Florida’s Medicaid EHR Incentive Program

Getting Started – For Eligible Professionals
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Common Acronyms

- EP – Eligible Professional
- EHR – Electronic Health Record
- CEHRT – Certified Electronic Health Record Technology
- CMS – Center for Medicare and Medicaid Services
- NLR – National Level Repository
- MAPIR – Medicaid Assistance Provider Incentive Repository (state attestation system)
- MU or EHR Reporting Period – the timeframe in which the provider is actively using CEHRT and meeting meaningful use measures
- R & A – CMS’ Registration and Attestation Site aka NLR
Program Overview
Overview of the EHR Incentive Program

• Program funded through provisions in the American Recovery and Reinvestment Act (ARRA) under Health IT for Economic and Clinical Health (HITECH) Act

• Provides incentive payments to eligible professionals (EPs) to promote the adoption and meaningful use of certified electronic health record technology (CEHRT)

• EPs may participate in the program for up to six years
  – Must meet requirements each program year
  – Does not have to be in consecutive years

• Providers must register at the federal level before coming to the state site
# Understanding Participation

## Program Year
- Calendar year of program participation (e.g. 2013, 2014)
- January 1st - December 31st
- Year in which you met program requirements
- Program years through 2021

## Payment Year
- Simple count
- Medicaid: One – Six
- Payment Year One: $21,250
- Payment Years Two – Six: $8,500
Important Date

• Must begin participation by Program Year 2016 (PY16)

• Participation is defined as attesting and receiving payment
  – Not just registration

• EPs participating for the first time in PY16 must:
  – Meet requirements by December 31, 2016
  – Submit their application by the end of the grace period (March 31, 2017) for PY16
General Program Requirements

• Must be an Eligible Professional (EP)

• Must meet Volume Requirements

• Must possess or be utilizing Certified Electronic Health Record Technology (CEHRT)
Medicaid EP Program Requirements

• In order to participate, EPs must meet the following requirements:
  – Be fully enrolled in the Florida Medicaid Program
    • In active status
    • No state or federal sanctions
  – Have an active Florida license
  – Be an Eligible Provider type
  – Meet patient volume requirements
  – Have 2014 CEHRT

• Requirements must be met each PY
  – No requirement to participate in consecutive years
Eligible Provider Types

• Physicians
• Advanced Registered Nurse Practitioners (ARNPs)
• Certified Nurse-Midwives
• Dentists
• Physicians Assistants (PA)
  – PAs must be working in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) and that clinic is led by a PA

• Providers cannot be hospital based
  – “Hospital based” is defined as having 90% or more of your encounters occurring inpatient or emergency department (POS 21 and 23)
Patient Volume Requirements

• 30% Medicaid
  – Pediatricians may qualify with 20% Medicaid volume for a lower incentive payment

• Based on consecutive 90 day period in the calendar year prior to the program year or the 12 months prior to application

• A Medicaid encounter is defined as a service(s) rendered on any one day to an individual enrolled in a Medicaid program
  – Not required to be a paid encounter
Determining Volume

• Volume can be reported for the individual or the group

• Each volume period may only be used once

• Volume can be based on one or multiple locations
  – At least one volume location must have CEHRT

• Medicaid volume based on total encounters divided by Medicaid encounters
  – Volume workbook available to document how volume calculated
  – Medicaid managed care individuals included
  – Dual eligibles included

• Encounters from another Medicaid program (e.g. Alabama, Georgia, etc.)

