Medicaid
Electronic Health Record (EHR)
Incentive Program:
A Webinar for Eligible Hospitals

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Overview of EHR Incentive Program Rules and Requirements
Introduction

• Payment is an incentive for using certified electronic health records (EHR) in a meaningful way.
  • Not a reimbursement and not intended to penalize early adopters.
• First year payment can be received in 2011 through 2016; Final payment can be received up to 2021
• Hospitals can apply for both Medicare and Medicaid programs
Hospital Eligibility

- Acute care hospital:
  - Medicaid patient volume thresholds – 10%.
  - CCN range (last 4 digits): 0001-0879 and 1300-1399
  - Critical access hospitals defined as acute care hospitals
- Children’s hospital:
  - No patient volume threshold
  - CCN range (last 4 digits): 3300-3399
- At least 50% of all encounters must be at a site or sites with certified EHR technology.
Benefits of EHR Adoption

• Adoption of electronic records by Medicaid providers means better care to the State’s most vulnerable citizens through:
  • Enhanced care coordination,
  • Improved quality and safety,
  • More engagement of the patient and family,
  • More complete longitudinal health record, and
  • Assistance with decision support, which helps to reduce errors and cost of care.
Meaningful Use Requirements

• Use of certified EHR:
  • in a meaningful manner (e.g., electronic prescribing).
  • for electronic exchange of health information to improve quality of health care.
  • to submit clinical quality measures (CQM) and other such measures selected by the Secretary.
• For Year 1, Medicaid providers do not need to report meaningful use data, only attest to “adopting, implementing, or upgrading” to a certified EHR.
• If a hospital meets meaningful use for Medicare, they meet meaningful use for Medicaid

Note: For the complete list of reportable measures, go to www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage
Meaningful Use Stages

- **Stage 1** – effective in 2011 – focuses on:
  - 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.

- **Stage 2** – effective in 2013 – will focus on:
  - Disease and medication management.
  - Clinical decision support.
  - Interoperability.

- **Stage 3** – effective in 2015 – will focus on:
  - Patient access to self-management tools.
  - Access to comprehensive patient data.
  - Improving population health outcomes.
Patient Volume Calculation for Hospitals

• Hospital encounters include services delivered to an individual per inpatient discharge and emergency room services on any one day
  • The emergency department (ED) must be a part of the hospital under the qualifying CMS certification number (CCN)
  • Children’s hospitals have no patient volume threshold
• Numerator and denominator must be derived from the same continuous three month period in the preceding fiscal year.

\[
\frac{\text{Medicaid Discharges + ED Encounters}}{\text{Total Discharges + ED Encounters}} \times 100
\]
Payment Schedule for Hospitals

- The basic calculation is the product of two factors:
  - Overall EHR amount.
  - the Medicaid share.
- Payment will be made one time per year.
- Payment will be made in the first monthly date after the incentive is approved.
- Formula for calculating the hospital incentive amount is similar for both Medicare and Medicaid.
- Hospital payout schedule for Texas is:
  - Year 1 – 50 percent
  - Year 2 – 40 percent
  - Year 3 – 10 percent
### Hospital Incentive Payment Calculation

**Step 1:** Calculate *growth rate* based on the average percent increase or decrease of discharges over a three year period.

<table>
<thead>
<tr>
<th>Total Discharges</th>
<th>Previous Year</th>
<th>Difference</th>
<th>Previous Year</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2007</td>
<td>16,773</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY 2008</td>
<td>17,297</td>
<td>524</td>
<td>16,773</td>
<td>0.031</td>
</tr>
<tr>
<td>FY 2009</td>
<td>18,131</td>
<td>834</td>
<td>17,297</td>
<td>0.048</td>
</tr>
<tr>
<td>Current Yr (FY 2010)</td>
<td>18,015</td>
<td>(116)</td>
<td>18,131</td>
<td>(0.006)</td>
</tr>
</tbody>
</table>

