

Iowa Medicaid EHR Incentive Payment Program

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Success to Date!!

- Over \$4.8 Million paid to 96 EPs and 5 EHs

Non-hospital based Eligible Professional (EP)

- Physicians
- Nurse Practitioners
- Certified Nurse Midwives
- Dentists
- PAs working in a FQHC/RHC when the facility is led by a PA

- Physician assistants are eligible when working at an FQHC or RHC that is so led by a PA
- An FQHC/RHC is “so led” by a PA when:
 - When a PA is the primary provider in a clinic
 - When a PA is a clinical or medical director at a clinical site of practice; or
 - When a PA is an owner of a RHC

- One CMS Certification Number (CCN) = one hospital
- Acute Care
 - Average length of stay is less than or equal to 25 days
 - CCN range (0001-0879; 1300-1399)
 - Includes cancer hospitals
- Children's Hospitals (CCN 3300-3399)
- Critical Access Hospitals



Patient Threshold Eligibility

Entity	Minimum Medicaid patient volume threshold	Or the Medicaid EP practices predominately in an FQHC or RHC – 30% need individual patient volume threshold
Physicians	30%	Or the Medicaid EP practices predominately in an FQHC or RHC – 30% need individual patient volume threshold
Pediatricians	20%	
Dentists	30%	
CNMs	30%	
PAs when practicing at an FQHC/RHC that is so led by a PA	30%	
NPs	30%	
Acute care hospitals	10%	N/A
Children's hospitals	No requirement	



Patient Threshold Eligibility

Calculated based on number of encounters

Total Medicaid patient encounters in any 90-day period in the preceding calendar year

divided by

Total patient encounters in that same 90-day period

Clinics and group practices can use the practice Medicaid patient volume and apply it to all EPs in their practice under three conditions:

1. The clinic or group practice's patient volume is appropriate as a patient volume methodology (for example, if an EP sees only Medicare, commercial, or self-pay patients, this is not an appropriate calculation)

2. There is an auditable data source to support the clinic's patient volume determination and
3. So long as the practice and EPs decide to use one methodology in each year (clinics can not have some of the EPs using their individual patient volume for patients seen at all the clinic, while others use the clinic-level data)

FQHC and RHC *only* can use as their numerator all needy individuals, defined as:

- Covered by Medicaid or *hawk-i*
- Receiving uncompensated care by the provider
- Furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay



Incentive Payments

CY	Medicaid EPs who begin adoption, or MU certified EHR technology in					
	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



Hospital Incentive Payment

The calculation is (overall EHR Amount) times (Medicaid Share)

- Where overall EHR Amount equals
 - {Sum over 4 year of {(Base Amount plus discharge related amount applicable for each year) times transition Factor applicable for each year}} times
- Medicaid Share equals
 - {(Medicaid inpatient-bed-days plus Medicaid managed care inpatient-bed-days) divided by {(total inpatient-bed days) times (estimated total charges minus charity care charges) divided by (estimated total charges)}}



Hospital Incentive Payment

Paid out over three years:

Year 1 = 40%

Year 2 = 40%

Year 3 = 20%

Hospitals must meet patient 10% Medicaid patient volume each year and Meaningful Use for Years 2 & 3.

Payments are made in alignment with the fiscal year

Adopt, Implement, Upgrade

- Adopt: Acquired and installed
 - E.g., Evidence of acquisition, installation, etc.
- Implement: Commenced utilization
 - E.g., staff training, data entry of patient demographic information into EHR, data use agreements
- Upgrade: Version 2.0, expanded functionality
 - E.g., ONC EHR certification

1. Provider applies at the CMS Registration Site
2. Provider creates account in IMPA
3. Provider creates application in IMPA
4. Provider attests in IMPA
5. IME reviews and verifies
6. Payment/Denial
7. Audit and Appeal



Payments: CMS Registration

- Need NPPES logon credentials
- TIN of Payee
- Hospitals must provide CCN and be enrolled in Online Pecos
- EPs select between Medicare or Medicaid
 - May switch once between programs before 2015
- If Medicaid, must select one state
 - May switch states annually

- Register with the CMS Registration site – link from the CMS website:

http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp

- **The Electronic Health Record (EHR) Information Center** is open to assist the EHR Provider Community with inquiries. 8:30 a.m. – 4:30 p.m. (Central Time) Monday through Friday (except federal holidays)
1-888-734-6433

Registration Home Page



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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 \(EPs\)](#)

[CONTINUE](#)

Enter the EHR Incentive Program URL into your web browser

<https://ehrincentives.cms.gov/msval/>

Click **CONTINUE** to start the registration process.