• If you practice in an FQHC or RHC at least 50% of time, can include needy individuals in your volume count
Using Group Volume

• EPs associated with multiple groups should determine **prior to attesting** whether group or individual volume will be used by each member attesting for payment

• EPs must be a member of the group at the time of attestation

• Group volume must be appropriate as a patient volume methodology calculation for the EP

• Only encounters associated with that group may be used and volume must include all group members’ encounters

• EPs within the group that are attesting using that group’s volume have had at least one Medicaid encounter from the beginning of the volume period to the date of attestation
Determining 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

• If you are unclear on determining your group, contact AHCA for guidance
  – Toll free: (855) 231-5472
  – MedicaidHIT@AHCA.MyFlorida.com
ARNP Volume Determination

• Group Volume
• Individual Volume
• Supervising Physician’s Individual Volume from the Group for Services rendered by the ARNP

NOTE: If services are not billed under the ARNP, the application must contain documentation of one paid Medicaid encounter evidenced by a medical record.
Patient Volume Documentation

• Summary level must be provided as part of attestation
  – Include total counts
  – Identified by insurer

• Maintain detailed patient level report in case of audit
  – Patient Name
  – Date of Birth
  – Unique Identifier
  – Date of Service
  – Rendering Provider
  – Billing Provider
  – Insurer (Primary and Secondary)
Have Certified Technology

• Must be certified through the Office of the National Coordinator (ONC) to the 2014 certification requirements
  – http://onc-chpl.force.com/ehrcert

• Application requires certification number

• Documentation from vendor must be uploaded

• Even if an EP has had a system for several years, they may still qualify to participate in the program
Payment

• Payee
  – Designated during CMS Registration and Attestation (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 Florida Medicaid Management Information System (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
Program Stages
Adopt, Implement, Upgrade (AIU)

• Do not have to be using the system but must have system
  – Cannot be a planned upgrade

• To support AIU, need a vendor letter containing:
  – Provider or practice name
  – 2014 Certification number
  – Name and version of the system
  – Date of purchase or upgrade
Attesting with a “Free” System

• Examples of acceptable documentation:
  – 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)
Meaningful Use Basics

- Meaningful use reporting is based on all patients/encounters.
- 50% of encounters must be at locations equipped with CEHRT.
- 80% of unique patients seen at locations with CEHRT must have their records in CEHRT.
Overview of Modified Stage 2

• EPs are required to attest to a single set of objectives and measures

• EPs must attest using 2014 CEHRT

• Modified Stage 2 Objectives
  – Protect Electronic Health Information
  – Clinical Decision Support
  – Computerized Provider Order Entry (CPOE)
  – E-Prescribing (eRx)
  – Health Information Exchange
  – Patient Specific Education
  – Medication Reconciliation
  – Patient Electronic Access
  – Secure Electronic Messaging
  – Public Health Reporting
Meaningful Use Participation Timeline

• 2015: All Providers 90 days
  – Attest to modified version of Stage 2 with alternative measures/exclusions for providers in their first or second reporting year

• 2016: 1st year 90 days; all other full year
  – Attest to modified version of Stage 2
  – Certain measures still have alternative measures/exclusions for providers in their first or second reporting year

• 2017: 1st year 90 days; all other full year
  – Attest to modified version of Stage 2 or Stage 3

• 2018: 1st year 90 days; all other full year
  – Attest to Stage 3
Program Attestation
Step One – National Level Repository (NLR)

• All providers must register with the National Level Repository (NLR) also known as 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.
    • Select Florida for your payment state
    • User Guide available outlining steps
  – Takes 48-72 hours for the federal registration to be sent to the state.
Important Note

• If you have been participating in another state, changed organizations, or need to change your payee, update your NLR registration
  – Be sure to hit “submit” after signing on, even if no changes are made, otherwise your registration remains open
Step Two – State Attestation

• “Quick Link” within Medicaid web portal to the application
  – Individual provider must access web portal
  – To reset web portal password, contact EHR Call Center
Attesting with the State

• If successfully registered with the R&A and your information matches Medicaid’s provider file (NPI and Tax ID) your application status will say “Not Started”

• If your R&A registration did not match your provider file, your application will say “Not Registered at R&A”, reasons could be:
  – TAX ID and NPI mismatch
  – Not an active provider
  – Outstanding sanctions
  – No NPI in the Provider Enrollment File

• If you have not registered with the R&A, your application status will say “Not Registered at R&A”
Web Portal Page

![Web Portal Screenshot]

### Messages

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Additional Contacts and Resources

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

MedicaidHIT@AHCA.MyFlorida.com

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Florida HIE Help Desk:
850-412-3752

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