| ELIGIBILITY AND PARTICIPATION | | |
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| **FAQ Number** | **Question** | **Answer** |
| 2771 | Is the EP the only person who can enter information in the electronic health record (EHR) in order to qualify for the Medicare and Medicaid Promoting Interoperability Programs? | In order to meet the meaningful use objective for computerized provider order entry (CPOE), any licensed health care provider or a medical staff person who is a credentialed medical assistant or is credentialed to and performs the duties equivalent to a credentialed medical assistant can enter orders in the medical record, per state, local and professional guidelines. The remaining meaningful use objectives do not specify any requirement for who must enter information. |
| 2829 | If patients are dually eligible for Medicare and Medicaid, can they be counted twice by hospitals in their calculations for incentive payment if they are applying for both Medicare and Medicaid Promoting Interoperability Programs? | For purposes of calculating the Medicaid share, a patient cannot be counted in the numerator if they would count for purposes of calculating the Medicare share. Thus, in this respect the inpatient bed day of a dually eligible patient could not be counted in the Medicaid share numerator. (See 1903(t)(5)(C), stating that the numerator of the Medicaid share does not include individuals "described in section 1886(n)(2)(D)(II).") In other respects; however, the patient would count twice. For example, in both cases, the individual would count in the total discharges of the hospital. For more information on hospital payments, see the Stage 1 Final Rule at http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf. |
| 2821 | When we leverage the group patient volume option for Medicaid Promoting Interoperability Program, can we include the encounters with ancillary providers such as pharmacists, educators, etc. when determining whether the eligible professionals (EPs) meet the patient volume requirements? | Our regulations did not address whether these non-EP encounters could be considered in the estimate of patient volume for the clinic. However, states have the discretion to include such non-EP encounters. If these non-EP Medicaid encounters are included in the numerator, all non-EP encounters must be included in the denominator. States also must ensure that their methodology adheres to the conditions in 42 CFR 495.306(h), and specifically 495.306(h)(4), which says: "The clinic or group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way. |
| 2883 | If an eligible professional (EP) , eligible hospital or CAH is unable to meet the measure of a Meaningful Use objective because it is outside of the scope of his or her practice, will the EP be excluded from meeting that measure under the Promoting Interoperability Program | Some Meaningful Use objectives provide exclusions and others do not. Exclusions are available only when our regulations specifically provide for an exclusion. Providers may be excluded from meeting an objective if they meet the circumstances of the exclusion. If a Provider is unable to meet a Meaningful Use objective for which no exclusion is available, then that Provider would not be able to successfully demonstrate Meaningful Use under the Promoting Interoperability Programs. |
| 7737 | If I participated in the Promoting Interoperability Program last year, am I required to participate in the following year? | No. Medicaid providers are not required to participate in consecutive years of the Promoting Interoperability Program. Providers who skip years of participation will resume the progression of Meaningful Use (MU) where they left off. All providers are required to meet two years of Stage 1 in their first two years of MU and then proceed to Stage 2, regardless of not participating in consecutive years. (Note that there is an exception to that general rule for providers who demonstrated MU in 2011. These providers need not move to Stage 2 until 2014.) Note that after 2016, eligible hospitals must have participated in the previous year in order to receive a payment. For more information on what your meaningful use and incentive payment timeline will be, please see the timeline widget at http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html" |
| 2931 | If a dually-eligible hospital initially registers only for the Promoting Interoperability Program, but later decides that it wants to also register for the Medicare Promoting Interoperability Program, can it go back and change its registration from Medicaid only to both Medicare and Medicaid? | Hospitals that are eligible for Promoting Interoperability payments under both Medicare and Medicaid should select "Both Medicare and Medicaid" during the registration process, even if they plan to apply only for a Medicaid EHR incentive payment by adopting, implementing, or upgrading certified EHR technology. Dually-eligible hospitals can then attest through CMS for their Medicare Promoting Interoperability payment at a later date, if they so desire. It is important for a dually-eligible hospital to select "Both Medicare and Medicaid" from the start of registration in order to maintain this option. Hospitals that register only for the Medicaid program (or only the Medicare program) will not be able to manually change their registration (i.e., change to "Both Medicare and Medicaid" or from one program to the other) after a payment is initiated and this may cause significant delays in receiving a Medicare Promoting Interoperability payment. Keywords: FAQ10267 |
| 3215 | In order to meet the participation threshold of 50 percent of patient encounters in practice locations equipped with certified electronic health record (EHR) technology for the Medicare and Medicaid Promoting Interoperability Programs, how should patient encounters be calculated? | 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/location or practices/locations equipped with certified EHR technology. For the purpose of calculating this 50 percent threshold, any encounter where a medical treatment is provided and/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 Promoting Interoperability Program. |
| 3309 | When a patient is only seen by a member of the eligible professional's (EP's) clinical staff during the EHR reporting period and not by the EP themselves, do those patients count in the EP's denominator? | The EP can include or not include those patients in their denominator at their discretion as long as the decision applies universally to all patients for the entire EHR reporting period and the EP is consistent across meaningful use measures. In cases where a member of the EP's clinical staff is eligible for the Promoting Interoperability Program in their own right (NPs and certain physician assistants (PA), patients seen by NPs or PAs under the EP's supervision can be counted by both the NP or PA and the supervising EP as long as the policy is consistent for the entire EHR reporting period. |
| 8231 | While the denominator for measures used to calculate meaningful use in the Medicare and Medicaid Promoting Interoperability Programs is restricted to patients seen during the EHR reporting period, is the numerator also restricted to activity during the EHR reporting period or can actions for certain meaningful use measures be counted in the numerator if they took place after the EHR reporting period has ended? | The criteria for a numerator is not constrained to the EHR reporting period unless expressly stated in the numerator statement for a given meaningful measure. For all other meaningful use measures, the actions may reasonably fall outside the EHR reporting period timeframe but must take place no earlier than the start of the calendar year and no later than the date of attestation or last day of the calendar year, whichever is earlier. For program year 2015 and subsequent years, the requirements have been defined in the final rule (80 FR 62792) For i specific information about each program year, see the program requirements pages on the Promoting Interoperability website: https://www.cms.gov/regulations-and-Guidance/Legislation/EHRIncentivesPrograms/Index.html. For information specific to the Security to the Security Risk Assessment in 2015 and subsequent years, see FAQ #13649. |