

## Stage 1 Meaningful Use for Eligible Professionals Working in Multiple Locations

### Issue

Eligible professionals (EPs) are unsure of how to attest to Meaningful Use when they provide services at multiple locations and in different settings. The main issue is when to include or exclude patients in the numerators and denominators of the Meaningful Use measures when attesting. EPs are also confused about the requirements for: eligibility, percentage of records maintained in certified EHR technology (CEHRT), and situations where patient data is maintained in paper and/or an uncertified EHR.

### Background

#### Eligibility – The 50% Rule for Patient Encounters

In order for an EP to be considered a meaningful EHR user, at least 50% of the EP's patient encounters during the EHR reporting period must occur at a practice/location or practices/locations equipped with CEHRT ([Medicare and Medicaid EHR Incentive Program - Stage 1 - Final Rule p. 44566](#)). A location is considered equipped with CEHRT if CEHRT is available at the start of the reporting period. EPs who do not conduct 50% of their patient encounters in any one practice/location would have to meet the 50% threshold through a combination of practices/locations equipped with CEHRT. EPs who do not meet this criterion are not eligible to participate in the EHR Incentive Program.

#### Records – The 80% Rule for Patient Records

At each location that an EP collects numerators and denominators for the percentage-based measures, the EP must include ALL patients in the denominator for relevant measures including patients' records that are maintained in paper and/or in an uncertified EHR. Because more than 80% of all unique patients seen by the EP must have at least one entry or an indication that no problems are known for the patient recorded as structured data, it is reasonable to say that more than 80% of patients' records must be maintained in CEHRT to meet Meaningful Use.

#### Percentage-Based Measures: Two Denominator Types

Certain Meaningful Use measure denominators are based on counting actions for patients whose records are maintained using CEHRT. Other measure denominators must include all unique patients regardless of whether the patient's records are maintained using CEHRT.

- Denominators that only include patient records maintained using CEHRT: CPOE, eRx, vital signs, smoking status, e-copy, clinical summaries, lab results, reminders, med reconciliation, and summary of care document).
- Denominators that must include unique patients whose records are maintained in CEHRT, uncertified EHR and paper: problem, medication and medication allergy lists, demographics, e-access, and patient education.

### Assessment – Various Settings

#### Hospitals and Emergency Departments

Some EPs may see patients in more than one practice and/or in both inpatient and outpatient settings. However, EPs must not include data from encounters with patients that occurred in inpatient settings and emergency departments of hospitals when collecting Meaningful Use data.

#### Settings other than Primary Practice Location(s)

Questions abound whether EPs can or should include visits at locations other than their primary practice site (e.g., long-term care and nursing facilities, dialysis site, etc.) If CEHRT is available at the start of the reporting period at any location where the EP has patient encounters, all patient data from all of those sites must be included for all percentage-based measures. Prior to 2013 EPs are permitted the option to



include or not include these patients' data. This practice will not be allowed beginning in 2013 because it does not take advantage of the value CEHRT offers. ([Medicare and Medicaid EHR Incentive Program – Stage 2 – Final Rule p.53981](#)).

### Solution(s)/Recommendation(s)

1. Incentive payments for EPs are based on individual practitioners. If an EP is part of a practice, each EP may qualify for an incentive payment if each EP successfully demonstrates Meaningful Use of CEHRT.
2. Each EP is only eligible for one incentive payment per year, regardless of how many practices or locations at which he or she provides services.
3. A practice is equipped with CEHRT if it is available at the beginning of the EHR reporting period for a given geographic location. Equipped does not mean the CEHRT is functioning on any given day during the EHR reporting period. A practice/location is considered equipped with CEHRT if the record of the patient encounter that occurs at that practice/location is created and maintained in CEHRT ([Medicare and Medicaid EHR Incentive Program - Stage 1 - Final Rule p. 44329](#)). This can be accomplished in three ways:
  - CEHRT could be permanently installed at the practice/location
  - The EP could bring CEHRT to the practice/location on a portable computing device, or
  - The EP could access CEHRT remotely using computing devices at the practice/location ([Medicare and Medicaid EHR Incentive Program – Stage 2 – Final Rule p. 53981](#)).
4. EPs must include data from all sites where CEHRT is available at the beginning of the reporting period regardless of whether they volunteer and/or work only a few hours per year at a site ([CMS FAQ 3209](#)).
5. If an EP works at multiple locations but does not have CEHRT available at all of them at the start of reporting period, the EP would have to –
  - have 50% of outpatient encounters during the EHR reporting period at a location/locations equipped with CEHRT
  - base all meaningful use measures only on outpatient encounters that occurred at the location where CEHRT was in place at the start of their measurement period starting in 2013.
6. If an EP works at two locations and plans on using data from one site that is equipped with CEHRT and at some point during the measurement period, the other site goes live, the EP would not need to start their measurement period over again nor does the EP have to include data from the second site.
7. If an EP sees patients in both inpatient and outpatient settings (e.g., hospital and clinic) and CEHRT is available at each location, the EP should base the numerators and denominators for Meaningful Use measures on patients in the clinic settings because this setting is where he/she is eligible to receive payments from the Medicare and Medicaid EHR Incentive Programs. ([CMS FAQ 3065](#))
8. An EP who does not have the same menu objectives implemented across each practice locations equipped with CEHRT may attest to the five menu objectives that represent the greatest number of their patient encounters. For example, if six menu objectives are implemented between two locations, an EP would attest to the five menu objectives implemented at the location that has the greatest number of encounters during the EHR reporting period. For measures that utilize a percentage threshold, they can limit the denominator to the location or locations that pursued that menu objective. This is a recent provision in the stage 2 Final Rule which may be applied in stage 1 as well ([Medicare and Medicaid EHR Incentive Program – Stage 2 – Final Rule p. 53981](#)).
9. If an EP works at two locations, one equipped with CEHRT (representing over 50% of total encounters for the EP) and a second location of paper based or non-certified EHR, the EP can choose to include or not include those encounters/patient data from the second location with paper and/or a



