Florida Medicaid EHR Incentive Program

Eligible Hospitals
What?

Health Information Technology
Economic and Clinical Health Act

aka ARRA
aka Stimulus

+ $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

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

eHR
Florida Medicaid Incentive Program

Florida HIE
Beginning of the Process by:

- Capturing health information
- Tracking key clinical conditions
- Communicating information
- Enabling care coordination
- Implementing clinical decision support
- Engaging patients and families
- Reporting clinical quality measures
- Reporting public health information

= better health care through meaningful use of Health IT
Eligible Professionals

Eligible Provider Types

• Physicians (MD, DO)
• Nurse Practitioners
• Certified Nurse-Midwife
• Dentists
• Physicians Assistants (PA)
  — working in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) led by a PA

Volume Requirements

• 30% Medicaid Volume
• 20% for Pediatricians
• Determined in Previous Calendar Year

Certified EHR Technology

• Federal certification
• Attest to phase of Use
  • Adopt
  • Implement
  • Upgrade
• Meaningful use in later years
But Let’s Talk Hospital!
What You May Already Know

✦ Who is Eligible?
  • Acute Care
  • Critical Access
  • Children’s Hospitals

✦ Average LOS <25 days

✦ Who Has to Meet 10% Medicaid Patient Volume?
  • Acute Care
  • Critical Access

✦ Adopt, Implement or Upgrade for first year under Medicaid

✦ Certified EHR

✦ State Application accessed with Medicaid Web Portal
Determining the Numbers

Calculating

- Volume
  - 90 Day Period in Previous HFY
  - Based on Discharges
    - ED Visits
    - Managed Care Encounter Claims

- Cost Report Data
  - HFY ending in the FFY prior to Payment Year

Payment

- Base Calculation
  - Overall EHR Amount
    - $2 million base
  - Medicaid Share
    - Adopt, Implement or Upgrade for first year under Medicaid

- Validation
  - Submitted Cost Reports

- Payout is 50% - 40% - 10%

1/20/2012
If You Are Just Getting Started …

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Previous Year</th>
<th>Current Year</th>
<th>Increase</th>
<th>% Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Year 2007</td>
<td>-</td>
<td></td>
<td>#DIV/0!</td>
<td></td>
</tr>
<tr>
<td>Fiscal Year 2008</td>
<td>-</td>
<td></td>
<td>#DIV/0!</td>
<td></td>
</tr>
<tr>
<td>Fiscal Year 2009</td>
<td>-</td>
<td></td>
<td>#DIV/0!</td>
<td></td>
</tr>
</tbody>
</table>

**Step 1:** Compute the average annual growth rate over 3 years using previous Medicaid cost reports.

**Step 2:** Compute total discharge related amount using proper transition factors

- Discharges are capped at 23,000 each year.

**INPUT FY 2010 Total Discharge:** S-3, Part 1, Col. 15, Line 12

- Year 1 (allowed dischg - 1,149) x $200 = (229,800)
- Year 2 (allowed dischg - 1,149) x $200 = #DIV/0!
- Year 3 (allowed dischg - 1,149) x $200 = #DIV/0!
- Year 4 (allowed dischg - 1,149) x $200 = #DIV/0!

**Total 4 year discharge-related amount = #DIV/0!**

**Step 2:** Compute the initial amount for 4 years

<table>
<thead>
<tr>
<th>Years</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>1-4</td>
<td>(229,800)</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
</tbody>
</table>

**Approximate EHR amount for 4 years = #DIV/0!**
Documentation Required…

• **Patient Volume and Cost Report Data**
  • verified with information already maintained by the State

• **Documentation supporting the adopt, implement or upgrade phase**
  • 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)
  • A screenshot of the EHR certification number including product name and certification number
System Certification?

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

http://onc-chpl.force.com/ehrcert
(CHPL = Certified HIT Product List)

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

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:

<table>
<thead>
<tr>
<th>Certifying ATCB</th>
<th>Vendor</th>
<th>Product</th>
<th>Product Version</th>
<th>Product Classification</th>
<th>Additional Software Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrid</td>
<td>Doctor Offices Management, Inc.</td>
<td>2011 PhysicianXpress</td>
<td>1.0</td>
<td>Complete EHR</td>
<td>N/A</td>
</tr>
</tbody>
</table>

1/20/2012
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

1/20/2012
What the Payment Looks Like

**REPORT:** CRA-BANN-R  
**RA#:** 999999999

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**MEDICAID MANAGEMENT INFORMATION SYSTEM**

