

Medicaid Electronic Health Records (EHR) Incentive Program FAQ

Program Basics

1. *What is the Texas Medicaid EHR Incentive Program?*

As part of the American Recovery and Reinvestment Act of 2009, federal incentive payments will be available to doctors and hospitals when they adopt certified Electronic Health Records (EHR) and demonstrate use in ways that can improve quality, safety, and effectiveness of care (“meaningful use”). Eligible professionals can receive as much as \$44,000 over a five-year period through Medicare. For Medicaid, eligible professionals can receive as much as \$63,750 over six years. Medicaid providers can receive their first year’s incentive payment for adopting, implementing, or upgrading certified EHR technology, but must demonstrate meaningful use in subsequent years in order to qualify for additional payments.

2. *What is the difference between the Medicare and the Medicaid EHR Incentive Programs?*

There are many differences between the two programs. For more information, please go to: <https://www.cms.gov/EHRIncentivePrograms/Downloads/ComparisonChart.pdf> or https://www.cms.gov/EHRIncentivePrograms/35_Basics.asp#TopOfPage.

For eligibility differences between the two programs, visit https://www.cms.gov/EHRIncentivePrograms/downloads/eligibility_flow_chart.pdf or www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage.

3. *Why is having an EHR important?*

There are many benefits of an EHR:

Efficiency: EHRs give providers the ability to share patient data with colleagues and patients; to retrieve old data effortlessly; to view test results prescribed by other doctors; and the ability to access patient records remotely to answer patient questions intelligently from outside the medical office.

Effectiveness: EHRs can compute information such as drug interactions or allergies and provide “decision support” for clinicians. They reduce costs through reduced paperwork, improved safety, reduced duplication of testing, and most importantly, improved health through the delivery of more effective health care.

Financial Incentive: Currently, the federal government is encouraging physicians to transition to a certified EHR with financial incentives of up to \$44,000 for Medicare providers, or \$63,750 from Medicaid. Physicians have the opportunity to receive financial and technical help being offered through the Medicaid and Medicare programs and regional extension centers.

4. *When does the Texas Medicaid EHR Incentive Program begin?*

Register at CMS's Registration and Attestation site

(www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp#TopOfPage) to begin the process. Enrollment in the Texas Medicaid EHR Incentive Program began on February 28, 2011, (go to www.TMHP.com, log into your account, go to "Manage Provider Accounts", and scroll down to "Texas Medicaid EHR Incentive Program"). Payments began in May 2011.

5. *Where can I read more on the Medicaid EHR Incentive Program?*

The Centers for Medicare & Medicaid Services (CMS) have a broad range of information available on their website, including federal eligibility requirements, meaningful use definitions, and payment process. Please go to: <https://www.cms.gov/EHRIncentivePrograms/>. To learn more about the Texas Medicaid EHR Incentive Program, please visit www.tmhp.com/Pages/HealthIT/HIT_Home.aspx.

6. *Where can I find the list of definitions, terms, and acronyms?*

As with any new program, there are many terms and acronyms that are confusing until you begin to use them everyday. We have created a Glossary to help you navigate this new verbiage:

http://www.tmhp.com/TMHP_File_Library/HealthIT/EHR%20Glossary.pdf.

Certified EHR Technology

7. *How do I determine whether an EHR system has been approved for the incentive program?*

The Office of the National Coordinator for Health Information Technology (ONC) provides the authoritative, comprehensive listing of EHR systems that have been tested and certified. To determine the certification of a particular EHR, go to: <http://onc-chpl.force.com/ehrcert/>. The list is updated regularly, so check back if you don't see your EHR on the list.

8. *How do I obtain a CMS certification number for my EHR system?*

You must obtain a CMS certified ID number for your current EHR system. The Office of the National Coordinator for Health IT is responsible for overseeing the certification of EHR modules and systems. Information on certified systems is available on their website <http://healthit.hhs.gov/chpl>.

