Medicaid EHR Incentive Program: Eligibility & Attestation

Marlene Hodges – August 2016
Federal Legislation: Background

- 2009: HITECH Act
- 2010: Stage 1 Final Rule
- 2012: Stage 2 Final Rule
- 2014: CEHRT Flexibility Final Rule
- 2015: Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule
Bookmark It! – Iowa Medicaid HIT/EHR Website


- Excellent tools, guides and info. available for providers
  - Attestation Tips & Patient Volume Calculation Assistance
  - Provider Patient Volume Template
  - FQHC/RHC Patient Volume Template
Medicaid EHR Incentive Program

Eligibility & Incentive Payments
Who is Eligible to Participate?

- Medicaid Program
  - Physicians
  - Nurse Practitioners
  - Certified Nurse Midwives
  - Dentists
  - Physician Assistants working in a Federally Qualified Health Center or rural health clinic that is so led by a PA
Must meet the Medicaid Patient Volume (MPV) threshold

- 30% MPV (dentists, physicians, NPs, etc.)
  - $21,250 incentive in first year, and $8,500 in subsequent years

- Needy patient volume
  - FQHC or RHC

- The MPV must be a continuous 90-day period from the previous calendar year
# Medicaid Incentive Program Payments

<table>
<thead>
<tr>
<th>CY</th>
<th>Medicaid EPs who begin adoption, or MU certified EHR technology in</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>8,500</td>
</tr>
<tr>
<td>2013</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>8,500</td>
</tr>
<tr>
<td>2015</td>
<td>8,500</td>
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<tr>
<td>2016</td>
<td>8,500</td>
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<tr>
<td>2017</td>
<td>8,500</td>
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<tr>
<td>2018</td>
<td>8,500</td>
</tr>
<tr>
<td>2019</td>
<td>8,500</td>
</tr>
<tr>
<td>2020</td>
<td>8,500</td>
</tr>
<tr>
<td>2021</td>
<td>8,500</td>
</tr>
<tr>
<td>TOTAL</td>
<td>63,750</td>
</tr>
</tbody>
</table>

*Last Year to Begin!*
Last Chance!

- 2016 is the last program year to initiate participation in the Medicaid EHR Incentive Program
- 2016 attestation deadline: March 31, 2017, 11:59 pm
Medicaid EHR Incentive Program

Calculating Patient Volume
Medicaid Patient Volume (MPV)

- The Medicaid patient volume must be from a continuous 90-day period from the previous calendar year
  - i.e. Attest for 2016 program year, use a 90-day period of encounters from 2015 calendar year

- Patient volume may be calculated either:
  a) individually for a single EP/dentist, OR
  b) at the group/practice level to encompass all eligible EPs
Medicaid Encounter Definition

- Services rendered on any one day to a Medicaid-enrolled individual, regardless of payment liability including zero-pay claims.

- Such services can be included in provider’s Medicaid patient volume calculation as long as the services were provided to a beneficiary who is enrolled in Medicaid during the reporting period.
The following Medicaid encounter types can be used to calculate patient volume:

- Medicaid as primary or secondary insurance
- Delta Dental Wellness Plan
- Zero-paid
- Magellan
- Out-of-state
- Unbilled
- Medicare crossover
- MediPass

Note: Individuals meeting the definition of needy individuals, or those receiving assistance from CHIP (hawk-i) do NOT count toward the Medicaid patient volume, except for EPs meeting the definition of practicing predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).
Patient Encounter Method for EPs

- An EP/dentist 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.
  - The result must equal 30% or higher MPV
Patient Encounter Method for Group

- Same calculation as on previous slide for EPs but encompassing all EPs within the group/practice/clinic

- Note the following guidelines for **Group** Patient Volume:
  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 group practice’s patient volume determination.
  3) All EPs in the group practice must use the same methodology for the payment year.
  4) The group practice uses the entire practice’s patient volume and does not limit patient volume in any way.
  5) If an EP works inside and outside of the practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP’s outside encounters.
Medicaid EHR Incentive Program

You Determined You are Eligible: What’s Next?
Registration Step 1:

CMS Medicare & Medicaid Registration & Attestation System

Register - https://ehrincentives.cms.gov

- For EPs, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
Registration Step 2:

- Approximately 1 day after Step 1 is complete, CMS electronically notifies Iowa Medicaid of your Step 1 registration. **WATCH YOUR EMAIL** for a message from Iowa Medicaid containing your link to complete registration in PIPP (Step 2).

