

**APPENDIX C. PUBLIC HEALTH SERVICE ACT  
SECTION 3000(3) AS ADDED BY  
HITECH SECTION 13101 -- PROVIDER ANALYSIS**

This appendix provides an analysis of the providers identified in Section 3000(3) of the Public Health Service Act (PHSA), as added by Section 13101 of HITECH, to determine whether they were eligible or ineligible to receive EHR incentive payments under Medicare or Medicaid. If a provider was identified in the PHSA Section 3000(3) but not defined, another source for a definition was researched in Table C1. For those providers identified in the PHSA Section 3000(3), but considered ineligible for the EHR incentive payments under Medicare or Medicaid, a further analysis was done by health care cluster in Tables C2-C5. The four health care clusters of provider types include long-term and post-acute care providers, behavioral health providers, safety net providers, and other. Although certain types of provider entities are not eligible for EHR incentive payments under Medicare or Medicaid, we note that the professionals who practice in those entities may themselves be eligible and may be able to reassign their EHR incentive payments to the provider entity in accordance with the reassignment rules under Medicare.

Section 13101 of HITECH added the following definition of health care provider in Section 3000(3) of the PHSA:<sup>1</sup>

The term “health care provider” includes a hospital, skilled nursing facility, nursing facility, home health entity or other long-term care facility, health care clinic, community mental health center (as defined in section 1913(b)(1)), renal dialysis facility, blood center, ambulatory surgical center described in section 1833(i) of the Social Security Act, emergency medical services provider, federally qualified health center, group practice, a pharmacist, a pharmacy, a laboratory, a physician (as defined in section 1861(r) of the Social Security Act), a practitioner (as described in section 1842(b)(18)(C) of the Social Security Act), a provider operated by, or under contract with, the Indian Health Service or by an Indian tribe (as defined in the Indian Self-Determination and Education Assistance Act), tribal organization, or urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act), a rural health clinic, a covered entity under section 340B, an ambulatory surgical center described in section 1833(i) of the Social Security Act, a therapist (as defined in section 1848(k)(3)(B)(iii) of the Social Security Act), and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.

---

<sup>1</sup> Health Information Technology for Economic and Clinical Health Act.  
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveridentities/hitechact.pdf>.

**TABLE C1. Environmental Scan of Health Care Provider Defined and Providers Eligible/Ineligible for Incentives**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Hospital	No	<p>Yes. SSA.</p> <p>Medicare Hospital: §1886(d)(1)(B) ... “subsection (d) hospital” means a hospital located in one of the 50 states or the District of Columbia other than--(i) a psychiatric hospital (as defined in section 1861(f)<sup>1</sup>), (ii) a rehabilitation hospital (as defined by the Secretary), (iii) a hospital whose inpatients are predominantly individuals under 18 years of age, (iv)(I) a hospital which has an average inpatient length of stay (as determined by the Secretary) of greater than 25 days, or... (v)(I) a hospital that the Secretary has classified, at any time on or before December 31, 1990, (or, in the case of a hospital that, as of the date of the enactment of this clause, is located in a state operating a demonstration project under section 1814(b)<sup>2</sup>, on or before December 31, 1991) for purposes of applying exceptions and adjustments to payment amounts under this subsection, as a hospital involved extensively in treatment for or research on cancer... and, in accordance with regulations of the Secretary, does not include a psychiatric or rehabilitation unit of the hospital which is a distinct part of the hospital (as defined by the Secretary).”</p> <p>Medicaid: Hospital §1905(a)(1) (a) The term “medical assistance” means payment of part or all of the cost of the following care and services... (1) inpatient hospital services (other than services in an institution for mental diseases (IMD)).</p>	<p>Yes.</p> <p>Medicare EHR Incentives available to subsection(d) hospitals</p> <p>Medicaid EHR incentives available to: Short-term acute care hospitals, children’s hospitals, and hospitals in the territories (e.g., Puerto Rico)</p> <p>Critical access hospitals and cancer hospitals.</p> <p>EHR incentives <u>not</u> available for a subset of hospitals and hospital units excluded from the Medicare IPPS under SSA §1886(d)(1)(B), specifically:</p> <ul style="list-style-type: none"> <li>– psychiatric</li> <li>– rehabilitation</li> <li>– long-term care hospitals</li> </ul>
Skilled Nursing Facility	No	<p>Yes. SSA.</p> <p>§1819(a) A Medicare participating institution that provides skilled nursing care and related services for residents who require medical or nursing care; or provide rehabilitation services for the rehabilitation of injured, disabled, or sick persons, and is not primarily for the care and treatment of mental diseases, has in effect a transfer agreement with a hospital(s), and meets the federal requirements for participation as specified under the Act.</p>	<p>EHR incentives are <u>not</u> available for:</p> <ul style="list-style-type: none"> <li>– Nursing Homes: Medicare SNFs and Medicaid NFs</li> <li>– Medicare and Medicaid Home Health Agencies and Hospice Providers</li> </ul>
Nursing Facility	No	<p>Yes. SSA.</p> <p>§1905(a) the term “medical assistance” means payment of part or all of the cost of the following care and services.</p> <p>§1905(a)(4)(A) nursing facility services (other than services in an IMD) for individuals 21 years of age or older...</p>	

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Nursing Facility <i>(continued)</i>		<p>§1919(a) A Medicaid participating institution (NF), that is primarily engaged in providing: skilled nursing care and related services for residents who require medical or nursing care; rehabilitation of injured, disabled, or sick persons; or, on a regular-basis, health-related care and services to individuals who because of their mental/physical condition require care and services above the level of room and board which can be made available through institutional facilities, and is not primarily for the care and treatment of mental diseases; and has in effect a transfer agreement with a hospital(s), and meets the federal requirements for participation as specified under the Act. Also includes facilities located on an Indian reservation and is certified by the Secretary to as meeting the NF definition and requirements in the Act.</p>	
Home health entity or other long-term care facility	No	<p>Neither Medicare nor Medicaid defines "home health entity" or "long-term care facility" as participating providers. However, the following providers are defined in Medicare and/or Medicaid:</p> <p><u>HOME HEALTH AGENCY (HHA):</u></p> <p>1. <u>Home health services:</u> SSA §1861(m) "home health services" means the following items and services furnished to an individual, under the care of a physician, by a home health agency or by others under arrangements, under a plan established and periodically reviewed by a physician, provided on a visiting basis in a place of residence used as such individual's home--</p> <ol style="list-style-type: none"> <li>(1) part-time or intermittent nursing care provided by/under supervision of a registered professional nurse;</li> <li>(2) physical or occupational therapy or speech-language pathology services;</li> <li>(3) medical social services under the direction of a physician;</li> <li>(4) to the extent permitted in regulations, part-time or intermittent services of a HH aide;</li> <li>(5) medical supplies and durable medical equipment while under such a plan;</li> <li>(6) in the case of a HHA affiliated with a hospital, medical services provided by an intern or resident-in-training of such hospital, under a teaching program of such hospital...; and</li> <li>(7) any of the foregoing items and services provided on an outpatient basis, under arrangements made by the HHA, at a hospital or skilled nursing facility, or at a rehabilitation center which meets such standards as may be prescribed in regulations, and--...</li> </ol> <p>Home Health Agency. §1861(o): The term "home health agency" means a public agency or private organization, or a subdivision of such an agency or organization, which:</p> <ol style="list-style-type: none"> <li>(1) is primarily engaged in providing skilled nursing services and other therapeutic services;</li> <li>(2) has policies, established by a group of professional personnel (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services (referred to in paragraph (1)) which it provides, and provides for supervision of such services by a physician or registered professional nurse;</li> <li>(3) maintains clinical records on all patients;</li> <li>(4) in the case of an agency or organization in any state in which state or applicable local law provides for the licensing of agencies or organizations of this nature, (A) is licensed pursuant to such law, or (B) is approved, by the agency of such state or locality responsible for licensing agencies or organizations of this nature, as meeting the standards established for such licensing;</li> </ol>	EHR Incentives <u>not</u> available for home health entities or long-term care facilities.

