

Medical Assistance (MA) EHR Incentive Program

TIP SHEET

DEFINITIONS



•CMS and Pennsylvania launched the EHR Incentive Programs in 2011. This is considered the first program year or Program Year 2011. For Eligible Professionals (EPs) the program year is based on the calendar year (January – December) and for Eligible Hospitals (EHs) the program year is based on the Federal Fiscal Year (October – September). On October 1, 2013, Program Year 2014 will begin for EHs. On January 1, 2014, Program Year 2014 will begin for Eligible Professionals.



•The payment/participation years are very similar and normally the same. Every year a provider receives a payment for the incentive program, it is considered a payment year. This is also a participation year. The only time the two would be different is when an application is denied due to not meeting program requirements. In this case it is considered a participation year but not a payment year. So if an EP/EH received a payment in the 2013 Federal Fiscal Year, that is their first payment/participation year.

PROCESS	PAYMENT YEAR 1	PAYMENT YEARS 2-6												
STEP 1														
<p>CMS R&A – www.cms.gov/ehrincentiveprograms</p> <p>Register at the CMS Registration & Attestation Website: https://ehrincentives.cms.gov/hitech/login.action</p> <p>Information needed:</p> <table border="0"> <tr> <td>EP</td> <td>EH</td> </tr> <tr> <td>• NPI number</td> <td>• CCN</td> </tr> <tr> <td>• NPPES User ID & password</td> <td>• NPI number</td> </tr> <tr> <td>• Payee Tax ID #</td> <td>• Hospital Tax ID #</td> </tr> <tr> <td>• Payee NPI #</td> <td></td> </tr> <tr> <td>• The payee Tax ID # and NPI # must match what is in the provider's PROMISe™ account</td> <td></td> </tr> </table> <p>For assistance at the CMS R&A or CMS I&A, please call CMS Support Center at 1-888-734-6433.</p>	EP	EH	• NPI number	• CCN	• NPPES User ID & password	• NPI number	• Payee Tax ID #	• Hospital Tax ID #	• Payee NPI #		• The payee Tax ID # and NPI # must match what is in the provider's PROMISe™ account		<p>This is the first step for the first year you participate</p>	<p>If already registered in a previous program year, you can go directly to the PA MAPIR application and do not need to go back into the provider's CMS R&A registration. If there's a chance that something needs updated in the provider's registration, then go to the CMS R&A website, review the registration, make the appropriate changes and then be sure to re-submit the registration.</p>
EP	EH													
• NPI number	• CCN													
• NPPES User ID & password	• NPI number													
• Payee Tax ID #	• Hospital Tax ID #													
• Payee NPI #														
• The payee Tax ID # and NPI # must match what is in the provider's PROMISe™ account														

STEP 2

PROMISE™ – <https://promise.dpw.state.pa.us>

Create an Individual PROMISE™ Account for the EP (if one does not already exist) – this is where the link to the MAPIR application will be located.

For EPs and EHs, the person applying for the provider/hospital needs to be signed up as an alternate for the Provider’s/Hospital’s PROMISE™ account.

For EPs, if the payee Tax ID # or payee NPI # are not listed in the provider’s PROMISE™ account, an error will occur and the provider will not be able to get into the MAPIR application. Please email us at ra-MAPProviderEnroll@pa.gov if this occurs.

For assistance with PROMISE™ related issues such as registering, logging in, setting up alternate users etc. please call PROMISE™ Support at 1-800-248-2152.

This step is not necessary if the individual EP already has a PROMISE™ account

This is only necessary if an account isn’t already in place.

STEP 3

Medical Assistance Provider Incentive Repository - MAPIR

Complete the Pennsylvania MAPIR application – the link to MAPIR is located in the individual EP’s or Hospital’s PROMISE™ Account

Information needed:

- | <u>EP</u> | <u>EH</u> |
|---|---|
| • CMS EHR Cert. ID # | • CMS EHR Cert. ID # |
| • Dates for 90-day Medical Assistance (MA) volume | • Dates for 90-day MA volume |
| • MA encounter volume | • MA discharges/ED visits |
| • Out-of-State Medicaid encounters | • Out-of-State MA discharges/ED visits |
| • Total encounter volume | • Total discharges |
| • Data/reports to support MU attestation | • Total inpatient MA bed days |
| | • Total Charges – All Discharges |
| | • Total Charges – Charity Care |
| | • Information to support MU attestation |

For assistance with the MAPIR application please visit www.pamahealthit.org for the Provider Manual & FAQs or email us at ra-mahealthit@pa.gov.

