The following document outlines the required steps, documentation, and decisions you will need for participation in the Texas Medicaid EHR Incentive Program. It is recommended that you review this document before beginning your registration and attestation.

Step One: Registration with the Centers for Medicare & Medicaid Services (CMS)

A. Gather information needed for registration:

1. To decide which incentive program to participate in (Medicare or Medicaid), use the tools provided on the Eligibility page of the CMS Electronic Health Record (EHR) Incentive Program website, including the Downloads section at the bottom of the page.
   a) "Flowchart – Determine Eligibility for Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs"
   b) "EHR EP Decision Tool"

   You can switch between the Medicaid and Medicare incentive programs only once.

2. National Provider Identifier (NPI) ***(required)*** – Uniquely identifies each provider. Use your individual NPI, not the group NPI.
   a) If a provider does not have an NPI, go to CMS's site to apply for one.

3. Tax Identification Number (TIN) ***(required)*** – The TIN links to "Payment Assignment" in the Texas enrollment portal.
   a) If a provider does not have a TIN and wants to assign the payment to himself/herself, the provider can use their social security number (SSN).
   b) If the provider has a billing TIN and is also a performing provider, then enter the billing TIN.

4. CMS EHR Certification Number ***(optional for CMS registration; required for Texas enrollment).***
   a) Determine whether your EHR system is certified by the Office of the National Coordinator for Health Information Technology (ONC) by doing a search on the Certified Health IT Product List website.
   b) For instructions on obtaining your CMS EHR Certification Number, click here.

B. Register at CMS:

1. EACH eligible professional (EP) must register at CMS's EHR Incentive Program registration site ***BEFORE*** enrolling at the Texas Medicaid EHR Incentive Program portal.
2. A user guide is available to assist in the CMS registration process.
3. When assigning payment during CMS registration, please ensure that:
   a) If you are assigning the payment to a group (even if you are sole proprietor), select Employer Identification Number (EIN) as the payee TIN type, and then enter the organization's TIN. Ensure that group name, payee TIN, and payee NPI match the registration information for the group in the National Plan and Provider Enumeration System (NPPES).
   b) If you are assigning payment to yourself rather than your clinic or group, select SSN as the payee TIN type. Ensure that your SSN is on file with Texas Medicaid and linked to your Texas Provider Identification (TPI).
   c) If you are a sole proprietor assigning payment to yourself, you may be required to use your social security number as your TIN, depending on how you registered for your NPI in NPPES.
4. The assigned payee information entered during this step is sent to Texas Medicaid. This choice can only be changed at the CMS registry level. The TIN or SSN provided during the CMS registration will be used for IRS purposes.

Step Two: Texas Medicaid Enrollment Process

A. Enroll or confirm enrollment in Texas Medicaid:

Prior to participating in the Texas Medicaid EHR Incentive Program, the provider must follow standard Medicaid enrollment procedures to enroll as a Medicaid billing or performing provider and have an active Texas Medicaid Provider Identification Number (TPI).

Full Medicaid enrollment is required for the following providers, regardless of the provider's designated payee:

1. Any individual provider who is not currently enrolled in Medicaid
2. Any group practice provider who is not currently enrolled in Medicaid
   a. The group practice must be enrolled in Medicaid with the proper provider type and specialty designation.
   b. A group practice provider must be properly enrolled in Medicaid as an affiliated member of the group practice.

Note that the Medicaid enrollment process can take 60 to 90 days to complete. **It is your responsibility to submit your enrollment application in advance to avoid missing participation or payment deadlines for EHR incentives.**

Exceptions:

- FQHC/RHC Providers:

If you are **not** enrolled in Medicaid but you work for a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), and you elect to assign payment to your clinic, you may complete a *limited* enrollment form.

If you elect to assign payment to yourself, you must complete a *full* enrollment form.

