

Terminology

| | |
|--------------|--|
| ARRA | American Recovery and Reinvestment Act |
| CMS | Centers for Medicare and Medicaid Services |
| EHR | Electronic Health Record |
| HIE | Health Information Exchange |
| HIT | Health Information Technology |
| MAPIR | Medical Assistance Provider Incentive Repository |
| OMAP | Office of Medical Assistance Programs |
| ONC | Office for the National Coordinator for HIT |
| SMHP | State Medicaid HIT Plan |



Pennsylvania Department of Public Welfare Office of Medical Assistance Programs

Health Information Technology (HIT) Initiative

Electronic Health Record (EHR) Incentive Program

Webinar #3: Attestations, Monitoring, and Documentation

March 22, 2011



Agenda

- Background
- Goal: Provide an overview of attestation and monitoring process
- Describe OMAP's plan for monitoring and oversight of the EHR incentive program:
 - ✓ Eligibility
 - ✓ Provider Requirements
 - ✓ Attestations
- Describe documents that OMAP will accept in support of attestations
- Key Dates and Resources

Background: What is HIT?

- HIT is the use of information and communication technology in health care. HIT can include:
 - Electronic health or medical records (EHR or EMR)
 - Personal health records (PHR)
 - E-mail communication
 - Clinical alerts and reminders
 - Computerized decision support systems (CDS or CDSS)
 - Hand-held devices and peripherals
 - Smart cards/swipe cards
 - Bar coding
 - Radio Frequency Identification chip
 - Other technologies that store, protect, retrieve and transfer clinical, administrative, and financial information electronically within health care settings (e.g., e-prescribing)



Background: What is the EHR Incentive Program?

- The Medicaid EHR incentive payment program, created by the American Reinvestment and Recovery Act and administered by CMS, provides enhanced match to states to develop and administer provider incentive programs
- States receive 90/10 percent match for program administration expenses and 100 percent match for the provider incentive payments
- Eligible professionals are eligible for payments up to \$63,750 and hospitals start with a base payment of \$2 million over four years
- The Medicaid EHR incentive program encourages provider adoption, implementation, and meaningful use of EHRs

Key Differences Between Medicare and Medicaid EHR Incentive Programs

| Medicare | Medicaid |
|---|--|
| Federal Government will implement (will be an option nationally) | Voluntary for States to implement |
| Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use (MU) | No Medicaid payment reductions |
| Must demonstrate MU in Year 1 | Adopt, Implement, or Upgrade is option for first participation year |
| Maximum incentive is \$44,000 for EPs (bonus for EPs in HPSAs) | Maximum incentive is \$63,750 for EPs |
| MU definition is common for Medicare | States can adopt certain additional requirements for MU |
| Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015 | Last year a provider may initiate program is 2016; last year to register is 2016 |
| Only physicians, subsection (d) hospitals and CAHs | 5 types of EPs, acute care hospitals (including CAHs) and children's hospitals |

Who can Participate?

- Practitioners must be licensed and are within the scope of practice defined under State law
- Medicaid eligible professionals may not be hospital-based. A Medicaid EP is considered hospital-based if 90 percent or more of the EP's services are performed in a hospital inpatient or emergency room setting.

| Medicaid Provider | Eligibility Requirement |
|---|---|
| Physicians (includes MDs, DOs) | 30% patient volume from MA individuals |
| Nurse Practitioner | 30% patient volume from MA individuals |
| Certified Nurse Midwife | 30% patient volume from MA individuals |
| Dentist | 30% patient volume from MA individuals |
| Providers in FQHCs and RHCs | 30% patient volume from needy individuals |
| Pediatricians | Minimum of 20% patient volume from MA individuals |
| Acute care hospitals (general acute care and critical access hospitals) | 10% patient volume from MA individuals |
| Children's hospitals | No patient volume requirements |

Incentive Payments – Eligible Professionals

- First payment year can be for adoption, implementation, upgrade
- Payments do not have to be in consecutive years and amounts below are only an estimate of maximum payments
- Pediatricians who do not meet the 30 percent threshold would receive no more than \$14,167 in year one and \$5,667 in subsequent years

| | CY 2011 | CY 2012 | CY 2013 | CY 2014 | CY 2015 | CY 2016 |
|---------|----------|----------|----------|----------|----------|----------|
| CY 2011 | \$21,250 | | | | | |
| CY 2012 | \$8,500 | \$21,250 | | | | |
| CY 2013 | \$8,500 | \$8,500 | \$21,250 | | | |
| CY 2014 | \$8,500 | \$8,500 | \$8,500 | \$21,250 | | |
| CY 2015 | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$21,250 | |
| CY 2016 | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$21,250 |
| CY 2017 | | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$8,500 |
| CY 2018 | | | \$8,500 | \$8,500 | \$8,500 | \$8,500 |
| CY 2019 | | | | \$8,500 | \$8,500 | \$8,500 |
| CY 2020 | | | | | \$8,500 | \$8,500 |
| CY 2021 | | | | | | \$8,500 |
| TOTAL | \$63,750 | \$63,750 | \$63,750 | \$63,750 | \$63,750 | \$63,750 |

