

New Mexico Medicaid Electronic Health Records Incentive Payment Program

New Mexico Hospital Association

October 6, 2011

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Today's Session

- Program Overview
- Eligibility
- Incentive Payment amounts
- Registration and Attestation



Medicaid EHR Program Overview

- EHR Incentive Program established by American Recovery and Reinvestment Act
- Provisions in ARRA cited as HITECH Act
 - Improve health care delivery and patient care
 - Encourage the use of EHR technologies among providers serving Medicaid populations
 - Encourage the development of Health Information Exchange (HIE) collaboration across state's healthcare providers and stakeholders



Medicaid EHR Program Overview

- State operated by Human Services Department, Medical Assistance Division
- Follows CMS regulations in the Final Rule
- Opened for registration on August 1, 2011
- <http://nm.arraincentive.com>



Program Participation Years

For Eligible Hospital (EH)

- Program participation can start as early as 2011 or as late as 2016
- First payment must be received by 2016
- Payments are not required to be consecutive years prior to 2016
- Acute Care hospital may be dually-eligible for Medicare and Medicaid incentives



Program Participation Years

For Eligible Professional (EP)

- Program runs from 2011 through 2021
- Program participation can start as late as 2016
- For Eligible Professionals, the program may last up to a maximum of 6 years
- Payments are not required to be consecutive years.
- Eligible Professional (EPs) may switch once b/t Medicare and Medicaid incentive before 2015



Who is Eligible?

Provider *	Minimum Medicaid Patient Volume Threshold	OR if the Medicaid EP <i>practices predominantly</i> in a Federal Qualified Health Clinic (FQHC) or Rural Health Clinic (RHC) — 30% threshold may include <i>needy individual</i> patient volume threshold
Physicians	30%	
- Pediatricians	20%	
Dentists	30%	
Nurse Practitioners	30%	
Certified Nurse Midwives	30%	
Physician Assistants (PAs) when practicing at an FQHC/RHC that is led by a PA	30%	Needy individual volume inclusion is not an option available for hospitals
Acute Care Hospitals (includes critical access hospitals)	10%	
Children's Hospitals	No requirement	

***Hospital-based professionals are not eligible for incentive payments**



Who are Eligible Professionals?

**Medicare-only
Eligible
Professionals**

**Medicaid-only
Eligible
Professionals**

**Doctors of Optometry
Doctors of Podiatric Medicine
Chiropractor**

**Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine
or Surgery**

**Nurse practitioners
Certified nurse midwives
Physician assistants (PAs)
when working at an FQHC
or RHC that is so led by a
PA**

**Could be eligible for
both Medicare &
Medicaid incentives**



Who are Eligible Hospitals?

- Eligible Hospitals
 - Acute Care, including Critical Access, and Cancer Hospitals
 - Average patient stay 25 days or less
 - Claim Control Number (CCN) falls b/t 0001-0879 or b/t 1300-1399
 - Multi-site hospitals with one CCN is considered one EH for calculating incentive payment
 - Separately Certified Children's Hospitals – None in NM



Eligibility

- Must be one of 2 types EH or 5 types of EPs
- Patient Volume Threshold
 - $\geq 10\%$ *Medicaid* patient volume for EH
 - $\geq 30\%$ *Medicaid* patient volume ($\geq 20\%$ for pediatricians only) for EP*
- Licensed, credentialed
- No OIG exclusions
- Meaningful use of Certified EHR Technology
 - Year 1 for Medicaid = Adopt, implement, upgrade



Hospital-Based EPs

- Eligibility determined in law
- Hospital-based EPs are NOT eligible for incentives
 - DEFINITION: 90% or more of their covered professional services in either an inpatient (POS 21) or emergency room (POS 23) of a hospital
- Incentives are based on the individual, not the practice



Eligibility -- Patient Volume Requirements

- Medicaid Encounters/Total Encounters over a continuous 90-day period in the prior fiscal or calendar year
- Medicaid encounters defined as:
 - Services rendered on any one day to an individual
 - Services paid or partially paid by Medicaid
 - Include premiums, co-pays, or other cost sharing
 - Claims paid amount must be greater than zero
 - Must exclude CHIP (Children's Health Insurance Program) recipients from Medicaid encounters



Eligibility -- Patient Volume Requirements

- CHIP -- Children's Health Insurance Program
 - CMS Final Rule dictates that only Medicaid patient encounters can be counted in the Medicaid PV
 - CHIP Exclusion Instructions are being developed by NM for eligible hospitals to assist in deducting CHIP encounters from Medicaid encounters



