Last Chance to Get Started with the Medicaid EHR Incentive Program

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Agenda

- MA Medicaid EHR Incentive Program
- Program Eligibility
- Registration Process
- Patient Volume Threshold (PVT)
- Adopt, Implement, Upgrade (AIU)
  - EHR Selection, Implementation and Utilization
- Attestation
- Sneak Peek: Meaningful Use
- MU Toolkit
- What’s the Bottom Line?
- Questions

Massachusetts Medicaid EHR Incentive Program

What is the MA Medicaid EHR Incentive Program?

The Health Information Technology for Economic and Clinical Health (HITECH) Act introduced financial incentives, offered through Medicare or Medicaid, for Eligible Professionals (EPs) who demonstrate Meaningful Use (MU) of Certified EHR Technology (CEHRT)

- The MA Executive Office of Health and Human Services (EOHHS) oversees the MA Medicaid EHR Incentive Program
- MassHealth contracted with MeHI to administer key components of the program
- Through the Medicaid EHR Incentive Program, EPs may receive a maximum payment of $63,750 over six years
  - $21,250 in the first payment year; $8,500 in subsequent payment years
- In their first year of participation, Medicaid EPs have the option to Adopt, Implement, or Upgrade (AIU) to CEHRT; in subsequent years, they must demonstrate Meaningful Use (MU)

Program Eligibility

Program Eligibility

- Must be an Eligible Professional (EP)
  - Physician (MD or DO)
  - Nurse Practitioner (NP) or Psychiatric Clinical Nurse Specialist (PCNS)
  - Certified Nurse-Midwife (CNM)
  - Dentist
- Must be serving the target population and actively seeing Medicaid patients at the time of attestation
- Must meet a minimum Medicaid Patient Volume Threshold (PVT) of 30%
  - Board-certified pediatricians – 20%
  - Please reference the Medicaid 1115 Waiver Population Grid for a complete list of programs and payers that may be included when calculating PVT
- Must have 2014 Edition or higher Certified EHR Technology (CEHRT)
- Must be Non-Hospital-Based
  - Hospital-based = 90% or more of an EP's encounters during the previous calendar year occurred in an Inpatient (POS 21) or Emergency Dept (POS 23) setting

Registration Process

Registration Process

Federal & State systems work together to support the MA Medicaid EHR Incentive Program

CMS Identity & Access (I & A) and Registration & Attestation System (CMS R&A)	Medicaid Management Information System/ Provider Online Service Center (MMIS/POSC)	Medical Assistance Provider Incentive Repository (MAPIR)

The MAPIR system is where EPs or their designees complete their attestation for the Medicaid EHR Incentive Program.

Registration Process

How the registration process ideally works	
1	Visit CMS I&A to set up an I&A account if you do not already have one. Note: EPs must give permission for a designee to attest on their behalf
2	Register the EP on the CMS R&A site.
3	The CMS registration system finds the EP's information in MMIS, and you receive a "Welcome to MAPIR" email. Follow the instructions in the email to begin the MAPIR attestation process.

Registration Process – Special Enrollment

How registration works if the EP does not bill MassHealth	
1	Visit CMS I&A to set up an I&A account if you do not already have one. Note: EPs must give permission for a designee to attest on their behalf
2	Register the EP on the CMS R&A site.
3	If the EP does not bill MassHealth directly, the CMS registration system will **not** be able to pull up a match in MMIS. MeHI staff receive notice of the discrepancy and contact you* to complete a Special Enrollment.
4	Once the Special Enrollment documents are processed, you will be able to access MAPIR and begin the attestation process.

* Please do not submit Special Enrollment documents until contacted by MeHI

Registration Process – Special Enrollment (continued)

- Special Enrollment is required for EPs who are not enrolled with MassHealth or who have an “inactive” status in MMIS
- The following documents are necessary for all Special Enrollments:
  - **Data Collection Form (DCF)** – this form identifies the primary user in your organization and establishes their User ID and password. The primary user will have access to MAPIR via the Provider Online Service Center (POSC)
  - **Limited Provider Agreement (LPA)** – this form enrolls the EP with MassHealth for the purposes of participating in the Medicaid EHR Incentive Program
  - **Copy of EP’s License** – a copy of the EP’s current (unexpired) medical license
- The following documents are necessary only if the EP wishes to receive payments directly (and not reassign payments to their organization):
  - **W9 Form**
  - **Electronic Funds Transfer (EFT)**