Incentive Payment Scenarios

EP 2

Apply Using AIU
Attestation

★ 1st Payment

Skips year 2

Attest to MU
for 90 days

★ 2nd Payment

Attest to MU
for 365 days

★ 3rd
payment
(participation
year 2014)

EP 1

Apply Using AIU
Attestation

★ 1st Payment

Attest to MU
for 90 days

★ 2nd Payment

Attest to MU
for 365 days

Attest to MU
for 365 days

★ 3rd payment
(participation
year 2013)

2011

2012

2013

2014

2015

EHR Incentive Payment Process



Register

- Providers register with CMS's National Level Repository (NLR)
- NLR information transmitted to Pennsylvania



Apply / Attest

- Applications and attestations completed in Medical Assistance Provider Incentive Repository (MAPIR)



Review

- Applications reviewed in MAPIR, e.g., information compared to provider file
- Some application information and attestations reviewed pre-payment and OMAP may contact providers



Payment

- Emails sent to providers notifying them of approval
- Payments made to providers whose applications meet review criteria



Monitor

- OMAP will conduct post-payment reviews of high risk areas and will use sampling to review other applications
- OMAP may contact EPs and hospitals for additional information
- OMAP will identify and collect any overpayments

State Oversight – CMS Guidance from the Final Rule

States are required to provide information to CMS outlining the processes and methodologies they will use to ensure that payments are being made to the right person, at the right time, for the right reason.

In order to receive an incentive payment, providers will be attesting to, among other things, whether they are using a certified EHR, demonstrating adopting, implementing or upgrading (AIU) certified EHR technology, demonstrating meaningful use, etc.

States will be required to “look behind” provider attestations. We believe that this will require audits both pre- and post-pay. CMS believes a combination of approaches is in order which should result in accurate payments.

Medical Assistance Provider Incentive Repository (MAPIR)

- MAPIR is an application that is being added to PROMISe. This application will be accessed via the current internet provider portal
- MAPIR is the backbone of OMAP's oversight efforts

The screenshot shows the Pennsylvania Department of Public Welfare's PROMISe Internet portal. At the top, there is a navigation bar with the state logo and the text 'pennsylvania DEPARTMENT OF PUBLIC WELFARE' and 'PROMISe™ Internet'. Below this is a 'Home' link and a date/time stamp: 'Monday 01/03/2011 11:58 PM EST'. The main content area is divided into several sections: 'Provider Login' with a 'User ID' input field and a 'Log In' button; 'Broadcast Messages' with a notice about HCSIS service plans and a maintenance notice; 'Quick Links' with links for help manuals and learning courses; and a large banner at the bottom that reads 'Welcome to PROMISe™' with a photo of a smiling child.

MAPIR: the state-level information system for the EHR incentive program that will both track and act as a repository for information related to payment, applications, attestations, oversight functions, and to interface with CMS

CMS Registration, Attestations and Pre-Payment Reviews

Register at CMS's Registration and Attestation System

<https://ehrincentives.cms.gov/hitech/login.action>

Information sent to Pennsylvania Medical Assistance
Provider Incentive Repository (MAPIR)

Review before EP or hospital can enroll in MAPIR

Application in MAPIR

Attestations and digital signature

MAPIR Review

Review of application elements, e.g., patient volume.

Register with CMS's Registration and Attestation System

After learning about and deciding to apply for participation in the OMAP's Incentive Program, providers must enroll with CMS, which requires providing the following information:



- **NPI:** National Provider Identifier where the source system is National Plan and Provider Enumeration System
- **Payee NPI:** National Provider Identifier of the entity receiving payment (if payment is reassigned)
- **CCN:** CMS Certification Number (Hospitals only)



- **Payee TIN:** Tax Identification Number that is used for payment (if payment is reassigned)
- **Personal TIN:** Personal Taxpayer Identification Number



- **Program Option:** Choice of Medicare or Medical Assistance incentive program
- **State:** The selected State for Medical Assistance participation