Instructions that will guide you through the process of obtaining a CMS Certification Number for your EHR system can be found here:

www.tmhp.com/TMHP_File_Library/HealthIT/CMS%20EHR%20Certification%20Number020711.pdf.

9. *What if my EHR system is not on the Certified Health IT Product List (CHPL) – will they be adding more? How can I get mine added?*

Only the product versions that are included on the CHPL (<http://onc-chpl.force.com/ehrcert>) are certified under the ONC Temporary Certification Program. Please note that the CHPL is a "snapshot" of the current list of certified products. The CHPL is updated frequently as newly certified products are reported to ONC.

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If your product is not currently listed on the CHPL, encourage your vendor to go through the certification process with ONC. The vendor should contact the ONC via email at ONC.certification@hhs.gov, with "CHPL" in the subject line.

10. Do I need to have an EHR in place to register for the Medicaid EHR Incentive Program?

You may begin the registration process at CMS while you are evaluating the appropriate EHR for your office. However, you must demonstrate adoption, implementation, or a technology upgrade prior to receiving a Texas Medicaid incentive payment.

Medicaid Eligibility: Eligible Professionals (EPs)

11. What is an eligible professional (EP) and how do I know if I can apply?

CMS defines an eligible professional* for the Medicaid Incentive Program as such:

- Physicians.
- Nurse Practitioners.
- Certified Nurse-Midwife.
- Dentists.
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a Physician Assistant.

Further, Medicaid EPs must also:

- Have a minimum of 30 percent Medicaid patient volume (20 minimum for pediatricians).
- Professionals that practice predominately in an FQHC or RHC must have a minimum of 30 percent needy individual patient volume. Needy individuals include CHIP and Medicaid patients, uncompensated care, or care provided to patients on a sliding scale.

*NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 90 percent or more of their services in a hospital setting (inpatient or emergency room).

A tool that will help you determine your eligibility can be found here:
www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage.

For more information, please go to:
www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#BOOKMARK1.

12. Can I qualify for the Texas Medicaid Incentive Program if I am not a doctor of medicine or osteopathy?

The **Medicaid** Incentive Program defines an eligible professional (EP) as:

- Physicians (M.D. or D.O.).
- Nurse Practitioners.
- Certified Nurse-Midwife.
- Dentists.
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a Physician Assistant.

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However, the **Medicare** Incentive Program recognizes the following as an eligible professional:

- Doctor of medicine or osteopathy.
- Doctor of dental surgery or dental medicine.
- Doctor of podiatry.
- Doctor of optometry.
- Chiropractor.

For more information, go to the CMS site here:

www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage.

13. For the patient volume calculation, can I include my managed care clients?

Any encounter an eligible professional has with a Medicaid client (whether it's paid through a capitated arrangement with an HMO plan or fee-for-service claim to TMHP) can and should be included in the patient volume calculation.

14. I work in a group practice. Is each provider in the practice eligible for incentive payments or do payments apply to the practice as a whole?

The incentive program is based on the eligibility of individual practitioners, or eligible professionals (EPs), not the group practice. Each EP in your group will need to apply as an individual provider, although you may be able to attest to your Medicaid patient volume threshold as a group if you meet the criteria.

15. I am an eligible professional but I work in a hospital—am I eligible for the incentive program?

Eligible professionals who furnish 90 percent or more of their services in a hospital setting (inpatient or emergency room) are not eligible for the Texas Medicaid EHR Incentive Program. However, if you are an EP who works primarily in a hospital outpatient clinic, you may be eligible if you meet the program criteria.

16. Am I eligible for the incentive payment if I bought my system prior to this program being launched?

Yes. If you are an eligible professional and you meet the participation criteria and your EHR is a certified system, you may receive incentive payments. You must register for the Medicaid EHR Program to begin the process. See "Registration" below for more information.

Providers can receive the first year of incentives by:

- Adopting – Purchasing a certified EHR.
- Implementing – Beginning implementation of a previously purchased certified EHR.
- Upgrading – Purchasing or implementing an upgraded version of a certified EHR.