Registration Process – Other Access Issues

- When registering with CMS, entering the wrong Payee NPI or Payee TIN
  - EPs who wish to reassign payment to their organization should enter the *organization's* NPI & TIN and select "Group Reassignment"
- Failing to update CMS registration when there is a change in demographic info
  - Be sure to "Save & Continue" each page until you see "Successful Submission"
- Failing to update access when a designee leaves an organization
  - New designee will have to complete Data Collection Forms for all EPs to gain access to their MAPIR applications; all EPs must give permission for the new designee to access their applications
- Providers who leave one practice and begin working at another
  - Ensure that demographic info is updated in all systems (CMS R&A, MMIS, etc)
  - New designee will have to complete a Data Collection Form to gain access to the EP's MAPIR application
- New provider from out-of-state

Registration Process – Timelines

- The deadline for Program Year 2016 attestation is **March 31, 2017**
- To attest for AIU, you must acquire CEHRT by December 31, 2016
- We encourage you to register right away
  - There's no obligation to attest – you can register and then do nothing
  - Starting the registration process now will allow time to resolve any access issues

Patient Volume Threshold

Calculating Medicaid Patient Volume Threshold

Medicaid Patient Volume Threshold =

$$\frac{\textbf{Medicaid Patient Encounters}\ \textit{(over any continuous 90-day period)}}{\textbf{Total Patient Encounters}\ \textit{(over the same 90-day period)}}$$

- Numerator: encounters with Medicaid patients over a 90-day period
- Denominator: encounters with all patients over the same 90-day period
- 90-day period may be selected from either the previous calendar year or the twelve-month period prior to attestation
- Medicaid PVT requirements must be met each year

Patient Volume Threshold

Choosing your 90-Day PVT Reporting Period Assuming
You Are Attesting for Program Year 2016 on March 31, 2017

Year:	Month:	Previous Calendar Year:	12 months Prior to Attestation:
2015	January	YES	
2015	February	YES	
2015	March	YES	
2015	April	YES	
2015	May	YES	
2015	June	YES	
2015	July	YES	
2015	August	YES	
2015	September	YES	
2015	October	YES	
2015	November	YES	
2015	December	YES	
2016	January	No fly zone>>>>>>>>>>>	
2016	February	No fly zone>>>>>>>>>>>	
2016	March	No fly zone>>>>>>>>>>>	
2016	April		YES
2016	May		YES
2016	June		YES
2016	July		YES
2016	August		YES
2016	September		YES
2016	October		YES
2016	November		YES
2016	December		YES
2017	January		YES
2017	February		YES
2017	March		YES

Paid Claims vs. Enrollees

To determine their PVT, EPs may use either Medicaid paid claims or Medicaid enrollees.

- For EPs using paid claims, a patient encounter is defined as:

One service, per patient, per day, where Medicaid or a Medicaid 1115 Waiver Population paid for all or part of the service rendered, or paid for all or part of the individual's premiums, co-payments, or cost-sharing

- For EPs using the enrollee approach, a patient encounter is defined as:

One service rendered to a Medicaid or Medicaid 1115 Waiver enrolled patient, regardless of payment liability. This includes zero-pay encounters and denied claims (excluding denied claims due to the provider or patient being ineligible on the date of service)

Methodology: Individual vs. Group Proxy

To determine their Medicaid PVT, EPs may use either individual data or Group Proxy Methodology.