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Home health entity or other long-term care facility <i>(continued)</i>		<p>(5) has in effect an overall plan and budget that meets the requirements of subsection (z);</p> <p>(6) meets the conditions of participation specified in section 1891(a)<sup>3</sup> and such other conditions of participation as the Secretary may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization;</p> <p>(7) provides the Secretary with a surety bond--...</p> <p>(8) meets such additional requirements (including conditions relating to bonding or establishing of escrow accounts as the Secretary finds necessary for the financial security of the program) as the Secretary finds necessary for the effective and efficient operation of the program; except that for purposes of part A such term shall not include any agency or organization which is primarily for the care and treatment of mental diseases. The Secretary may waive the requirement of a surety bond under paragraph (7) in the case of an agency or organization that provides a comparable surety bond under state law.</p> <p><u>Hospice Care.</u> SSA §1861(dd)(1): The term "hospice care" means the following items and services provided to a terminally ill individual by, or by others under arrangements made by, a hospice program under a written plan (for providing such care to such individual) established and periodically reviewed by the individual's attending physician and by the medical director (and by the interdisciplinary group described in paragraph (2)(B)) of the program--</p> <p>(A) nursing care provided by or under the supervision of a registered professional nurse,</p> <p>(B) physical or occupational therapy, or speech-language pathology services,</p> <p>(C) medical social services under the direction of a physician,</p> <p>(D) (i) services of a home health aide who has successfully completed a training program approved by the Secretary and (ii) homemaker services,</p> <p>(E) medical supplies (including drugs and biologicals) and the use of medical appliances, while under such a plan,</p> <p>(F) physicians' services,</p> <p>(G) short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management) in an inpatient facility meeting such conditions as the Secretary determines to be appropriate to provide such care, but such respite care may be provided only on an intermittent, nonroutine, and occasional basis and may not be provided consecutively over longer than five days,</p> <p>(H) counseling (including dietary counseling) with respect to care of the terminally ill individual and adjustment to his death, and</p> <p>(I) any other item or service which is specified in the plan and for which payment may otherwise be made under this title.</p> <p>The care and services described in subparagraphs (A) and (D) may be provided on a 24-hour, continuous basis only during periods of crisis (meeting criteria established by the Secretary) and only as necessary to maintain the terminally ill individual at home. §1814(i) Medicare payment for hospice.</p> <p><u>Hospice Program.</u> §1861(dd)(2) The term "hospice program" means a public agency or private organization (or a subdivision thereof) which--</p>	

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Home health entity or other long-term care facility (continued)		<p>(A) (i) is primarily engaged in providing the care and services described in paragraph (1) and makes such services available (as needed) on a 24-hour basis and which also provides bereavement counseling for the immediate family of terminally ill individuals and services described in section 1812(a)(5)<sup>4</sup>,                      (ii) provides for such care and services in individuals' homes, on an outpatient basis, and on a short-term inpatient basis, directly or under arrangements made by the agency or organization, except that--                      (I) the agency or organization must routinely provide directly substantially all of each of the services described in subparagraphs (A), (C), and (H) of paragraph (1), except as otherwise provided in paragraph (5), and                      (II) in the case of other services described in paragraph (1) which are not provided directly by the agency or organization, the agency or organization must maintain professional management responsibility for all such services furnished to an individual, regardless of the location or facility in which such services are furnished; and                      (iii) provides assurances satisfactory to the Secretary that the aggregate number of days of inpatient care described in paragraph (1)(G) provided in any 12-month period to individuals who have an election in effect under section 1812(d)<sup>5</sup> with respect to that agency or organization does not exceed 20 percent of the aggregate number of days during that period on which such elections for such individuals are in effect;</p> <p>(B) has an interdisciplinary group of personnel which--                      (i) includes at least--                      (I) one physician (as defined in subsection (r)(1)),                      (II) one registered professional nurse, and                      (III) one social worker, employed by or, in the case of a physician described in subclause (I), under contract with the agency or organization, and also includes at least one pastoral or other counselor,                      (ii) provides (or supervises the provision of) the care and services described in paragraph (1), and                      (iii) establishes the policies governing the provision of such care and services;</p> <p>(C) maintains central clinical records on all patients;                      (D) does not discontinue the hospice care it provides with respect to a patient because of the inability of the patient to pay for such care;                      (E) (i) utilizes volunteers in its provision of care and services in accordance with standards set by the Secretary, which standards shall ensure a continuing level of effort to utilize such volunteers, and                      (ii) maintains records on the use of these volunteers and the cost savings and expansion of care and services achieved through the use of these volunteers;                      (F) in the case of an agency or organization in any state in which state or applicable local law provides for the licensing of agencies or organizations of this nature, is licensed pursuant to such law; and                      (G) meets such other requirements as the Secretary may find necessary in the interest of the health and safety of the individuals who are provided care and services by such agency or organization.</p> <p>2. Medicaid Home health agencies (HHAs):                      Medicaid: §1905(a) the term "medical assistance" means payment of part or all of the cost of the following care and services:</p>	

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Home health entity or other long-term care facility <i>(continued)</i>		<p>– §1905(a)(7) home health care services. HH services are a <u>mandatory</u> Medicaid service for financially eligible person 21 years of age and older.</p> <p><u>Medicaid Hospice.</u> Mandatory Medicaid benefit. Medicaid: §1905(a) the term “medical assistance” means payment of part or all of the cost of the following care and services:</p> <ul style="list-style-type: none"> <li>– §1905(a)(18) hospice care (as defined in subsection (o));</li> <li>– §1905(o)(1)(A) Subject to subparagraphs (B) and (C)[153]<sup>6</sup>, the term “hospice care” means the care described in section 1861(dd)(1)<sup>7</sup> furnished by a hospice program (as defined in section 1861(dd)(2)<sup>8</sup>) to a terminally ill individual who has voluntarily elected (in accordance with paragraph (2)) to have payment made for hospice care instead of having payment made for certain benefits described in section 1812(d)(2)(A)<sup>9</sup> and for which payment may otherwise be made under title XVIII and intermediate care facility services under the plan. For purposes of such election, hospice care may be provided to an individual while such individual is a resident of a skilled nursing facility or intermediate care facility, but the only payment made under the State plan shall be for the hospice care.</li> </ul> <p><u>LONG-TERM CARE FACILITIES:</u> The concept of “long-term care facility” could include the following Medicaid residential provider types described below.</p> <ul style="list-style-type: none"> <li>– Medicaid ICF/IID. (Intermediate Care Facilities for Individuals with Intellectual Disabilities, previously referred to as Intermediate Care Facilities for the Mentally Retarded) §1905(d) Optional Medicaid benefit, The term “intermediate care facility for the mentally retarded” means an institution (or distinct part thereof) for the mentally retarded or persons with related conditions if-- <ul style="list-style-type: none"> <li>(1) the primary purpose of such institution (or distinct part thereof) is to provide health or rehabilitative services for mentally retarded individuals and the institution meets such standards as may be prescribed by the Secretary;</li> <li>(2) the mentally retarded individual with respect to whom a request for payment is made under a plan approved under this title is receiving active treatment under such a program; and...</li> </ul> </li> <li>– Inpatient Psychiatric Hospital Services for individuals under the age of 21 §1905(a)(16), as defined in (h). <p>§1905(h)(1) For purposes of paragraph (16) of subsection (a), the term “inpatient psychiatric hospital services for individuals under age 21” includes only--</p> <ul style="list-style-type: none"> <li>(A) inpatient services which are provided in an institution (or distinct part thereof) which is a psychiatric hospital as defined in section 1861(f)<sup>10</sup> or in another inpatient setting that the Secretary has specified in regulations;</li> <li>(B) inpatient services which, in the case of any individual (i) involve active treatment which meets such standards as may be prescribed in regulations by the Secretary, and (ii) a team, consisting of physicians and other personnel qualified to make determinations with respect to mental health conditions and the treatment thereof, has determined are necessary on an inpatient basis and can reasonably be expected to improve the condition, by reason of which such services are necessary, to the extent that eventually such services will no longer be necessary; and</li> </ul> </li> </ul>	