To receive more than one year of Medicaid incentives or any Medicare incentives, providers must go beyond purchasing and installing a system and demonstrate that they are "meaningfully using" that system.

17. *I work at more than one clinical site. Am I required to use data from all practices to support my demonstration of meaningful use and the minimum patient volume thresholds for the Medicaid EHR Incentive Program?*

CMS has addressed this question. To view the answer, click [here](#).

18. *Can I include encounters in my Medicaid patient volume calculation if Medicaid did not pay for the service? For example, this might include individuals dually eligible for Medicare and Medicaid, when there is third-party liability, or when Medicaid did not pay for an encounter (even if the patient was Medicaid eligible).*

CMS has addressed this question. To view the answer, click [here](#).

19. *I have a group practice. How will I register and enroll the physicians in the group?*

When setting up a group, the following guidelines apply:

- All participating members must agree to attest to patient volume as a group when they complete their individual enrollment process.
- All providers that are to be part of the group must be registered with CMS for the EHR Incentive program.
- If your group will be using the group patient volume methodology as a proxy for the EPs in the group, all Medicaid encounters can be used, even encounters with non-eligible providers.
- If an eligible professional (EP) chooses not to participate in the group/clinic, the encounters generated by that EP can still be used in the calculation for that particular group/clinic. The EP cannot use those encounters for calculating volumes for another practice or individually if the group/clinic has already included them in their totals.
- The first person to attest for a particular group will submit Medicaid volume and other eligibility criteria for the group. Subsequent members of the group will attest to the information previously provided. Each member of the group will attest individually to meaningful use measures.

See the [Prerequisite Document](#) for steps to take and information needed in order to participate in the incentive program.

See the [Group Attestation Process](#) for steps for groups to take with attestation.

Medicaid Eligibility: Hospitals

20. *Are all hospitals eligible for the Medicaid EHR Incentive Program?*

Hospitals are eligible for both the Medicare and Medicaid incentive programs.

Eligible hospitals in the Medicaid EHR program include the following:

- Acute Care hospitals
 - Cancer hospitals
 - Critical Access hospitals
- Children's hospitals

For acute care hospitals, the following requirements must be met:

- Minimum Medicaid patient volume of 10 percent.

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- CMS certification number (CCN) with the last 4 digits of 0001-0879 or 1300-1399.
- Must have an average length of patient stay of 25 days or shorter.

For children's hospitals, the following requirements must be met:

- CCN with the last 4 digits of 3300-3399.
- No minimum patient volume threshold for children's hospitals.

For more information, please go to: http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp - BOOKMARK2

Medicaid Eligibility: Federally-Qualified Health Centers (FQHCs) / Rural Health Clinics (RHCs)

21. I am a physician assistant (PA) and I work in an FQHC or RHC. Am I eligible for the incentive program?

- PAs at an FQHC or RHC are eligible when the FQHC or RHC is "so led" by a PA. PA-led is when a PA is:
 - The primary provider in a clinic.
 - A clinical or medical director at the clinic.
 - An owner of an RHC.
- If a PA leads the FQHC / RHC, all PAs at that clinic qualify for the EHR incentive.

22. I am an EP (but not a PA) and I work in an FQHC or RHC. Am I eligible for the incentive program?

You are eligible if you practice predominately in an FQHC / RHC. Practicing predominately means that more than 50 percent of total encounters for a six-month period in the most recent calendar year have occurred in the FQHC or RHC.

Incentive Payments

23. What are the incentive payments for an eligible professional (EP)?

EPs who meet eligibility criteria can receive a maximum of \$63,750 in incentive payments from Medicaid over a 6-year period. If participation criteria are met, the first year payment is \$21,250; years two through six payments are \$8,500 each. Pediatricians have a different set of requirements and incentive payments; see next question.

CMS has created a document called "Medicaid EHR Incentive Program Tip Sheet for Eligible Professionals" to help determine eligibility and incentive payment. It can be found in its Educational Materials section of CMS' website located here:

http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp.

