



For Hospitals Participating in Both Medicare & Medicaid EHR Incentive Programs

Eligible Hospitals (EH), unlike Eligible Professionals (EP), may participate in and receive EHR incentive payments under both Medicare and Medicaid EHR incentive programs during the same federal fiscal year. When applying under both programs during the first year of participation, it is important that the EH understands the differences in the two programs before deciding which program to apply to first. Under Medicaid, an EH may choose to receive its first payment based on the adopt, implement or upgrade (AIU) option. AIU is not available to an EH under the Medicare program.

See the table below for how applications under both programs are affected:

Hospital Participating In:			
Payment Year	Medicaid Incentive Program Only	Medicaid 1 st , then Medicare in same	Medicare 1 st then Medicaid in same FY / Medicare 1 st , then Medicaid in a later FY
1 st payment year	AIU	AIU (Medicaid);	MU, 90 day reporting period
		MU, 90 day reporting period (Medicare)	
2 nd payment year	MU, 90 day reporting period	MU, 12 month reporting period*	MU, 12 month reporting period*
3 rd payment year	MU, 12 month reporting period*	MU 12 month reporting period*	MU, 12 month reporting period*

- Except 2014, 90-Day Reporting Period for all attestations

The third column in the above table describes applying under the Medicaid program first. An EH may apply under the Medicaid incentive program *first* in order to take advantage of the AIU option. After approval and payment under the Medicaid AIU option, the EH may then attest under Medicare wherein it will still have to meet Medicare's meaningful use requirements for the first year payment. This includes attesting to a 90-day reporting period for Stage 1 Meaningful Use (MU).

Since the Medicare incentive program does not have an AIU component for EH, an EH that chooses to participate in the Medicare EHR incentive program first, will have to be a meaningful user. This means the EH will have attested to a 90-day reporting period for Stage 1 MU. If during the same federal fiscal year that EH also chooses to subsequently apply for a payment under the Medicaid program, that EH will be “deemed” a meaningful user for the Medicaid program and the AIU option WILL NOT be available to that EH. Under this deeming scenario, the 90-day reporting period and MU data reported for Medicare will be carried over to Medicaid. The 4th column of the above table describes the effect of attesting under Medicare before applying to Medicaid.

EHS should be aware that if an attestation is made to Medicare first, and the subsequent attestation to Medicaid is the following year, the first Medicaid attestation must be based on a full year reporting period as it is with Medicare. There can be only one 90-day reporting period regardless of how and when an EH applies to both programs. Once an EH has used the 90-day reporting period, the following years of MU reporting MUST be based on a full 12 months of data.*

All EHS are encouraged to carefully consider the requirements and limitations under both programs before making a decision on whether they will apply first to Medicare or Medicaid.

**Note: The above table and narrative are general guidelines. The reporting periods may be affected by CMS rulemaking from year to year. You must refer to the latest changes and updates to program reporting requirements as they are released.*