This is a necessary step to apply for the incentive payment

This step needs to be completed every payment year – EHs will only submit cost data the **first payment** year. EHs (except Children’s Hospitals) will complete an application through the CMS Medicare EHR Incentive program first and will then be able to complete an application with our Medical Assistance EHR Incentive Program.

TIPS	EXAMPLES
<p>Medical Assistance (MA) PATIENT VOLUME – When calculating MA patient volume for EPs use the previous calendar year, and for EHs use the previous hospital fiscal year OR from the 12 months preceding the attestation date.</p>	<p>For the current Program Year 4 (2014) EPs would use 90 consecutive days from 2013 or 90 consecutive days from the previous 12 months preceding the date of attestation. So if the EP applies on 9/1/14 then the EP can use a consecutive 90 days from 9/1/13 through 8/31/14. Until 7/1/14 EHs would use a 90 day period from July 2012 – June 2013 if their facility fiscal year is 7/1-6/30 or 90 continuous days from the 12 months preceding the attestation date.</p>
<p>Meaningful Use (MU) ATTESTATION – When choosing the MU attestation period, it is important to note that EPs are required to report on at least 90 or 365 continuous days (depending on participation year) from the current program year (calendar year) and EHs are required to report on at least 90 or 365 continuous days (depending participation year) from the current program year (Federal Fiscal year).</p>	<p>EPs have the option to attest to AIU or 90 days of MU attestation for their first payment year. For the second payment year, EPs must attest to at least 90 days of Meaningful Use. Dually eligible hospitals still attest to MU through CMS first. Note: Children’s hospitals will attest to the MU requirements in MAPIR.</p>
<p>PATIENT VOLUME ENCOUNTERS vs. MEANINGFUL USE ENCOUNTERS – The MA patient volume encounters include the MA encounters where the patient was eligible for Medical Assistance at the time of service.</p>	<p>The MA patient volume numerator includes encounters where the patient was eligible for MA at the time of service, but the numerators for the MU measures also include the non-MA patients.</p>
<p>INDIVIDUAL vs. GROUP CALCULATIONS – For the MA patient volume, you may use Individual or Group volume calculations. For the MU attestation, you must use Individual data only. You are not permitted to use group data for MU attestation.</p>	<p>EPs have the option to use either the Individual or the Group methodology for MA Patient volume as long as everyone in the group uses the same methodology. The EP can change that methodology the following year as long as everyone in the group uses the same methodology. For the MU data calculations, EPs are required to report Individual data only.</p>
<p>INCENTIVES – The EHR Incentive amounts will be the same based on the payment you are receiving. For EPs the first payment is higher and the remaining five payments are the same. For EHs the first payment is 50% of the total incentive amount, the second payment is 30% and the third and fourth payment amounts are 10%.</p>	<p>EP’s have the opportunity to earn \$21,250 for their first incentive payment, regardless of what year that first payment is made. The remaining five payments will be \$8,500 each. Pediatricians who qualify for the reduced payment amount receive \$14,167 for the first payment year with the remaining five payments being \$5,667 each.</p>
<p>MAPIR APPLICATION DASHBOARD (see ex. below) – The MAPIR application now displays a dashboard that shows all of your applications and will show which options you currently have available to you.</p>	<p>All applications will display this dashboard. It is important that the data you provide on your application corresponds to the program year chosen.</p>

Medicaid EHR Incentive Program Participation Dashboard

NPI 9300002505

TIN 222222222

CCN

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Stage 1 Meaningful Use 90 Days	Completed	1	2011	\$21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 1 Meaningful Use Full Year	Completed	2	2013	\$8,500.00	Select the "Continue" button to view this application.
<input checked="" type="radio"/>	Stage 2 Meaningful Use	Incomplete	3	2014	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.
<input type="radio"/>	Future	Future	4	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	5	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	6	Future	Unknown	None at this time

REMINDERS:

- For 2014 EHR Incentive applications, providers must be utilizing a 2014 certified EHR system. You will need to enter the 2014 certified EHR ID number into the application.
- We encourage Eligible Professionals to upload your patient volume and meaningful use reports into your application with submission. This will save you time in the future if a clarification is needed with your incentive application. Only Children's Hospitals will need to upload Meaningful Use documentation as dually-eligible hospitals will attest to Meaningful Use through the Medicare application.

Continue