

***State of Rhode Island
Department of Human Services (DHS)***



***Rhode Island
Medicaid EHR Incentive Program***



Medicaid EHR Incentive Review Topics

- Medicare & Medicaid EHR Incentive Program Overview
- Differences with Medicare & Medicaid EHR Incentives
- Adopt, Implement and Upgrade for Participation Year 1
- Medicaid Patient Volume Eligibility Requirements
- RI Medicaid EHR Incentive Program Plans and Milestones
- Meaningful Use and Certified EHR technology
- Meaningful Use Core & Menu Set Objectives
- What to do now & where to get more information



EHR Incentive Program Overview

- Section 4201 of the American Recovery and Reinvestment Act (ARRA) of 2009 established a program for **incentive payments to certain classes of eligible Medicare and Medicaid professionals and hospitals who adopt and become meaningful users of certified EHR technology** as defined in the statute



Qualifying Medicaid Programs

- Rlte Care
- Rlte Share
- Rlte Smiles
- Connect Care Choice
- Medical Assistance Fee for Service
- Rhody Health Partners
 - Neighborhood Health Plan of Rhode Island
 - UnitedHealthcare of New England



Notable Differences Between Medicare & Medicaid EHR Incentive Programs

Medicare

- Feds will implement
- Only physicians, subsection(d) and critical access hospitals qualify
- Must demonstrate MU in Year 1
- Max incentive is \$44,000 for EPs
- MU definition is common for Medicare
- Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015
- Medicare payment reductions begin in 2015 for providers who do not demonstrate Meaningful Use

Medicaid

- Voluntary for States to implement
- 5 types of Eligible Providers, Acute Care and Children's Hospitals
- Medicaid Patient Volume Threshold
- A/I/U for 1st participation yr
- Max EP incentive is \$63,750 for EPs
- States can adopt certain additional requirements for MU
- Last year a provider may initiate program is 2016; Last year to register is 2016
- Program ends 2021
- No Medicaid payment reductions



RI Medicaid EHR Incentive Programs

A/I/U

1st Participation Year

- **A**dopt = Acquired and installed a ONC Certified EHR
 - Signed Contract for EHR purchase
- **I**mplement = Utilize ONC Certified EHR
 - Installed and trained users on EHR
- **U**pgrade = Expand utilization & obtained ONC EHR Certification
 - Acquired an upgrade to current EHR to be ONC certified



Advantage: Meaningful Use is not required until 2nd Year of Participation



Incentive Payments for Medicaid EPs

- Columns = first calendar year EP receives a payment
- Rows = Payment amount each year if continue to meet requirements

	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



Meeting Medicaid Patient Volume Threshold



Rhode Island Medicaid EHR Incentive Patient Volume Eligibility Requirements

Eligible Provider Type	Minimum Medicaid patient volume threshold for any 90-day period from Previous Calendar Year
Physicians	30%
<ul style="list-style-type: none"> • Pediatricians 	20% (2/3 payment)
Dentists	30%
Certified Nurse Midwives	30%
Physician Assistants when practicing at an FQHC/RHC that is <i>led</i> by a PA	30%
Nurse Practitioners	30%



Patient Volume Threshold Determination

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

Total patient encounters in
that same 90-day period

Note: Registration will require start and end dates



Example #1: Individual Physician Registers for EHR Incentive Program in June 2011

Acquired EHR in January 2009
Vendor will certify in Sept 2011

Patient Encounters

June 1 – August 29, 2010

Medicare = 421

Medicaid = 325

Private = 98

Commercial Ins. = 122

Total Encounters = 966

$$325/966 = .3364$$

34% =

Qualifies for payment



Example #2: A Group Practice Registers for Medicaid EHR Incentive Program in November 2011

Acquired EHR in September 2000
EHR Certified December 2011
5 Phys, 3 NPs, 1 CNM, 1 Dentist = 10 Providers

