



Florida Medicaid EHR Incentive Program

Eligible Professionals
“The Basics”

What?



Health Information Technology Economic and Clinical Health Act

aka ARRA

aka Stimulus

GOAL: Ensure that each person in the United States has an electronic health record by 2014

- + \$2 billion for the creation of state level Health Information Exchanges (HIE's)
- + \$17.2 billion for the Medicare and Medicaid incentive programs
- + Funding for Regional Extension Centers

Why?



+ Improved communication

- between health care providers reducing administrative burdens on the practitioner and staff.

+ Better involvement

- in health care choices, encouraging patients to take charge of their information.

+ Increased quality of care, safety, and reduction in errors

- delivering comprehensive patient data for more informed treatment.

+ Promotion of cost containment

- through improved coordination, streamlined information, and less duplication.

How?



GOING DIGITAL:





GETTING STARTED . . .

Attesting for Adopt,
Implement or Upgrade



Which Program is Right for Me?

Medicare

- + Pays up to \$44,000 over a five year period (cannot exceed 75% of EPs allowable Part B charges)
- + Program spans 2011 - 2016
- + Must meet criteria each year
- + Payment adjustment beginning 2015
- + Must meet meaningful use measures in year one
- + Must participate in consecutive years

Medicaid

- + Pays up to \$63,750 over a five year period
- + Program spans 2011 through 2021 (must begin by 2016)
- + Does not have to be consecutive year participation
- + **Adopt, Implement, Upgrade Period for Year One**
- + Meaningful Use in Later Years
- + No payment penalty

Participation Chart for Medicaid

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750



Understanding Timeframes

1. *Volume timeframe*

- calendar year (aka Program Year) prior to Payment Year
- representative, consecutive 90-day period

-DISTINCT FROM-

2. *Adopt, Implement or Upgrade timeframe*

- phase of Certified Electronic Health Record

-DISTINCT FROM-

3. *Meaningful Use timeframe*

- first year – 90 day period of actually using the system
- second year – 365 day period of utilization including reporting



Am I Eligible?

+ Must Be An Eligible Provider Type

-and-

+ Must Meet Patient Volume Requirements

-and-

+ Must Have A Certified Electronic Health Record



Provider Eligibility

Provider Type Requirements

Physicians – all types
Advanced Registered Nurse Practitioners (ARNPs)
Certified Nurse-Midwives
Dentists
Physicians Assistants (PA)*

**Must be working in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) led by a PA and “Attestation for Physician Assistant Led” form must be completed*

Additional Requirements

- active status
- licensed in all states from which volume is reported
- not have outstanding state or federal sanctions
- not have 90% or more encounters in a year in a hospital or emergency room setting



Defining Volume

- ✚ EPs must have 30% Medicaid volume
 - Based on a representative, consecutive 90 day period within the previous calendar year

- ✚ Pediatricians can meet volume requirements at 20%
 - Resulting in a 2/3rds payment

- ✚ Definition of volume
 - An encounter provided to a single person on a single day for which Medicaid paid all or some part



Volume Includes

- + HMO/MediPass/Managed Care
- + Encounters from another Medicaid program (e.g. Alabama, Georgia, etc.)
- + If you practice in an FQHC or RHC at least 50% of time -- needy individuals



Volume Methodologies

EPs can calculate patient volume in one of three ways:

1. Individual Volume: EP uses individual (private practice) Medicaid encounters

$$\frac{\textit{Total Medicaid Volume}}{\textit{Total Individual Volume}}$$

2. Group Proxy Volume: EP uses group Medicaid encounters

$$\frac{\textit{Total Group Medicaid Volume}}{\textit{Total Group Volume}}$$

3. Individual Volume when affiliated with a group: EP using his individual encounters from the group but all members must use this method



Am I A Group?

Under the Medicaid EHR Incentive Program, how you bill for Medicaid services determines your group status. In most instances this will be your Medicaid Group ID.

Have questions, give us a call . . .



Using Group Volume

- + EPs associated with multiple groups should determine **PRIOR TO REGISTERING** whether group or individual volume will be used by each group
- + Group volume must be appropriate as a patient volume methodology calculation for the EP
- + Only encounters associated with that group may be used and must include **ALL** group encounters
- + All EPs within the group (that is using that group's volume) must render services to Medicaid patients

New Group Members



Can use group volume if:

- + Are a member of the group at the time of attestation
- + Have provided at least one paid Medicaid service from the beginning of the volume period to date of attestation

ARNP Volume Determination



ARNPs can apply using

- + individual volume
- + group volume
- + their individual volume from the group
- + or their supervising physician's individual volume from the group for services the ARNP rendered.