- Follow the link in the email to register in the Iowa Medicaid EHR Provider Incentive Payment Portal (PIPP)
Medicaid EHR Incentive Program

AIU and MU Stages
The chart illustrates the Medicaid MU path providers must follow from Stage 1 through Stage 3, based on the year they began participating.

<table>
<thead>
<tr>
<th>Program Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>AIU</td>
<td>1</td>
<td>1</td>
<td>1 or 2*</td>
<td>2*</td>
<td>2*</td>
<td>2* or 3</td>
<td>3</td>
</tr>
<tr>
<td>2012</td>
<td>AIU</td>
<td>1</td>
<td>1 or 2*</td>
<td>2*</td>
<td>2*</td>
<td>2* or 3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>AIU</td>
<td>1*</td>
<td>2*</td>
<td>2*</td>
<td>2* or 3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>AIU</td>
<td>2*</td>
<td>2*</td>
<td>2* or 3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>AIU</td>
<td>2*</td>
<td>2* or 3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>AIU</td>
<td>2* or 3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The Modifications to Stage 2 include alternate exclusions and specifications for certain Objectives and measures for providers that were scheduled to demonstrate Stage 1 of MU in 2015.
Year 1 Incentive: AIU Payment

- Adopt/Implement/or Upgrade (AIU) a Certified Electronic Health Record Technology (CEHRT) system
- Know the name, version and description of your system
- Obtain the CMS EHR Certification ID for your system from your vendor and/or from the Certified Health IT Product List at http://chpl.healthit.gov
- Apply/attest for Year 1 Incentive payment in the Iowa Medicaid PIPP portal
Apply For Year 1 (AIU) Incentive in PIPP

Screenshot of Dashboard screen upon log-in to PIPP attestation system

On this page, you will find a list of the correspondence sent to you by IME. In addition, you will be provided the status of your attestation.

This system contains questions on multiple screens. The answers from each screen are stored at the time the individual screen is saved. Please be prepared to complete all questions upon entering an individual screen. The system will save the data only when an entire question screen has been completed successfully (including document upload requirements) with no errors. If you leave an individual screen prior to completing or resolving any errors, your data will not be saved for that individual screen. However, you may complete screens at different times and your answers will be saved for you to complete the remaining screens at a later time. Please refer to the Provider User Manual in the User Manual link for additional information.
Apply For Year 1 (AIU) Incentive in PIPP

Screenshot of Provider screen
Apply For Year 1 (AIU) Incentive in PIPP

Provider Questions

1. Are you currently enrolled to bill as an Iowa Medicaid provider? Not Answered
2. My professional license number is
3. Do you have any sanctions pending or imposed against you? Not Answered
4. What is the NPI of the organization for which you bill?

Financial Institution Name:

ABA Routing Number:

Financial Institution Account Number:

Type of Account: Not Answered

5. Hospital-based EPs are not eligible for the incentive payment. Are you a hospital-based provider? Not Answered

6. Are you a Pediatrician? Not Answered

8. Are you attesting to patient volume at a group or individual level? Not Answered

9. Do you practice in multiple locations? Not Answered

11. EPs can choose to attest to AIU or MU in their first year of program participation without reducing their payments or years of eligibility. To what are you attesting? Not Answered

12. You entered an email address at the CMS R&A site which feeds into this Iowa attestation system and is used as your primary contact if Iowa Medicaid Enterprise has any questions regarding your attestation.

