Medicaid
Electronic Health Record (EHR) Incentive Program for Federally Qualified Health Centers

Presenters
Yvonne Sanchez, HHSC
Leo Gutierrez, TMHP

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Overview of EHR Incentive Program
Rules and Requirements
EHR Incentive Program Overview

- Payment is an incentive for using certified electronic health records (EHR) in a meaningful way.
  - Not a reimbursement and not intended to penalize early adopters.
- First year payment can be received in 2011 through 2016.
- Final payment can be received up to 2021.
- Eligible professionals (EP) must meet certain criteria:
  - Eligible provider type.
  - Medicaid patient volume thresholds.
  - At least 50 percent of all encounters must be at a site or sites with certified EHR technology.
Status of Texas Implementation

- **Mid-December 2010**: Texas Medicaid received conditional CMS approval of Medicaid Health Information Technology (IT) Plan and other related documents.

- **January 3, 2011**: Providers begin registration with CMS for the EHR Incentive Program.

- **February 28, 2011**: Providers begin enrollment with Texas Medicaid for the EHR Incentive Program.

- **May 2011**: Texas Medicaid to begin making incentive payments.
Eligibility for Participation

• Eligible professionals (EPs) include:
  • Physicians
  • Dentists
  • Nurse Practitioners
  • Certified Nurse Midwives
  • Physician Assistants (PA) in federal qualified health centers (FQHC) and rural health clinics (RHC) led by a PA

• Must adopt, implement, or upgrade to a certified EHR and demonstrate meaningful use beginning in 2012.

• Incentives are based on the individual, not the practice.

• Hospital-based physicians are not eligible for incentives.
# Eligibility: Patient Volume

<table>
<thead>
<tr>
<th>Provider</th>
<th>Minimum Medicaid Patient Volume Threshold</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>30%</td>
<td>if the Medicaid EP <em>practices predominantly</em> in a Federal Qualified Health Clinic (FQHC) or Rural Health Clinic (RHC) — 30% <em>needy individual</em> patient volume threshold</td>
</tr>
<tr>
<td>- Pediatricians</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Physician Assistants (PAs) when practicing at an FQHC/RHC that is led by a PA</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Acute Care Hospitals (includes critical access hospitals)</td>
<td>10%</td>
<td>Not an option for hospitals</td>
</tr>
<tr>
<td>Children's Hospitals</td>
<td>No requirement</td>
<td></td>
</tr>
</tbody>
</table>
## Incentive Payments for Eligible Professionals

<table>
<thead>
<tr>
<th>Payment Year by EP Type</th>
<th>Incentive Amount</th>
<th>Maximum cumulative incentive over 6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 for most EPs</td>
<td>$21,250</td>
<td>$63,750</td>
</tr>
<tr>
<td>Years 2-6 for most EPs</td>
<td>$8,500</td>
<td></td>
</tr>
<tr>
<td>Year 1 for pediatricians with a minimum 20% patient volume, but less than 30% patient volume, Medicaid patients</td>
<td>$14,167</td>
<td>$42,500</td>
</tr>
<tr>
<td>Years 2-6 for pediatricians with a minimum 20% patient volume, but less than 30% patient volume, Medicaid patients</td>
<td>$5,667</td>
<td></td>
</tr>
</tbody>
</table>
Meaningful Use Requirements

- Use of certified EHR:
  - in a meaningful manner (e.g., electronic prescribing).
  - for electronic exchange of health information to improve quality of health care.
  - to submit clinical quality measures (CQM) and other such measures selected by the Secretary.
- For Year 1, Medicaid providers do not need to report meaningful use data, only attest to “adopting, implementing, or upgrading” to a certified EHR.

Note: For the complete list of reportable measures, go to www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage
Meaningful Use Stages

- **Stage 1** – effective in 2011 – focuses on:
  - Electronically capturing health information in a coded format.
  - Using that information to track key clinical conditions.
  - Communicating that information for care coordination purposes.
  - Initiating the reporting of clinical quality measures.

- **Stage 2** – effective in 2013 – will focus on:
  - Disease and medication management.
  - Clinical decision support.
  - Interoperability.

- **Stage 3** – effective in 2015 – will focus on:
  - Patient access to self-management tools.
  - Access to comprehensive patient data.
  - Improving population health outcomes.
• **Practices Predominately**: An EP needs to work in an FQHC for over 50 percent of total encounters for a six-month period in most recent calendar year.

• Physician Assistants (PA) at an FQHC "so led" by a PA is defined as when a PA is:
  • the primary provider in the clinic;
  • a clinical or medical director at the clinic; or
  • an owner of an RHC.