Refer to Program Update December 15th for application details



Supporting Reported Volume

To support the volume reported, include:

Summary documentation from the Practice Management System

- + Encounters by Payer and Total Encounters

Patient Encounter Tool

- + Details on how volume was calculated
- + Details on sources and application of data

What is Your Phase?



- + Adoption
- + Implementation
- + Upgrade

Documentation Requirements:

- must reference your certified EHR technology (e.g. system name and version)
- must be a business record of the purchase or upgrade that states financial obligation and timeframe (e.g. receipt or executed contract)

Documentation Examples



Other examples can include:

- + Invoice that has been paid
- + Executed upgrade agreements for which a cost and timeframe are stated
- + A vendor letter is acceptable **only** if it contains the provider name, the system name and version, the financial obligation, a timeframe for adopt, implementation or upgrade, and is signed by the vendor. The vendor letter in essence becomes a legally binding document such as a contract or agreement
- + Screen shots of the system are **not** acceptable

Free Systems



If documentation requirements cannot be met:

- + A copy of the first page of the license agreement
- + A screen shot indicating the software's name and version
- + A copy of the home screen that displays at a minimum the providers name and the name of the free software (usually a header at the top of each screen)



System Certification?

+ EPs have to register system using the “CHPL” website:

<http://onc-chpl.force.com/ehrcert>
(CHPL = Certified **HIT** **P**roduct **L**ist)

+ If you do not have a complete system, the EP is responsible for ensuring all modules meet requirements

- Upon registration a certification code is issued
- This code is required for your application
- You will also need a screen shot indicating the certification number



System Certification?

Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology
HealthIT.HHS.Gov

[Return to main search page](#)

CMS EHR CERTIFICATION ID

Your CMS EHR Certification ID is:30000001SVJ6EAK

An eligible professional or eligible hospital that chooses to participate in the EHR Incentive Program must obtain a CMS EHR Certification ID. You may submit this CMS EHR Certification ID at the time of registration, but must submit this Certification ID as part of the attestation process for either the Medicare or Medicaid incentive program.

Please return to the [Medicare and Medicaid EHR Incentive Program](#) site and enter this Certification ID when prompted for an "EHR Certification Number" on the appropriate registration or attestation screen.

YOUR CERTIFIED EHR PRODUCT(S)

The following products were used to obtain your CMS EHR Certification ID:

Certifying ATCB	Vendor	Product	Product Version #	Product Classification	Additional Software Required
InfoGard	Doctor Office Management, Inc.	2011 PhysicianXpress	1.0	Complete EHR	N/A

CMS HIT Website | Privacy Policy

Internet 100%



Payment

PAYEE

- + Designated during R&A process and changes must be done at the R&A
- + Tax ID (TIN) indicated as screen header in application
- + Must be an active FMMIS provider
- + Must be a contractual relationship between the EP and the Payee

ISSUANCE

- + Included in Regular Payment Cycle Schedule
- + Included in 1099 Reporting
- + Based on existing FMMIS information including EFT data.
- + Allow 30 business days after approval for submission to financial cycle
 - Receive an email stating that payment is being processed



Documents to be Uploaded

1. Practice Management System (PMS) summary report for the 90 day period supporting your reported numerator and denominator. Needs to contain EP and /or Practice Name.
2. Documentation that supports the adoption, implementation or upgrade of the certified technology
3. Screen shot from the Certification (CHPL) Website identifying your system and assigned certification number.

OPTIONAL: “Patient Encounter Tool” excel spreadsheet to further explain volume determination

Other

- ✚ If you are a Physician Assistant you must also include the “Attestation for Physician Assistant Led” form available on the website
- ✚ If you are an ARNP or new group member, you must include a copy of a medical record indicating services rendered

These documents will be uploaded at Step Seven of the application

All documents must be a PDF version

The individual document cannot exceed 2MB BUT no limit to the number of documents that can be added



Program Updates

Volume Timeframe

- + Grace Period for using 2010 volume until March 1, 2012 (applications have to be processed by 3/31/2012)
- + Applications using 2011 volume may experience a delay in processing

Meaningful Use

- + EPs who have received the Payment Year One incentive for AIU can start their 90 day period for the meaningful use attestation beginning January 1, 2012
- + EPs may apply for a meaningful use incentive payment beginning April 1, 2012 (anticipated)



Getting Started - Federal

CMS Registration and Attestation (R&A)

- + Locate your National Provider Identifier (NPI) and Tax Identification Number (TIN). If you don't have an NPI, visit [NPPES](#) to apply for one.
- + Have a NPPES web user account. If you do not have one, visit [NPPES](#).
- + Register at the CMS [EHR Incentive Program Registration site](#) using the log-in credentials for your NPPES web user account and select Florida for your payment state.