TIPS

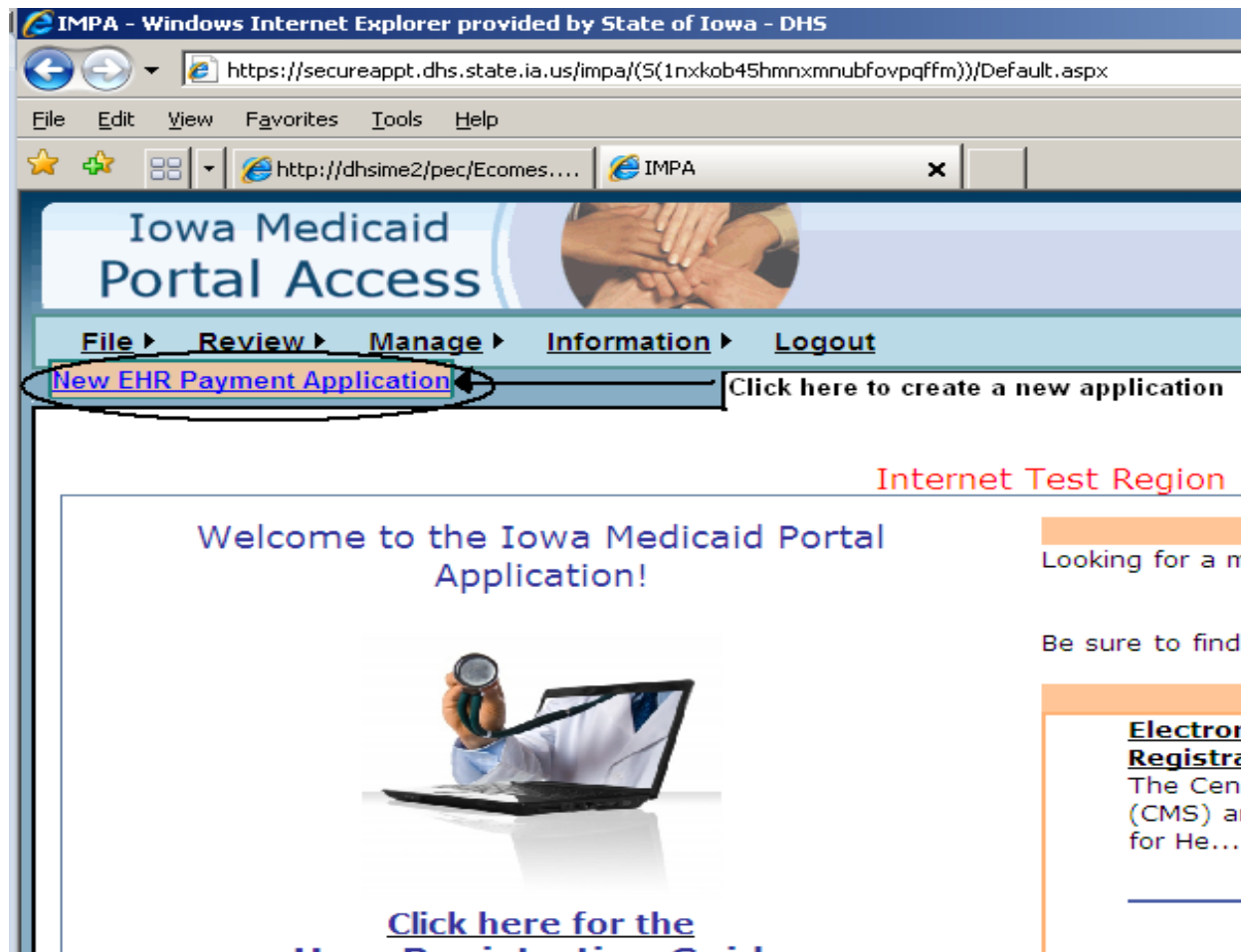
To determine your eligibility, click on the CMS website.

For a list of Eligible Professionals (*EPs*), click on the **+ sign** next to Eligible Professionals.



