



# EHR MEDICAID INCENTIVE PROGRAM FOR FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CENTERS



## **BACKGROUND AND OVERVIEW**

# Medicaid Electronic Health Record (EHR) Incentive Payment Program Background

- Section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA) authorized funding for Medicaid programs to run incentive payment programs for the adoption and meaningful use of health information technology (HIT).
- Planning, implementation, and operation of the Electronic Health Record (EHR) incentive program is funded 90% by the federal government, 10% by state general funds.

# Medicaid EHR Incentive Payment Program Background

- Incentive payments to providers who participate in the program will be funded 100% by the federal government.
- The final rule governing the EHR incentive program was published to the Federal Register July 28, 2010, with a clarifying amendment added December 28, 2010.

<http://www.regulations.gov/search/Regs/home.html#documentDetail?R=0900006480b226c1>

# Medicaid EHR Incentive Program Overview

- The purpose of the incentive program is to encourage eligible Medicaid providers to adopt and subsequently meaningfully use certified EHR technology.
- Incentive payments are NOT intended to cover all of the costs involved in EHR adoption and implementation, and practice re-organization.
- The incentive payment is issued after a provider demonstrates program compliance.



**ELIGIBILITY**

# Medicaid EHR Incentive Program Eligibility

| Provider   | Minimum Medicaid Patient Volume Threshold |  |
|--|---|--|
| Physicians-M.D.s and D.O.s                                     | 30%                                       | <p><b>OR</b></p> <p>if the Medicaid EP <i>practices predominately</i> in a Federal Qualified Health Clinic (FQHC) or Rural Health Clinic (RHC) the 30% threshold may include needy individual patient volume</p> |
| -- Pediatricians   | 20% (2/3 payment below 30%)               |  |
| Dentists   | 30%                                       |  |
| Nurse Practitioners  | 30%                                       |  |
| Certified Nurse Midwives                                       | 30%                                       |  |
| Physician Assistants (PAs) when practicing at an FQHC/RHC /IHS |   |  |
| Acute Hospital (CCN ends in 0001-0879 or 1300-1399)            | 10%                                       | N/A  |
| Children's Hospital (CCN ends in 3300-3399)                    | N/A                                       | N/A  |

# PHYSICIAN ASSISTANTS

PAs eligible to participate in the EHR Incentive Program must practice in an FQHC, RHC or tribal clinic that is led by a PA as defined in one of these conditions:

- The PA is the primary provider in a clinic
- The PA is a clinical or medical director at a clinical site of practice
- The PA is an owner of an RHC

### Key points:

- ❖ Must be in the list of eligible professionals
- ❖ Must adopt, implement or upgrade to a certified EHR system or demonstrate meaningful use
- ❖ Clinics cannot receive a payment unless it is voluntarily assigned to them by the individual provider
- ❖ An individual provider can only receive one payment per  
\*Payment Year

\*A Payment Year is the year for which payment is requested. Individual providers have 60 days after the end of the calendar year to apply for a payment for the previous year. For example, to request a payment for Payment Year 2012, Registration and Attestation must occur before February 28, 2013.

## PATIENT VOLUME

# Medicaid EHR Incentive Program Eligibility – Patient Volume Calculation

Total Medicaid and needy patient encounters  
(if applicable) in any 90-day or three-  
month period in the 12 months preceding  
attestation.

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$$\frac{\text{Total Medicaid and needy patient encounters (if applicable) in any 90-day or three-month period in the 12 months preceding attestation.}}{\text{Total patient encounters in same period}} \times 100$$

# CLAIMING NEEDED PATIENTS

Needy patients can only be claimed in the Medicaid patient volume if the eligible professional practices predominantly\* (more than 50% of the time) in one of these settings:

- A Federally Qualified Health Center
- A Rural Health Center
- A tribal clinic or urban clinic which is funded by urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act (Public Law 94-437, as amended) for the provision of primary health services

\*Note: Any provider who is claiming needy patient volume, must have worked at least 50% of the time in an FQHC or RHC in six months in the calendar year preceding the payment year that is being requested

# NEEDY PATIENTS

Needy patient volume includes:

- All patients who were enrolled in a Medicaid program at the time the service was rendered.
- Patients for whom services were provided at no charge
- Patients for whom services were billed on a sliding fee scale based on the patient's ability to pay

# Patient Volume

- An encounter can be claimed for any type of service (lab work, immunization, office visit, nursing home visit, ER visit, etc.)
- Only one visit per day per patient per provider can be counted.
- Both Medicaid as primary and secondary insurer can be counted toward the encounters

# PATIENT VOLUME AT THE CLINIC/PRACTICE LEVEL

PATIENT VOLUME CAN ALSO BE DETERMINED AT THE CLINIC/PRACTICE LEVEL AS LONG AS:

- The group practice/clinic patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial or self-pay patients, this is not an appropriate calculation).
- There is an auditable data source to support the group practice/clinic patient volume determination.
- All EPs in the group practice/clinic must use the same methodology for the payment year. If one uses clinic volume, then all providers in that clinic must use clinic patient volume.
- The group practice/clinic uses the entire practice or clinic's patient volume and does not limit patient volume in any way.
- 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.

