

NC Medicaid EHR Incentive Program's Reporting Periods Defined

<p><u>Patient Volume Reporting Period</u></p>	<p>A. Any consecutive 90-day period from the prior calendar year for which you're attesting (e.g.: if attesting for PY 2014, a consecutive 90-day period in calendar year 2013).</p> <p>B. Any consecutive 90-day period from the 12-month period immediately preceding attestation (e.g.: an EP can select a consecutive 90-day period from January 1, 2014 to the day prior to their attestation date. So if the EP attests on August 1, 2014 –a consecutive 90-day period from July 31, 2013 – July 31, 2014).</p>
<p><u>Meaningful Use Reporting Period</u></p>	<p>Any consecutive 90- or 365-day period from the current calendar year (e.g.: a consecutive 90-day period in calendar year of 2014).</p>
<p><u>Practicing Predominantly Reporting Period</u></p> <p>(only applicable for FQHCs & RHCs who want to count non-Medicaid needy individual encounters toward their 30% Medicaid PV threshold)</p>	<p>A. Any consecutive six-month period from the prior calendar year for which you're attesting (e.g.: if attesting for PY 2014, a consecutive six-month period in calendar year 2013).</p> <p>B. Any consecutive six-month period from the 12-month period immediately preceding date of attestation (e.g.: If the EP attests on August 1, 2014 – they can select a consecutive six-month period from July 31, 2013 – July 31, 2014).</p>