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Home health entity or other long-term care facility <i>(continued)</i>		<p>(C) inpatient services which, in the case of any individual, are provided prior to (i) the date such individual attains age 21, or (ii) in the case of an individual who was receiving such services in the period immediately preceding the date on which he attained age 21, (I) the date such individual no longer requires such services, or (II) if earlier, the date such individual attains age 22.</p> <p>§1905(i) The term “institution for mental diseases” means a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.</p> <p>– IMD provides services to persons 65 and over--Inpatient/ nursing facility services for individuals 65 and over in an IMD (over 8 beds includes hospitals).</p> <p>§1905(a)(14) inpatient hospital services and nursing facility services for individuals 65 years of age or over in an IMD;</p> <p>Psychiatric Residential Treatment Facility (PRTF).<sup>11</sup> A PRTF is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21 (psych under 21 benefit)...</p> <p>PRTFs must also meet the requirements in §441.151 through 441.182 of the CFT...</p> <p>The regulatory authority for PRTFs includes Section 1864(a) of the SSA, which authorizes the Secretary to enter into an agreement with the state.</p> <p>42 CFR 441.151 General Requirements:            (a) Inpatient psychiatric services for individuals under age 21 must be:            (1) Provided under the direction of a physician;            (2) Provided by--                (i) A psychiatric hospital...                (b) Inpatient psychiatric services furnished in a PRTF as defined in §483.352<sup>12</sup> of this chapter, must satisfy all requirements in subpart G of part 483 of this chapter<sup>13</sup> governing the use of restraint and seclusion.</p>	
Health care clinic	No	Health care clinics include: – Federally qualified health center (FQHC) (see below) – Rural health clinic (RHC) descriptions (see below)	
Community mental health center (as defined in §1931(b)(1) (of the Public Health Services Act)	Yes PHS §1931(b)(1)	Yes. SSA. 1. <u>Community Mental Health Clinic defined under Partial Hospitalization Services §1861(ff)</u> (1) “partial hospitalization services” means the items and services described in paragraph (2) prescribed by a physician and provided under a program described in paragraph (3) under the supervision of a physician pursuant to an individualized, written plan of treatment established and periodically reviewed by a physician (in consultation with appropriate staff participating in such program), which plan sets forth the physician's diagnosis, the type, amount, frequency, and duration of the items and services provided under the plan, and the goals for treatment under the plan.	EHR Incentive payments not available for: – Community Mental Health Centers (CMHCs)

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Community mental health center (continued)		<p>(2) The items and services described in this paragraph are--</p> <ul style="list-style-type: none"> <li>(A) individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law),</li> <li>(B) occupational therapy requiring the skills of a qualified occupational therapist,</li> <li>(C) services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients,</li> <li>(D) drugs and biologicals furnished for therapeutic purposes (which cannot, as determined in accordance with regulations, be self-administered),</li> <li>(E) individualized activity therapies that are not primarily recreational or diversionary,</li> <li>(F) family counseling (the primary purpose of which is treatment of the individual's condition),</li> <li>(G) patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment),</li> <li>(H) diagnostic services, and</li> <li>(I) such other items and services as the Secretary may provide (but in no event to include meals and transportation); that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services as the Secretary shall by regulation establish (taking into account accepted norms of medical practice and the reasonable expectation of patient improvement).</li> </ul> <p>(3) (A) A program described in this paragraph is a program which is furnished by a hospital to its outpatients or by a <u>CMHC (as defined in subparagraph (B))</u>, and which is a distinct and organized intensive ambulatory treatment service offering less than 24-hour-daily care.</p> <p>(B) For purposes of subparagraph (A), the term "<u>community mental health center</u>" means an entity that--(i)(I) provides the mental health services described in section 1931(c)(1) of the PHS; or (II) in the case of an entity operating in a state that by law precludes the entity from providing itself the service described in subparagraph (E) of such section, provides for such service by contract with an approved organization or entity (as determined by the Secretary); (ii) meets applicable licensing or certification requirements for CMHCs in the state in which it is located; and (iii) meets such additional conditions as the Secretary shall specify to ensure (I) the health and safety of individuals being furnished such services, (II) the effective and efficient furnishing of such services, and (III) the compliance of such entity with the criteria described in section 1931(c)(1) of the PHS.<sup>14</sup></p> <p>§1931(c)(1) PHS: section 1931(c)(1) of the PHS. "Under this section, the services that a CMHC must provide include the following: (i) outpatient services, including specialized outpatient services for children, the elderly, the seriously mentally ill, and residents of the ...[CMHC's] service area discharged from inpatient treatment at a mental health facility; (ii) 24-hour-a-day emergency care services; (iii) day treatment or other partial hospitalization services or psychosocial rehabilitation services; and (iv) screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission."</p>	

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Community mental health center <i>(continued)</i>		<p>“...Secretary of this Department has issued a regulation which defines the term "community mental health center." There, a CMHC is defined as an entity that (1) Provides outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of its mental health service area who have been discharged from inpatient treatment at a mental health facility; (2) Provides 24-hour-a-day emergency care services; (3) Provides day treatment or other partial hospitalization services, or psychosocial rehabilitation services; (4) Provides screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission; (5) Provides consultation and education services; and (6) Meets applicable licensing or certification requirements for CMHC's in the state in which it is located. 42 C.F.R. 410.2”</p> <p>In 2007, 224 certified CMHCs billed Medicare for partial hospitalization services for 25,087 Medicare beneficiaries. In June 2011, CMS proposed a set of requirements that Medicare-certified CMHCs must meet in order to participate in the Medicare program.<sup>15</sup></p>	
Renal dialysis facility	No	<p>Yes. SSA.</p> <p>§1881 Medicare coverage for End Stage Renal Disease Patients</p> <p>§1881(b)(1) Payments under this title with respect to services...furnished to individuals who have been determined to have end stage renal disease shall include (A) payments...to providers of services and renal dialysis facilities...</p>	<p>EHR incentives not available for:</p> <ul style="list-style-type: none"> <li>- End Stage Renal Dialysis Facilities (ESRD Facilities)</li> </ul>
Blood center	No	<p>Yes. Federal Food, Drug, and Cosmetic Act, §510</p> <p>All owners or operators of establishments that manufacture blood products are required to register with the FDA, pursuant to section 510 of the Federal Food, Drug, and Cosmetic Act, unless they are exempt under 21 CFR 607.65. A list of every blood product manufactured, prepared, or processed for commercial distribution must also be submitted.<sup>16</sup></p> <p>Blood and blood components applicable to the prevention, treatment, or cure of human diseases or injuries are biological products subject to regulation pursuant to Section 351 of the Public Health Service (PHS) Act [42 U.S.C. 262].<sup>17</sup></p> <p>Blood establishments should be aware that under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), establishments performing laboratory testing, including blood banks, transfusion services, and plasmapheresis centers, must also comply with applicable regulations in 42 CFR, Part 493. These regulations, generally effective September 1, 1992, establish standards for laboratory personnel, quality control, proficiency testing, patient test management, and QA based on test complexity and patient risk factors.</p>	<p>EHR incentives not available for:</p> <ul style="list-style-type: none"> <li>- Blood Centers</li> </ul>