24. What are the incentive payments and eligibility requirements for pediatricians?

There are special eligibility rules and payment amounts for pediatricians. Those with a Medicaid patient volume threshold between 20 percent and 30 percent will receive a maximum of \$42,500; however, pediatricians with 30 percent or more Medicaid patient volume can still receive up to \$63,750.

25. What are the incentive payments for an eligible hospital?

Medicaid incentive payments for eligible hospitals are based upon a formula that includes a base incentive amount adjusted by the Medicaid share. Medicaid share is calculated using the number of Medicaid discharges, bed days and other factors. A hospital can qualify for *both* Medicare and Medicaid Incentives.

See the [Prerequisite Sheet for Hospitals](#) for steps to participate and information needed.

CMS has created a document called “Tip Sheet for Medicaid Hospitals” to help determine eligibility and incentive payment. It can be found in its Educational Materials section of CMS’ website located here: http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp.

26. When can I participate in the incentive program?

Eligible professionals (EPs) must register and begin receiving incentive payments by calendar year 2016; final payment can be received up to 2021. EPs are permitted to skip year(s) of participation, even after 2016.

Eligible hospitals (EHs) must register and begin receiving incentive payments by calendar year 2016; final payment can be received up to 2018 in Texas. Hospitals can skip years until 2016; after that, participation in the incentive program must be sequential (cannot skip years of participation).

27. How do the payments change if a provider enrolls after the initial start up year?

The Incentive Program runs from 2011 to 2021. In order for a provider to receive the maximum amount of incentives, he/she must be enrolled in the program, meet Meaningful Use criteria and receive first year payments by 2016 (year one - \$21,250; Years 2-6 -- \$8,500 / year). If a provider does not enroll by 2016, he/she is not eligible for any incentives.

28. When will Texas Medicaid EHR incentive payments be made?

In Texas, payments begin in May 2011.

29. Are incentive payments subject to federal income tax?

CMS has addressed this question. To view the answer, click [here](#).

30. May a provider request additional funds if their EHR system costs more than the incentive payments offered from the EHR Program?

No. The purpose of the incentive payments is not to reimburse for the system and support costs; the intent is to encourage the adoption and meaningful use of certified EHR technology for improved health outcomes. There are no additional funds available through the incentive program.

31. Are eligible professionals (EPs) and hospitals (EHs) subject to penalties if they do not enroll in an EHR Incentive Program or fail to demonstrate meaningful use?

There are no payment adjustments or penalties for **Medicaid** EPs or hospitals that fail to demonstrate Meaningful Use. However, Medicare providers may see a reduction. See the CMS Tip Sheet ([“Medicare Electronic Health Record Incentive Program for Eligible Professionals”](#)) for more information.

32. How do I return an EHR payment?

If you have received an Electronic Health Records (EHR) incentive payment that you do not want or that must be returned to satisfy an EHR accounts receivable, follow these steps to ensure the returned payment is credited properly:

1. Download and print the [Texas Medicaid Refund Information Form](#).
2. Complete the form as follows:
 - a. Fill out the top portion designated for provider information. *This information should correspond to the PAYEE (recipient) of the EHR incentive payment, even if the recipient is different than the attesting provider. You will supply information on the attesting provider in the section below.*
 - b. Skip the claims information section.
 - c. Fill out the “Reason for the Refund” portion by placing an “X” next to “Other” and providing the following information:
 - “EHR incentive payment refund”
 - Amount
 - Check number on the check you will be sending
 - Name, NPI, and TPI of the attesting provider
3. Mail the completed form with your check and a copy of the Medicaid Remittance and Status (R&S) Report that shows the EHR payment to the following address:

Texas Medicaid & Healthcare Partnership
Financial Department
12357-B Riata Trace Parkway
Suite 150
Austin, TX 78727

Meaningful Use

33. What defines Meaningful Use for the Medicaid EHR Incentive Program?

It is not necessary to achieve meaningful use to qualify for the *first* year of EHR Incentives. Providers can receive the first year of incentives by:

- Adopting – Purchasing a certified EHR.
- Implementing – Beginning implementation of a previously purchased certified EHR.
- Upgrading – Purchasing or implementing an upgraded version of a certified EHR.

