



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

Idaho Medicaid EHR Incentive Program Acronyms and Terms

Acronym	Definition
AIU	– Adopt, Implement, Upgrade
ALOS	– Average Length of Stay
ARRA	– American Recovery and Reinvestment Act of 2009
ATCB	– Authorized Testing and Certification Body
BMI	– Body Mass Index
BP	– Blood Pressure
CAH	– Critical Access Hospital
CAHPS	– Consumer Assessment of Healthcare Providers and Systems
CCHIT	– Certification Commission for Health Information Technology
CCN	– CMS Certification Number
CEHRT	– Certified Electronic Health Record Technology
CHIP	– Children’s Health Insurance Plan
CHIPRA	– Children’s Health Insurance Plan Reauthorization Act of 2009
CHPL	– Certified HIT Product List
CMS	– Center for Medicare and Medicaid Services
CNM	– Certified Nurse Midwife
CPOE	– Computer Process Order Entry
CQM	– Clinical Quality Measure
CY	– Calendar Year
ED	– Emergency Department
EH	– Eligible Hospital
EHR	– Electronic Health Record
EIN	– Employer Identification Number
EMR	– Electronic Medical Record
EP	– Eligible Professional
eRX	– Electronic Prescribing
FEIN	– Federal Employer Identification Number
FFY	– Federal Fiscal Year
FQHC	– Federally Qualified Health Center



IDAHO DEPARTMENT OF
HEALTH & WELFARE

- HHS – Department of Health and Human Services
- HIE – Health Information Exchange
- HIO – Health Information Organization
- HIPAA – Health Insurance Portability and Accountability Act of 1996
- HIT – Health Information Technology
- HITECH – Health Information Technology for Economic and Clinical Health
- IAPD – Implementation Advanced Planning Document
- IIMS – Idaho Incentive Management System
- IHC – Indian Health Clinic
- IHS – Indian Health Services
- IPA – Independent Practice Association
- IPPS – Inpatient Prospective Payment System
- IT – Information Technology
- MMIS – Medicaid Management Information System
- MU – Meaningful Use
- NHIN – National Health Information Network
- NP – Nurse Practitioner
- NPI – National Provider Identifier
- NPRM – Notice of Proposed Rule Making
- OIG – Office of the Inspector General
- ONC – Office of the National Coordinator
- PA – Physician Assistant
- PAPD – Planning Advanced Planning Document
- PHR – Personal Health Record
- PV – Patient Volume
- RA – Remittance Advice
- RHC – Rural Health Center
- RHIO – Regional Health Information Organization
- RNA – Registered Nurse Anesthetist
- SFY – State Fiscal Year
- SMHP – State Medicaid HIT Plan
- TIN – Tax Identification Number

Adopting, implementing or upgrading a CEHRT

The process by which providers have installed and started using a CEHRT that is capable of meeting MU requirements; or expanded the available functionality and commenced utilization of

a CEHRT capable of meeting MU requirements at the practice site including staffing, maintenance, and training

Acute Care Hospital

According to the proposed rule and for purposes of the Medicaid incentive program, an Acute Care Hospital means a health care facility where;

- The ALOS is 25 days or fewer, and
- The CCN, (previously known as the Medicare Provider number), has the last four digits in the series 0001 -0879.

Attestation

In order for EPs to receive an EHR incentive payment, they must attest (legally state) through their state's secure Medicaid website that they've demonstrated MU with a CEHRT.

CCHIT

A voluntary, private-sector organization launched in 2004 to certify HIT products such as EHRs and the networks over which they interoperate. See <https://www.cchit.org>

Children's Hospital

According to the Proposed rule and for purposes of the Medicaid incentive program, a Children's Hospital is defined as a separately certified children's hospital, either freestanding or hospital-within-hospital, that has a CCN, (previously known as the Medicare Provider number), that has the last four digits in the series 3300-3399, and predominantly treats individuals under the age of 21.

EHR

An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and is created, managed, and consulted by authorized clinicians and staff across more than one health care organization. The principal difference between an EHR and an EMR is the ability to exchange information interoperably. This requires use of nationally recognized interoperability standards, common in EHRs but not always a part of an EMR. Thus the term EMR is on course for eventual retirement.

EMR

An electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization. The principal difference between an EMR and an EHR is the ability to exchange information interoperably. This requires use of nationally recognized interoperability standards, common in EHRs but not always a part of an EMR. Thus the term EMR is on course for eventual retirement.

