Connecticut Department of Social Services

Medicaid Electronic Health Record Incentive Payment Program Professionals

Newsletter
April 2011

The Connecticut Department of Social Services (DSS), in collaboration with Hewlett Packard Enterprise Services (HP), is providing important information concerning the Medicaid Electronic Health Records (EHR) Incentive Payment Program. This newsletter outlines the basic requirements of the program for eligible Medicaid professionals as established by the American Recovery and Reinvestment Act (ARRA) of 2009. The Act authorizes states to provide for incentive payments to Medicaid providers for adopting, implementing, or upgrading certified EHR technology or for the meaningful use of such technology.

The newsletter provides:

- A list of Frequently Used Acronyms
- Important CMS links
- CMS Definitions and Program Requirements
- Incentive Program Eligibility Requirements
- Calculating Patient Volume
- Registration and Attestation for the Medicaid EHR Incentive Program
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Frequently Used Acronyms	
AIU	Adopt / Implement / Upgrade
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
CQM	Clinical Quality Measures
DSS	CT Department of Social Services
EHR	Electronic Health Record
EIN	Employer's Identification Number
EP	Eligible Professional
FQHC	Federally Qualified Health Center
FFS	Fee For Service
MLIA	Medicaid for Low Income Adults
MMIS	Medicaid Management Information System
MAPIR	Medical Assistance Provider Incentive Repository
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
ONC	Office of the National Coordinator
TIN	Tax Identification Number

Important CMS Links

CMS and Medicaid EHR Incentive Payment Program: The Centers for Medicare & Medicaid Services Web site provides comprehensive information on the Medicare and Medicaid EHR Incentive Payment Program at:

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

This site provides links to access detailed information about the incentive program and the requirements for participation.

The Final Rule: Medicaid state agencies are required to implement the EHR Incentive Payment Program 42 CFR Part 495 Subpart D. The final rule can be found at:

http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

CMS Definitions

Adopt, implement or upgrade means:

- **Adopt** – Acquire, purchase or install a certified EHR system.
- **Implement** – Install or commence use of certified EHR technology and have started one of the following:
  - ✓ A training program for the certified EHR technology;
  - ✓ Data entry of patient demographic and administrative data into the EHR;
  - ✓ Establishment of data exchange agreements and a relationship between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or health information exchanges).
- **Upgrade** – Expand 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 Office of the National Coordinator (ONC) EHR certification criteria. Some examples of upgrading the existing EHR technology are the addition of clinical decision support, e-prescribing functionality, and computerized physician order entry.

Certified Electronic Health Record technology means:

A complete EHR or a combination of EHR Modules where the complete EHR or the modules have been

tested and certified in accordance with the certification program established by the ONC.

Electronic Health Record *means:*

An EHR is a systematic collection of electronic health information on individual patients. EHRs are patient health records in a digital format which include a range of data in comprehensive or summary form, such as demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal stats like age and weight, and billing information.

The purpose of the EHR is to collect complete records of patient encounters, allowing the automation and streamlining of the workflow in health care settings and increasing safety through evidence-based decision support, quality management, and outcomes reporting.

CMS EHR Certification ID *means:*

Complete EHRs and EHR Modules that are tested and certified by the ONC to qualify for the incentive payment program are assigned a number. EPs are required to obtain a CMS EHR Certification ID using either of the following Web sites to link to the ONC at:

http://healthit.hhs.gov/chpl

Or at the CMS EHR Incentive Program link at:

https://www.cms.gov/EHRIncentivePrograms/25_Certification.asp

The CMS EHR Certification Number is required for attestation for the Medicaid Incentive Program.

Meaningful Use *refers to* three main components specified by the ARRA:

1. The use of a certified EHR in a meaningful manner, such as e-prescribing.
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
3. The use of certified EHR technology to submit clinical quality and other measures.

EPs must demonstrate meaningful use of Certified EHR technology once adopted, implemented or upgraded.