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Ambulatory surgical center (as described in §1833(i) of the SSA)	Yes SSA §1833(i)	<p>Yes. SSA.</p> <p>§1833(i)(1) The Secretary shall, ...--(A) specify those surgical procedures which are appropriately (when considered in terms of the proper utilization of hospital inpatient facilities) performed on an inpatient basis in a hospital but which also can be performed safely on an ambulatory basis in an ASC (meeting the standards specified under section 1832(a)(2)(F)(i)<sup>18</sup>), critical access hospital, or hospital outpatient department, and (B) specify those surgical procedures which are appropriately (when considered in terms of the proper utilization of hospital inpatient facilities) performed on an inpatient basis in a hospital but which also can be performed safely on an ambulatory basis in a physician's office.</p> <p>§1832(a)(2)(F) facility services furnished in connection with surgical procedures specified by the Secretary--(i) pursuant to section 1833(i)(1)(A)<sup>19</sup> and performed in an ASC (which meets health, safety, and other standards specified by the Secretary in regulations) if the center has an agreement in effect with the Secretary by which the center agrees to accept the standard overhead amount determined under section 1833(i)(2)(A)<sup>20</sup> as full payment for such services (including intraocular lens in cases described in section 1833(i)(2)(A)(iii)<sup>21</sup>) and to accept an assignment</p>	<p>EHR incentives not available for:</p> <ul style="list-style-type: none"> <li>- Ambulatory Surgical Centers (ASCs)</li> </ul>
Emergency medical services provider	No	<p>No commonly accepted definition.</p> <p>A Federal Interagency Committee on Emergency Medical Services (FICEMS) was established in 2005 by the U.S. Department of Transportation Reauthorization, Public Law 109-59 (Section 10202), to ensure coordination among federal agencies involved with state, local, tribal, and regional emergency medical services and 9-1-1 systems, since there is no single agency in charge. There is no definition at the FECEMS website of an "EMS provider." In response to the FAQ "<b>Who delivers prehospital emergency medical care?</b>," <b>this answer is given:</b></p> <p>"The delivery of emergency medical care is a local function and is organized in a variety of ways. Local communities design their own EMS systems, using local resources to fill local needs. The organizational structure of EMS, as well as who provides and finances the services, varies significantly from community to community. Prehospital services can be based in a fire department, a hospital, an independent government agency (i.e., public health agency), non-profit corporation (e.g., Rescue Squad) or provided by commercial for-profit companies."<sup>22</sup> A federally-sponsored report found at that site discusses the importance of Emergency Medical Technicians (EMTs) and paramedics as part of the system.<sup>23</sup> "The National EMS Information System (NEMSIS) will provide the framework for collecting, storing, and sharing standardized EMS data from states nationwide. The new NEMSIS database, to be housed at NHTSA's National Center for Statistics and Analysis, will empower EMS stakeholders at the local, state, and national levels with the information necessary to accurately assess EMS needs and performance today--and strategically plan for tomorrow."<sup>24</sup></p> <p>The term "Emergency medical services provider" is commonly used for:</p> <ul style="list-style-type: none"> <li>- "ambulance services provider,"</li> <li>- "rescue squads," and</li> </ul>	<p>EHR incentives not available for:</p> <ul style="list-style-type: none"> <li>- Emergency medical service providers, including Medicare ambulance providers</li> </ul>

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Emergency medical services provider (continued)		<p>– semi-professionals such as EMTs, – Ambulance Service.</p> <p>Ambulance providers/service are eligible to enroll in Medicare.<sup>25,26,27,28</sup></p> <p>“The ambulance benefit is defined in title XVIII of the SSA in §1861(s)(7): “ambulance service where the use of other methods of transportation is contraindicated by the individual's condition, but only to the extent provided in regulations.”</p>	
Federally Qualified Health Center	No	<p>Yes.</p> <p><u>Medicare</u>: §1861(aa)(3) and (4) SSA. §1861(aa) (3) “Federally qualified health center services” (FQHC) means--(A) services of the type described in subparagraphs (A) through (C) of paragraph (1) (related to RHC) and services described in subsections (qq) (related to “diabetes outpatient self-management training services”) and (vv) (related to “medical nutrition therapy services”); and (B) preventive primary health services that a center is required to provide under section 330 of the PHS, [302]<sup>29</sup> furnished to an individual as an outpatient of a FQHC and, for this purpose, any reference to a RHC or a physician described in paragraph (2)(B) is deemed a reference to a FQHC by the center or by a health care professional under contract with the center or a physician at the center, respectively...</p> <p>§1861(aa)(4) and 1905(l)(2)(B) The term “Federally qualified health center” means an entity which--(A)(i) is receiving a grant under section 330 of the PHS, or (ii)(I) is receiving funding from such a grant under a contract with the recipient of such a grant, and (II) meets the requirements to receive a grant under section 330 of such Act; (B)...is determined...to meet the requirements for receiving such a grant; (C) was treated ...as a comprehensive federally funded health center as of 1/1/ 90; or (D) is an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.</p> <p><u>Medicaid</u>: §1905(l)(2)(A) The term “Federally qualified health center services” means services of the type described in subparagraphs (A) through (C) of section 1861(aa)(1)<sup>30</sup> when furnished to an individual as an [150]<sup>31</sup> patient of a FQHC and, for this purpose, any reference to a RHC or a physician described in section 1861(aa)(2)(B)<sup>32</sup> is deemed a reference to a FQHC or a physician at the center, respectively.</p>	<p>EHR incentives not available for:</p> <ul style="list-style-type: none"> <li>– FQHCs</li> <li>– RHCs</li> </ul> <p>But incentives may be available for EPs practicing predominantly in such facilities</p>
Group practice	No	<p>Yes. CMS.</p> <p>Group practice consists of 2 or more medical practice entities (e.g., physician) that bill under the same Tax Identification Number are assigned to a group practice.</p> <p>See Medicare General Information, Eligibility, and Entitlement.<sup>33</sup></p>	<p>Physicians, including those in group practices, may receive Medicaid EHR incentives:</p> <p>§Subpart D-- Requirements Specific to the Medicaid Program 495.306 Establishing patient volume.</p>

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Group practice (continued)			(h) <i>Group practices.</i> Clinics or group practices will be permitted to calculate patient volume at the group practice/clinic level, but only in accordance with all of the following limitations: (1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP. (2) There is an auditable data source to support the clinic's or group practice's patient volume determination. (3) All EPs in the group practice or clinic must use the same methodology for the payment year. (4) The clinic or group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way. (5) If an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP's outside encounters.
Pharmacist	No	Yes. HITECH Sec.13101.  PHSA Sec. 3000(12) "PHARMACIST--The term 'pharmacist' has the meaning given such term in section 804(2) of the Federal Food, Drug, and Cosmetic Act." Pharmacist defined in Food, Drug, and Cosmetic Act, SEC. 804. [21 USC §384] Importation of Prescription Drugs (a) DEFINITIONS--In this section: (1) IMPORTER--The term "importer" means a pharmacist or wholesaler.(2) PHARMACIST.--The term "pharmacist" means a person licensed by a State to practice pharmacy, including the dispensing and selling of prescription drugs.	EHR incentives not available for: – Pharmacist
Pharmacy	No	No.  Not defined in HITECH. Pharmacies are licensed at the state level.	EHR incentives not available for: – Pharmacy

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Laboratory	No	<p>Yes. HITECH Sec. 13101.</p> <p>PHSA Sec. 3000 (10) LABORATORY--The term `laboratory' has the meaning given such term in section 353(a).</p> <p>SEC. 353.[42 U.S.C. 263a](a) DEFINITION.--As used in this section, the term "laboratory" or "clinical laboratory" means a facility for the biological, microbiological, serological, chemical, immuno-hematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.</p> <p>SSA Sec. 1833(a) (2)(D) and 1861(s)(16 and (17): outpatient clinical laboratory services are paid on a FS under Medicare Part B when they are furnished in a Medicare participating laboratory and ordered by a physician or qualified non-physician practitioner who is treating the patient.</p>	<p>EHR incentives not available for:</p> <ul style="list-style-type: none"> <li>- Laboratory</li> </ul>
Physician (defined in §1861(r) of SSA)	Yes	<p>Yes. SSA.</p> <p><b>1861(r)</b> The term "physician"...means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state..., (2) a doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the state..., (3) a doctor of podiatric medicine for the purposes of subsections (k), (m), (p)(1), and (s) of this section and sections 1814(a),<sup>34</sup> 1832(a)(2)(F)(ii),<sup>35</sup> and 1835<sup>36</sup> but only with respect to functions which he is legally authorized to perform as such by the state..., (4) a doctor of optometry, but only for purposes of subsection (p)(1) with respect to the provision of items or services described in subsection (s) which he is legally authorized to perform...by the state in which he performs them, or (5) a chiropractor who is licensed as such by the state...and who meets uniform minimum standards promulgated by the Secretary...</p>	<p>EHR Incentives available to physicians:</p> <p>Medicare and Medicaid EHR Incentive Program Final Rule.<sup>37</sup></p> <p>Incentives are available to the following Non-Hospital based Eligible Professionals:</p> <p><u>Medicare</u>: Subpart B-- Requirements Specific to the Medicare Program: §495.100 Definitions. <i>Eligible professional (EP)</i> means a physician as defined in section 1861(r) of the Act, which includes, with certain limitations, all of the following types of professionals:</p> <ol style="list-style-type: none"> <li>(1) A doctor of medicine or osteopathy.</li> <li>(2) A doctor of dental surgery or medicine.</li> <li>(3) A doctor of podiatric medicine.</li> <li>(4) A doctor of optometry.</li> <li>(5) A chiropractor.</li> </ol> <p><u>Medicaid</u> Subpart D-- Requirements Specific to the Medicaid Program:</p>

