

Nebraska Medicaid EHR Incentive Program – Frequently Asked Questions

The Centers for Medicare and Medicaid Services (CMS) web site offers provider guidance and official up-to-date, detailed information about the Medicare and Medicaid EHR Incentive Programs, including eligibility, payments, meaningful use, and registration at:

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

CMS Frequently Asked Questions are found at:

<http://questions.cms.hhs.gov/app/answers/list/p/21,26,1139>

A link to the Nebraska State Medicaid HIT Plan (SMHP) is found at:

http://dhhs.ne.gov/medicaid/Pages/med_ehr.aspx

General Program Questions

1. What is the Electronic Health Record (EHR) Incentive Payment Program?

In 2009, the Health Information Technology for Economic and Clinical Health Act (HITECH) established programs under the Centers for Medicare and Medicaid Services (CMS) to provide incentive payments for the meaningful use of certified electronic health record (EHR) technology by eligible providers. Nebraska's Medicaid EHR Incentives Program is program administered by the Department of Health and Human Services, the Division of Medicaid and Long-Term Care.

2. What is Certified Electronic Health Record Technology?

Certified Electronic Health Record (EHR) technology are products that have been tested and certified under the Office of the National Health Information Technology Coordinator (ONC) in accordance with the standards, implementation specifications, and certification criteria set forth in the ONC's Final Rule. The web address to the ONC Certified HIT Product List is: <http://onc-chpl.force.com/ehrcert>.

Nebraska Program Eligibility and Enrollment Questions

3. When does the program start?

Nebraska's State Medicaid Health Information Plan (SMHP) was approved by CMS in November, 2011. Nebraska launched the Medicaid EHR Incentive Program on May 7, 2012. A link to the current SMHP may be found at the Nebraska EHR Incentive webpage:

http://dhhs.ne.gov/medicaid/Pages/med_ehr.aspx

4. What are the eligibility requirements for qualifying provider types?

Eligible Medicaid provider types must meet the following additional criteria in order to participate in the Medicaid EHR Incentive Payment Program:

- Must see patients covered by Nebraska Medicaid;
- Must meet appropriate patient volume thresholds;

- 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 meet practitioner licensing requirements for the EP type in the state in which they are located;
- Must not have any current sanctions that have temporarily or permanently barred them from participation in the Medicare or State Medicaid programs;
- Must demonstrate that during the payment year, it has adopted, implemented, or upgraded or demonstrated meaningful use of certified EHR technology;
- PA's must practice in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is so led by a physician assistant.

5. To apply as an eligible professional (EP), what information do I need for the Medicaid EHR Incentive Program?

The registration process begins with CMS. Registration with CMS is only complete one time unless something needs to be changed.

The CMS federal government's Registration & Attestation System requires that Medicaid eligible professionals registering with CMS submit the following information:

- NPI: National Provider Identifier (NPI) where the source system is NPPES (National Plan and Provider Enumeration System)
- Payee TIN: Tax Identification Number that is used for payment
- Personal TIN: Personal Taxpayer Identification Number
- Program Option: Choice of program to use for incentives; Medicare or Medicaid
- State: The selected State for Medicaid participation
- Provider Type: Types of providers as listed in HITECH legislation
- Provider's email address that is used to submit information to the CMS Registration & Attestation System (although this information is not required by CMS, it is highly suggested in the event that the office needs to contact the provider.)
- Indication of whether the provider will assign the incentive payments (and, if so, to whom they wish to assign their incentive payments)

6. To apply as an eligible hospital (EH), what do I need?

The registration process begins with CMS. Registration with CMS is only complete one time unless something needs to be changed

- Medicare Provider Enrollment, Chain, and Ownership System (PECOS) enrollment - All EHs must have enrollment information in PECOS to register for the EHR Incentive Programs. PECOS system which manages, tracks, and validates enrollment data for Medicare providers and suppliers. If a hospital has never enrolled in PECOS, the hospital will need to do so at: <http://www.cms.gov/MedicareProviderSupEnroll>. Providers can check to see if they are enrolled in PECOS at this link.
- CMS Identity and Access Management (I&A) User ID and Password.
- A National Provider Identifier (NPI).
- Hospitals will also need a CMS Certification Number (CCN).
- An active web user account in the National Plan and Provider Enumeration System (NPPES).
- Taxpayer Identification Number (TIN) or Employer Identification Number (EIN).