\[
0.073 \div 3 = 2.44\%
\]
### Hospital Incentive Payment Calculation

**Step 2:** Calculate the *overall EHR amount* based upon a theoretical four years of payment the hospital would receive starting from the base amount of $2 million, plus the discharge related amount, multiplied by a transition factor.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Discharges</th>
<th>Average Growth Rate</th>
<th>Adjusted Discharges</th>
<th>Allowed Discharges</th>
<th>Rate Per Discharge</th>
<th>Base Amount</th>
<th>Transition Factor</th>
<th>Initial EHR Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 (Current Yr)</td>
<td>18,015</td>
<td>0</td>
<td>18,015 - 1,149</td>
<td>16,866</td>
<td>$200</td>
<td>$3,373,200</td>
<td>1</td>
<td>$5,373,200</td>
</tr>
<tr>
<td>Year 2 (Est 2011)</td>
<td>18,015 + 2.44%</td>
<td>18,454 - 1,149</td>
<td>18,454 - 1,149</td>
<td>17,305</td>
<td>$200</td>
<td>$3,460,944</td>
<td>0.75</td>
<td>$4,095,708</td>
</tr>
<tr>
<td>Year 3 (Est 2012)</td>
<td>18,454 + 2.44%</td>
<td>18,903 - 1,149</td>
<td>18,903 - 1,149</td>
<td>17,754</td>
<td>$200</td>
<td>$3,550,825</td>
<td>0.50</td>
<td>$2,775,413</td>
</tr>
<tr>
<td>Year 4 (Est 2013)</td>
<td>18,903 + 2.44%</td>
<td>19,363 - 1,149</td>
<td>19,363 - 1,149</td>
<td>18,214</td>
<td>$200</td>
<td>$3,642,895</td>
<td>0.25</td>
<td>$1,410,724</td>
</tr>
</tbody>
</table>

**Overall EHR Amount:** $13,655,044
Step 3: Calculate the *Medicaid share* based on estimated Medicaid inpatient bed days and total inpatient bed days.

\[
\begin{align*}
\text{Total Charges} & = 939,854,524 \\
\text{Charity Care Charges} & = 44,821,846 \\
\text{Total Charges} & = \frac{939,854,524}{44,821,846} = 97,530 \\
\text{Adjusted Inpatient Days} & = 0.95 \times 97,530 = 92,879 \\
\end{align*}
\]

\[
\begin{align*}
\text{Medicaid Inpatient Days (FFS)} & = 8,889 \\
\text{Medicaid Inpatient Days (MC)} & = 20,309 \\
\text{Medicaid Share} & = \frac{8,889 + 20,309}{92,879} = 31\% \\
\end{align*}
\]

Step 4: Calculate the *aggregate amount* which is the product of the *overall EHR amount* times the *Medicaid share*.

\[
\begin{align*}
\text{Overall EHR Amount} & = 13,655,044 \\
\text{Medicaid Share} & = 31\% \\
\text{Aggregate EHR Amount} & = \frac{13,655,044 \times 31\%}{100} = 4,292,692 \\
\end{align*}
\]
## Hospital Incentive Payment Calculation

**Step 5: Apply Texas hospital payout schedule.**

<table>
<thead>
<tr>
<th>Aggregate EHR Amount</th>
<th>Payout Percentage</th>
<th>Annual Incentive Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1: $4,292,692</td>
<td>50%</td>
<td>$2,146,346</td>
</tr>
<tr>
<td>Year 2: $4,292,692</td>
<td>40%</td>
<td>$1,717,077</td>
</tr>
<tr>
<td>Year 3: $4,292,692</td>
<td>10%</td>
<td>$429,269</td>
</tr>
</tbody>
</table>

Total: $4,292,692
Important Notes

• Attestations:
  • All self-reported information (e.g., patient volume, hospital types, etc.) are legally binding
  • Information entered into the portal should come from auditable sources in case you are selected for an audit.

• Hospitals can file an appeal for any of the following reasons:
  • Incentive payment amount
  • Eligibility determination
  • Support for “adopt, implement or upgrade” to a certified EHR
  • Achievement of meaningful use requirements
National Level Activities
What Can Providers Do Now?

- **National Provider Identifier (NPI):** All EPs and hospitals must have a national provider identifier (NPI) in order to participate. To confirm that you have an active NPI go to https://nppes.cms.hhs.gov/NPPES/.