- uncertified EHR for 2012 but not for 2013. However, if the EP chooses to include those encounters:
- The EP may include those patients in the Meaningful Use measures if the patients' information is entered into certified EHR technology at another practice location ([CMS FAQ 3077](#)).
  - If the EP chooses to include those patients at the location without CEHRT, information for all patients and for all Meaningful Use measures must be included ([CMS FAQ 3209](#)).

## References

### [EHR Incentive Programs](#)

[An Introduction to the Medicare EHR Incentive Program for Eligible Professionals](#)

[An Introduction to Medicaid EHR Incentive Program for Eligible Professionals](#)

[The Meaningful Use Attestation Calculator](#)

[Stage 1 Meaningful Use Measures Sorted By Measure Calculation](#)

[CMS Stage 2 Final Rule](#)

[EPs Practicing in Multiple Practices - Medicare and Medicaid EHR Incentive Program p. 44329](#)

[EPs Practicing in Multiple Practices/Locations - Medicare and Medicaid EHR Incentive Program - Stage 2 - pp. 53980-1](#)

The Centers for Medicare and Medicaid Services (CMS) has also issued a series of FAQs on topics of concern:

### [FAQ 3015](#)

When eligible professionals work at more than one clinical site of practice, are they required to use data from all sites of practice to support their demonstration of meaningful use and the minimum patient volume thresholds for the Medicaid EHR Incentive Program?

### [FAQ 2765](#)

For eligible professionals (EPs) who see patients in both inpatient and outpatient settings (e.g., hospital and clinic), and where certified electronic health record (EHR) technology is available at each location, should these EPs base their denominators for meaningful use objectives on the number of unique patients in only the outpatient setting or on the total number of unique patients from both settings?

### [FAQ 2767](#)

The setting in which a physician, nurse practitioner, certified nurse-midwife, or dentist practices is generally irrelevant to determining eligibility for the Medicaid EHR Incentive Program (except for purposes of determining whether an EP can qualify through "needy individual" patient volume). Setting is relevant for physician assistants (PA), as they are eligible only when they are practicing at a Federally Qualified Health Center (FQHC) that is led by a PA or a Rural Health Center (RHC) that is so led. All providers must meet all program requirements prior to receiving an incentive payment (e.g. adopt, implement or meaningfully use certified EHR technology, patient volume, etc.).

### [FAQ2813](#)

What do the numerators and denominators mean in measures that are required to demonstrate meaningful use for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program?

### [FAQ3065](#)

For the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, should patient encounters in an ambulatory surgical center (Place of Service 24) be included in the denominator for calculating that at least 50 percent or more of an eligible professional's (EP's) patient



encounters during the reporting period occurred at a practice/location or practices/locations equipped with certified EHR technology?

#### [FAQ 3609](#)

For the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, how should an eligible professional (EP), eligible hospital, or critical access hospital (CAH) that sees patients in multiple practice locations equipped with certified EHR technology calculate numerators and denominators for the Meaningful Use objectives and measures?

#### [FAQ 3209](#)

To what attestation statements must an eligible professional (EP), eligible hospital, or critical access hospital (CAH) agree in order to submit an attestation, successfully demonstrate meaningful use, and receive an incentive payment under the Medicare Electronic Health Record (EHR) Incentive Program?

#### [FAQ 3077](#)

If an eligible professional (EP) sees a patient in a setting that does not have certified electronic health record (EHR) technology but enters all of the patient's information into certified EHR technology at another practice location, can the patient be counted in the numerators and denominators of meaningful use measures for the Medicare and Medicaid EHR Incentive Programs?

#### [FAQ 2813](#)

What do the numerators and denominators mean in measures that are required to demonstrate meaningful use for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program?

### Meaningful Use CoP Resources

The following are Burning Issues from the Meaningful Use CoP discussion board.

- [Providers who Volunteer](#)
- [Location without CEHRT](#)
- [Visiting Specialists](#)
- [Physicians Contracted for a Separate Location from Main Practice](#)
- [Long-term Care Facilities](#)
- [Long-term Care Facilities \(Nursing Homes\) and Rehab Hospitals](#)
- [Nursing Home Encounters](#)
- [Menu Measures and Multiple Practice Locations](#)
- [Multi-site Reporting of Denominators for EP-EHR & Paper](#)
- [50% Patient Encounters in EHR Threshold](#)
- [Multi-site Unique Patients](#)

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