- Individual data: each EP uses only his/her own patient encounters to determine Medicaid PVT
- Group Proxy Methodology: all providers in the practice (including those not eligible for the Medicaid EHR Incentive Program) aggregate their data to determine the group's Medicaid PVT
  - A group is defined as two or more EPs practicing at the same site
  - In any given year, all EPs must use the same methodology; an organization cannot have some EPs using individual data and others using Group Proxy
  - Group Proxy Methodology usually involves less administrative burden and often allows more EPs to participate

Examples

Dr. Green	25%
Dr. Brown	35%
Dr. Smith	35%
Dr. Jones	35%
Dr. Johnson	35%
Group Total	**33%**

- Example 1 – Five EPs

  Using individual data, Dr. Green would not qualify; aggregating the group's data allows all five EPs to participate

Dr. Martin	25%
Dr. Wright	25%
Dr. Wroblewski	35%
Dr. Renczkowski	35%
Susan Taylor, nutritionist	40%
Group Total	**32%**

- Example 2 – Four EPs, one non-EP

  Using individual data, neither Dr. Martin nor Dr. Wright would qualify; aggregating the entire group's patient volume data allows all four EPs to participate

CHIP factor

- Children's Health Insurance Program (CHIP) encounters must be deducted from Medicaid PVT
- The CHIP factor is a percent reduction that must be applied to an EP's in-state numerator
- The CHIP factor varies depending on the reporting period selected. Please see the CHIP Factor Grid on our website to determine the appropriate CHIP factor to apply to your numerator
- Example:

Total In-State Medicaid Encounters		3,071
CHIP Reduction	**-3.20%**	-98
Reduced Total In-State Medicaid Encounters		2,973
Out-of-State Encounters		2
Reduced Total In-State plus Out-of-State Encounters		2,975
All Encounters from All Payors		9,706
% Medicaid		30.63%

Adopt, Implement, Upgrade

Adopt, Implement, Upgrade

- In their first year of participation in the Medicaid EHR Incentive Program, EPs can either:
  1. Adopt, Implement, Upgrade (AIU) to Certified EHR Technology (CEHRT)
     or
  2. Attest to Meaningful Use (MU) – necessary to avoid Medicare payment adjustments
- No matter which option an EP chooses, the first year payment remains the same ($21,250)
- AIU is defined as:
  - Adopt: Acquire, purchase, or secure CEHRT
  - Implement: Install or initiate use of CEHRT
  - Upgrade: Expand functionality of CEHRT
- EPs must utilize 2014 Edition (or higher) CEHRT

EHR Selection, Implementation, and Utilization

EHR Selection: Things to Consider

- Goals
  - What do you hope to accomplish by implementing an EHR?
- Compatibility with Practice Management or Billing System(s)
- Certification – necessary if you wish to receive incentive payments
- Security
- Customization options
- Vendor support
- Cost and functionality
  - Free, web-based systems may not have certain functionality/features and may not offer vendor training or support

EHR Implementation and Utilization

- Benefits:
  - Data is organized and searchable
  - ePrescribing, medication reconciliation, drug-drug interaction checks
  - Better prepared for payment reform initiatives
- Challenges:
  - Transition issues – moving from paper to an electronic system takes time and energy
  - Required EHR functionality typically aligns best with Primary Care providers and treatment of physical health
  - Interoperability and data exchange
- Tips:
  - Avoid simply replicating what you're already doing on paper
  - Look for ways to streamline processes where feasible

Attestation

MAPIR Attestation - AIU

1. Demographic information prepopulates from CMS R&A system
2. Enter contact information
3. Answer program eligibility questions:
   - Provider type
   - Do you have any current or pending sanctions with Medicare or Medicaid?
   - Are you currently in compliance with HIPAA regulations?
   - Are you licensed in all states in which you practice?
4. Enter Patient Volume Threshold (PVT) data:
   - Group or Individual methodology
   - Reporting period dates
   - In-state Medicaid Encounters (with CHIP applied)
   - Total (reduced in-state plus out-of-state) Medicaid Encounters (numerator)
   - Total Patient Encounters (denominator)
5. Enter Attestation Phase – Adopt, Implement, or Upgrade
6. Verify where payment will be sent (prepopulates from CMS R&A system)
7. Upload Supporting Documentation
8. Submit

Supporting Documentation - AIU

- All EPs attesting to AIU are required to upload the following supporting documentation to demonstrate 2014 Edition (or higher) CEHRT:
  - Letter on letterhead signed by your CIO or IS Department Head. The letter must state the following:
    - List of providers(s)with NPI number(s)who are currently using or will be using the federally-certified EHR technology, and location(s) the federally-certified EHR technology will be used
    - EHR Vendor, product name, and version
    - CMS Certification Number and CHPL Product Number
  - And one of the following: Signed copy of License Agreement, Proof of Purchase, or Signed Vendor Contract (must be signed by practice and vendor)
- If requested, EPs must upload documentation demonstrating that they are not Hospital-Based:
  - Employment verification letters from all locations worked during the previous calendar year, signed by an authorized official and including:
    - % inpatient
    - % emergency room
    - % outpatient or other (research, training, etc.)
- If requested, EPs must upload Medicaid PVT information (Sample Patient Volume Templates are available on our website)