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Physician (continued)			<p>Medicaid Subpart D-- Requirements Specific to the Medicaid Program:            §495.304 Medicaid provider scope and eligibility.            (b) <i>Medicaid EP</i>. The Medicaid professional eligible for an EHR incentive payment is limited to the following when consistent with the scope of practice regulations, as applicable for each professional (§440.50, §440.60, §440.100; §440.165, and §440.166):</p> <ol style="list-style-type: none"> <li>(1) A physician.</li> <li>(2) A dentist.</li> <li>(3) A certified nurse-midwife.</li> <li>(4) A nurse practitioner.</li> <li>(5) A physician assistant practicing in a FQHC led by a physician assistant or a RHC, that is so led by a physician assistant.</li> </ol> <p>EHR Incentives are <u>not</u> available to hospital-based eligible professionals as defined in 42 C.F.R. §495.4.</p>
Practitioner (described in §1842(b)(18)(C) of SSA)	Yes SSA §1842(b)(18)(C)	Yes. SSA. 1842(b)(18)(C) A practitioner described in this subparagraph is any of the following: (i) A physician assistant, nurse practitioner, or clinical nurse specialist (as defined in section 1861(aa)(5) <sup>38</sup> ). (ii) A certified registered nurse anesthetist (as defined in section 1861(bb)(2) <sup>39</sup> ). (iii) A certified nurse-midwife (as defined in section 1861(gg)(2) <sup>40</sup> ). (iv) A clinical social worker (as defined in section 1861(hh)(1) <sup>41</sup> ). (v) A clinical psychologist (as defined by the Secretary for purposes of section 1861(ii) <sup>42</sup> ). (vi) A registered dietitian or nutrition professional.	EHR Incentives available under Medicaid to certain practitioners: Nurse Practitioners; Certified Nurse Midwives; and Physician Assistants (PAs are eligible for incentives only when practicing in a FQHC led by a physician assistant or a RHC, that is so led by a PA.)

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Practitioner (continued)			EHR incentive payments are not available to: <ul style="list-style-type: none"> <li>- Clinical Social Workers</li> <li>- Clinical Psychologists</li> <li>- Registered Dietitians/nutrition professionals</li> </ul>
Provider operated by/ under contract with the IHS or by an Indian Tribe (defined in the Indian Self-Determination and Education Assistance Act), tribal organization, or urban Indian organization (defined in §4 of the Indian Health Care Improvement Act)	Partially defined	Partially Defined.  Indian Health Service (IHS) provides directly or under contract a variety of health such as physician, hospital, dental, and other services. IHS is the payor of last resort, primary payors include: Medicare A and B, and Medicaid.	IHS EPs and EHS receive incentive payments for their meaningful use of certified EHRs beginning in 2011. <sup>43</sup>  The IHS received \$85 million to modernize and extend electronic health information technology used by IHS, Tribal, and Urban programs. <sup>44</sup>  Note: Some IHS providers (e.g., nursing home, home health agency providers) are ineligible for EHR incentives. These ineligible provider types are integrated within the ineligible providers addressed throughout this report.
Rural health clinic	No.	Yes. SSA.  <u>Medicare</u> . §1861(aa) (1) RHC services means--(A) physicians' services and such services and supplies as are covered under section 1861(s)(2)(A) <sup>45</sup> if furnished as an incident to a physician's professional service and items and services described in section 1861(s)(10), <sup>46</sup> (B) services furnished by a physician assistant (PA) or a nurse practitioner (NP) (as defined in paragraph (5)), by a clinical psychologist (as defined by the Secretary) or by a clinical social worker (as defined in subsection (hh)(1)), and such services and supplies furnished as an incident to his service as would otherwise be covered if furnished by a physician or as an incident to a physician's service, and (C) in the case of an RHC located in an area in which there exists a shortage of HHAs, part-time or intermittent nursing care and related medical supplies (other than drugs and biologicals) furnished by a registered professional nurse or licensed practical nurse to a homebound individual under a written plan of treatment (i) established and periodically reviewed by a physician described in paragraph (2)(B), or (ii) established by an NP or PA and periodically reviewed and approved by a physician described in paragraph (2)(B), when furnished to an individual as an outpatient of an RHC.	EHR incentives not available for: <ul style="list-style-type: none"> <li>- RHCs</li> </ul>

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Rural health clinic (continued)		<p>(2) An RHC is a facility which--(A) is primarily engaged in furnishing to outpatients services described in subparagraphs (A) and (B) of paragraph (1); (B) in the case of an RHC which is not a physician-directed clinic, has an arrangement (consistent with the provisions of state and local law...) with one or more physicians (as defined in subsection (r)(1)) under which provision is made for the periodic review by such physicians of...; (C) maintains clinical records on all patients; (D) has arrangements with one or more hospitals, having agreements in effect under section 1866,<sup>47</sup> for the referral and admission of patients...; (E) has written policies...to govern those services described in paragraph (1)...; (F) has a physician, PA, or NP responsible for the execution of policies...; (G) directly provides routine diagnostic services, including clinical laboratory services,...; (H) in compliance with state and federal law, has available for administering to patients...and dispensing any drugs and biologicals; (I) has a quality assessment and performance improvement program, and...(J) has an NP, PA, or a certified nurse-midwife...available to furnish patient care services...; and (K) meets such other requirements...</p> <p><u>Medicaid.</u> §1905(l)(1) The terms "rural health clinic services" and "rural health clinic" have the meanings given such terms in section 1861(aa),<sup>48</sup> except that (A) clause (ii) of section 1861(aa)(2)<sup>49</sup> shall not apply to such terms, and (B) the physician arrangement required under section 1861(aa)(2)(B)<sup>50</sup> shall only apply with respect to RHC services and, with respect to other ambulatory care services, the physician arrangement required shall be only such as may be required under the state plan for those services...</p>	
A covered entity under §340B (of the PHS)	Yes PHS §340B	<p>Yes.</p> <p>Entities that may participate in the §340B are: health care centers, clinics, and hospitals entities that provide outpatient drugs. This provision is for a discount drug program. The providers referenced are discussed elsewhere in this table.</p> <p>"The "340B Program" was established by §602 of the Veterans Health Care Act of 1992 (P.L. 102-585), which put Section 340B of the PHS into place.<sup>51</sup></p> <p>"...the 340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to certain covered entities specified in federal law (42 U.S.C. Section 340B(a)(4)) at a reduced price. Drug manufacturers that participate in Medicaid must also agree to participate in the 340B Drug Pricing Program. Participating entities can realize significant savings on pharmaceuticals.</p> <p>The 340B price defined in statute is a ceiling price...Entities can negotiate below ceiling prices with manufacturers. As a result, 340B prices are about 50% of the average wholesale price."</p> <p>The program is administered by...Health Resources and Services Administration (HRSA)...(HHS;<sup>52</sup> ...)"</p> <p>Entities which may participate in §340B include: FQHCs.</p>	<p>EHR incentives not available for:</p> <ul style="list-style-type: none"> <li>- Drug manufacturers participating in the 340B Drug Pricing Program</li> </ul>