Enter the primary or an alternate contact’s email address
**Apply For Year 1 (AIU) Incentive in PIPP**

**Document Criteria**

**EHR Questions**

1. Have you adopted, implemented, or upgraded to certified electronic health record (EHR) technology?
   - Not Answered

2. CMS EHR Certification number: [Blank]

2a. Name, version, and description of Certified EHR System: [Blank]

To qualify for the EHR Incentive program, you must show that you have the current, required version of certified electronic health record technology (CEHRT). The following is acceptable documentation for such proof:

- A page of the contract or lease showing the provider, vendor, and name of the certified EHR technology and the dated signature page.
- If your current contract/lease agreement requires the vendor to provide you with appropriate updates/upgrades including certified EHR technology, a signed and dated copy of amendment/attachment showing the installation of certified EHR technology.
- A copy of your invoice or purchase order identifying the vendor and certified EHR technology being acquired and proof of payment.

What is NOT acceptable as documentation.
A screenshot of CHPL showing a certified EHR system and/or module(s) is not sufficient documentation.

If you have a question about what is acceptable documentation, please contact the Iowa Medicaid EHR Incentive Program staff at imeincentives@dhs.state.ia.us.

No Documents found.

Add Document  OK  Cancel
Apply For Year 1 (AIU) Incentive in PIPP

Patient Volume Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be eligible for the incentive, 30% of your patient encounters (20% for pediatricians) over a consecutive 90-day period in the previous calendar year must be attributable to Medicaid (needy individuals for those practicing predominantly in an FQHC or RHC). Provide the beginning and end dates for the 90-day period you are claiming to prove patient volume requirements.</td>
<td></td>
</tr>
<tr>
<td>Begin Date</td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td></td>
</tr>
<tr>
<td>What is the total number of patient encounters within the selected 90-day period? (i.e. your denominator)</td>
<td></td>
</tr>
<tr>
<td>What is the total number of enrolled Medicaid encounters for the selected 90-day period? (i.e. your numerator)</td>
<td></td>
</tr>
<tr>
<td>Percentage of enrolled Medicaid encounters over the selected 90-day period:</td>
<td></td>
</tr>
<tr>
<td>Are any of your Medicaid patients covered by another state’s Medicaid program?</td>
<td></td>
</tr>
<tr>
<td>Practices Predominantly' means an EP for whom the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year occurs at a federally qualified health center or rural health clinic.</td>
<td></td>
</tr>
<tr>
<td>Do you meet the definition of Practices Predominantly?</td>
<td></td>
</tr>
<tr>
<td>What is the auditable data source you are using to calculate patient volume?</td>
<td></td>
</tr>
<tr>
<td>Are you including inpatient encounters in your patient volume?</td>
<td></td>
</tr>
<tr>
<td>Are you including Magellan encounters?</td>
<td></td>
</tr>
<tr>
<td>Are you including patients for whom you did not have an encounter in the 90-day period from your MediPASS panel (but for whom you did see in the previous 12 months) in your numerator?</td>
<td></td>
</tr>
<tr>
<td>Are you including patient encounters where Medicaid had no liability to pay (zero-paid claims or unbilled claims)</td>
<td></td>
</tr>
</tbody>
</table>

Not Answered
2016 Medicaid Attestation Dates

- February 2, 2016: 2016 Attestation opened on for those attesting to AIU (Adopt/Implement/Upgrade)
- April 2, 2016: 2016 attestation opened for first-time Meaningful Use reporters; 90-day EHR reporting period.
- Iowa Medicaid will accept 2016 attestations through March 31, 2017 at 11:59 pm.
Medicaid EHR Incentive Program

Meaningful Use Reporting
Meaningful Use EHR Reporting Period

- The EHR reporting period for all providers is based on the calendar year.

- The EHR reporting period for all *returning* MU participants is a full calendar year (January 1 to December 31, 2016).

- For *first-time* MU participants in 2016, the EHR reporting period is a minimum of a continuous 90-day period between January 1 and December 31, 2016.
Single Set of Objectives and Measures + CQMs

- 10 Objectives for EPs
  - Including consolidated Public Health Objective
- 9 Clinical Quality Measures (CQMs)
All providers are required to attest to a single set of objectives and measures.