Iowa Medicaid Portal Access (IMPA)

- Create an account
- Each EP needs his/her own account
- To create an application, need:
 - Individual NPI
 - Individual TIN (SSN)
 - CMS Registration Confirmation Number
- Wait a day



IMPA - Windows Internet Explorer provided by State of Iowa - DHS

https://secureappt.dhs.state.ia.us/impa/(5(1nxkob45hmnxmubfovpqffm))/Default.aspx

File Edit View Favorites Tools Help

http://dhsime2/pec/Ecomes... IMPA


Iowa Medicaid Portal Access

File ▶ Review ▶ Manage ▶ Information ▶ Logout

[New EHR Payment Application](#) Click here to create a new application

Internet Test Region

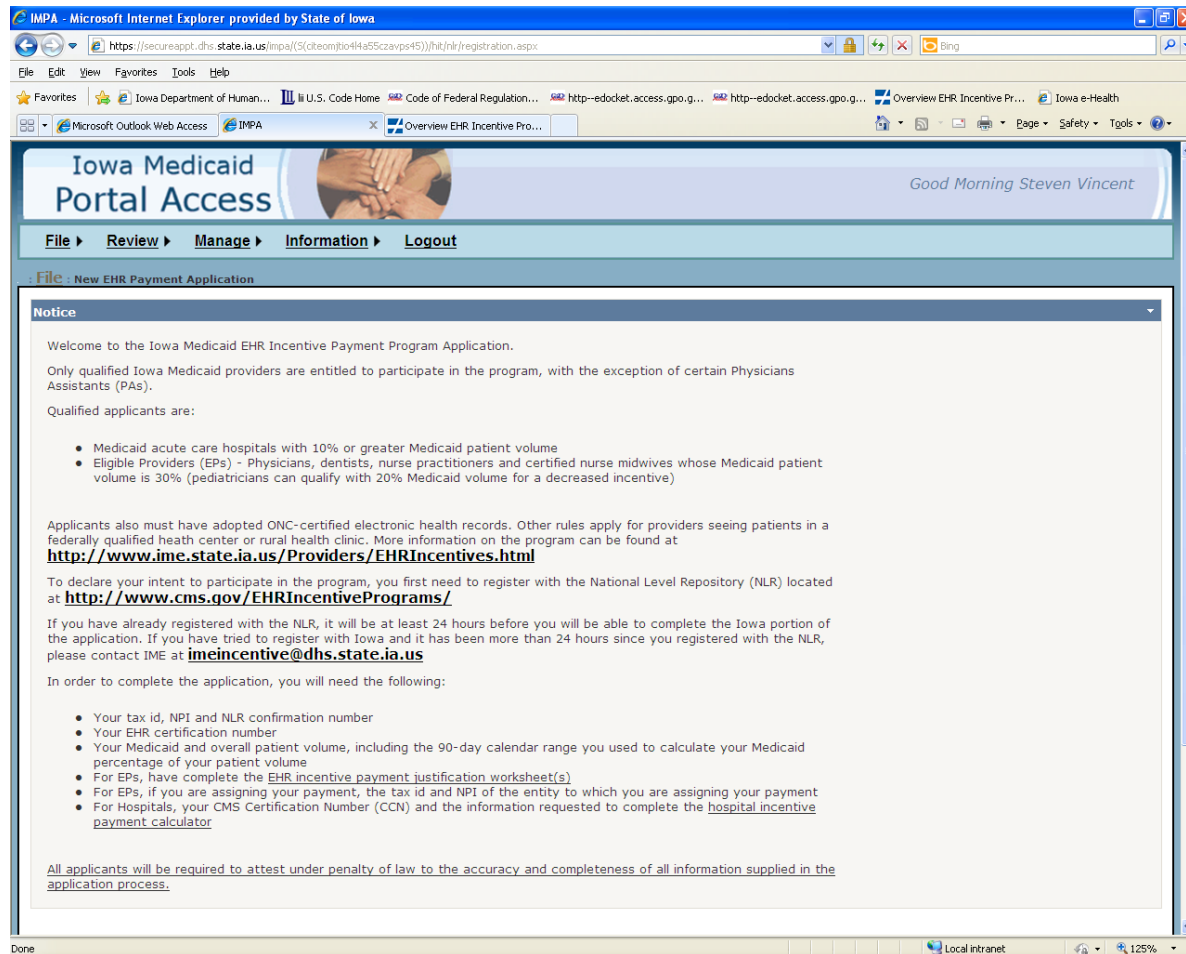
Welcome to the Iowa Medicaid Portal Application!



Click here for the

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Iowa Medicaid Portal Access *Good Morning Steven Vincent*

File ▶ Review ▶ Manage ▶ Information ▶ Logout

File : New EHR Payment Application

Notice

Welcome to the Iowa Medicaid EHR Incentive Payment Program Application.

