

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
MA	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

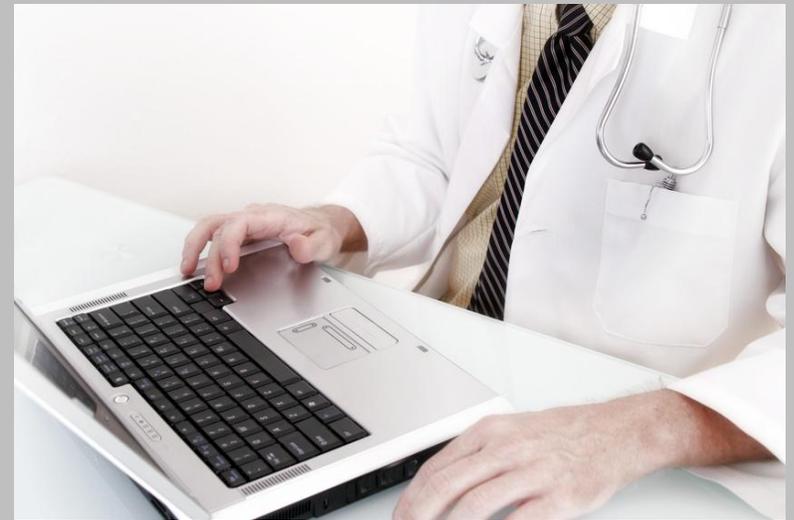
Electronic Health Record (EHR) Incentive Program

Frequently Asked Questions Webinar

April 26 2011

Agenda

- HIT and EHR Incentive Program Background
- Eligibility and Program Participation FAQ's
- Patient Volume FAQ's
- AIU/MU FAQ's
- Incentive Payments FAQ's
- Next Steps FAQ's
- Resources



Background: What is HIT?

- HIT is the use of information and communication technology in health care.
 - Electronic health or medical records (EHR or EMR)
- 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
- 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

Eligibility: 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 and 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
Physician Assistants in FQHCs or RHCs (so led by a PA)	30% patient volume from needy individuals
Providers in FQHCs and RHCs	30% patient volume from needy individuals
Pediatricians	Minimum of 20% patient volume from MA individuals

Eligibility

- Are Part-Time Eligible Professionals (EPs) able to participate in the Medicaid EHR incentive program?
- Must an EP be participating/registered in Medicaid?
- What types of facilities qualify for the MA incentive program?
- Do Psychiatrists attached to outpatient facilities qualify?
- Do Physician Assistants qualify?

How to Calculate Patient Volume

Individual Patient Volume

- Medical Assistance Patient Encounter Volume / Total Patient Encounter Volume = % Medical Assistance Patient Volume

Group Patient Volume - allows EPs to attest to patient volume as a group

- Volume thresholds and calculations are the same but individual EPs can use MA patient volume and total patient volume across a group practice

Calculations are for 90 consecutive days from the previous calendar year

Defining Patient Encounters

- For purposes of calculating EP patient volume percentage, a Medicaid encounter means services rendered to an individual on any one day where Medicaid **paid for part or all of the service; or paid all or part of the individual's premiums, copayments, and cost-sharing.**
- For purposes of EPs in FQHC / RHC calculating needy individual patient volume, a needy patient encounter means services where
 - Medicaid or CHIP paid for all or part of the service; or individual's premiums, copayments, or cost-sharing;
 - The services were furnished at no cost; or
 - The services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay

Individual Example

- EP practices in two locations with the following encounters over 90 consecutive days in the previous calendar year:

	Site 1	Site 2	Total encounters across sites
MA encounters	200	50	250
Total encounters	350	250	600
		MA Patient Volume Percentage	42 %

42 percent MA patient volume EP would meet patient volume threshold

Group Example

- Group practice with two sites with two EPs and two non-EPs (Registered Nurses - RN) with the following encounters over 90 consecutive days from the previous calendar year

	Site 1		Site 2	
	MA	Total	MA	Total
EP 1	100	400	50	200
EP 2	120	260	150	350
RN 1	--	--	300	700
RN 2	200	600	--	--
	420	1,260	500	1,250

- 920 MA encounters / 2510 total patient encounters over two sites with two EPs and two RNs= 37 %MA patient volume
2 EPs would meet MA volume threshold

Patient Volume

- When calculating patient volume, do we use patient encounters from all locations where we see patients?
- If we use the Group volume calculation method, do we include encounters from Non-EPs (such as RNs)?
- How do we calculate patient volume for Part-Time EPs?
- Is there a minimum number of total encounters?
- Are CHiP, GA or MA MCO encounters included in the volume calculations?