To receive more than one year of Medicaid incentives, providers must go beyond purchasing and installing a system and demonstrate that they are “meaningfully using” that system.

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To demonstrate meaningful use, a provider must satisfy the three stages of meaningful use criteria. The following table outlines the three stages as they are currently known:

Stage	Focus	Meaningful Use Objectives	Clinical Quality Measures	Reporting Mechanism
Stage 1 (2012)	<ul style="list-style-type: none"> ▪ Electronically capturing health information in a coded format ▪ Using that information to track key clinical conditions ▪ Communicating that information for care coordination purposes ▪ Initiating the reporting of clinical quality measures and public health information 	<ul style="list-style-type: none"> ▪ EPs: 20 objectives (15 core and 5 others from a set of options) ▪ EHs: 19 objectives (14 core and 5 others from a set of options) 	<p><u>Eligible Professionals:</u></p> <ul style="list-style-type: none"> ▪ Providers must report on 3 clinical quality measures (alternate core measures if one or more of the core measures don't apply) ▪ Providers must also choose 3 other measures from a list of 38 <p><u>Eligible Hospitals:</u></p> <ul style="list-style-type: none"> ▪ Hospitals must report on 15 clinical quality measures 	<ul style="list-style-type: none"> ▪ Reported to the state via attestation
Stage 2 (2013)	<p>Expand upon the Stage 1 criteria in the areas of:</p> <ul style="list-style-type: none"> ▪ Disease management ▪ Clinical decision support ▪ Medication management ▪ Support for patient access to their health information ▪ Transitions in care ▪ Quality measurement & research ▪ Bi-directional communication with public health agencies 	To be defined by future rulemaking by CMS		TBD
Stage 3 (2015)	<ul style="list-style-type: none"> ▪ Achieving improvements in quality, safety and efficiency ▪ Decision support for national high priority conditions ▪ Patient access to self management tools ▪ Access to comprehensive patient data ▪ Improving population health outcomes 	To be defined by future rulemaking by CMS		TBD

34. How does a provider report Meaningful Use and how often?

When providers enroll for the Texas Medicaid EHR Incentive Program, they will do so in the enrollment portal (or website). Part of that enrollment process includes one to two screens where they attest that they have adopted, implemented, or upgraded certified EHR technology. Every year thereafter, providers will need to go to the provider portal and provide necessary information for that year's participation, including patient volume. In 2012, providers who started participation in 2011 will attest to Meaningful Use Stage 1. Additional planning is being done for years beyond 2012.

Participating in the Incentive Program

35. How do I get assistance with selecting a certified EHR and meaningfully using it?

Texas Medicaid encourages Medicaid providers to actively engage local RECs to receive assistance and technical support for this program. For providers who already have an EHR system, REC consultants can focus on quality improvement measures such as: workflow analysis and process redesign, best practices suggestions, and meaningful use gap analysis to help achieve meaningful use. For those who do not have an EHR and are not sure where to begin, REC technical assistance experts can help narrow down the selection of EHR vendors to help providers make an informed decision as to which system is best for their practice. There are four RECs in the state of Texas. For more information and to find a local REC, please visit www.txrecs.org.

36. How do I start participation in the Texas Medicaid EHR Incentive Program?

Texas Medicaid has created tip sheets, one for eligible professionals called “[Eligible Professionals \(EPs\): Prerequisites to Participate in the Electronic Health Record \(EHR\) Incentive Program](#)”, and one for eligible hospitals called “[Eligible Hospitals: Prerequisites to Participate in the Electronic Health Record \(EHR\) Incentive Program](#)” for how to participate in the EHR incentive program. Please refer to this tip sheet for details on what steps to take and what information you’ll need.

37. What happens after I register?

Payments began in May 2011. If a provider completes all enrollment steps for the Texas Medicaid EHR Incentive Program, payment will be made in the first month following incentive payment approval (not to exceed 45 days from approval).