A clinic is defined as all locations under the same NPI# or TIN (Tax ID Number). Other group methods may be considered.

# NEW PROVIDERS

New providers can apply for the incentive payments even if they did not work in the clinic during the patient volume reporting period. Any provider who is claiming needy patient volume, must have worked at least 50% of the time in an FQHC or RHC in six months in the calendar year preceding the payment year that is being requested.

# PATIENT VOLUME AT GROUP LEVEL EXAMPLE

## CLINIC A

- EP #1 (physician): individually had 40% Medicaid encounters (80/200 encounters)
- EP# 2 (nurse practitioner): individually had 50% Medicaid encounters (50/100 encounters)
- Practitioner at the clinic, but not an EP (registered nurse): individually had 75% Medicaid encounters (150/200)
- Practitioner at the clinic, but not an EP (pharmacist): individually had 80% Medicaid encounters (80/100)
- EP #3 (physician): individually had 10% Medicaid encounters (30/300)
- EP #4 (dentist): individually had 5% Medicaid encounters (5/100)
- EP #5 (dentist): individually had 10% Medicaid encounters (20/200)

In this scenario, there are 1200 encounters in the selected 90-day period for Clinic A. There are 415 encounters attributable to Medicaid, which is 35% of the clinic's volume. This means that 5 of the 7 professionals would meet the Medicaid patient volume criteria under the rules for the EHR Incentive Program. (Two of the professionals are not eligible for the program on their own, but their clinical encounters at Clinic A should be included.)

# EXAMPLE-CONTINUED

- CLINIC A
- EP #1 (physician): individually had 40% Medicaid encounters (80/200 encounters)
- EP# 2 (nurse practitioner): individually had 50% Medicaid encounters (50/100 encounters)
- Practitioner at the clinic, but not an EP (registered nurse): individually had 75% Medicaid encounters (150/200)
- Practitioner at the clinic, but not an EP (pharmacist): individually had 80% Medicaid encounters (80/100)
- EP #3 (physician): individually had 10% Medicaid encounters (30/300)
- EP #4 (dentist): individually had 5% Medicaid encounters (5/100)
- EP #5 (dentist): individually had 10% Medicaid encounters (20/200)

If EP #2 is practicing part-time at both Clinic A, and another clinic, Clinic B, and both Clinics are using the clinic-level option, each clinic would use the encounters associated with the respective clinics when developing a proxy value for the entire clinic. EP #2 could then apply for an incentive using data from one clinic or the other.

Similarly, if EP #4 is practicing both at Clinic A, and has her own practice, EP # 4 could choose to use the proxy-level Clinic A patient volume data, or the patient volume associated with her individual practice. She could not, however, include the Clinic A patient encounters in determining her individual practice's Medicaid patient volume. In addition, her Clinic A patient encounters would be included in determining such clinic's overall Medicaid patient volume.

# MANAGED CARE PROVIDERS

If a managed care provider does not meet the necessary patient volume an alternate panel method can be used to compute the patient volume. Contact DHHS for assistance with this method.

**REGISTRATION AND  
ENROLLMENT**

# REGISTRATION

The first step in the process is to register with CMS. Registration cannot occur until on or after our launch date of May 7, 2012.

There is a CMS user guide to help you with the registration process. This is the link for registration with CMS:

[https://www.cms.gov/EHRIncentivePrograms/20\\_RegistrationandAttestation.asp#TopOfPage](https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp#TopOfPage)

# ENROLLMENT

After registering with CMS, wait 24 hours for the information to be electronically sent to Nebraska DHHS from CMS then complete the enrollment form with DHHS. The enrollment form can be obtained from our website [http://dhhs.ne.gov/medicaid/Pages/med\\_ehr.aspx](http://dhhs.ne.gov/medicaid/Pages/med_ehr.aspx).  
Registration is at the Federal (CMS) level, Enrollment is at the State Medicaid (DHHS) level