- **Provider Type:** Differentiates types of providers as listed in HITECH legislation
- **Email:** Email address of applicant

Enrolling in the CMS National Level Repository

Professional NLR & Contact Info

NLR Verification

[Print](#) [Contact Us](#) [Exit](#)

Wednesday 10/6/2010 4:14:53 PM EST

Get Started **NLR & Contact Info** Eligibility Patient Volumes Attestation Review Submit

NLR Verification

We have received the following information for your NPI from the CMS National Level Repository (NLR). Please specify if the information is accurate by selecting **Yes** or **No** where indicated.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

| | | | |
|---------------------------------------|--|----------------------|------------|
| Legal Entity Name | Dr. Medicaid A. Provider | Applicant NPI | 1234567890 |
| Personal TIN/SSN | 123456789 | Payee TIN | 123456789 |
| Payee NPI | 1234567890 | | |
| Business Address | 123 Main Street Suite 100 Harrisburg, PA | 17111 | |
| Business Phone | 717-123-1234 | | |
| Program (Medicare or Medicaid) | Medicaid | State | PA |
| NLR Provider Type | CMS Provider Type | | |
| NLR Confirmation Number | 0000000000 | | |
| NLR Email Address | Dr. Medicaid Provider@office.com | | |

** Indicates a required field.*

* Is this information accurate? Yes No

Pre-MAPIR Review – Reviewing Information from CMS

OMAP will run a series of verifications against the information from CMS.



To proceed in the application process, providers must be enrolled in MA and must be free of sanctions or exclusions.



Upon receipt of notification from OMAP, providers will access MAPIR from the PROMISE provider portal.

MAPIR Attestation

MAPIR requires applicants to make a series of attestations. For example:

- Federally-certified EHR system
- Patient Volume
- Adoption, Implementation, or Upgrade in first payment year (Meaningful Use in future years)
- Voluntary assignment of payments

Applicant responsibility for accurate information in application

Supporting documentation will be accepted at time of application, e.g., receipts for adoption, implementation or upgrade or documentation of needy population encounters

A digital signature is required attesting to all information in the application and responsibility for inaccurate information

MAPIR Review

- The MAPIR system design is based on the CMS Final Rule for the EHR incentive program and Pennsylvania's specific eligibility criteria. A series of verifications will identify applicants who do not appear to be eligible, e.g.:
 - Hospital-based providers
 - Applicant does not meet patient volume thresholds
 - Confirm Medicaid and not Medicare
 - Eligible provider type
 - Licensure
 - Sanctions
- In some instances, providers will be re-directed to CMS to correct discrepant information, e.g., a change in assignment of payments or other information submitted to CMS directly.
- In some instances, providers will be identified as preliminarily ineligible for incentive payments. OMAP will provide notification in these cases.

Post-Payment Monitoring and Reviews

Post-payment

- OMAP will use a random sampling methodology to review EP applications and payments

OMAP will also identify high risk areas and review these applications and payments

Examples:

- Patient volume close to threshold
- Significant out-of-state Medicaid patient volume
- Significant number of “needy” patient encounters
- Provider previously sanctioned

What Documentation will be Accepted?

- Different application items may require different types of documentation upon review, e.g.:

| Application Item | Documentation |
|--|--|
| Adoption, implementation, upgrade (First year) | Receipts, contract documents |
| Meaningful use (subsequent years) | Will align with CMS methodology |
| Out-of-state patient volume | Encounter information from other state Medicaid agencies |
| Needy patient volume | UDS reports submitted to HRSA |

- Applicants may wish to submit documentation with the MAPIR application. Supporting documents must be submitted in pdf.

Technical Assistance

- OMAP Tools
 - FAQs
 - Patient Volume Calculator
 - Hospital payment calculator
 - Regional Extension Centers (RECs)
 - MA Bulletins

- CMS tools

<http://www.cms.gov/EHRIncentivePrograms/>

Under development:

- Provider Manual/MAPIR Companion Guide



Key Dates

MAPIR Walkthrough – Spring 2011

Program Milestones:

- May/June 2011 – Providers can enroll in Pennsylvania Medical Assistance for EHR incentives through MAPIR
- Payments will be made through PROMISe™ once applications are reviewed and approved

Resources Available to Providers

- State Medicaid HIT website:
<http://www.PAMAHealthIT.org>
- Join listserv to get updates and additional information:
<http://listserv.dpw.state.pa.us/ma-health-it-initiative.html>
- Email: Medical Assistance HIT Initiative
RA-mahealthit@state.pa.us
- PROMISe™ : <https://promise.dpw.state.pa.us/>