• If the FQHC is led by a PA, all PAs at that clinic qualify for the EHR incentive.
Patient Volume Calculation for FQHCs and RHCs

Based on patient encounters over three full consecutive months, that includes:

- Medicaid clients.
- CHIP clients.
- Client services provided as uncompensated care.
- Client services provided at either no cost or reduced cost based on a sliding scale determined by the individual’s ability to pay.

\[
\frac{\text{Medicaid} + \text{CHIP} + \text{Other Allowable Patient Encounters}}{\text{Total Patient Encounters}} \times 100
\]
Important Notes

- **Attestations:**
  - All self-reported information (e.g., patient volume, provider types, etc.) are legally binding
  - Information entered into the portal should come from auditable sources in case you are selected for an audit.
- **Providers can file an appeal for any of the following reasons:**
  - Incentive payment amount
  - Provider eligibility determination
  - Support for “adopt, implement or upgrade” to a certified EHR
  - Achievement of meaningful use requirements
National Level Activities
What Can Providers Do Now?

• **National Provider Identifier (NPI):** All EPs and hospitals must have an NPI in order to participate. To confirm that you have an active NPI go to [https://nppes.cms.hhs.gov/NPPES/](https://nppes.cms.hhs.gov/NPPES/).

• **CMS Website for EHR Incentive Programs:** Register for the EHR Incentive program at [www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms), then click on “Registration and Attestation”. You can also find additional information on the EHR Incentive Program, including tip sheets and an EHR decision tool to help EPs decide whether to apply for Medicare or Medicaid incentives.

• **Health IT Programs:** Learn about certified EHR systems and other programs under the Office of the National Coordinator (ONC) for Health IT, which are designed to support providers as they transition to EHRs at [healthit.hhs.gov](http://healthit.hhs.gov). ONC’s Certified HIT Product List (CHPL) provides a comprehensive listing of complete EHRs and EHR modules that have been tested and certified. Only the product versions that are included on the CHPL at [onc-chpl.force.com/ehrcert](https://onc-chpl.force.com/ehrcert) are certified under the ONC Temporary Certification Program.
National Provider Identifier (NPI)

National Plan and Provider Enumeration System (NPPES)

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for healthcare providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

The website works best in Internet Explorer versions 6.0 and higher and Firefox versions 2.0 and higher. Users may experience issues with other browsers and are recommended to use the browsers listed above. It is recommended that browser windows be opened using the icon on the desktop to avoid shared browser sessions. Some browsers share sessions regardless of how the browser is opened. Please check with the browser’s vendor about session management. When NPPES detects multiple browsers open within the same session, NPPES will terminate the session to protect the data in NPPES. Data entered will be lost and will need to be re-entered.

If you are a Health Care Provider, you must click on National Provider Identifier (NPI) to login or apply for an NPI.

A standard identifier has not yet been adopted for health plans.

Search the NPI Registry.

The NPI Registry enables you to search for a provider’s NPPES information. All information produced by the NPI Registry is provided in accordance with the NPPES Data Dissemination Notice. Information in the NPI Registry is updated daily. You may run simple queries to retrieve this read-only data. For example, users may search for a provider by the NPI or Legal Business Name. There is no charge to use the NPI Registry.

About NPPES…

CMS has contracted with Fox Systems, Inc. to serve as the NPI Enumerator.

The NPI Enumerator is responsible for assisting healthcare providers in applying for their NPIs and updating their information in NPPES. The NPI Enumerator may be contacted as follows:

By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-852-2528 (NPI TTY)

By e-mail at:
customerservice@npienumerator.com

By mail at:
NPI Enumerator
PO Box 6069
Fargo, ND 58108-6069

Connect for Quality Care
Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site
The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website.

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit CMS website.

Eligible Hospitals

Eligible Professionals (EPs)
Providers will use the NPPES/NPI web user account user name and password.
CMS Registration Website Tabs

Tabs will guide users through each phase

User Guide for completing CMS Registration is available at:
ONC Certified Health IT Product List

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program. Please note that the CHPL is a “snapshot” of the current list of certified products. The CHPL is updated frequently as newly certified products are reported to ONC.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with “CHPL” in the subject line.

USING THE CHPL

To determine if an EHR product or a bundle of EHR products meets meaningful use requirements, or to request a CMS reporting ID:

1. Select your practice type using the two buttons below
2. Search for EHR Products and add them to your cart
3. Check your cart to see if the product or products meet 100% of the required criteria
4. Request a CMS EHR Certification ID using the button on the Certification Cart page

Go to http://onc-chpl.force.com/ehrcert

For instructions on obtaining the CMS EHR Certification Number, go to www.tmhp.com, click on Providers, then Health IT, then Reference Material.
Texas Enrollment and Attestation
Enrollment in Texas Medicaid is required for participation in the EHR Incentive Program; however, there are options:

• **No action needed if …**
  – Enrolled as a Medicaid *billing* provider
  – Enrolled as a Medicaid *performing* provider and you elect to assign payment to your group or clinic
  – Enrolled as a Medicaid *performing* provider only and you elect to assign payment to yourself

• **Eligible for an abbreviated (limited) enrollment process if …**
  – Not enrolled in Medicaid but work for an FQHC, RHC or group practice that is, and you elect to assign payment to your group or clinic

• **Full enrollment is needed if …**
  – Not enrolled in Medicaid and you elect to assign payment to yourself
How Do I Enroll In Texas Medicaid?

