



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

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CMS Has New FAQs for You!

We want to help keep you updated with information on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. CMS has recently updated previously-posted FAQs and added new FAQs on several incentive program topics, including reporting periods and incentive payments. Take a minute and review these FAQs:

1. For the 2011 payment year, how and when will incentive payments for the Medicare EHR Incentive Programs be made? [Read the answer.](#)
2. What are the EHR reporting periods for eligible hospitals participating in both the Medicare and Medicaid EHR Incentive Programs, as well as the requirements for receiving an EHR incentive payment? [Read the answer.](#)
3. For the Medicare and Medicaid EHR Incentive Programs, how will non-standard (or irregular) cost reporting periods be taken into account in determining the appropriate cost reporting periods to employ during the Medicare and Medicaid EHR Hospital Calculations? [Read the answer.](#)
4. In order to qualify for payment under the Medicaid EHR Incentive Program for having adopted, implemented, or upgraded to (AIU) certified EHR technology, an eligible professional (EP) working at an Indian Health Services (IHS) clinic may be asked to submit to their State Medicaid Agency an official letter containing information about the clinic's electronic health record from IHS (which is an Operating Division of the United States Department of Health and Human Services). The information in this letter identifies the EHR vendor, the ONC Certified Health IT Product List (CHPL) number of the EHR, as well as other information regarding the EHR product version and licensure. Does this letter meet states' documentation requirements for AIU?

[Read the answer.](#)

5. For the Medicaid EHR Incentive Program, how do we determine Medicaid patient volume for procedures that are billed globally, such as obstetrician (OB) visits or some surgeries? Such procedures are billed to Medicaid at a global rate where one global rate might cover several visits. [Read the answer.](#)

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