

Forwarded for your information from the CMS Regional Office:

September 14, 2010

Montana Providers, Partners & Stakeholders:

Thank you for joining us for the August 27, 2010, Centers for Medicare & Medicaid Services Region VIII Medicare Chat Call regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs for Montana Providers, Partners & Stakeholders. As a follow up to the call, we are providing a list of the questions raised by participants along with the corresponding answers. Any questions raised during the August 27th call that are not reflected in this letter will be addressed in a forthcoming note. You will note that we cite Volume 75 of the Federal Register (75 FR) and page number as well as the CMS Health IT Frequently Asked Question Identification Number in our responses. We include the links to those resources below, along with several others that you may find helpful in addressing your EHR incentive program questions.

75 FR is accessible at: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

CMS Health IT Frequently Asked Questions are accessible at:

<http://questions.cms.hhs.gov/app/answers/list/p/21,26,1058#s>

Questions and Answers:

Question: Our provider-based clinic is designated as a department of the hospital. Would physicians who work in the provider-based clinic be considered hospital-based EPs and thus, ineligible for EHR incentive payments?

Answer: As set forth in the Medicare and Medicaid Programs; Electronic Health Record Incentive Program Final Rule, an EP will be defined as being hospital-based and therefore ineligible to receive an EHR incentive payment under either Medicare or Medicaid, regardless of the type of service provided, if more than 90 percent of their services are identified as being provided in places of service classified under two place of service codes 21 (Inpatient Hospital) or 23 Emergency Room, Hospital (75 FR, Page 44442).

Question: Where can I get answers to my privacy and security questions about electronic health records (EHRs)?

Answer: The Office for Civil Rights (OCR) is responsible for enforcing the Privacy and Security rules related to the HITECH program. More information is available at OCR's website at <http://www.hhs.gov/ocr/>.

Refer to: CMS EHR Q/A ID 10092

Question: In a group practice, will each provider need to demonstrate meaningful use in order to get Medicare and Medicaid electronic health record (EHR) incentive payments or can meaningful use be calculated or averaged at the group level?

Answer: Yes. Medicare and Medicaid incentive payments are made on a per EP basis, not by practice. Each EP will need to demonstrate the full requirements of meaningful use in order to qualify for the EHR incentive payments. We made this clear in the preamble to the final rule when we declined to adopt alternative means for demonstrating meaningful use on a group-practice level (75 FR 44437).

Refer to: CMS EHR Q/A ID 10076

Question: What is the reporting period for eligible professionals (EPs) participating in the electronic health record (EHR) incentive programs?

Answer: For demonstrating meaningful use through both the Medicare and Medicaid EHR Incentive Programs, the EHR reporting period for an EP's first year is any continuous 90-day period within the calendar year. In subsequent years, the EHR reporting period for EPs is the entire calendar year. Under the Medicaid program, there is also an incentive for the adoption, implementation, or upgrade of certified EHR technology, which does not have a reporting period.

Refer to CMS EHR Q/A ID 9961

Question: Can eligible professionals (EPs) use clinical quality measures from the alternate core set to meet the requirement of reporting three additional measures for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs?

Answer: No, if EPs report data on all three clinical quality measures from the core set, they would not report on any from the alternate core set. The three additional clinical quality measures must come from Table 6 of the final rule (75 FR 44398-44408), excluding those clinical quality measures included in either the core set or the alternate core set.

Refer to CMS EHR Q/A ID10075

Additional Resources

Please refer to the following resources that will assist you in learning more about the EHR incentive programs.

Get information, tip sheets and more at CMS' official website for the EHR incentive programs:

<http://www.cms.gov/EHRIncentivePrograms>

Learn about certification and certified EHRs, as well as other programs from the Office of the National Coordinator (ONC) that are designed to support providers as they make the transition: <http://healthit.hhs.gov>

If you do not find the information that you need at the websites listed above, please email your questions to:

ROKCMFM@cms.hhs.gov

Note: When submitting your question, please identify your state in the subject line.

If you would like CMS support in conducting provider outreach, please contact either Dennis DelPizzo at 303-844-1994 or Brenda Hudson at 303-844-7056.

Sincerely,

/s/

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