Only qualified Iowa Medicaid providers are entitled to participate in the program, with the exception of certain Physicians Assistants (PAs).

Qualified applicants are:

- Medicaid acute care hospitals with 10% or greater Medicaid patient volume
- Eligible Providers (EPs) - Physicians, dentists, nurse practitioners and certified nurse midwives whose Medicaid patient volume is 30% (pediatricians can qualify with 20% Medicaid volume for a decreased incentive)

Applicants also must have adopted ONC-certified electronic health records. Other rules apply for providers seeing patients in a federally qualified health center or rural health clinic. More information on the program can be found at <http://www.ime.state.ia.us/Providers/EHRIncentives.html>

To declare your intent to participate in the program, you first need to register with the National Level Repository (NLR) located at <http://www.cms.gov/EHRIncentivePrograms/>

If you have already registered with the NLR, it will be at least 24 hours before you will be able to complete the Iowa portion of the application. If you have tried to register with Iowa and it has been more than 24 hours since you registered with the NLR, please contact IME at imeincentive@dhs.state.ia.us

In order to complete the application, you will need the following:

- Your tax id, NPI and NLR confirmation number
- Your EHR certification number
- Your Medicaid and overall patient volume, including the 90-day calendar range you used to calculate your Medicaid percentage of your patient volume
- For EPs, have complete the [EHR incentive payment justification worksheet\(s\)](#)
- For EPs, if you are assigning your payment, the tax id and NPI of the entity to which you are assigning your payment
- For Hospitals, your CMS Certification Number (CCN) and the information requested to complete the [hospital incentive payment calculator](#)

All applicants will be required to attest under penalty of law to the accuracy and completeness of all information supplied in the application process.



If you have already registered with the CMS Registration Site, it may be at least 24 hours before you will be able to complete the Iowa portion of the application. If you have tried to register with Iowa and it has been more than 24 since you registered with the CMS Registration Site, please contact IME at imeincentive@dhs.state.ia.us

In order to complete the application, you will need the following:

- Your tax id, NPI and CMS Registration confirmation number
- Your EHR certification number
- Your Medicaid and overall patient volume, including the 90-day calendar range you used to calculate your Medicaid percentage of your patient volume
- For EPs, have complete the [EHR incentive payment justification worksheet\(s\)](#)
- For EPs, if you are assigning your payment, the tax id and NPI of the entity to which you are assigning your payment
- For Hospitals, your CMS Certification Number (CCN) and the information requested to complete the [hospital incentive payment calculator](#)

All applicants will be required to attest under penalty of law to the accuracy and completeness of all information supplied in the application process.

Registration Information (Please enter the following Information you received from CMS Registratio

NPI:	<input type="text"/>
Tax ID:	<input type="text"/>
Confirmation Number:	<input type="text"/>

after ENTERING YOUR INFORMATION

CLICK REGISTER.



Register

Clear

- 2011 – Submit proof by attestation
 - Provider type in good standing, Medicaid enrolled, if appropriate
 - Patient threshold
 - Not hospital-based
 - Certified EHR technology
- 2012 – Electronically submit summary quality measure data
- Keep proof for six years

IMPA - Microsoft Internet Explorer provided by State of Iowa

https://secureapp.dhs.state.ia.us/impa/(S(wnp2ierrdapq3mjyweqex55))/hit/nlr/ReviewAttestation.aspx

File Edit View Favorites Tools Help

Microsoft Outlook Web Access IMPA

Uploaded documents:

Attestation:

I am an eligible professional based on the following provider type

- Physician

I am currently enrolled in Iowa Medicaid and have no sanctions pending against me.

- Yes

Provide the NPI of the organization through which you bill

- NPI 1144260027

Hospital-based EPs are not eligible for the incentive payment. Please declare whether you are hospital-based

- No, I am NOT hospital based

What percentage of your patients are seen in a hospital setting (ED or inpatient)?

- 89% or less

I am applying for incentives because I have adopted, implemented or upgraded to certified electronic health record (EHR) technology.

- Adopt

I have not received State or local government contribution to funding that is directly attributable to the cost of the EHR technology.

- Yes

Done Local intranet 125%



IMPA - Microsoft Internet Explorer provided by State of Iowa

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File Edit View Favorites Tools Help

AIM Administrators in Medic... Centers for Medicare & Med... Centers for Medicare & Med... IMPA Iowa Department of Human... U.S. Code Home Code of Federal Regulation...