For EPs, there are 10 objectives.

In 2016, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition or the 2015 Edition, or a combination of the two.

For full details on the MU measures, go to: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html
Attestation Checklist

Before you begin online attestation:

- Meet all of the necessary measures to successfully demonstrate meaningful use
- Complete the appropriate reporting period and timeframe
- Have a successful and active registration status in the Registration and Attestation System
  - CMS for Medicare OR
  - CMS and PIPP for Medicaid
- Save a copy of all supporting documents (electronic & hard copy)
- Obtain your CMS EHR Certification Number from your vendor and from http://chpl.healthit.gov
**Medicaid MU Attestation: Example**

**Screenshot of Meaningful Use Questions in PIPP**

<table>
<thead>
<tr>
<th>#</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEN-1</td>
<td><strong>EHR Reporting Period</strong></td>
</tr>
</tbody>
</table>
| GEN-2 | **Objective:** How many of your unique patients seen during the EHR Reporting Period have their data in the certified EHR technology?  
  **Numerator:** Number of patients in the denominator with data maintained in a certified EHR during the EHR reporting period.  
  **Denominator:** Number of unique patients seen by the EP during the EHR reporting period. |
| GEN-3 | **What is the principal county in which you practice?**                  |
| GEN-4 | **Select the specialty that best describes your individual scope of practice** |
Screenshot example of an MU measure in PIPP (e-Prescribing)

| Objective: | Generate and transmit permissible prescriptions electronically (eRx). |
| Measure: | More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. |

Any EP who:

- Exclusion 1: Writes fewer than 100 permissible prescriptions during the EHR reporting period; or
- Exclusion 2: Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of his or her EHR reporting period.

- Does Exclusion 1 to this measure apply to you? [ ] Yes [ ] No
- Does Exclusion 2 to this measure apply to you? [ ] Yes [ ] No

| Numerator: | The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT. |
| Denominator: | Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed. |

The denominator data was extracted:

- [ ] from ALL patient records, not just those maintained using certified EHR technology.
- [ ] only from patient records maintained using certified EHR technology.
**MU Objectives & Measures Tool**

- Full tool can be found on Iowa DHS HIT/EHR Website (link on next slide)

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### Meaningful Use Final Rule – Modified Stage 2
#### 10 Objectives and Measures for Eligible Professionals – 2016

<table>
<thead>
<tr>
<th>No.</th>
<th>Objectives</th>
<th>Measures and Exclusions for EPs in 2016</th>
<th>Exclusions/ Alternato Exclusions</th>
<th>Applies to Dental EPs</th>
<th>Attestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Protect Patient Health Information</td>
<td>Measure: Conduct or review a security/risk analysis during the reporting period; address encryption/security of EMR created or maintained by CEHRT. Implement security updates as necessary &amp; correct identified security deficiencies as part of the provider’s risk management process.</td>
<td>None</td>
<td>Yes</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2</td>
<td>Clinical Decision Support (CDS)</td>
<td>Measure 1: Implement 5 CDS interventions related to 4 or more CQMs at a relevant point in patient care for the entire EHR reporting period. If 4 CQMs related to an EP’s scope of practice or patient population are not available or “absent” from the EP’s EHR, the CDS interventions must be related to high-priority health conditions.</td>
<td>None</td>
<td>Yes</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 2: The EP has enabled &amp; implemented the functionality for drug-drug &amp; drug-allergy interaction checks for the entire EHR reporting period.</td>
<td>Exclusion: For Measure 2, any EP who writes fewer than 100 medication orders during the EHR reporting period.</td>
<td>Possible (see Exclusion)</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
Helpful Resources

Iowa DHS Health Information Technology (HIT) & Electronic Health Records (EHR) Website

CMS EHR Incentive Programs & Meaningful Use
https://www.cms.gov/ehrincentiveprograms

HealthIT.gov Website
https://www.healthit.gov
Contact Information

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mhodges@telligen.com