Payments – EPs

	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750



Payments – EHs

- Total payment is calculated based on a CMS formula
- Data to be derived from hospital cost reports and other auditable data sources
- NM opted to pay EHs over three years
 - 50% in participation year 1 for **AIU**
 - 40 % in participation year 2 for MU
 - 10% in participation year 3 for MU



Payments – EHs

Hospital payment—one-time calculation for four projected years to determine total payment:

$\$2,000,000 + \$200/\text{discharge}$
(for number of discharges between 1,150 to 23,000)

x

transition factor based on the hospital's current payment year

x

provider's average annual rate of growth
for the most recent 3 year period

x

Medicaid share

$(12 \text{ month Medicaid bed days} \div \text{total bed days} \times (\text{total charges} - \text{charity care}) \div \text{total charges})$



Payments – EHs

- Visit the CMS website for calculation details:

<http://www.cms.gov/MLNProducts/downloads/MedicaidHospIncentivePaymentsTipSheets.pdf>



Registration and Attestation

A Dual Process

- Register first at CMS
 - <https://ehrincentives.cms.gov/hitech/login.action>
- 24 hours later, register and attest at the NM State Level Registry through the Provider Outreach Page
 - <http://nm.aincentive.com>



Registration and Attestation

Preparation Resources

CMS

http://www.cms.gov/EHRIncentivePrograms/01_Overview.asp#TopOfPage

CMS User Guides

- Eligible Professionals– Screen by Screen
 - http://www.cms.gov/EHRIncentivePrograms/Downloads/HRMedicaidEP_RegistrationUserGuide.pdf
- Eligible Hospitals– Screen by Screen
 - http://www.cms.gov/EHRIncentivePrograms/Downloads/HRHospital_RegistrationUserGuide.pdf



Registration and Attestation

Preparation Resources

State Level Registry

<http://nm.arraincentive.com>

- Let's Get Started
- Choose Eligible Professional or Eligible Hospital
- Use List to access other website links to acquire any missing information needed for registration
- Use website to access other tools
- SLR User Guides for EPs & EHs will soon be posted



Registration and Attestation

Preparation – Dually-eligible hospitals

- CMS registration = “Both Medicare and Medicaid”
- Register and attest to Medicaid incentive first
 - Will be designated as *AIU* payment
- Then register and attest to Medicare incentive payment
 - Meaningful use payment



Registration and Attestation

Preparation – EHs

Have information readily available to enter during registration and attestation

- Provider Enrollment, Chain and Ownership Number (PECOS)
- CMS Certification Number (CCN)
- National Provider ID Number (NPI)
- CMS Identity & Access Management (I&A) User ID and Password
- Hospital Tax Identification Number



Registration and Attestation

Preparation – EHs

Have information readily available to enter during registration and attestation

- Contact Information
- 90-day period from previous fiscal year
- Total discharges for 90-day period
- Total Medicaid discharges for 90-day period
- Average length of stay from prior fiscal year



Registration and Attestation

Preparation – EHs

- Hospital Demographics needed for calculating payment from four prior year cost reports
- Visit the provider outreach website for calculation details:
 - <http://nm.rraincentive.com/docs/NM-EH-Eligibility-Workbook.xls>



Registration and Attestation

Preparation – EPs

Have information readily available to enter during registration and attestation

- Contact Information
- Professional License Number
- Medicaid Number
- 90-day period from previous calendar year
- Total patient encounters for 90-day period
- Total Medicaid patient encounters for 90-day period



Registration and Attestation

EPs - Clinic-based practices

- Can use group patient volume as proxy for individual EP patient volume
- May choose to assign payment to the group
- May leverage administrative data for EPs in the group
- Each EP must register, sign, and attest



Registration and Attestation

Have information readily available to enter during registration and attestation

- EHR Certification Number from ONC
 - <http://one-chpl.force.com/ehrcert>
- Supporting documentation attach one:
 - EHR Vendor letter
 - EHR Vendor invoice
 - EHR Vendor Sales contract
 - EHR Services/Training contract



Registration and Attestation

Ready?

nm.arraincentive.com

Client tagline goes here

Link to Create an SLR Account.

Need to create an SLR account?



Click here to [leave this site and create an SLR account](#) for accessing the Medicaid Provider Incentive Program site.