**TABLE C1 (continued)**

Health Care Providers in PHS Section 2000(3)	Defined in PHS Section 2000(3)	Defined Elsewhere in HITECH? In SSA Medicare or Medicaid? Other Definition?	Receives EHR Incentives Under HITECH?
Therapist (defined in SSA §1848(k)(3)(B)(iii))	Yes SSA §1848(k)(3)(B)(iii)	Yes. SSA.  Medicare §1848(k)(3)(B)(iii) [for purposes of quality measure reporting]“(3) Covered professional services and eligible professionals defined.--For purposes of this subsection:... (B) Eligible professional.--The term “eligible professional” means any of the following:... (iii) A physical or occupational therapist or a qualified speech-language pathologist.	The following therapists are not eligible for EHR incentives: – Physical therapy – Occupational therapist – Qualified speech-language pathologist
Any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary	Secretary to determine	Comment: For purposes of this study, other than the providers described above, the Secretary did not identify any other health care facilities, entities, practitioners, or clinicians.	
<ol style="list-style-type: none"> <li>1. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-f">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-f</a>.</li> <li>2. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1814.htm#act-1814-b">http://www.ssa.gov/OP_Home/ssact/title18/1814.htm#act-1814-b</a>.</li> <li>3. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1891.htm#act-1891-a">http://www.ssa.gov/OP_Home/ssact/title18/1891.htm#act-1891-a</a>.</li> <li>4. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1812.htm#act-1812-a-5">http://www.ssa.gov/OP_Home/ssact/title18/1812.htm#act-1812-a-5</a>.</li> <li>5. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1812.htm#act-1812-d">http://www.ssa.gov/OP_Home/ssact/title18/1812.htm#act-1812-d</a>.</li> <li>6. See <a href="http://www.ssa.gov/OP_Home/ssact/title19/1905.htm#ft153#ft153">http://www.ssa.gov/OP_Home/ssact/title19/1905.htm#ft153#ft153</a>.</li> <li>7. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-dd-1">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-dd-1</a>.</li> <li>8. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-dd-2">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-dd-2</a>.</li> <li>9. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1812.htm#act-1812-d-2-a">http://www.ssa.gov/OP_Home/ssact/title18/1812.htm#act-1812-d-2-a</a>.</li> <li>10. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-f">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-f</a>.</li> <li>11. See <a href="http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/WhatisaPRTF.pdf">http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/WhatisaPRTF.pdf</a>.</li> <li>12. See <a href="http://www.law.cornell.edu/cfr/text/42/483.352">http://www.law.cornell.edu/cfr/text/42/483.352</a>.</li> <li>13. See <a href="http://www.law.cornell.edu/cfr/text/42/483">http://www.law.cornell.edu/cfr/text/42/483</a>.</li> <li>14. See <a href="http://www.hhs.gov/dab/decisions/cr649.html">http://www.hhs.gov/dab/decisions/cr649.html</a>.</li> <li>15. See <a href="http://www.federalregister.gov/articles/2011/06/17/2011-14673/medicare-program-conditions-of-participation-cops-for-community-mental-health-centers">http://www.federalregister.gov/articles/2011/06/17/2011-14673/medicare-program-conditions-of-participation-cops-for-community-mental-health-centers</a>.</li> <li>16. See <a href="http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/EstablishmentRegistration/BloodEstablishmentRegistration/default.htm">http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/EstablishmentRegistration/BloodEstablishmentRegistration/default.htm</a>.</li> <li>17. See <a href="http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Blood/UCM164981.pdf">http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Blood/UCM164981.pdf</a>.</li> <li>18. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1832.htm#act-1832-a-2-f-i">http://www.ssa.gov/OP_Home/ssact/title18/1832.htm#act-1832-a-2-f-i</a>.</li> <li>19. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1833.htm#act-1833-i-1-a">http://www.ssa.gov/OP_Home/ssact/title18/1833.htm#act-1833-i-1-a</a>.</li> <li>20. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1833.htm#act-1833-i-2-a">http://www.ssa.gov/OP_Home/ssact/title18/1833.htm#act-1833-i-2-a</a>.</li> <li>21. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1833.htm#act-1833-i-2-a-iii">http://www.ssa.gov/OP_Home/ssact/title18/1833.htm#act-1833-i-2-a-iii</a>.</li> <li>22. See <a href="http://www.ems.gov/index.htm">http://www.ems.gov/index.htm</a>.</li> <li>23. See <a href="http://www.ems.gov/pdf/EMSWorkforceReport_June2008.pdf">http://www.ems.gov/pdf/EMSWorkforceReport_June2008.pdf</a>.</li> <li>24. See <a href="http://www.ems.gov/nemsis/overview.html">http://www.ems.gov/nemsis/overview.html</a>.</li> <li>25. See <a href="http://www.cms.gov/MedicareProviderSupEnroll/Downloads/JSMTDL-08515MedicarProviderTypeToHCPTaxonomy.pdf">http://www.cms.gov/MedicareProviderSupEnroll/Downloads/JSMTDL-08515MedicarProviderTypeToHCPTaxonomy.pdf</a>.</li> <li>26. See <a href="https://www.cms.gov/center/ambulance.asp">https://www.cms.gov/center/ambulance.asp</a>.</li> <li>27. See <a href="https://www.cms.gov/MLNproducts/downloads/AmbSurgCtrFeepymfctst508-09.pdf">https://www.cms.gov/MLNproducts/downloads/AmbSurgCtrFeepymfctst508-09.pdf</a>.</li> <li>28. See <a href="http://oig.hhs.gov/fraud/docs/complianceguidance/032403ambulancecpqfr.pdf">http://oig.hhs.gov/fraud/docs/complianceguidance/032403ambulancecpqfr.pdf</a>.</li> <li>29. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#ft302#ft302">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#ft302#ft302</a>.</li> <li>30. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-1">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-1</a>.</li> <li>31. See <a href="http://www.ssa.gov/OP_Home/ssact/title19/1905.htm#ft150#ft150">http://www.ssa.gov/OP_Home/ssact/title19/1905.htm#ft150#ft150</a>.</li> <li>32. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-2-b">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-2-b</a>.</li> <li>33. See <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ge101c05.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ge101c05.pdf</a>.</li> <li>34. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1814.htm#act-1814-a">http://www.ssa.gov/OP_Home/ssact/title18/1814.htm#act-1814-a</a>.</li> <li>35. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1832.htm#act-1832-a-2-f-ii">http://www.ssa.gov/OP_Home/ssact/title18/1832.htm#act-1832-a-2-f-ii</a>.</li> <li>36. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1835.htm">http://www.ssa.gov/OP_Home/ssact/title18/1835.htm</a>.</li> <li>37. See <a href="http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf">http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf</a>.</li> <li>38. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-5">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-5</a>.</li> <li>39. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-bb-2">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-bb-2</a>.</li> </ol>			

**TABLE C1 (continued)**

40. See [http://www.ssa.gov/OP\\_Home/ssact/title18/1861.htm#act-1861-gg-2](http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-gg-2).
41. See [http://www.ssa.gov/OP\\_Home/ssact/title18/1861.htm#act-1861-hh-1](http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-hh-1).
42. See [http://www.ssa.gov/OP\\_Home/ssact/title18/1861.htm#act-1861-ii](http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-ii).
43. See <http://www.ihs.gov/index.cfm>.
44. See [http://www.ihs.gov/recovery/index.cfm?module=dsp\\_arra\\_meaningful\\_use](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use).
45. See [http://www.ssa.gov/OP\\_Home/ssact/title18/1861.htm#act-1861-s-2-a](http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-s-2-a).
46. See [http://www.ssa.gov/OP\\_Home/ssact/title18/1861.htm#act-1861-s-10](http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-s-10).
47. See [http://www.ssa.gov/OP\\_Home/ssact/title18/1866.htm](http://www.ssa.gov/OP_Home/ssact/title18/1866.htm).
48. See [http://www.ssa.gov/OP\\_Home/ssact/title18/1861.htm#act-1861-aa](http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa).
49. See [http://www.ssa.gov/OP\\_Home/ssact/title18/1861.htm#act-1861-aa-2](http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-2).
50. See [http://www.ssa.gov/OP\\_Home/ssact/title18/1861.htm#act-1861-aa-2-b](http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-2-b).
51. See <http://www.cga.ct.gov/2006/rpt/2006-R-0720.htm>.
52. See <http://www.hrsa.gov/opa>.