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Reminder: Timelines

- To attest for AIU for Program Year 2016, EPs must acquire CEHRT by the end of the year (December 31, 2016)
- The deadline for Program Year 2016 attestation is **March 31, 2017**

Sneak Peek: Meaningful Use

Sneak Peek: Meaningful Use

- Program Year 2016:
  - Attest to Adopt, Implement, Upgrade (AIU)
    - Program Year 2016 is the last year to initiate participation in the Medicaid EHR Incentive Program
- For Program Year 2017:
  - Attest to Modified Stage 2 Meaningful Use using a Meaningful Use (MU) reporting period of any continuous 90-day period within calendar year 2017
    - The Patient Volume Threshold (PVT) reporting period is different from the MU reporting period; PVT is based on a 90-day period from either the previous calendar year or the 12-month period preceding attestation
    - For Meaningful Use attestation, data must be aggregated from all locations where an EP practices
- For Program Year 2018:
  - Attest to Stage 3 Meaningful Use using an MU reporting period of a full calendar year
    - There is an attestation grace period (usually January-March) following each Program Year to allow providers to attest using a full calendar year MU reporting period

Sneak Peek: Meaningful Use

- Meaningful Use Objectives – Modified Stage 2
  1. Protect Patient Health Information (Security Risk Analysis)
  2. Clinical Decision Support (CDS)
  3. Computerized Provider Order Entry (CPOE)
  4. Electronic Prescribing (eRx)
  5. Health Information Exchange (HIE) – *previously known as "Summary of Care"*
  6. Patient-Specific Education
  7. Medication Reconciliation
  8. Patient Electronic Access (Patient Portal)
  9. Secure Electronic Messaging
  10. Public Health Reporting
      a. Immunization Registry Reporting
      b. Syndromic Surveillance Reporting
      c. Specialized Registry Reporting
- Clinical Quality Measures – EPs must report on 9 out of 64 CQMs from at least 3 National Quality Strategy (NQS) domains

MU Toolkit

MU Toolkit

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Meaningful Use Toolkit for EP

MU Toolkit Eligible Professionals

This toolkit provides definitions, info sheets, tips, user guides for Meaningful Use and the Medicaid EHR Incentive Program for Eligible Professionals (EP).

New | Program | Registration | Attestation | AIU | MU | Public Measures | Patient Volume | Audits

Medicaid EHR Incentive Program Registration

To participate in the EHR Incentive Program, EPs must be recognized in MMIS, MassHealth's Medicaid Management Information System. EPs are required to register through the CMS Registration and Attestation System (R&A). The data entered (name, address, NPI,...) will be matched against MMIS. To successfully register with CMS, EPs must have:

- National Provider Identifier (NPI)
- Identify and Access (I&A) Id and Password
- Payee Tax Identification Number (TIN)

What's the Bottom Line?

What are the benefits of Health IT?

- Accurate, up-to-date, and complete information about patients
- Coordinated, efficient care
- More effectively diagnose patients, provide safer care, reduce medical errors, improve outcomes
  - Safer, more reliable prescribing
- Improved outcomes in pay-for-performance reimbursement models
- Practice efficiencies and cost savings
- Increase patient participation
- Engage in population health management

What's the Bottom Line?

Questions?

Helpful Links

- CMS I&A
- CMS R&A
- MeHI Medicaid EHR Incentive Program page
- MeHI MU Toolkit for Eligible Professionals
- Special Enrollment Checklist
- Medicaid 1115 Waiver Population Grid
- Calculating Patient Volume
- CHIP Factor Grid
- Group Proxy Guide
- MeHI EHR Toolkit
- MeHI EHR Tools and Resources
- Office of the National Coordinator for Health IT (ONC) Certified Health IT Product List (CHPL)

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