

# IDAHO MEDICAID ELECTRONIC HEALTH RECORD (EHR) INCENTIVE PROGRAM: MEANINGFUL USE

## STAGE 2

### FREQUENTLY ASKED QUESTIONS

Questions	Answers
<b>What is Stage 2 meaningful use for the Medicaid EHR Incentive Programs?</b>	<p>Stage 2 retains the core and menu structure for meaningful use objectives. Although some Stage 1 objectives were either combined or eliminated, most of the Stage 1 objectives are now core objectives under the Stage 2 criteria. For many of these Stage 2 objectives, the threshold that providers must meet for the objective has been raised.</p> <p>New objectives are also introduced for Stage 2, and most of these are introduced as menu objectives. As with the previous stage, many of the Stage 2 objectives have exclusions that allow providers to achieve meaningful use without having to meet objectives outside of their normal scope of clinical practice.</p>
<b>How does a Medicaid provider demonstrate meaningful use for Stage 2?</b>	<ul style="list-style-type: none"><li>• Eligible professionals (EP) must meet 17 core objectives and 3 menu objectives they select from a list of 6 menu objectives, for a total of 20 objectives. Additionally, EPs must choose 9 clinical quality measures (CQMs) from a list of 65 CQMs and at least 3 of the 6 domains must be represented.</li><li>• Eligible hospitals (EH) and critical access hospitals (CAH) must meet 16 core objectives and 3 menu objectives they select from a list of 6 menu objectives, for a total of 19 objectives. Additionally, EHs must choose 9 CQMs from a list of 29 CQMs and at least 3 of the 6 domains must be represented.</li></ul>
<b>How are the reporting periods for Medicaid patient volume and for demonstrating meaningful use affected if an EP skips a year or takes longer than 12 months between attestations?</b>	<p>Regardless of when the previous incentive payment was made, the following reporting periods apply for the Medicaid EHR Incentive Program:</p> <ul style="list-style-type: none"><li>• For patient volume, an EP should use any continuous, representative 90-day period in the prior calendar year or rolling calendar year.</li><li>• For demonstrating they are meaningful users of EHRs, EPs should use the EHR reporting period associated with that payment year (for the first payment year that an EP is demonstrating meaningful use, the reporting period is a continuous 90-day period within the calendar year; for subsequent years the period is the full calendar year except for 2014, then it is a continuous 90-day period regardless of what stage a provider is participating).</li></ul>

Questions	Answers
<p><b>Are there any changes in the EHR Incentive Programs Stage 2 Rule to the base year for the Medicaid hospital incentive payment calculation?</b></p>	<p>Yes. Previously, Medicaid eligible hospitals calculated the base year using a 12-month period ending in the federal fiscal year before the hospital's fiscal year that serves as the first payment year. In an effort to encourage timely participation in the program, the Stage 2 Rule was amended to allow hospitals to use the most recent continuous 12-month period for which data is available prior to the payment year. This change went into effect upon publication of the Stage 2 Rule. Only hospitals that begin participation in the program after the publication date of the Stage 2 Rule (i.e., program years 2013 and later) will be affected by this change. Hospitals that began participation in the program prior to the Stage 2 Rule will not have to adjust previous calculations.</p>
<p><b>If I participated in the Medicaid EHR Incentive Program last year, am I required to participate in the following year?</b></p>	<p>No. Medicaid providers are not required to participate in consecutive years of the EHR Incentive Program. Providers who skip years of participation will resume the progression of meaningful use where they left off.</p>
<p><b>If I am participating in the Medicaid EHR Incentive Program but also provide care to Medicare patients, am I subject to the Medicare payment adjustments?</b></p>	<p>Yes. While there are no payment adjustments under the Medicaid EHR Incentive Program, those Medicaid EPs (only physicians and dentists) who are also paid under Medicare could be subject to payment adjustments if they are not meaningful EHR users for an applicable reporting period. Adopting, implementing, and upgrading EHR technology is not considered meaningful use for these purposes.</p>