ALL Patient Encounters for ALL
Providers in the Group

March 1 – May 29, 2010

$$5,551/20,572 = .2698$$

Medicare = 9940

Medicaid = 5551

Private = 1869

Commercial Ins. = 3212

Total Encounters = 20,572

27% =

**Does not qualify
for payment**



Final Rule: CHIP cannot be included in Patient Volume

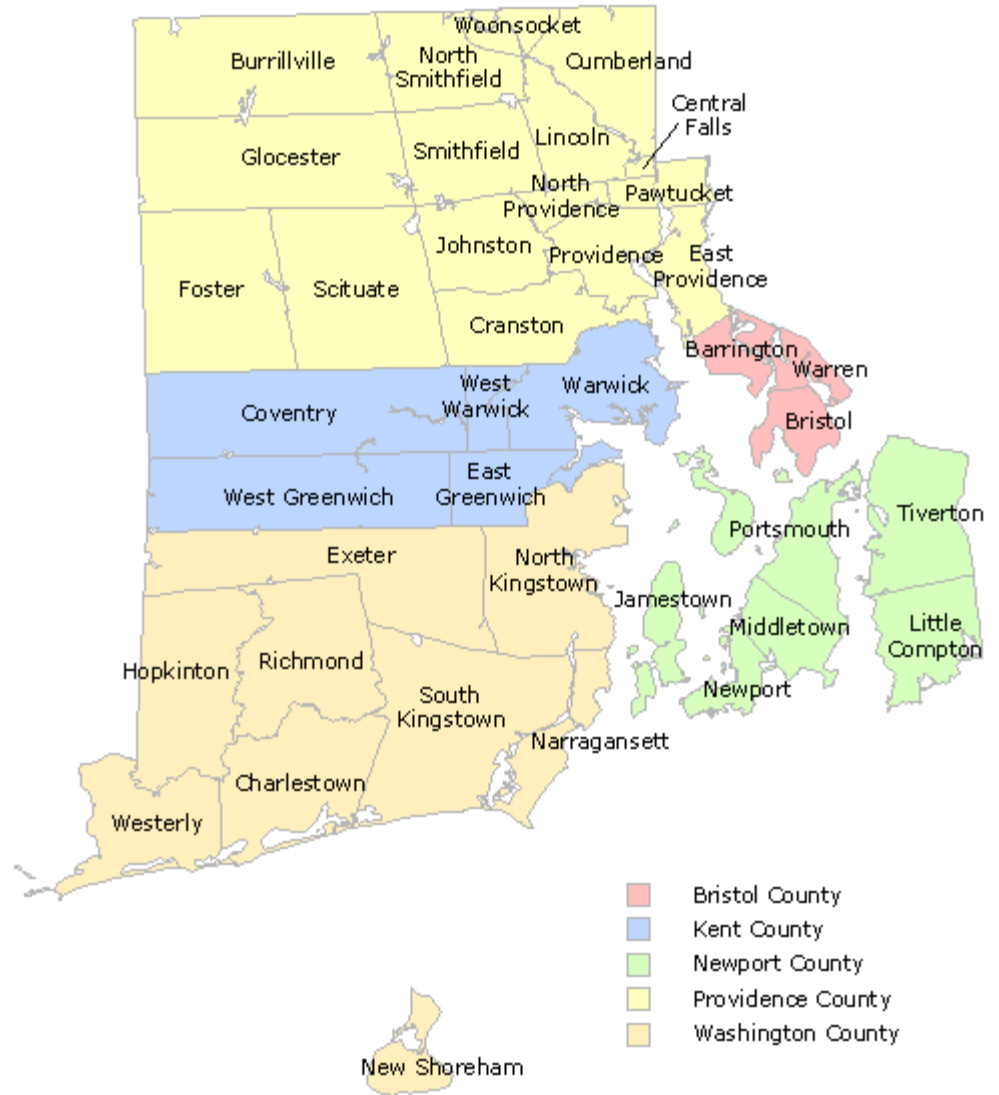
CHIP Patient Volume Reduction
will apply to practice's county
location

% Determination

$$\frac{\text{Total \# of CHIP Children in county}}{\text{Total \# of Medicaid Children in county}}$$

2011 RI Counties CHIP Reduction Rates

Bristol = 12.3% Kent = 13.1%
Newport = 11.4% Providence = 10.0%
Washington = 11.3%



Example #3: A pediatrician in Johnston registers for EHR Incentive Program in November 2011

Acquired EHR in February 2011
EHR is certified by ONC/CMS

Patient Encounters

September 1 – November 29, 2010

Medicare = 0

Medicaid = 747

Private = 521

Commercial Ins. = 1,200

Total Encounters = 2,468

County CHIP Reduction = 10%

$$747 * (-10\%) = 672$$

$$672/2,468 = .2722$$

27% =

Qualifies for 2/3 Payment



Providers who Practice at an FQHC or RHC

Requires a 30% **needy individual** patient volume threshold
Needy Individual = Medicaid + CHIP + Fee for Sliding Scale

Practices predominately in an FQHC or RHC

*Requires >50% of total encounters over a 6-month period
in an FQHC or RHC*

Needy Individual patient volume threshold can be used
for Group Practice or Individual Providers who
“practice predominately” in an FQHC/RHC



Questions on Medicaid Patient Volume Requirements?