Once you are enrolled in Medicaid and have an active TPI number, you will need it during the EHR Incentive Program attestation process**.** There are several options:

Medicaid Enrollment Type	Payment Designation	TPI to use
Medicaid Billing Provider	Any	Billing TPI
Medicaid Performing-only provider	Group practice or clinic to receive incentive payment	Group practice TPI
Medicaid Performing-only provider	Self	TMHP will assign you a TPI specifically for purposes of the EHR Incentive Program. You will be offered an opportunity to initiate this process during your attestation in the Texas Medicaid EHR incentive program portal.

B. Set up or confirm TMHP account, log-in ID, and PIN number:

Once you have a TPI, you must ensure you have a TMHP account, a log-in ID, and a PIN number to access your TMHP account. Each provider will have to log-in to his/her TMHP account to access the EHR enrollment portal. You cannot use your group log-in account**.**

- If you do NOT have an individual TMHP account, follow the instructions in the "TMHP Website Security Provider Training Manual".

Step Three: Preparations Before Entering the Texas Medicaid EHR Incentive Program Portal

Before you begin entering your information into the Texas Medicaid EHR Incentive Program portal, be sure you have collected the required information described below:

A. Adopt, Implement, or Upgrade (AIU) certified technology:

1. You will need to enter the CMS EHR certification identification number in the AIU portion of the portal (see Step One – A – 4 above, for instructions on obtaining the certification number).
2. Have documentation ready from a contract, subscription, or purchase order for your certified EHR. You will be required to upload the document(s) in the AIU portion of the portal.

B. Attesting as an Individual or as a Group?

1. Determine whether you are attesting to a group/clinic volume or an individual volume. If you are attesting to group/clinic volume, the following should be considered:
   a) All Medicaid encounters performed as part of the group are included for every practitioner in the group/clinic (numerator and denominator), regardless of whether the practitioner is eligible for the incentive program. Do not include encounters from outside the attestation group.
   b) All providers in a group practice must use the same volume calculation method, i.e. all providers must either attest using the group Medicaid volume or must attest using their individual volume.
   c) If an eligible professional (EP) chooses not to participate in the incentive program, the encounters generated by that EP may still be used in the calculation (numerator and denominator) for that particular group/clinic.
   d) If an EP works at multiple clinics, the EP can choose to use his encounters from one clinic or the other. For example, if an EP works at Clinic A and Clinic B and chooses to use his volume from Clinic A as part of Clinic A's group volume, then he could not also count his volume from Clinic B. However, Clinic B could still use the EP's volume if they choose to attest using the group volume calculation method.(For more information, see the Centers for Medicare and Medicaid EHR Incentive Program website, Frequently Asked Questions, FAQ #2993, https://questions.cms.gov/).
   e) The first person in the group to attest is responsible for creating the group by selecting the group's TIN/TPI combination. From there, the first person attesting will enter the reporting period, the number of members in the group, the group name, and the group volume (numerator and denominator), and upload the AIU documentation. Each subsequent person in the group to attest will select the group they are attesting with, attest to information provided by the first person in the group, and provide other required information pertaining to their attestation.

C. Patient volume calculation – Attesting with your INDIVIDUAL patient volume:

1. Reporting Period: Determine your reporting period. You have the option to choose a reporting period of any 90-day or three full consecutive month period in the previous calendar year OR any 90-day or three full consecutive month period in the most recent 12 months preceding attestation.

2. Patient Volume: Decide how you will calculate your patient volume. **Multiple visits for the same day and service only count once.** Volume calculation options include:

   a) **Encounter option**: Use the following calculation:

   Medicaid encounters **divided by** Total patient encounters **times** 100:

   $$\frac{\text{Your Medicaid Patient Encounters *}}{\text{Your Total Patient Encounters **}} \times 100$$

   * Use all Medicaid encounters from all places where you practice.
   ** Use all patient encounters from all places where you practice.

   b) **Patient Panel option**: Use the following calculation:

   All Medicaid encounters (using the methodology above) ***plus*** any patients in your managed care panel who:

   - Are not already included in the Medicaid encounter number.
   - Had a visit/encounter in the 24 months prior to the 90-day reporting period.