- **CMS Website for EHR Incentive Programs:** Register for the EHR Incentive program at www.cms.gov/EHRIncentivePrograms, then click on “Registration and Attestation”. You can also find additional information on the EHR Incentive Program, including tip sheets and an EHR decision tool to help EPs decide whether to apply for Medicare or Medicaid incentives.

- **Health IT Programs:** Learn about certified EHR systems and other programs, under the Office of the National Coordinator (ONC) for Health IT, which are designed to support providers as they transition to EHRs at healthit.hhs.gov.
National Provider Identifier (NPI)

The National Plan and Provider Enumeration System (NPPES) provides a way to uniquely identify health care providers and health plans. The NPI is a unique 10-digit identifier assigned to each health care provider or health plan, regardless of the state in which the provider or plan is located. The NPI enables providers and health plans to communicate with other providers and health plans, and with patients, in a secure and efficient manner.

- **What is an NPI?**
  - An NPI is a unique 10-digit numeric identifier assigned to each health care provider or health plan.
  - The NPI is used to identify providers and health plans in transactions governed by HIPAA.

- **How do I get an NPI?**
  - If you are a Health Care Provider, you must click on National Provider Identifier (NPI) to login or apply for an NPI.
  - A standard identifier has not yet been adopted for health plans.

- **Search the NPI Registry.**
  - The NPI Registry enables you to search for a provider’s NPPES information. All information produced by the NPI Registry is provided in accordance with the NPPES Data Dissemination Notice. Information in the NPI Registry is updated daily. You may run simple queries to retrieve this read-only data. For example, users may search for a provider by the NPI or Legal Business Name. There is no charge to use the NPI Registry.

- **About NPPES.**
  - CMS has contracted with Fox Systems, Inc. to serve as the NPI Enumerator.
  - The NPI Enumerator is responsible for assisting health care providers in applying for their NPIs and updating their information in NPPES.

- **Contact Information:**
  - By phone: 1-800-465-3203 (NPI Toll-Free) 1-800-892-2328 (NPI TTY)
  - By e-mail at: customerservice@npie Numerator.com
  - By mail at: NPI Enumerator  PO Box 6959  Fargo, ND  58109-0009

- **Connect for Quality Care**

Centers for Medicare & Medicaid Services

Department of Health and Human Services
CMS Registration Home Page

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site
The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website.

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit CMS website.

- Eligible Hospitals
- Eligible Professionals (EPs)
Hospitals will use the NPPES/NPI web user account user name and password.
CMS Registration Welcome Page

Tabs will guide users through each phase

ONC Certified Health IT Product List

Go to http://onc-chpl.force.com/ehrcert

For instructions on obtaining the CMS EHR Certification Number, go to www.tmhp.com, click on Providers, then Health IT, then Reference Material.
Texas Medicaid EHR Incentive Program – Enrollment Process –
Medicaid EHR Incentive Program
Process Flow

- Register with CMS NLR
- Federal Level Registration
- Federal/State File Exchange
- Email Notifications
- State Level Enrollment

- Verify Provider Information
- Enter Patient Volumes
- Confirm AIU
- Validate Certified EHR
- Acknowledge Payment

State and Federal Validations

Generate Payment

Connect for Quality Care
How Do I Enroll In The EHR Incentive Program?

• Beginning February 28, 2011, hospitals will need to enroll and attest to their eligibility. For information on the EHR Incentive Program, see: www.tmhp.com/Pages/HealthIT/HIT_Home.aspx.

  • CMS EHR registration began January 3, 2011.

• Upon completion of the enrollment and attestation process for the EHR incentive payment, hospitals can access the web portal to review their results and disposition.

• E-mail communications will be provided throughout the process.
  • Please ensure that Medicaid has a current e-mail address.
  • Payments will be issued to providers beginning in May 2011.

• Hospitals will be required to validate their attestation online each year to qualify for the incentive payment.
After logging into the Medicaid EHR Incentive Program portal for the first time, the user will see the Welcome page.