Microsoft Outlook Web Access IMPA

Are you a pediatrician seeking payment based on 20% of your practice attributable to Medicaid?

No

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). This calculation can be made at the individual provider level, or at the clinic level. Are you attesting to patient volume based on a clinic-level calculation?

Individual Level

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

Start Date 09/01/2010

End Date 11/30/2010

Total number of patient encounters

Number of Patients 227

Are any of your Medicaid patients covered by another state's Medicaid program?

No

Are you a Medicaid managed care provider? (i.e., see patients covered by Magellan or MediPASS?)

Yes

Done Local intranet 125%

IMPA - Windows Internet Explorer provided by State of Iowa - DHS

https://secureappt.dhs.state.ia.us/impa/(S(aksqkkaedsus345u3roce2f))/hit/nlr/ReviewAttestation.aspx

Are any of your Medicaid patients covered by another state's Medicaid program?

No

What is the verifiable data source you are using to calculate patient volume?

EHR Report
 Other

EHR Hospital Incentive Calculator Information

Fiscal Year 2006:	123688
Fiscal Year 2007:	215922
Fiscal Year 2008:	452486
Fiscal Year 2009:	723556
Fiscal Year 2010 total Discharges from worksheet S-3, part I, line 12, column 15:	25000
(w/s S-3 part I, col. 5, lines 1, 3, 4, 6- 10) Total Medicaid Days:	865
(w/s S-3 part I, col. 5, line 2) Total Medicaid HMO Days:	777
(w/s C part I, col. 8, line 103) Total Hospital Charges:	\$1,000,220.00
(w/s S-10, line 30) Other Uncompensated Care Charges:	\$20,000,000.00
(w/s S-3 part I, col. 6, 1, 3, 4, 6- 10) Total Hospital Days:	7758
Medicaid EHR Incentive Amount:	(\$176,773.00)
Year 1 Payment:	(\$70,709.00)
Year 2 Payment:	(\$70,709.00)
Year 3 Payment:	(\$35,355.00)

VERIFY ALL ANSWERS ENTERED ARE CORRECT. IF YOU NEED TO MAKE ANY CHANGES DO SO. THEN CLICK HERE TO UPDATE.

Click this box to indicate your agreement to the terms of the EHR Application Agreement.

Update Attestation Submit Application

NOTE: THE 'SUBMIT APPLICATION' BOX WILL REMAIN GREY UNTIL YOU HAVE AGREED TO THE TERMS OF THE EHR APPLICATION AGREEMENT.

AFTER YOU HAVE VERIFIED ALL THE INFORMATION AND AGREED TO THE TERMS OF THE EHR APPLICATION AGREEMENT, CLICK HERE.

Services

Local intranet 100%



Registration Details in IMPA

- The information under “Registration Details” is what we received from CMS
- Any updates to that data must be made at the CMS National Registration site
- Will need your CMS EHR Certification Number



Lessons Learned – for Providers

- Hospitals need an **online** PECOS account
- Hospitals need to know which fiscal year to use for what purpose
- Have your NPPES login info handy
- Know your CMS EHR certification number
- Use the correct NPI!

Lessons Learned – for Providers

- Think carefully if you are going to use clinic level or individual level approach
- Know your 90-day period and use the correct year
- Work with vendor to get proof of volume
- Make sure the EPs are enrolled if they are supposed to be!

Lessons Learned – for States

- State Options:
 - Pediatrician definition
 - Clinic definition
 - Which fiscal year to use for hospital patient volume
 - How to pay out hospitals (3-6 years)
- How to handle apps for providers not enrolled
 - Additional agreement needed?

Lessons Learned – for States

- How to validate Medicaid claims
 - OB Providers
 - FQHC, etc.
 - Other state's Medicaid
 - Non-enrolled EPs
- Providers who register differently from how they bill
- Appeal process – administrative rule required?

- CMS EHR Incentives for Medicaid and Medicare
 - <http://www.cms.gov/EHRIncentivePrograms>
- Iowa Medicaid Incentive Program
 - <http://www.ime.state.ia.us/Providers/EHRIncentives.html>
 - <http://groups.google.com/group/iowa-medicaid-provider-incentive-program>

- Contact
 - Medicaid EHR Incentive Payments
 - Kelly Peiper, Medicaid HIT Coordinator
 - IMEincentives@dhs.state.ia.us
 - 515-974-3071
 - Melissa Brown, EHR Application Processor
 - 515-974-3123