Tips

- + There is a “Quick Link” within your individual web portal to the application
- + Within three days of successful registration at the R&A your application is populated with your registration information
- + An email is sent once the application is active



Questions?

Email:

MedicaidHIT@AHCA.MyFlorida.com

Phone:

EHR Incentive Program Call Center : 1 (855) 231- 5472

Website:

www.ahca.myflorida.com/medicaid/ehr

Reference materials:

“Frequently Asked Questions” on the website

Health Information Exchange



Patient Look-Up (PLU) allows clinicians to access patient records from participating networks organization or other sources.

Direct Secure Messaging (DSM) is a secure e-mail system that allows participants to send encrypted health information to other participants.

www.Florida-HIE.net



Regional Extension Centers

- + Determine eligibility for the EHR incentive programs and help providers navigate the registration process
- + Select the most cost-effective EHR for your practice
- + Plan a successful EHR implementation
- + Enhance administrative and clinical workflows
- + Assess and meet training needs
- + Achieve meaningful use of HIT
- + Maximize HIT incentive payments
- + Connect for HIE Services
- + Improve the value and quality of patient care

Regional Extension Centers



THE CENTER FOR THE ADVANCEMENT OF HEALTH IT

Phone: (727) 573-2422 ext. 300
Email: info@advanceHealthIT.org
www.AdvanceHealthIT.org

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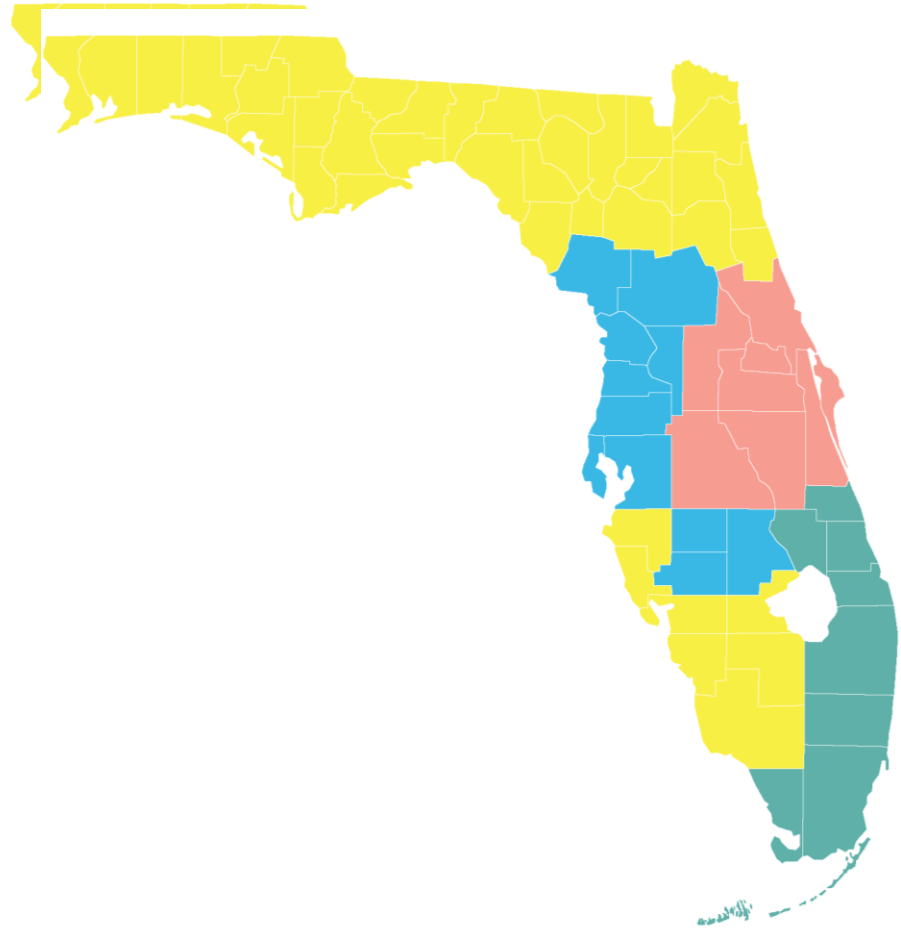
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Was This Helpful?



Please complete a short survey via
<https://www.surveymonkey.com/s/R9QGKLQ>

OR

Drop us a line at
MedicaidHIT@AHCA.MyFlorida.com