Press Continue to proceed with the EHR enrollment process.
Click **Enrollment** to begin the process.
Provider Enrollment

Click Enroll, Modify, or View Status to begin or continue the enrollment process.
### Provider Verification

**Current Enrollment Status**
- **Hospital:** Lancener Hospital (CCN 7239054637)
- **Step 1 - Registration Verification Status:** Not Completed
- **Step 2 - Volume Determination Status:** Not Completed
- **Program Year:** 2011
- **Participation Year:** 1
- **Step 3 - Adopt, Implement, Upgrade Status:** Not Completed
- **Step 4 - EHR Payment Determination Status:** Not Completed

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### Step 1 - Provider Registration Verification

Confirm the following hospital registration information that will be used to determine your eligibility for this program.

#### Registration Information

**National Provider Information**
- **Local Business Name:** Lancener Hospital
- **Hospital Type:** Acute Care Hospital
- **CMS Certification Number (CCN):** 7239054637
- **Business Address:** 297 Rancho Drive, Suite 2, San Antonio, TX 78254-9087
- **Phone #:** (512) 619-6498 Ext: 4567
- **Tax ID:** 11.7360237 (EIN)
- **NPI:** 9043810987
- **CMS Confirmation #:** 17308347:12

#### Payment Assignment

Select your payee MMIS provider id by clicking the button below.

- **Payee Name:** Lancener Hospital - Austin
- **Payee MMIS Provider ID:** 654450000
- **Payee Address:** 71 Judy Drive, Suite A, San Antonio, TX 78254-9087

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**Exclusions**
- **Federal Exclusions Exist:** Yes
- **State Exclusions Exist:** No

---

**Confirm registration information**

**Confirm payee**
Payment Assignment
“Select MMIS ID” Menu

Select the TPI to enroll

<table>
<thead>
<tr>
<th>Select</th>
<th>MMIS System ID</th>
<th>Provider Name</th>
<th>Type</th>
<th>Practice Address</th>
<th>Practice Alternate Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>845298654</td>
<td>Lancermer Hospital</td>
<td>Billing</td>
<td>287 Rangle Drive, Suite 2</td>
<td>San Antonio, TX 39654-9087</td>
</tr>
<tr>
<td></td>
<td>845298654</td>
<td>Lancermer Hospital</td>
<td>Billing</td>
<td>287 Rangle Drive, Suite 2</td>
<td>San Antonio, TX 39654-9087</td>
</tr>
<tr>
<td></td>
<td>845298654</td>
<td>Lancermer Hospital</td>
<td>Billing</td>
<td>815 Friendship Rd, Suite 5</td>
<td>San Antonio, TX 39654-9087</td>
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<tr>
<td></td>
<td>590255612</td>
<td>Lancermer Hospital</td>
<td>Billing</td>
<td>3 Sanging Road, Suite B</td>
<td>Austin, TX 39654-9087</td>
</tr>
</tbody>
</table>
Patient Volume Calculation for Acute Care Hospitals

Select the reporting period from the prior federal fiscal year.

Acute care hospitals enter Medicaid patient volume.

### Current Enrollment Status

<table>
<thead>
<tr>
<th>Hospital: Lancaster Hospital (GCN 7239054637)</th>
<th>Program Year: 2011</th>
<th>Participation Year: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 - Registration Verification Status: Completed</td>
<td>Step 3 - Adopt, Implement, Upgrade Status: Not Completed</td>
<td></td>
</tr>
<tr>
<td>Step 2 - Volume Determination Status: Not Completed</td>
<td>Step 4 - EHR Payment Determination Status: Not Completed</td>
<td></td>
</tr>
</tbody>
</table>

### Step 2 - Medicaid Patient Volume Determination

Acute Care, Critical Access, and Cancer Hospitals are required to provide the Medicaid Patient Volume information in the fields below. The patient volume will be calculated based on any continuous three month reporting period in your latest hospital’s fiscal year ending prior to the previous Federal Fiscal Year. As an Eligible Hospital you must meet 10% Medicaid Patient Volume.

Please choose your continuous three month reporting period in the previous fiscal year. The reporting period will include the entire month as partial months are not allowed.