EPs

Currently CMS has determined the following EPs are eligible to participate in the Idaho Medicaid EHR Incentive Programs:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Advanced Practice Professional Nurses
 - NP
 - CNM
 - RNA
 - Clinical Nurse Specialist
- Dentist
- PA who furnishes services in a FQHC or RHC that is led by a PA

The EHR incentive payments can only be made to Idaho Medicaid providers (EPs with an Idaho Medicaid Provider Agreement). The only exception is if the EP predominantly practices in an FQHC or RHC. Additionally the EP must be

- Non-hospital based with at least 30% medical assistance PV (20% for pediatricians), OR
- Practice in an FQHC or Rural Health Clinic and have a 30% PV attributable to “needy” individuals

Exclusion

CMS allows providers to report that specific MU measures do not apply to them because they have no patients or insufficient number of actions that would allow calculation of the MU measure. For example, a physician who has no patients age 65 or older or age 5 or younger would not have to meet the requirement to send an appropriate reminder to 20% or more of all patients in those age groups during the EHR reporting period.

FQHC

A FQHC is a public or non-profit safety net provider receiving grant funds under Section 330 of the Public Health Service Act. FQHCs must serve a medically underserved area or population, offer a sliding fee scale for people who qualify based on income, and be governed by a consumer-based board. They provide primary care and preventive healthcare services, dental health, and behavioral health services. Additional information about FQHCs is found at <http://www.cms.hhs.gov/MLNProducts/downloads/fqhcfactsheet.pdf>

HIE

The electronic movement of health-related information among organizations according to nationally recognized standards. HIE is also commonly used to describe a RHIO.

HIO

An organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.

HIT

The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making.

Hospital-Based

An EP who furnishes more than 90% of their covered professional services in a hospital setting, inpatient or emergency room, in the year preceding the payment year.

MU

The requirements for EHR use and reporting to qualify for the incentive payment within the Medicaid EHR Incentive Program. MU will be the standard by which providers will use their CEHRT and build enhancements for future reporting and quality measures to improve patient outcomes.

Medicaid Encounter for an EP

- Medicaid paid for part or all of the service; or
- Medicaid paid all or part of the individual's premiums, copayments, and cost-sharing.

Needy Individuals

Individuals meeting any one of the following three criteria:

- They are receiving medical assistance from Medicaid or the CHIP;
- They receive uncompensated care from the provider; or
- They receive services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay

NHIN

NHIN describes the technologies, standards, laws, policies, programs, and practices that enable health information to be shared among health decision makers, including consumers and patients, to promote improvements in health and healthcare. Developing a vision for the NHIN began more than a decade ago with publication of an Institute of Medicine report, "The Computer-Based Patient Record".

ONC

The ONC is a federal government agency that is part of the U.S. HHS. The ONC oversees and encourages the development of a national, interoperable (compatible) HIT system to improve the quality and efficiency of health care. See <http://www.hhs.gov/healthit/>

PV

The proportion of an EP's patient encounters that qualify as a Medicaid or needy in FQHCs or RHCs encounter. This figure is calculated through a numerator and denominator as defined in the SMHP.

PHR

PHR is an electronic application through which individuals can maintain and manage their own health information (and that of others for whom they are authorized) in a private, secure, and confidential environment.

PHR v. EHR

Control of information distinguishes EHR from PHR. The information in a PHR, whether contributed from an EHR or through other sources, is for the individual to manage and decide

how it is accessed and used. Electronic portals of information on an individual that are hosted by a provider or payer organization, without transferring the control of the information to the individual, are not PHRs but rather examples of giving individuals access to information in an EHR.

PA-led FQHC or RHC

- PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, we would consider the PA as the primary provider);
- PA is a clinical or medical director at a clinical site of practice; or
- PA is an owner of an RHC.

“Practices Predominantly” in an FQHC/RHC

An EP who practices in a FQHC/RHC clinical location for over 50% of total encounters of the EP over a period of six months in the most recent calendar year.

RHC

To qualify for Medicare RHC certification, the clinic must be located in a non-urbanized area as defined by the U.S. Census Bureau and a federally-designated underserved area. The clinic is required to have a PA, NP, or CNM on-site and available to see patients at least 50% of the time the clinic is open. RHCs must directly provide routine diagnostic and laboratory services commonly furnished in a physician office. Additional information about RHCs is found at: <http://www.cms.hhs.gov/MLNProducts/downloads/RuralHlthClinfctshst.pdf>

RHIO

A RHIO is a multi-stakeholder organization that enables the exchange and use of health information, in a secure manner, for the purpose of promoting the improvement of health quality, safety, and efficiency. Officials from the U.S. HHS see RHIOs as the building blocks for the NHIN. When complete, the NHIN will provide universal access to EHRs.

More information about the Idaho Medicaid EHR Incentive Program can be found at <http://healthandwelfare.idaho.gov/default.aspx?TabId=1405>.