

## Frequently Asked Questions Electronic Health Records - Eligibility

### **How do I know if I qualify to receive a Medicaid incentive payment?**

To be eligible to receive a payment, you must meet the following criteria:

- Be an “eligible” professional.
- Be an “eligible” hospital.
- Use “certified” EHR technology ([definition](#)) published by the Office of the National Coordinator 12-31-2009.
- Meet the “meaningful use” criteria in the employment of the certified EHR technology.

### **Who is considered a Medicaid eligible professional?**

Eligible professionals must meet one of the following criteria:

- Must be non-hospital based with at least 30% medical assistance patient volume
- Practice predominantly in a federally qualified health clinic (FQHC) or a rural health clinic (RHC) and have 30% of patient volume attributable to “needy” individuals
  - Physicians
  - Dentists
  - Certified nurse mid-wives
  - Nurse practitioners
  - Physician assistants (PA) practicing in a PA-led FQHC or RHC

### **How do you define “practices predominantly”?**

An eligible professional is also eligible when practicing predominantly in an FQHC or RHC. Currently, it is proposed that ‘practices predominantly’ is when the FQHC or RHC is the clinical location for over 50% of total encounters over a period of six months in the most recent calendar year.

### **How do you define “needy” individuals?**

Needy individuals are individuals meeting any of the following three criteria:

- They are receiving medical assistance from Medicaid or the Children's Health Insurance Program (CHIP)

- They are furnished uncompensated care by the provider, meaning they are furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay

### **What hospitals are eligible to receive the Medicaid incentive payments?**

- Acute care hospital with at least 10% Medicaid patient volume
- Children's hospitals have no Medicaid patient volume requirement

### **How do you define an acute care hospital?**

An acute care hospital is defined as a primary health care facility where the average length of patient stay is 25 days or fewer. Hospitals with an average length of stay of 25 days or fewer, and with a CMS Certification Number (CCN) that has the last four digits in the series 0001 – 0879, are eligible. This specification includes short-term general hospitals and the 11 cancer hospitals in the United States. Acute care hospitals also must meet patient volume threshold requirements (at least 10% of patient volume being Medicaid patients).

### **How do you define a children's hospital?**

A children's hospital is defined as a separately certified children's hospital, either freestanding or hospital-within-hospital, that has a certification number with the last four digits in the series 3300-3399 and predominately treats individuals under 21 years of age.

### **What is patient volume?**

According to the proposed rules, "Medicare and Medicaid Programs; Electronic Health Record Incentive Program", patient volume means the minimum participation threshold where the numerator is the total number of Medicaid encounters or needy individuals treated in any 90-day period in the most recent calendar year preceding the reporting and the denominator is all patient encounters in the same 90-day period.

### **How do providers calculate patient volume?**

- According to the proposed rules, "Medicare and Medicaid Programs; Electronic Health Record Incentive Program", a Medicaid provider must annually meet one of the following to establish patient volume:
- Professional (except pediatrician or professional working in an FQHC or RHC) – must attest that a minimum of 30% of his/her patient encounters over any continuous 90-day period in the most recent calendar year was covered by Medicaid.

- Pediatrician – must attest that a minimum of 20% of his/her patient encounters over any continuous 90-day period in the most recent calendar year was covered by Medicaid.
- Professional practicing predominately in a FQHC or RHC – must attest that a minimum of 30% of his/her patient encounters over any continuous 90-day period in the most recent calendar year was with needy individuals.
- Acute care hospital – must attest that a minimum of 10% of all patient encounters over any continuous 90-day period in the most recent calendar year was covered by Medicaid.

### Summary of Patient Volume Requirements

| Entity   | Minimum Medicaid patient volume threshold | Or the Medicaid eligible professional practices predominantly in an FQHC or RHC— 30% needy individual patient volume threshold |
|--|---|--|
| Physicians (except pediatricians)  | 30%                                       |  |
| Pediatricians  | 20%                                       |  |
| Dentists   | 30%                                       |  |
| Certified Nurse Midwives   | 30%                                       |  |
| Physician Assistants (PA) when practicing at an FQHC/RHC that is led by a PA | 30%                                       |  |
| Nurse Practitioners  | 30%                                       |  |
| Acute Care Hospitals   | 10%                                       |  |
| Children’s Hospitals   | No requirement                            |  |