Medicaid EHR Incentive Payment Program Eligibility Requirements

Medicaid eligible professionals (EPs) for an EHR incentive payment are limited to the following when consistent with the scope of practice regulations:

1. Physician (primarily doctors of medicine and doctors of osteopathy)
2. Nurse Practitioner
3. Certified Nurse-Midwife
4. Dentist
5. Physician Assistant who furnishes services in a Federally Qualified Health Center (FQHC) that is led by a physician assistant

In addition, a Medicaid EP for each year for which the EP seeks an EHR incentive payment:

- Must not be hospital based. A hospital-based EP is defined as an EP who furnishes 90% or more of their covered professional services in either the inpatient or emergency department of *a* hospital;
- Must be licensed in the state of Connecticut;
- Must not have any current sanctions that have temporarily or permanently barred them from participation in the Medicare or State Medicaid programs.

In the first year of the Incentive Program, EPs will qualify for the Medicaid EHR Incentive Program when they have adopted, implemented, or upgraded Certified EHR technology.

EPs will need to demonstrate meaningful use in their second and subsequent years of participation in the CT Medicaid incentive program in order to receive additional incentive payments.

Calculating Patient Volumes

To qualify for an incentive payment under the Medicaid EHR Incentive Payment Program, an EP must meet one of the following criteria over any continuous 90-day period in the preceding calendar year:

1. Have a minimum 30% Medicaid patient volume;
2. Have a minimum 20% Medicaid patient volume, and is a pediatrician;
3. Practice predominantly in a FQHC or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals.

Medicaid patients include individuals receiving services under Medicaid Fee-for-Service (FFS), Medicaid for Low Income Adults (MLIA) and the HUSKY A programs.

EPs that are members of group practices or clinics can either use their individual claim volume or use the group practice/clinic claim volume to calculate patient volume. Using the group practice/clinic claim volume will be subject to the following limitations:

1. The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP.
2. There is an auditable data source to support the clinic's or group practice's patient volume determination.
3. All EPs in the group practice or clinic must use the same methodology for the payment year.

4. The clinic or group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way.
5. If an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP's outside encounters.

To calculate patient volume an EP must divide the total Medicaid patient encounters in any representative continuous 90-day period in the preceding calendar year by the total patient encounters in the same 90-day period.

An encounter is defined as services rendered to a Medicaid FFS, MLIA or HUSKY A individual on any one day where Medicaid, MLIA or a Medicaid Managed Care Organization paid for part or all of the service; or paid all or part of the individuals' premiums, co-payments, and cost-sharing.

Registration and Attestation for the Medicaid EHR Incentive Program

CMS launched the Medicare and Medicaid EHR Incentive Program Registration and Attestation System in January, 2011.

EPs will need to register for the Medicaid EHR Incentive Program and attest that they have adopted, implemented, upgraded or are meaningfully using Certified EHR technology to qualify for the incentive payment.

The first step for EPs is to register with the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System.

To register with the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System go to:

https://ehrincentives.cms.gov

For detailed instructions on registering with the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System, go to the following site:

http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf

To participate in the Medicaid EHR Incentive Payment Program all EPs will need the following information when registering with the CMS Medicare & Medicaid

EHR Incentive Program Registration and Attestation System:

- ✓ National Plan and Provider Enumeration System (NPPES) User ID and Password
- ✓ National Provider Identifier (NPI)
- ✓ Payee Tax Identification Number if you are reassigning your incentive payments
- ✓ Payee National Provider Identifier if you are reassigning your incentive payments

Once EPs register with the CMS Registration and Attestation system and have chosen to apply for the Connecticut Medicaid Incentive Program, the EPs will need to register and attest in the Connecticut Medical Assistance Provider Incentive Repository (MAPIR).

Connecticut is targeting a July, 2011 launch date to begin accepting registrations for the CT Medicaid EHR Incentive Program. Providers will be notified when the Connecticut Medicaid registration application is available for registration and attestation.

IMPORTANT NOTE: *EPs will not be able to start the registration process with CMS until Connecticut's EHR Incentive Program is launched.*

Medical Assistance Provider Incentive Repository (MAPIR)

The MAPIR is being developed in collaboration with 12 other Medicaid states by HP. MAPIR is a web based application that will interface with the CMS EHR Incentive Program Registration and Attestation System for the exchange of data regarding EP state selection and subsequent provider payments made by the state.

