unique patient means if the patient is seen three times in the outpatient setting at the same location, they can only be included once in the numerators and denominators for meaningful use for that location.
If a patient isn't seen in an office setting and doesn't interact face to face with the EP (e.g. test results via telemedicine) can the patient be included in the counts for meaning use?	Yes. The criteria for counting a patient in the counts for meaningful use when there has been no face to face interaction can be done, however, the EP MUST report all patients the same. An EP can't choose to count a patient where they read an EKG and then not count a patient where they read a bloodwork test. The policy must be consistent for the entire EHR reporting period and across meaningful use measures that involve patients "seen by the EP". If this is not consistent, the EPs reporting inconsistently would not be able to satisfy meaningful use, as they would have denominators of zero for some measures.
Can patient encounters in an ambulatory surgical center	Yes. Eligible professionals who practice in multiple locations must have 50 percent or more of their patient encounters during the reporting period at a

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(Place of Service 24) be included in the denominator for calculating?	practice or location equipped with Certified EHR Technology. Every patient encounter in all Places of Service (POS) except a hospital inpatient department (POS 21) or a hospital emergency department (POS 23) should be included in the denominator of the calculation, which would include patient encounters in an ambulatory surgical center (POS 24).
When a patient is only seen by a member of the EP's clinical staff during the EHR reporting period and not by the EP themselves, do those patients count in the EP's denominator?	Yes. The EP can determine whether to include patients or not, but the policy must be consistent for the entire EHR reporting period and across all meaningful use measures. In cases where a staff member of the EP's clinical staff is eligible for the Medicaid EHR incentive Payment in their own right (Nurse Practitioner (NP) and certain physician assistants (PA)), patients seen clinical staff under the EP's supervision can be counted by both the NP or PA and the supervising EP as long as the reporting is consistent for the entire EHR reporting period.
How should an EP, eligible hospital (EH), or critical access hospital (CAH) that sees patients in multiple practice locations calculate numerators and denominators for the meaningful use objectives and measures?	All EPs, EHs, and CAHs should look at the measure of each meaningful use objective to determine the appropriate calculation method for individual numerators and denominators. The calculation of the numerator and denominator for each measure is explained in the **July 28, 2010, final rule (75 FR 44314).** For objectives that require a simple count of actions (e.g., number of permissible prescriptions written, for the objective of "Generate and transmit permissible prescriptions electronically (eRx), EPs, EHs, and CAHs can add the numerators and denominators calculated by each certified EHR system in order to arrive at an accurate total count for the measure. For measures that require an action to be taken on behalf of a percentage of unique patients (e.g., the objectives of "Record demographics", "Record vital signs", etc.), EPs, EHs, and CAHs may also add the numerators and denominators calculated by each certified EHR system in order to arrive at an accurate total for the numerator and denominator of the measure. Previously CMS had advised providers to reconcile information so that they only reported unique patients. However, because it is not possible for providers to increase their overall percentage of actions taken by adding numerators and

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	denominators from multiple systems, CMS now permits simple addition for all meaningful use objectives. Please keep in mind that patients whose records are not maintained in Certified EHR Technology will need to be added to denominators whenever applicable in order to provide accurate numbers. To report Clinical Quality Measures (CQMs), EPs who practice in multiple locations 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 at those locations. To report CQMs, 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)).
How should patient encounters be calculated in order to meet the participation threshold of 50 percent?	To be a meaningful EHR user, an EP must have 50 percent or more of their patient encounters during the EHR reporting period at a practice or location equipped with Certified EHR Technology. For the purpose of calculating the 50 percent threshold, any encounter where medical treatment is provided or evaluation and management services are provided should be considered a "patient encounter." Please note that this is different from the requirements for establishing patient volume for the Medicaid EHR Incentive Program. You may wish to review those FAQs and other requirements related to Medicaid patient volume, since there is variation in what is considered to be a patient encounter.
Does each EP need to provide a separate clinical summary of a patient if the same patient is seen by multiple EPs during the same reporting time period?	No. One single clinical summary at the end of the visit can be used to meet the meaningful use objective for "provide clinical summaries for patients after each office visit."