7. When do providers make attestations? What attestations are required? What attestation documentation is required?

EPs and EHs will attest to all information collected as part of the enrollment in the State Medicaid EHR Incentive program.. The enrollment process must be done each year for which payment is being requested. The participation years do not need to be consecutive.

Eligible Providers and Eligible Hospitals will attest to the following:

- Patient volume calculations
- Documentation of adopt, implement, or upgrade of certified EHR technology (in the first participation year)
- Meaningful Use of certified EHR technology in second and subsequent participation years for EPs and Medicaid only hospitals
- Assignment of payment- voluntary for EPs (if applicable)
- EP practicing predominantly in an FQHC or RHC
- Provider type (including whether the EP meets the definition of a pediatrician)
- EHR Certification Number for the EHR Technology
- EH Data on Medicaid discharges, total discharges, Medicaid inpatient days, total inpatient days, hospital’s total charges and charity care charges

8. What will Nebraska Medicaid accept as documentation for demonstration of AIU (Adopt, Implement, or Upgrade) of a certified HER Technology?

Acceptable evidence of AIU of a certified EHR technology will include the following information:

- Provider name and location or EHR
- Vendor name and contact information
- Certified system name, version, and ONC certification number
- CMS HER Certification ID
- Date and term of provider contractual arrangements

Typically, appropriate documentation to verify AIU will be a copy of the signed contract between the provider and EHR vendor. The following table provides examples of acceptable documentation:

Attestation	Example of Acceptable source documentation
Adopt	A signed purchase order or signed EHR vendor contract
Implement	Contract with REC or other entity with whom implementation exercises are planned, documented implementation work plan And EHR vendor contractual arrangement
Upgrade	Signed EHR vendor contract And

	Signed vendor letter
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9. Can someone else, for example, my office manager or hospital administrator, apply for the NE Medicaid EHR incentive payments on my behalf?

Registration at the Registration & Attestation System may be submitted in proxy by administrative staff. Additional detail may be found in [answer 10565](#) in the frequently asked questions on the CMS EHR Incentives pages. Enrollment at the state level will require a signature from the EP or EH to be considered a complete attestation.

EHR Incentive Program Payments

10. How will the Nebraska Medicaid incentive payments be made to eligible hospitals?

DHHS will calculate an annual EHR hospital incentive amount which will be paid to eligible hospitals over a 3-year period. Incentive payments to hospitals will be distributed at 50, 40 and 10% respectively. Hospitals need to demonstrate and attest to program qualifications each year to receive payment.

11. How will payments be made?

The incentive payment will be issued from and distributed by the state accounting and payment system through electronic fund transfer (EFT).

Meaningful Use

12. What are the timing requirements for Stage 1 of Meaningful Use?

All providers are eligible to participate under AIU in the first payment year. Dual-eligible hospitals attesting to Meaningful Use under Medicare in the first year will also be under MU for Medicaid. All providers must demonstrate Meaningful Use in the second and subsequent payment years.

Meaningful Use includes both a Core Set and a Menu Set of Objectives as well as Clinical Quality Measures that are specific to eligible professionals or eligible hospitals. All providers will be in Stage 1 for two participation years before moving to Stage 2.

Resources

13. Besides the incentive payments, what resources are available to help implement an EHR?

Wide River Technology Extension Center (TEC) is the Health Information Technology Regional Extension Center for Nebraska. Wide River TEC was formed out of a federal grant aimed to assist healthcare

providers in adopting electronic health records (EHRs) and achieve the Meaningful Use of EHRs. For Information about assistance with EHR selection and implementation for Nebraska providers go to [Wide River Technology Extension Center](#) or call (402) 476-1700.

14. Who can I contact if I still have questions?

You can contact Nebraska Medicaid Inquiry toll-free at 1-800-358-8802 or email your questions to Nebraska Medicaid EHR Incentive Program staff at electronic mailbox at:

DHHS.EHRIncentives@nebraska.gov.