MAPIR will match the data supplied by CMS to the EP's data in the MMIS. The data that will be used to match MMIS data is the provider's NPI and tax identification number (TIN). Once matched, the EP will be able to access the MAPIR to register and attest to the EHR Certification Number for the EHR technology adopted, implemented or upgraded and provide Medicaid encounter and total patient encounter volumes.

The EP will be able to access MAPIR via the secure provider portal at **www.ctdssmap.com**. If an EP does not have a logon ID to the secure provider portal, HP will contact them to provide the individual with a user ID and password to access the secure site.

Medicaid EHR Incentive Payment

The EHR incentive payment is a fixed payment amount and is made based on the calendar year. As indicated in the chart below EPs can apply for the Incentive Payment Program beginning in 2011 through 2016.

For the first payment year, when EPs have adopted, implemented or upgraded certified EHR where the EP has met the 30% Medicaid patient volume, the incentive payment is $21,250.

In subsequent years, the EP would need to continue to meet Medicaid patient volume and demonstrate that s/he is meaningfully using certified EHR technology. The payment would be $8,500 for subsequent years. The maximum incentive payment over 6 years would not exceed $63,750.

For pediatricians that do not meet the 30% Medicaid patient volume but meet the 20% Medicaid patient volume the first payment year, the incentive payment would be $14,167, and in subsequent payment years would be $5,667. The maximum incentive payment amount for a pediatrician with 20% Medicaid patient volume over 6 years would not exceed $42,500.

	Medicaid EPs who begin meaningful use of certified EHR technology in--					
Calendar Year	2011	2012	2013	2014	2015	2016
2011	$21,250	----------	----------	----------	----------	----------
2012	$8,500	$21,250	----------	----------	----------	----------
2013	$8,500	$8,500	$21,250	----------	----------	----------
2014	$8,500	$8,500	$8,500	$21,250	----------	----------
2015	$8,500	$8,500	$8,500	$8,500	$21,250	----------
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017	----------	$8,500	$8,500	$8,500	$8,500	$8,500
2018	----------	----------	$8,500	$8,500	$8,500	$8,500
2019	----------	----------	----------	$8,500	$8,500	$8,500
2020	----------	----------	----------	----------	$8,500	$8,500
2021	----------	----------	----------	----------	----------	$8,500
TOTAL	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

Provider Notification

Providers will be notified when the CT Medicaid EHR Incentive Payment Program has been launched.

Please go to the following link and fill out the information requested:

http://www.surveymonkey.com/s/EHR_Eligible_Professionals_Survey

The following information will be required:

- National Provider Identifier (NPI)
- Provider Name
- Provider Type
- Provider's Automated Voice Response System (AVRS) ID
- Group Practice/Clinic's Name
- Group Practice/Clinic's NPI
- Group Practice/Clinic's AVRS ID
- Contact name and email
- Contact telephone

DSS and HP will provide more detailed information as MAPIR progresses through development. Please submit any questions or concerns you have to:

ctmedicaid-ehr@hp.com or call 1-855-313-6638

eHealthConnecticut - Regional Extension Center

eHealthCT has been designated as the Health Information Technology Regional Extension Center for Connecticut. eHealthCT will assist Connecticut primary care providers in the selection, implementation, and achievement of meaningful use of certified Electronic Health Record technology in order to enhance health care quality, safety and efficiency.

Primary care practices who register with eHealthCT will receive guidance from a Direct Assistance Contractor as practices make the transition to utilizing certified EHR technology. The Direct Assistance Contractor will conduct a thorough assessment of the provider's practice and develop a scope of work to successfully achieve the following:

- ✓ Selection of certified EHR technology
- ✓ Implementation of certified EHR technology
- ✓ Achieve Meaningful Use of certified EHR technology

For detailed information about the services that eHealthCT provides, please go to:

http://www.ehealthconnecticut.org/REC.aspx