- **Three Month Reporting Start Date**: 01/01/2010
- **Three Month Reporting End Date**: 03/31/2010

Please select a Start Date:

### Medicaid Patient Encounters

- Medicaid Patient Encounters: 350
- Total Patient Encounters: 2,420
- Medicaid Patient Volume: 14.48%

[Previous] [Upload Volume Document] [Save & Continue]
Children’s hospitals do not have patient volume requirements.

**Current Enrollment Status**

<table>
<thead>
<tr>
<th>Hospital: Lancemer Hospital (CCN 7239054637)</th>
<th>Program Year: 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 - Registration Verification Status: Completed</td>
<td>Participation Year: 1</td>
</tr>
<tr>
<td>Step 2 - Volume Determination Status: Not Completed</td>
<td>Step 3 - Adopt, Implement, Upgrade Status: Not Completed</td>
</tr>
<tr>
<td>Step 4 - EHR Payment Determination Status: Not Completed</td>
<td></td>
</tr>
</tbody>
</table>

**Step 2 - Medicaid Patient Volume Determination**

Children’s hospitals do not have patient volume requirements for the Medicaid EHR Incentive Payment Program participation. Children’s hospitals are defined as hospitals who predominantly treat individuals under 21 years of age.
Connect for Quality Care

Adopt, Implement, Upgrade (AIU)

**Step 3 - Adopt, Implement, Upgrade Certified EHR Software**

Providers must attest to the Adoption, Implementation, and Upgrade of certified EHR technology to be eligible for the Medicaid EHR Incentive Payment Program. Adoption, Implementation, and Upgrade of Certified EHR technology is defined as:

**Adoption**: Defined as evidence that installation of certified EHR technology occurred prior to the Medicaid Incentive payment. This evidence would serve to differentiate between activities that may not result in installation. For example: Researching EHRs or interviewing EHR vendors and actual purchase, acquisition, or installation.

**Implementation**: Defined as the provider has installed certified EHR technology and has started using the certified EHR technology in clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patients’ demographic and administrative data into the EHR, or establishing data exchange agreements and relationships between the provider’s certified EHR technology and other providers, such as laboratories, pharmacies, or HIEs.

**Upgrade**: Defined as the expansion of the functionality of the certified EHR technology, such as migrating from a non-certified to certified EHR technology, addition of clinical decision support, e-prescribing functionality, CPOE or other enhancements that facilitate the meaningful use of certified EHR technology.

**Adopt, Implement, Upgrade Attestation**

- **Adopt, Implement, Upgrade Certified EHR Designation**: 
  - Adopt
  - Implement
  - Upgrade

- **Certified EHR Software Solution**
  - Meaningful Use Identifier (MU-ID):

**Supporting Documentation**:
- Purchase Order
- Contract
- EHR Software License

You may upload any/all of these documents now via the Upload Documents button below, or at any point in the process prior to submitting your enrollment.

Select AIU designation

Select supporting documentation and upload

Enter the CMS EHR Certification Number
EHR Payment Determination -- Overview

Step 4 – EHR Payment Determination Introduction

To begin the calculation of your EHR Incentive payment you will be required to provide details for your participation in the Medicaid Program. The aggregate EHR incentive amount is based on a four year program model. Your aggregate EHR incentive payment will be distributed on the following payment schedule:

- Year 1 – 50%
- Year 2 – 40%
- Year 3 – 10%

Aggregate EHR Incentive Payment Calculation

The Base Amount of your EHR Incentive payment is calculated as the product of two factors:

1. Overall EHR Amount:
   
   Sum of:
   
   - Year 1 = (Base Amount of $2,000,000.00 + (Number of Discharges \[1150 - 23,000\] \* $200.00 \* Transition Factor 1))
   - Year 2 = (Base Amount of $2,000,000.00 + (Number of Discharges \[Year 1 Discharge \* Annual Growth Rate\] \* $200.00 \* Transition Factor 75))
   - Year 3 = (Base Amount of $2,000,000.00 + (Number of Discharges \[Year 2 Discharge \* Annual Growth Rate\] \* $200.00 \* Transition Factor 65))
   - Year 4 = (Base Amount of $2,000,000.00 + (Number of Discharges \[Year 3 Discharge \* Annual Growth Rate\] \* $200.00 \* Transition Factor 25))