**TABLE C2: LTPAC HITECH Provider Analysis**

Health Care Providers in PHS Section 3000(3)	Defined in PHS 3000(3)?	Defined Elsewhere?	Eligible to Receive EHR Incentives?	Notes/Sources
<p>Nursing Facility; Skilled Nursing Facility (NFs and skilled nursing facilities are referred together in this report as nursing homes)</p> <p>Other long-term care facility (referred to in this report as ICF/IID)</p>	No	Yes	No	<p>EHR incentives are not available for:</p> <ul style="list-style-type: none"> <li>- Nursing Homes: Medicare Skilled Nursing Facilities (SNFs) and Medicaid NFs</li> <li>- Medicare ICF/IIDs Long-term Care Facilities: Medicaid §1905(d)</li> <li>- Institutions for Mental Disease services to persons 65+: Medicaid §1905(a)(14)</li> </ul>
<p>Home health entity (referred to in this report as including HHAs and Hospice)</p>	No	Yes	No	<p>Definitions:</p> <ul style="list-style-type: none"> <li>- Home Health Entity: SSA §1861(m)</li> <li>- Medicare Hospice: SSA §1861(dd)(1)</li> <li>- Medicare HHAs: Medicaid §1905(a)</li> <li>- Medicaid HHA: Medicaid §1907(a)(7)</li> <li>- Medicaid Hospice: Medicaid §1905(0)(1)(A)<sup>1</sup></li> </ul> <p>Note on the relationship between Medicare HHAs and hospice providers:</p> <ul style="list-style-type: none"> <li>- Approximately 25% of HHAs provide: (i) HHA <u>and</u> hospice services; or (ii) hospice only services.<sup>2</sup></li> </ul> <p>Sometimes CMS rules cover both HHAs and hospice providers. For example:</p> <ul style="list-style-type: none"> <li>- Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2011; Changes in Certification Requirements for HHAs and Hospices.<sup>3</sup></li> </ul> <p>EHR Incentives/other funding NOT available for home health entities.</p>
<p>Hospital (for this cluster of providers referred to in this report as including Long-Term Care Hospitals and Inpatient Rehabilitation Facilities)</p> <p>(Note: for Psychiatric hospitals see the Behavioral Health Cluster)</p>	No	Yes.	<p>No for long-term care hospitals and Inpatient Rehabilitation Facilities/units (for non excluded hospitals see "Other" category below)</p>	<p>Definitions:</p> <ul style="list-style-type: none"> <li>- Medical Hospital: §1886(d)(1)(B)</li> <li>- Hospital Medicare §1905(a)(1)(a)</li> </ul> <p>EHR funding not available for a subset of hospitals and hospital units excluded from the Medicare IPPS under SSA §1886(d)(1)(B).<sup>4</sup></p>
<p>1. See <a href="http://www.cdc.gov/nchs/data/nhsr/nhsr030.pdf">http://www.cdc.gov/nchs/data/nhsr/nhsr030.pdf</a>.                  2. See <a href="http://www.cdc.gov/nchs/data/nhsr/nhsr030.pdf">http://www.cdc.gov/nchs/data/nhsr/nhsr030.pdf</a>.                  3. See <a href="http://edocket.access.gpo.gov/2010/pdf/2010-17753.pdf">http://edocket.access.gpo.gov/2010/pdf/2010-17753.pdf</a>.                  4. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-d">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-d</a>.</p>				

**TABLE C3. Behavioral Health HITECH Provider Analysis**

Health Care Providers in PHSA Section 3000(3)	Defined in PHSA 3000(3)?	Defined Elsewhere?	Eligible to Receive EHR Incentives?	Notes/Sources
Community Mental Health Center (CMHC)	Yes	Yes	No	<p>Definitions:</p> <ul style="list-style-type: none"> <li>- Community Mental Health Clinic: SSA §1861(ff)(1)</li> </ul> <p>EHR Incentives payments/other funding not available for CMHCs.<sup>1,2</sup></p> <p>Note: In 2007, 224 certified CMHCs billed Medicare for partial hospitalization services for 25,087 Medicare beneficiaries. In June 2011, CMS proposed a set of requirements that Medicare-certified CMHCs must meet in order to participate in the Medicare program</p>
Hospitals: (for this cluster of providers referred to in this report as including Psychiatric Hospitals/Units and Substance Abuse Treatment Hospitals/Units)	No	Yes.	No	<p>Definitions:</p> <ul style="list-style-type: none"> <li>- Medical Hospital: §1886(d)(1)(B)</li> <li>- Hospital Medicare §1905(a)(1)(a)</li> <li>- Psychiatric Hospital §1861(f)(ii)<sup>3</sup></li> <li>- Inpatient psychiatric hospital services for individuals &lt;21: Medicaid: §1905(h)(1)</li> </ul> <p>EHR funding not available for a subset of hospitals and hospital units excluded from the Medicare IPPS under SSA §1886(d)(1)(B).<sup>4</sup></p>
Practitioner: (for this cluster of providers referred to in this report as including Clinical Social Workers Clinical Psychologists)	Yes	Yes	No	<p>Definition:</p> <ul style="list-style-type: none"> <li>- Practitioner: SSA §1842(b)(18)(C)</li> <li>- Clinical Social Worker §1861(hh)(1)</li> <li>- Clinical Psychologist §1861(ii)</li> <li>- Registered Dietitian or Nutrition professional</li> </ul>
Other Long-Term Care Facility : (for this cluster referred to in this report as including Residential Treatment Centers/Facilities for Mental Health and/or Substance Abuse)	No	Yes	No	<p>Definitions:</p> <ul style="list-style-type: none"> <li>- Residential Treatment Facilities: Medicaid §1905(a)(16)</li> </ul> <p>Note: Patients require more than room and board, are under the supervision of a physician, and requires a comprehensive package of services.<sup>5</sup></p> <p>EHR Incentives/other funding NOT available for these other long-term care facilities</p>
<p>1. See <a href="http://www.hhs.gov/dab/decisions/cr649.html">http://www.hhs.gov/dab/decisions/cr649.html</a>.</p> <p>2. See <a href="http://www.federalregister.gov/articles/2011/06/17/2011-14673/medicare-program-conditions-of-participation-cops-for-community-mental-health-centers">http://www.federalregister.gov/articles/2011/06/17/2011-14673/medicare-program-conditions-of-participation-cops-for-community-mental-health-centers</a>.</p> <p>3. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-f">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-f</a>.</p> <p>4. See <a href="http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-d">http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-d</a>.</p> <p>5. See <a href="http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter07-15.pdf">http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter07-15.pdf</a>.</p>				

**TABLE C4. Safety Net HITECH Provider Analysis**

Health Care Providers in PHS Section 3000(3)	Defined in PHS 3000(3)?	Defined Elsewhere?	Eligible to Receive EHR Incentives?	Notes/Sources
Federally Qualified Health Center (FQHC)	No	Yes	No	<p>Definitions: FQHC Services:</p> <ul style="list-style-type: none"> <li>- Medicare §1861(aa)(3), §1861(aa)(4)</li> <li>- Medicaid §1905(l)(2)(A)</li> </ul> <p>Note: Funding for EHRs is available under HITECH for FQHCs although it not clear how much will be spent on health IT.</p> <p>See: American Recovery and Reinvestment Act (ARRA)                      Appropriations: HRSA included: \$1.5B authorized for grants for construction, renovation, equipment and acquisition of health IT systems, including health center controlled networks receiving operating grants under section §330 of the PHS.</p> <p>Medicaid EP EHR incentives:</p> <ul style="list-style-type: none"> <li>- §1903(t)(2)(A)(iii)</li> <li>- §1903(t)(3)(A)(v)</li> </ul> <p>HITECH §13113(b): Reimbursement Incentive Study and Report</p>
Rural Health Clinic (RHC)	No	Yes	No	<p>Definition: RHC</p> <ul style="list-style-type: none"> <li>- Medicare §1861(aa)(1) and (2)</li> <li>- Medicaid §1905(l)(1)</li> </ul> <p>Note: Funding for EHRs is available under HITECH for RHCs although it not clear how much will be spent on health IT.</p> <p>ARRA Appropriations: HRSA included:</p> <ul style="list-style-type: none"> <li>- \$1.5 billion authorized for grants for construction, renovation, equipment, and for acquisition of health IT systems, for health centers including health center controlled networks receiving operating grants under section 330 of the PHS.</li> <li>- Medicaid EP EHR incentives:                             <ul style="list-style-type: none"> <li>§1903(t)(2)(A)(iii)--an EP who practices predominately in a FQHC or RHC and has at least 30% of patient volume attributed to needy individuals. These EPs may assign their incentive to the FQHC or RHC.</li> <li>§1903(t)(3)(A)(v)--an EP includes a physician assistant practicing in a FQHC led by a physician assistant or a RHC, that is so led by a physician assistant.</li> </ul> </li> </ul> <p>HITECH §13113(b) Reimbursement Incentive Study and Report. HHS studied and developed a report to Congress on the methods to create efficient reimbursement incentives for improving health care quality in FQHCs, RHCs, and free clinics.</p>