• If you are an individual provider, assigning the incentive payment to your group or clinic and you …
  • do not have a current Texas Provider Identifier (TPI) from Medicaid, and
  • are practicing in a group or FQHC/RHC that is enrolled in Medicaid.

  Please use the limited enrollment application found on the TMHP Health IT website at
  [www.tmhp.com/Provider_Forms/Health%20IT/EHR%20Deeming%20Form.pdf](http://www.tmhp.com/Provider_Forms/Health%20IT/EHR%20Deeming%20Form.pdf)

• EPs should …
  1. Complete the limited enrollment application.
  2. Attach licensure information.
  3. Attach a W9 (see your business administrator for this information).
  4. Allow administrators to submit the limited enrollment application and all attachments directly to TMHP via batch paper submissions only

• A TPI will be issued and a notice submitted to the billing provider or administrator.
How Do I Enroll In Texas Medicaid?

• If you are an individual provider, assigning the incentive payment to yourself and you do not have a Texas Provider Identifier (TPI) from Medicaid.
  
    ▶️ A complete Medicaid enrollment application must be completed prior to enrollment and attestation through the TMHP Health IT web portal. For information on enrolling as a Texas Medicaid provider, go to
    www.tmhp.com/Provider_Forms/Provider%20Enrollment/Texas%20Medicaid%20Provider%20Enrollment%20Application.pdf

    • The limited enrollment application cannot be used

• EPs should …
  
  • Allow 30-90 days for the full enrollment application to be processed
  • Set up their TMHP account online to enroll/attest to their incentive payment (refer to your business administrator to assist with this effort)
  • Follow the TMHP Portal Security Provider Training Manual guide for creating an account online after successful enrollment; go to
How Do I Enroll in the EHR Incentive Program?

• Beginning February 28, 2011, providers will be required to enroll and attest to their volumes. For information on the EHR Incentive Program, see: www.tmhp.com/Pages/HealthIT/HIT_Home.aspx.

• Upon completion of the enrollment and attestation process for the EHR incentive payment, providers can access the web portal to review their results and disposition.

• E-mail communications will be provided throughout the process.
  • Please ensure that Medicaid has a current e-mail address
  • Payments will be issued to providers beginning in May 2011.

• Providers will be required to validate their attestation online each year to qualify for the incentive payment.
Texas Medicaid EHR Incentive Program

– Enrollment Process –
Medicaid EHR Incentive Program
Process Flow

1. Register with CMS NLR

2. Verify Provider Information

3. Enter Patient Volumes

4. Confirm AIU

5. Validate Certified EHR

6. Acknowledge Payment

7. Generate Payment

Federal/State File Exchange

Federal Level Registration

State Level Enrollment

Email Notifications

State and Federal Validations
After logging into the Texas Medicaid Incentive Program portal, the user will see their Welcome page and then press **Continue**.
Click **Enrollment** to begin the process.
Provider Enrollment

Select a provider and click “Enroll”
Provider Verification

- Current enrollment status
- Identify work location: Hospital-based or not, FQHC / RHC
- Assign payment
- Confirm registration information
- Attest if a pediatrician

Select Group Practice
“Select FQHC/RHC” Drop-Down Menu
Patient Volume Calculation

Select the reporting period from prior calendar year

Enter patient volume information
Payment Assignment
“Select MMIS ID” Menu

Select the Texas Provider ID to assign the payment.
Adopt, Implement, Upgrade (AIU)

Select AIU designation

Select supporting documentation and upload

Select the certified EHR you are using
EP Incentive Payment Acknowledgement

Allowed cost is provided only for your information; you are not attesting to cost.
Who Do I Call For Help Or Additional Information?

• Sign up for e-mail updates by visiting the TMHP website at www.tmhp.com/Pages/HealthIT/HIT_Home.aspx and click on “Sign up for email updates” in the “Want To Know More?” box

• Submit questions by visiting the TMHP website; go to “Contact Us” at www.tmhp.com/Pages/Medicaid/medicaid_contacts.aspx.

• Providers can call toll free at 800-925-9126, option 4.
Questions?