**Contact Information for all inquiries and responses**

|                                  |      |                |        |           |
|----------------------------------|------|----------------|--------|-----------|
| First Name                       | M.I. | Last Name      | Suffix | Job Title |
| [Text Input]                     |      |                |        |           |
| Phone number (include area code) |      | E-mail address |        |           |
| [Text Input]                     |      | [Text Input]   |        |           |

**Provider Information**

|   |   |   |           |
|---|---|---|-----------|
| First Name                                | M.I.  | Last Name                                       | Suffix    |
| [Text Input]                              |   |   |           |
| Address Line 1                            | Address Line 2  | City  | State Zip |
| [Text Input]                              |   |   |           |
| NPI (National Provider Identifier) Number | If not enrolled in Medicaid, please provide your license number | ONC Certification Number(s) for your EHR system |           |
| [Text Input]                              | [Text Input]  | [Text Input]                                    |           |

**Payee Information**

Do you want to reassign your incentive payment to go to a payee other than yourself?  Yes  No

|                |                |      |       |     |
|----------------|----------------|------|-------|-----|
| Practice NPI   | Name           |      |       |     |
| [Text Input]   | [Text Input]   |      |       |     |
| Address Line 1 | Address Line 2 | City | State | Zip |
| [Text Input]   |                |      |       |     |

**Eligibility Information**

Provider Type (select one)

|  |  |
|--|--|
| <input type="checkbox"/> Physician<br>Are you a Pediatrician? <input type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> Physician Assistant*<br>*If Physician Assistant was selected, please make a selection below |
| <input type="checkbox"/> Certified Nurse Midwife   | <input type="checkbox"/> The PA is the primary provider in the qualifying FQHC/RHC                                   |
| <input type="checkbox"/> Nurse Practitioner  | <input type="checkbox"/> The PA is a clinical or medical director at the qualifying FQHC/RHC                         |
| <input type="checkbox"/> Dentist   | <input type="checkbox"/> The PA is an owner of the qualifying RHC  |

Do you provide 90% or more of your professional services in a hospital setting (Place of Service is 21 or 23)?  Yes  No

Do you have any sanctions with Medicare or Medicaid in any state?  Yes  No

If yes, which states

[Text Input]

Please indicate the stage of your EHR system.

|                                  |                                      |                                   |   |
|----------------------------------|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Adopted | <input type="checkbox"/> Implemented | <input type="checkbox"/> Upgraded | <input type="checkbox"/> Demonstrating Meaningful Use |
|----------------------------------|--------------------------------------|-----------------------------------|---|

**Patient Volume Information**

Patient volume is being submitted for

|  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Individual Practitioner | <input type="checkbox"/> Group/Clinic | If at a group/clinic: Group NPI number | If at a group/clinic: Group NE Medicaid number |
| [Text Input]                                     |                                       | [Text Input]                           | [Text Input]                                   |

Please provide the following patient encounter numbers

| 90-day reporting period |     | Total Medicaid patient encounters during the reporting period | Total patient encounters during the reporting period |
|-------------------------|-----|---|--|
| From:                   | To: |   |  |
|                         |     |   |  |

**FQHC/RHC**

Do you practice predominately in either a FQHC or RHC?  Yes  No

Please indicate a six-month period in the most recent calendar year in which this may be demonstrated

| From: | To: |
|-------|-----|
|       |     |

| 90-day reporting period |     | Total Medicaid patient encounters during the reporting period |
|-------------------------|-----|---|
| From:                   | To: |   |
|                         |     |   |

| Total uncompensated care encounters during the reporting period (include services provided at no cost or at a reduced costs based on sliding scale determined by the patient's ability to pay) | Total patient encounters during reporting period |
|--|--|
|  |  |

**Managed Care**

If you are a Medicaid Managed Care Primary Care Physician (PCP) and are submitting based on patient panel, please complete the following:

| 90-day reporting period |     | Total patients assigned during the reporting period which had a least one encounter in the previous calendar year |
|-------------------------|-----|---|
| From:                   | To: |   |
|                         |     |   |

| Total of all encounters in 90-day reporting period (not included in above) | Total Medicaid patients assigned during the reporting period which had at least one encounter in the previous calendar year |
|--|---|
|  |   |

| Total Medicaid encounters during 90-day reporting period (not included in above) | Total needy patient panel (see instructions) |
|--|--|
|  |  |

Were any of the above patient encounters provided in a state other than Nebraska?  Yes  No

| If yes, which states | Percentage of patient volume in the other states |
|----------------------|--|
|                      |  |

**Terms of Attestation and Agreement**

This Agreement between the Nebraska Department of Health and Human Services, Division of Medicaid & Long-Term Care (hereinafter the Department) and the approved service provider governs the provision of the service(s) indicated in this Agreement as defined in the electronic health records final rule issued by the Centers for Medicare and Medicaid Services (CMS-0033-F), the EHR Incentive Program Manual, Nebraska Administrative Code (NAC) Titles 465 and 471, Appropriate checklist(s) marked 'Provider Addendum (name of service)' and other appropriate additions to the agreement marked 'Attachment (A, B, or C)' for services is/are attached and by this reference are made part of this agreement. A complete Agreement is effective, upon acceptance by the Department, by formal notification to a provider that the Agreement has been accepted.