   Divided by total patient encounters ***plus*** total patient panel not already included in the encounters but with an encounter in the 12 months prior to the 90-day reporting period.

   $$\frac{\text{All Medicaid Encounters} + \text{Medicaid MCO Clients Assigned to EP*}}{\text{All Patient Encounters} + \text{All MCO Clients Assigned to EP*}} \times 100$$

   ***** Who had at least 1 encounter in the 24 months immediately preceding the 90-day reporting period and are not already included in the Medicaid encounters.

D. Patient volume calculation – Attesting with your GROUP'S patient volume:

1. Reporting Period: Determine your reporting period. You have the option to choose a reporting period of any 90-day or three full consecutive month period in the previous calendar year OR any 90-day or three full consecutive month period in the most recent 12 months preceding attestation.

2. Patient Volume: Decide how you will calculate your patient volume. **Multiple visits for the same day and service only count once.** Volume threshold calculation options include:

   a) **Encounter option**: Use the following calculation:

   Medicaid encounters **divided by** Total patient encounters **times** 100:

   $$\frac{\text{Total Medicaid Patient Encounters for the group *}}{\text{Total Patient Encounters for the Group **}} \times 100$$

   * Use all Medicaid encounters from all practitioners in the group, even those who are not eligible for incentives and those who chose not to participate.

   ** Use all patient encounters from all practitioners in the group, even those who are not eligible for incentives and those who chose not to participate.

   b) **Patient Panel option**: Use the following calculation:

   All Medicaid encounters (using the methodology above) ***plus*** any patients in the group's managed care panel who:

   - Are not already included in the Medicaid encounter number.
   - Had a visit/encounter in the 24 months prior to the 90-day reporting period.

   Divided by total group patient encounters ***plus*** total group patient panel not already included in the encounters but with an encounter in the 24 months prior to the 90-day reporting period.

   $$\frac{\text{All Medicaid Encounters} + \text{Medicaid MCO Clients Assigned to Group *}}{\text{All Patient Encounters} + \text{All MCO Clients Assigned to Group *}} \times 100$$

   ***** Who had at least 1 encounter in the 12 months immediately preceding the 90-day reporting period and are not already included in the Medicaid encounters

- **For FQHC and RHC providers**: If an EP is attesting to the volume for the FQHC/RHC clinic site, then each EP is required to enter all data in the portal. There is no requirement to designate a lead provider or to select members. Each provider will have to select the FQHCs/RHCs for which they are attesting to group/clinic volumes.

E. Payee Assignment

- During CMS registration, the EP designates the payee to receive the EHR incentive payment. That payee information is sent to Texas Medicaid and will be automatically entered into the payee assignment page of the portal. If you choose to change the payee designation, you must do so at the CMS registration site.

- If you will be assigning the incentive payment to yourself (even if you are part of a group), the "Payee TIN type" should be Social Security Number. If you will be assigning the incentive payment to a group or clinic, the "Payee TIN type" should be EIN or TIN.

Step Four: Accessing the Texas Medicaid EHR Incentive Program Portal

Congratulations! You are now ready to begin participating in the Texas Medicaid EHR Incentive Program.

Go to the TMHP Provider Home Page and follow these steps:

- "Log into my account" (upper right hand side of screen).
- Scroll to "Manage Provider Account."
- Click on the "Texas Medicaid EHR Incentive Program."

If the link is not available, the person trying to access the site is not designated as a provider administrator in the TMHP portal system.

Please allow 24-48 hours between your CMS registration (Step One above) and enrolling at the Texas portal.

Additional Resources

Start (or continue) learning about the Texas Medicaid EHR Incentive Program by using the interactive learning modules.

Additional EHR Incentive Program information:

- CMS EHR Incentive Program website
- Texas Medicaid EHR Incentive Program website

For more information, send an e-mail to HealthIT@tmhp.com or call the TMHP Contact Center at 1-855-831-6112.