



Guide for Eligible Professionals Practicing in Multiple Locations Medicaid EHR Incentive Program

Updated: November 2016

Eligible professionals who practice in multiple locations must take some additional steps in order to successfully participate in the [Medicaid Electronic Health Record \(EHR\) Incentive Program](#).

Patient Encounters With Certified EHR Technology

In order to demonstrate meaningful use, eligible professionals (EPs) who practice in multiple locations will need at least 50 percent of their patient encounters during the reporting period to take place at locations with certified EHR technology (CEHRT). An EP who does not conduct at least 50 percent of their patient encounters in any one practice/location would have to meet the 50 percent threshold through a combination of practices/locations equipped with CEHRT. EPs who meet this requirement need to calculate their meaningful use data using only patient encounters at locations with CEHRT.

>> DEFINITION OF PATIENT ENCOUNTERS/PATIENT VOLUME

In the Medicaid EHR Incentive Program, there are requirements for establishing patient volume. EPs should review requirements related to Medicaid patient volume, since there is variation in what is considered to be a patient encounter. Please contact your [State Medicaid agency](#) for more information on which types of encounters qualify as Medicaid/medically necessary individual patient volume.

NOTE: This is different from the definition of patient encounters as defined by CMS for the Medicare EHR Incentive Program. Patient encounters are defined as any encounter where a medical treatment is provided and/or evaluation and management services are provided, except a *hospital inpatient department (Place of Service 21)* or a *hospital emergency department (Place of Service 23)*. Patient encounters in ambulatory surgical centers (*Place of Service 24*) would be included for the purpose of this definition. This includes both individually billed events and events that are globally billed, but are separate encounters under our definition. For more information, see CMS FAQ [#3065](#) and [#3215](#).

>> DETERMINE IF A LOCATION IS EQUIPPED WITH CERTIFIED EHR TECHNOLOGY

A practice or location is considered equipped with certified EHR technology if the record of the patient encounter that occurs at that practice/location is created and maintained in CEHRT (77 FR 53981).

Equipped with CEHRT would include:

- CEHRT could be permanently installed at the practice/location.
- The EP could bring CEHRT to the practice/location on a portable computing device.
- The EP could access CEHRT remotely using computing devices at the practice/location.

Please note that EPs who practice at outpatient locations (other than POS 21 and POS 23) equipped with CEHRT to the criteria applicable to an inpatient setting would not be included in the numerator of the EPs calculations, as the location is not equipped with all the capabilities necessary for an EP to satisfy

the meaningful use objectives and measures. However, this location would be included in the denominator to determine whether the EPs' outpatient encounters meet the 50 percent threshold. EPs who practice at locations that host some, but not all, aspects of ambulatory CEHRT, must have access to ambulatory CEHRT that covers all the functionalities necessary for the EP to meet meaningful use at that location in order to consider the location equipped. A location that does not provide access to an electronic prescribing module, for example, could not be considered equipped with CEHRT. For more information, see FAQ [#3077](#) and [#7811](#).

EPs who practice in multiple locations and lack control over the availability of CEHRT may consider applying for a [hardship exception](#).

Calculate Meaningful Use Across Multiple Locations

Once an EP has determined which locations are equipped with CEHRT and confirmed that at least 50 percent of their patient encounters occurred at those locations, the EP can then calculate meaningful use measures across those locations. We clarify this policy is applicable for all practice settings (including long term care). EPs can 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. See FAQ [#3609](#) for more information.

>> UNABLE TO ACCESS DATA FROM A LOCATION

An EP is required to attest with complete data from all locations equipped with CEHRT in order to demonstrate meaningful use.

If an EP is unable to obtain meaningful use data from a given location, the EP is still required to include patients seen during the reporting period at that location in the denominator of meaningful use objectives. However, without meaningful use data available, the EP will not be able to include actions taken for those patients in the numerator of meaningful use objectives, which can negatively impact performance on measures. If the EP is still able to meet all of the measures after including patients seen in the denominator of measures, then he or she can successfully demonstrate meaningful use. See FAQ [#7815](#) for more information.

>> REPORTING ON PUBLIC HEALTH MEASURES AND CQMS ACROSS MULTIPLE LOCATIONS

Practice locations may choose to implement different Public Health Reporting measures and/or report on different clinical quality measures (CQMs). The EP should combine data for measures and CQMs across locations where possible, and report on measures and CQMs from the location with the greatest number of patient encounters when other locations chose different measures and/or CQMs. Providers should maintain documentation that the provider reporting is based on that location.

NOTE: Medicaid may require specific registries to be identified depending on the state. See the Stage 2 final rule, which addresses a similar issue in the preamble: ([77 FR 53981](#)).