**PROVIDER REMITTANCE ADVICE**

**SECTION NAME:**

**PAYEE ID:** 999999999

**NPI ID:** 999999999

**CHECK/EFT NUMBER:** 999999999

**ISSUE DATE:** MM/DD/YYYY

**NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS**

<table>
<thead>
<tr>
<th>TRANSACTION NUMBER</th>
<th>CCN</th>
<th>PAYOUT AMOUNT</th>
<th>REASON CODE</th>
<th>RENDERING PROVIDER</th>
<th>SERVICE FROM</th>
<th>THRU</th>
<th>MEDICAID ID</th>
<th>BENEFICIARY NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>999999999</td>
<td></td>
<td>$999,999.99</td>
<td>8401</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL PAYOUTS:** $999,999.99

Expenditure Number

Reason Code
Patient Volume Cost Data (Part 3 of 3)

It is required that you use data on the hospital discharges from the hospital fiscal year that ends during the Federal fiscal year prior to the fiscal year that serves as the first payment year. Please enter the Start Date of the hospital fiscal year that ends during the Federal fiscal year that serves as the first payment year.

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Start Date: 10/02/2008

Previous  Reset  Save & Continue
# Patient Volume Cost Data (Part 3 of 3)

Please enter your hospital cost report data for the hospital fiscal year selected in the first row. Complete the first column in the table below for your last four full fiscal years.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Discharges</th>
<th>Total Inpatient Medicaid Bed Days</th>
<th>Total Inpatient Bed Days</th>
<th>Total Charges - All Discharges</th>
<th>Total Charges - Charity Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/02/2008-10/01/2009</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10/02/2007-10/01/2008</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10/02/2006-10/01/2007</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10/02/2005-10/01/2006</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
Application Caveats . . .

+ If the data being attested to is different from that reported in the filed cost reports, supporting documentation from an auditable source will need to be uploaded.

+ If the required documentation is missing, the approval of the application may be delayed.

+ Technical assistance is available prior to attesting
  - Calculation Template is available on our website with all elements required in calculating payments
  - **Clarification Addendum** also available identifying required exclusions from data totals.
Moving Forward

+ Choice of Program Year will determine dates for cost report and patient volume data

+ Currently Testing for MU Attestation
What We Know About MU

- Still No Definitive Stage Two – Has Been Delayed to 2013
- Confirming the Coordination Between Medicare MU Certification and the State
- Hospitals will Still Need to Enter Volume
- Hospitals will select which MU period they are registering for (90 days or full year)
Please select the appropriate EHR System Adoption Phase where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

- **Adoption:**
  You have acquired or are installing certified EHR technology.

- **Implementation:**
  You are installing certified EHR technology and have started one of the following:
  - A training program for the certified EHR technology
  - Data entry of patient demographic and administrative data into the EHR
  - Establishment of data exchange agreements and relationships between the provider’s certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

- **Upgrade:**
  You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

- **Meaningful Use:**
  You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.
Attestation Phase Selection

Attestation Phase (Part 1 of 3)

Please select the appropriate EHR System Adoption Phase below. The selection that you make will determine the questions that you will be asked on subsequent pages.

When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.

- Meaningful Use (90 days)
  You are capturing a meaningful use measure by capturing a certified EHR technology at location where at least 50% of patient encounters are provided.

- Meaningful Use (Full Year)
  You are capturing a meaningful use measures using a certified EHR technology at location where at least 50% of patient encounters are provided.
**Attestation Tab**

Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an upgrade.

When ready, click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point. After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

<table>
<thead>
<tr>
<th>Upgrade Activity</th>
<th>Planned</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upgrading Software Version</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upgrading Hardware or Peripherals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Decision Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Prescribing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computerized Provider Order Entry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adding Functionality / Modules (personal health record, mental health, dental)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other (Click to Add)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1/20/2012**
Meaningful Use Measures

The data required for this attestation is grouped into topics. To complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.

Available actions for topic will be determined by current progress level. To start a topic select "Begin" button. To modify a topic where entries have been made select the "Edit" button for topic to modify any previously entered information. Select "Previous" to return.

<table>
<thead>
<tr>
<th>Completed?</th>
<th>Topic</th>
<th>Progress</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Core Measures</td>
<td>14/14</td>
<td>Edit, Clear All</td>
</tr>
<tr>
<td></td>
<td>Menu Set Measures</td>
<td>5/5</td>
<td>Edit, Clear All</td>
</tr>
</tbody>
</table>

Clinical Quality Measures

Note:
When all the topics are marked as completed, select the "Save & Continue" to complete the attestation process.

1/20/2012
Submit – Upload Documents

You will now be asked to upload any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

To upload a file, type the full path or click the Browse... button.

All files must be in PDF format, and must be no larger than 2 MB in size.

Upload File

1/20/2012
Now That You Have Submitted

- You will receive an email confirming submission
- Pre-payment validation
- Re-verification with the R&A
- Submission to financial cycle
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 email system that allows participants to send encrypted health information to other participants.

www.Florida-HIE.net