2. Medicaid Share:
   
   Sum of:
   
   - Estimated number of Medicaid inpatient-bed-days
   - Estimated number of Medicaid managed care inpatient-bed-days

   Divided by the product of:
   
   - Estimated total number of inpatient-bed-days during the period
   - Estimated total amount of charges during that period, not including any charges that are attributable to charity care, divided by the estimated total charges during the period

3. Aggregate EHR Incentive Amount = Overall EHR Amount * Medicaid Share
Using the calculated growth rate, projected overall EHR amounts is calculated for you based on $2 million plus allowable discharge related amount and a transition factor:

- discharge amount based on $200 per discharge between 1,150 - 23,000

**EHR Payment Determination -- Overall EHR Amount**

Enter total discharges for the most recent four years of available data to calculate the growth rate.
## EHR Payment Determination

### Medicaid Share

#### Step 4 – EHR Payment Determination Part 2 – Medicaid Share

Calculation of your Medicaid Incentive payment also requires that you enter details for your Medicaid Share. You are required to enter the following:

- Estimated number of Medicaid inpatient-bed-days
- Estimated number of Medicaid managed care inpatient-bed-days
- Estimated total number of inpatient-bed-days during the period
- Estimated total amount of charges during that period, not including any charges that are attributable to charity care, divided by the estimated total charges during the period

#### Inpatient-bed-day Volume

A factor in determining the Medicaid Factor is collection of Inpatient-bed-day volumes. You are required to enter the Medicaid, Medicaid Managed Care, and Total Inpatient-bed-days. If this is your first payment year, you must include Inpatient-bed-day volumes from the hospital fiscal year that ends during the last completed federal fiscal year.

<table>
<thead>
<tr>
<th>Inpatient-bed-day Volume</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Inpatient-bed-days:</td>
<td>8,999</td>
</tr>
<tr>
<td>Medicaid Managed Care Inpatient-bed-days:</td>
<td>20,309</td>
</tr>
<tr>
<td>Total Inpatient-bed-days:</td>
<td>97,530</td>
</tr>
</tbody>
</table>

#### Hospital Charges

Total Hospital charges are collected to determine the Medicaid Factor. You are required to enter the total charges and total charges excluding charity care. If this is your first payment year, you must also provide charges from the hospital fiscal year that ends during the last completed federal fiscal year.

<table>
<thead>
<tr>
<th>Hospital Charges</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Charges Excluding Charity Care:</td>
<td>$895,032,578.00</td>
</tr>
<tr>
<td>Total Charges:</td>
<td>$939,854,524.00</td>
</tr>
</tbody>
</table>

#### Medicaid Share Calculation

- Medicaid Inpatient-bed-days: 8,999
- Medicaid Managed Care Inpatient-bed-days: 20,309
- Total Inpatient-bed-days: 97,530

**Medicaid Share:** 31.44%

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Enter Medicaid inpatient bed days (fee-for-service and managed care) and total inpatient bed days

Enter total charges excluding charity care
EHR Payment Determination
-- Payment Acknowledgement

Based on the aggregate EHR amount, payments will be disbursed over three years.
Who Do I Call For Help Or Additional Information?

- Sign up for e-mail updates by visiting the TMHP website at www.tmhp.com/Pages/HealthIT/HIT_Home.aspx and click on “Sign up for email updates” in the “Want To Know More?” box.

- Submit questions by visiting the TMHP website; go to “Contact Us” at www.tmhp.com/Pages/Medicaid/medicaid_contacts.aspx.

- Providers can call toll free at 800-925-9126, option 4.
Health Information Technology Regional Extension Centers

Contact the Regional Extension Center (REC) in your area for information on the support and assistance they can provide.

- Gulf Coast Regional Extension Center
  [http://www.uthouston.edu/gcrec/index.htm](http://www.uthouston.edu/gcrec/index.htm)

- CentrEast Regional Extension Center
  [http://www.centreastrec.org/](http://www.centreastrec.org/)

- North Texas Regional Extension Center

- West Texas Health Information Technology Regional Extension Center
  [http://www.ttuhsed.edu/](http://www.ttuhsed.edu/)
Medicaid EHR Incentive Program

Questions?