# Guide for Eligible Professionals Practicing in Multiple Locations (EHR Incentive Programs in 2015 through 2017)

**Updated: March 2016**

**Eligible professionals who practice in multiple locations must take some additional steps in order to successfully participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.**

## 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. 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. Eligible professionals who meet this requirement need to calculate their meaningful use data using only patient encounters at locations with certified EHR technology.

### >> DEFINITION OF PATIENT ENCOUNTERS

CMS defines patient encounters 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.

NOTE: This is different from the requirements for establishing patient volume for the Medicaid EHR Incentive Program. You may wish to 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/needy individual patient volume.

### >> 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 certified EHR technology 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 eligible professionals who practice at outpatient locations (other than POS 21 and POS 23) equipped with EHR technology certified 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 EP's outpatient encounters meet the 50% threshold. Eligible professionals who practice at locations that host some, but not all, aspects of ambulatory certified EHR technology, must have access to ambulatory certified EHR technology that covers all the functionalities necessary for the eligible professional 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 certified EHR technology. For more information, see FAQ #3077 and #7811.

Eligible professionals 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 eligible professional has determined which locations are equipped with certified EHR technology and confirmed that at least 50 percent of their patient encounters occurred at those locations, the eligible professional can then calculate meaningful use measures across those locations. We clarify this policy is applicable for all practice settings (including long term care). Eligible professionals 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 eligible professional is required to attest with complete data from all locations equipped with certified EHR technology in order to demonstrate meaningful use.

If an eligible professional is unable to obtain meaningful use data from a given location, the eligible professional 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 eligible professional 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 eligible professional 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 eligible professional 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.

The Medicare program does not require providers to identify for CMS which registries they are reporting to for the public health reporting objective, so it would largely be for their own

documentation in case of an audit or if they are attesting to Medicaid which 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).