Patient Volume

- Sometimes the CRNP bill 'Incident To' a physician, do these encounters count toward the CRNP or the Physician?
- If we're using the Group volume calculation and one of the EPs from the time frame we're using is no longer here, do we still use his encounters?
- We have a new EP but he has no encounter history with our practice, can he apply using the encounters from the practice where he previously saw patients?

Adopt, Implement, Upgrade (AIU)

- **ADOPT** - acquiring, purchasing or securing access to certified EHR technology
- **IMPLEMENT** - installing or commencing utilization of certified EHR technology capable of meeting meaningful use requirements
- **UPGRADE** - expanding the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the EHR certification criteria published by the Office of the National Coordinator of Health Information Technology (ONC).

Meaningful Use Overview

- The concept of meaningful use is that it is not enough to simply install an EHR; providers must use the technology in a meaningful way to have a positive impact on patient care and outcomes. CMS requires that eligible professionals and hospitals:
 - Demonstrate use of certified EHR technology in a meaningful manner
 - Demonstrate that certified EHR technology is connected in a manner that provides for the electronic exchange
 - Use certified EHR technology and submits information on clinical quality measures and other measures
- Providers may attest to adoption, implementation or upgrade in their first payment year or meaningful use
- Examples of meaningful use measures: problem list, drug-allergy interaction checks, e-prescribing, demographics, use Federally-certified EHR system

AIU / Meaningful Use

- Can we participate in the first year attesting to AIU if we are already using a certified EHR System?
- Where can I find a list of Certified EHR Systems?
- Can I attest to Meaningful Use in 2011?
- What documentation do I need to show for AIU?
- Where can I find the Meaningful Use standards?

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

Incentive Payments

- Can we switch from the Medicare EHR Incentive program to the Medicaid EHR Incentive program?
- Do we have to be using a certified EHR System to receive a payment this year?
- What if the incentive payment doesn't pay for our EHR System?
- Who receives the incentive payment?

Incentive Payments

- Are the Medicaid EHR incentive payments taxable?
- Can we skip a year and still receive the full incentive payment?
- If we get a new EP, how will we know where he is in MA EHR Incentive process with his previous practice and what incentive money would be available to him?
- How long does it take to receive a payment?

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 MA may contact providers

Payment

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

Monitor

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

Register with CMS's Registration and Attestation System

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



- **NPI:** National Provider Identifier – must match what you are enrolled with in PROMISE
- **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) must match what you are enrolled with in PROMISE
- **Personal TIN:** Personal Taxpayer Identification Number



- **Program Option:** Choice of Medicare or Medical Assistance incentive program. Hospitals may be eligible for both programs.
- **State:** The selected State for Medical Assistance participation



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

Pre-Application Readiness for Providers

- ✓ Do providers need more information on program requirements or HIT in general?

They can review materials on DPW and CMS websites to learn more about EHR, HIT, and the incentive program

- ✓ Who is eligible for the EHR incentive program?

http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp#TopOfPage

- ✓ Do providers meet patient volume requirements?

Refer to information on DPW website

- ✓ Are the providers enrolled and participating MA provider?

Apply at:

<http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/index.htm>

Pre-Application Readiness (cont.)

- ✓ EPs can assign their incentive payments. Does the Tax Identification Number (TIN) for the entity to I assigned payments match the TIN be in my provider file?
- ✓ Does the provider type information (physician, midwife, CRNP) from NLR data match my provider enrollment information in PROMISE?
- ✓ Does provider have a National Provider Identifier (NPI)?
E.g., providers in Federally Qualified Health Centers
- ✓ Does provider have CMS EHR certification identification?
<http://onc-chpl.force.com/ehrcert>

Next Steps

- When can we register at the CMS Registration & Attestation System?
- If we are going to apply for the MA EHR Incentive program in 2012, can we register in 2011?
- We are a hospital that is dually participating in the Medicare and Medicaid programs. We already registered and the status for the Medicaid portion says 'Pending State Validation.' Is this OK? Also, how will we know when we can register for the Medicaid program?
- Can we have one person register all of our EPs?
- When do we need to invest in a certified EHR System?

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/>
- Technical assistance - Regional Extension Center Program
 - PA Reach East www.pareacheast.org
 - PA Reach West www.pareachwest.org