**TABLE C4 (continued)**

Health Care Providers in PHS Section 3000(3)	Defined in PHS 3000(3)?	Defined Elsewhere?	Eligible to Receive EHR Incentives?	Notes/Sources
Rural Health Clinic (continued)				<p>Report: Quality Incentives for FQHCs, RHCs and Free Clinics: A Report to Congress (January 2012).<sup>1</sup></p> <p>EHR Incentives available to certain practitioners. See above regarding: Medicaid Subpart D--Requirements Specific to the Medicaid Program: §495.304 Medicaid provider scope and eligibility. Which includes:</p> <ul style="list-style-type: none"> <li>- certified nurse-midwives,</li> <li>- nurse practitioners, and</li> <li>- physician assistants practicing in an FQHC or RHC that is so led by a physician assistant.</li> </ul>
<p>1. Available at <a href="http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_0_4383_1239_15610_43/http%3B/wci-pubcontent/publish/onc/public_communities/p_t/resources_and_public_affairs/reports/reports_portlet/files/quality_incentives_final_report_1_23_12.pdf">http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_0_4383_1239_15610_43/http%3B/wci-pubcontent/publish/onc/public_communities/p_t/resources_and_public_affairs/reports/reports_portlet/files/quality_incentives_final_report_1_23_12.pdf</a>.</p>				

**TABLE C5. Other Health Care HITECH Provider Analysis**

Health Care Providers in PHS Section 3000(3)	Defined in PHS 3000(3)?	Defined Elsewhere?	Eligible to Receive EHR Incentives?	Notes/Sources
Ambulatory surgical center	Yes	Yes	No	Definitions: ASC: – SSA §1833(i)(1) – See: §1832(a)(2)(F)  EHR incentives/other funding NOT available for ASC.
Renal Dialysis Facility	No	Yes	No	Definitions: End Stage Renal Disease Facilities: – SSA §1881 – See: SSA §1881(b)(1)  EHR Incentives/Other Funding NOT available for ESRD Facilities.  Nephrologists are eligible as a physician.
Emergency Medical Service Provider	No	No	No	Definition: – No commonly accepted definition – Ambulance: SSA §1861(s)(7) title XVIII  EHR incentives/other funding NOT available for Emergency Medical Service providers.
Practitioner: (for this cluster of providers referred to in this report as including – Registered Dietician/ Nutritional Professionals)	Yes	Yes	No for dietician/nutrition  (Psychologist and Clinical Social Worker in Behavioral Health Cluster)	Definition: – Practitioner: SSA §1842(b)(18)(C) – Physician assistant, nurse practitioner, or clinical nurse specialist §1861(aa)(5) – Certified registered nurse anesthetist §1861(bb)(2) – Certified nurse-midwife §1861(gg)(2) – Clinical Social Worker §1861(hh)(1) – Clinical Psychologist §1861(ii) – Registered Dietitian or Nutrition professional
Therapist: (for this cluster of providers referred to in this report as including – Physical Therapist – Occupational Therapist – Qualified Speech Pathologist)	Yes	Yes	No	Definition: Therapist: – SSA §1848(k)(3)(B)(iii)  Note: Only certain therapists are eligible for EHR incentives/other funding. Excluded are: physical therapists; occupational therapists; qualified speech pathologists.

<b>TABLE C5 (continued)</b>				
<b>Health Care Providers in PHS Section 3000(3)</b>	<b>Defined in PHS 3000(3)?</b>	<b>Defined Elsewhere?</b>	<b>Eligible to Receive EHR Incentives?</b>	<b>Notes/Sources</b>
Pharmacist	Yes	Yes	No	<p>Definition:</p> <ul style="list-style-type: none"> <li>- Pharmacist: PHS §3000(12) (as added by HITECH §13101) refers to the definition in section 804(2) of the Federal Food, Drug, and Cosmetic Act. §804(a)(1) [21 USC §384]</li> <li>- Importer: Food, Drug, and Cosmetic Act §804(a)(2) [21 USA §384]</li> </ul> <p>EHR incentives/other funding not available for Pharmacist.</p>
Pharmacy	No	N/A	No	<p>No Definition for Pharmacies</p> <p>Pharmacies are licensed at the state level EHR incentives/other funding not available for Pharmacy.</p>
Laboratory	Yes	Yes	No	<p>Definitions:</p> <ul style="list-style-type: none"> <li>- Laboratory: PHS §3000(10), as added by §13101 of HITECH. §353 [42 USC 263a]</li> </ul> <p>See:</p> <ul style="list-style-type: none"> <li>- SSA §1883(a)(2)(D)</li> <li>- SSA §1861(s)(16)</li> <li>- SSA §1861(s)(17)</li> </ul> <p>EHR incentives/other funding not available for Laboratory.</p>
Blood Center	No	Yes	No	<p>Definitions: Blood Establishment: Federal Food, Drug, and Cosmetic Act §510<sup>1,2</sup></p> <p>AHA: A facility that performs, or is responsible for the collection, processing, testing, or distribution of blood and components.</p> <p>EHR Incentives/Other Funding NOT available for Blood Centers</p>
<p>1. See <a href="http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/EstablishmentRegistration/BloodEstablishmentRegistration/default.htm">http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/EstablishmentRegistration/BloodEstablishmentRegistration/default.htm</a>.</p> <p>2. See <a href="http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Blood/UCM164981.pdf">http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Blood/UCM164981.pdf</a>.</p>				

# EHR PAYMENT INCENTIVES FOR PROVIDERS INELIGIBLE FOR PAYMENT INCENTIVES AND OTHER FUNDING STUDY

## Files Available for This Report

- Main Report <http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.shtml>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.pdf>
- APPENDIX A. Medicare and Medicaid EHR Incentive Programs  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendA>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendA.pdf>
- APPENDIX B. Definitions and Certification of EHR Technology  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendB>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendB.pdf>
- APPENDIX C. Public Health Service Act Section 3000(3) as Added by HITECH  
Section 13101 -- Provider Analysis  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendC>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendC.pdf>
- APPENDIX D. Ineligible Provider Characteristics  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendD>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendD.pdf>
- APPENDIX E. Long-Term and Post-Acute Care Provider Profiles  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendE>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendE.pdf>
- APPENDIX F. Behavioral Health Provider Profiles  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendF>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendF.pdf>
- APPENDIX G. Safety Net Provider Profiles  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendG>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendG.pdf>
- APPENDIX H. Other Health Care Provider Profiles  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendH>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendH.pdf>

- APPENDIX I. Table Summary of Patient Protection and Affordable Care Act Provisions with Relationship to Ineligible Providers and Health IT Use  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendI>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendI.pdf>
- APPENDIX J. Behavioral Health Provider Analysis  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendJ>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendJ.pdf>
- APPENDIX K. Grant, Demonstrations and Cooperative Agreement Programs  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendK>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendK.pdf>
- APPENDIX L. Loan Programs  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendL>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendL.pdf>
- APPENDIX M. Technical Assistance Programs  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendM>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendM.pdf>
- APPENDIX N. Administrative Infrastructure Building Programs  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendN>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendN.pdf>
- APPENDIX O. Anti-Kickback Statute EHR Safe Harbor Regulations  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendO>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendO.pdf>
- APPENDIX P. Private Sector Programs to Advance Certified EHR Technology  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendP>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendP.pdf>
- APPENDIX Q. Regulations for Medical Records  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendQ>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendQ.pdf>
- APPENDIX R. Technical Advisory Group Summary  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendR>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendR.pdf>
- APPENDIX S. Evaluating Benefits and Costs of New Incentives for EHR Adoption by Ineligible Providers  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendS>  
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendS.pdf>

APPENDIX T. CIO Consortium EMR Cost Study Data

<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendT>

<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendT.pdf>

APPENDIX U. Abbreviations and Acronyms

<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendU>

<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendU.pdf>

APPENDIX V. References

<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendV>

<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendV.pdf>