Points to Remember

- Any 90 consecutive days of the Previous Calendar Year
- Required to meet Medicaid Patient Volume levels (ie, 20% or 30%) for every participating year
- Individual
- Group
- FQHC & Needy Individuals
- A/I/U in the 1st year



Targeted Milestones for the RI Medicaid EHR Incentive Program

- **April – June 2011** - Develop Payment Approval Process
- **April – Aug 2011** - Create EHR Incentive Audit Plan
- **June 2011** - Online Provider EHR Incentive Program Registration begins
- **July 2011** - EHR Incentive Payments begin
- **Sept 2011** - Begin Conducting EHR Incentive Audits
- **2012** – Stage 1 Meaningful Use for Medicaid EHR



Meaningful Use: Description & Purpose

The Recovery Act specifies the 3 components of Meaningful Use:

1. Use of certified EHR in a meaningful manner (e.g., e-prescribing, CPOE)
2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary



Meaningful Use: Basic Overview

- Stage 1
 - To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology
 - EPs have to report on 20 of 25 objectives
 - All 15 core objectives
 - 5 of 10 on menu set
 - Eligible hospitals have to report on 19 of 24 objectives
 - All 14 core objectives
 - 5 of 10 on menu set



Meaningful Use: Core Objectives

Eligible professionals – 15 Core Objectives:

1. Computerized physician order entry (CPOE)
2. Provide E-Prescribing (eRx)
3. Report ambulatory clinical quality measures to CMS / States
4. Implement one clinical decision support rule
5. Provide patients with an electronic copy of their health information
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
15. Protect electronic health information



Meaningful Use: Menu Set Objectives*

Eligible Professionals – may defer 5 / 10 objectives:

- Drug-formulary checks
- Incorporate clinical lab test results as structured data
- Generate lists of patients by specific conditions
- Send reminders to patients per patient preference for preventive/follow up care
- Provide patients with timely electronic access to their health information
- Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Capability to submit electronic data to immunization registries*
- Capability to provide electronic syndromic surveillance data to public health agencies*

*At least 1 public health objective must be selected



Clinical Quality Measures

- Submitting clinical quality measures is one of the core MU objectives for EPs
- To fulfill this objective EPs must report on:
 - 3 core measures
 - If none of the 3 are applicable then required to report on 3 alternate core measures
 - 3 additional measures from a set of 38 (other than the core or alternate core measures)
- EPs must report on 6 total measures: 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures



Potential Payment Events for Physician Group of 4

9/30/11	Year 1 Participation – Upgrades to Certified EHR
	Meets Medicaid Patient Volume of 30%
	Potential Pmt: \$21, 250 x 4 = \$75,000 issued to TIN via EBT 11/15/11
3/31/12	Year 2 – Meets 90-day M/U Req. in Jan 2012 – Mar 2012
	Meets Medicaid Patient Volume of 30%
	Potential Pmt: \$8,500 x 4 = \$34,000 issued to TIN via EBT 05/15/12
1/5/14	Year 3 – Meets Full Yr M/U Req. in Jan 2013 – Dec 2013
	Meets Medicaid Patient Volume of 30%
	Potential Pmt: \$8,500 x 4 = \$34,000 issued to TIN via EBT 03/10/14
	Note: Year 3 model will follow subsequent years until 2021.



What can I do now?

- Verify your active National Provider Index (NPI)
- Verify Payee Tax Identifier Number (TIN), esp. if benefits will be reassigned
- Obtain an National Plan and Provider Enumeration System (NPPES) Login ID & Password
 - <https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do>
- Verify your active Rhode Island Medicaid Number
- Confirm that your EHR system is fully certified
onc-chpl.force.com/ehrcert



Where can I get more info?

http://www.cms.gov/ehrincentiveprograms/01_overview.asp?

At CMS' official EHR Incentive Program website



Topics from CMS' EHR Incentive Site

- [Overview](#)
- [Path to Payment](#)
- [Eligibility](#)
- [Registration and Attestation](#)
- [Certified EHR Technology](#)
- [Meaningful Use](#)
- [Medicare and Medicaid EHR Incentive Program Basics](#)
- [Medicaid State Information](#)
- [Medicare Advantage](#)
- [Spotlight and Upcoming Events](#)
- [Educational Materials](#)
- [EHR Incentive Program Regulations and Notices](#)
- [Frequently Asked Questions \(FAQs\)](#)



Questions about the RI Medicaid EHR Incentive?

Information about the RI Medicaid EHR Incentive Program

http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/MA_Providers/ehr_incentive_prg.pdf

Determine Your Eligibility

<http://www.browserspring.com/widgets/cms/test.html>

OR

Contact us at ehrincentive@dhs.ri.gov



Thank you

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