As a provider participating in the Electronic Health Record Incentive Program for the Medicaid & Long-Term Care programs specified in this agreement, the Provider assures:

1. Full compliance with the regulations and applicable policies and procedures of the Nebraska Department of Health and Human Services in the administration of program services. <http://www.dhhs.ne.gov/Medicaid/> and [http://dhhs.ne.gov/Pages/req\\_1471.aspx](http://dhhs.ne.gov/Pages/req_1471.aspx);
2. Full compliance with all applicable Federal statutory and regulatory law;
3. Full compliance with the State's audit process;
4. Full compliance with requirement found at 42 CFR 455.432 specifying that the provider agrees to permit CMS, its agents, its designated contractors, or the State Medicaid agency to conduct unannounced on-site inspections of any and all provider locations;
5. Full compliance with requirement found at 42 CFR 455.434 specifying that the provider consents to criminal background checks including fingerprinting when required to do so under State law or by level of screening based on risk of fraud, waste, or abuse as determined for that category of provider;

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6. That the payment determined in accordance with the policies of the Nebraska Department of Health and Human Services will be the full and complete payment for the satisfaction of program requirements, and the amount paid will be accepted as payment in full and that no additional payment will be claimed.
  7. That all goods and services for which payment will be claimed will be provided in compliance with the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975 (45 CFR, Parts 80, 84, and 90);
  8. That service records will be retained as are necessary to fully disclose satisfaction of program requirements and the extent of the services provided to support and document all claims, for a minimum period of six years as required under HIPPA Section 164.530(j); The State can request supporting documentation.
  9. It will allow federal, state, or local offices responsible for program administration or audit to review service records, in accordance with 45 CFR 74.20-74.24; and 42 CFR 431.107. Inspections, reviews, and audits may be conducted on site.
  10. Provider understands that provider enrollment does not constitute employment by the State of Nebraska or guarantee referrals;
  11. This agreement will not be transferred to any other person or entity;
  12. Provider understands that any payment is made with federal funds and is contingent upon availability of those funds and federal requirements for disbursement;
  13. That all information will be disclosed to Nebraska Department of Health and Human Services as required by policies of the Department;
  14. Understanding that any false claims (including claims submitted electronically), statements, documents or concealment of material fact may be prosecuted under applicable State or Federal laws (42 CFR 455.18); and any incentive payments paid to the EP or hospital later found to have been made based on fraudulent or inaccurate information or attestation may be recouped by the State
  15. The EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment and debt recoupment.
  16. This form and any required addenda, and/or attachments must be completed and submitted prior to a request for payment being considered complete.
  17. By signing this Agreement, the provider is agreeing to be bound by the appeals process set forth in Nebraska's Regulations

I have read and understand the terms of this agreement and attestation. I attest that the foregoing information is true, accurate and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Printed Name of Provider

Signature of Provider

Date



PAYMENTS

# Medicaid EHR Incentive Program Payment Overview – EPs

| Provider type  | Maximum cumulative incentive over 5 years |
|--|---|
| Eligible Professionals   | \$63,750                                  |
|  |   |
| Pediatricians qualifying with Medicaid patient volume between 20-30% | \$42,500                                  |
|  |   |

|       | 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 |

| <b>Pediatricians with patient volume between 20-30%</b> |          |
|---|----------|
| Year 1  | \$14,167 |
| Year 2-6  | \$5,667  |
| Total   | \$42,500 |

# DOCUMENTS THAT NEED TO ACCOMPANY ENROLLMENT

- System generated report from the software system from which the patient volume calculations were made
- Proof of A/I/U (signed purchase order or signed EHR vendor contract, contract with REC or other entity with whom implementation exercises are planned, documented implementation work plan and EHR contractual agreement) in the first participation year. In the second and subsequent years, the Meaningful Use Supplement should be completed.
- Methodology of how group Medicaid patient volume was calculated (NPI# of group, TIN of group, any other method used to define your group)

# CONTACT US WITH QUESTIONS

- E-mail to

[DHHS.EHRIncentives@NEBRASKA.GOV](mailto:DHHS.EHRIncentives@NEBRASKA.GOV)