Welcom
Page

As the heal
encourage
patient care
2011, eligi
meaningfu
population:

To streaml
throughout
additional
Medicaid p
name}'s vis
following:




Registration and Attestation

Create Account

If you are an Eligible Professional, Eligible Hospital Representative, or Group Practice/Clinic Representative, you can create a user account for the SLR. Please enter the following identification information to start the process of creating your user account.

Identify Yourself

 Enter the necessary information below and click Continue. * Indicates required fields.

What is your role? *


NPI *

TIN *

overlooks

Enter the letters/numbers from the image above *

If you have difficulty identifying the characters in the image above, click the link to display a new image.

Continue 

[Cancel and return to Login](#)

possibility

ervices, Inc. All Rights Reserved.

Clicking continue brings you to the next screen.



Registration and Attestation

ACS
A **xerox** Company
Client's tagline goes here

State Level Registry for
Provider Incentive Payments

My Account | Help | Contact Us | Logout
Filing as (Eligible Hospital?)
{Hospital Name?}
{Street Address}
{City, State Zip}

Welcome, Hospital User
This is your Dashboard for working through the attestation process.

Year 3 | Year 2 | Year 1

1. About You
Additional Registration Information and NLR data

2. Confirm {Medicaid} Eligibility
Practice Demographics and Volumes

3. Attestation of EHR
Related to Adopting, Implementing, Upgrading or Meaningful Use

4. Review and Sign Attestation
Review, Print, Sign, and Upload Attestation

5. Send {Year 3} Attestation
Send attestaton to the State and lock all information

Primary SLR Workflow selections.

System Messages ((#))
Your eligibility information is complete!
mm/dd/yyyy Firstname Lastname
You are now affiliated with the group practice
{Group Practice Name}
mm/dd/yyyy Firstname Lastname
Welcome to the State Level Registry for
Provider Incentive Payments
mm/dd/yyyy Firstname Lastname

Audit ((#))
No audit messages at this time.

Appeals ((#))
No appeals messages at this time.

Reports
Reports will be available once your information is saved.



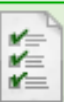
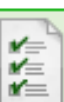

Payment Status
How your payment is calculated.
You can check this area for status once your attestation has been submitted.

Footer Section
Privacy | Legal | Accessibility
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Registration and Attestation






Year 3 Year 2 Year 1

-  **1. About You**
Additional Registration Information and NLR data
-  **2. Confirm {Medicaid} Eligibility**
Practice Demographics and Volumes
-  **3. Attestation of EHR**
Related to Adopting, Implementing, Upgrading or Meaningful Use
-  **4. Review and Sign Attestation**
Review, Print, Sign, and Upload Attestation
-  **5. Send {Year 3} Attestation**
Send attestaton to the State and lock all information



Registration and Attestation

Year 3 Year 2 Year 1

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Registration and Attestation

Confirm Medicaid Eligibility – EH Medicaid Volume

- Your 90-day reporting period in previous fiscal year
- Total Discharges for reporting period
- Medicaid Discharges
- Average Length of Stay
- Medicaid volume % calculated by data entered



Registration and Attestation



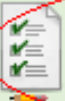


Confirm Medicaid Eligibility – Hospital demographics (calculations)

- 4 years of discharge data for growth rate
- Discharges for fiscal year ending in prior FFY
 - Medicare cost report worksheet S3, part 1, column 15 , line 12
- Medicaid inpatient bed days S3, part 1, col. 5, sum lines 1, 6-10
 - Medicaid HMO days – S3, part 1, column 5, line 2
 - Excludes nursery days
 - No Medicare days for duals
- Total inpatient bed days S3, part 1, column 6, lines 1, 2, 6-10
 - Excludes nursery days
- Hospital charges worksheet C, part 1, col. 8, line 101
- Charity care charges S10, column 1, line 30



Registration and Attestation

Year 3 Year 2 Year 1

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Registration and Attestation






Attestation of EHR =

- Select criteria method of adopt/implement/upgrade of EHR technology
- Brief description of how A/U/I was met
- Enter EHR certification number
 - Link to ONC website
- Attach evidence of A/I/U
 - Invoice, sales contract, service contract, vendor agreement letter



Registration and Attestation

Year 3 Year 2 Year 1

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Registration and Attestation

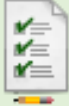




Review and Sign Attestation =

- Attestation populates from data entry fields
- Print
- Sign
- Scan
- Attach
- Mail – payment approval process begins upon receipt of mailed document



Registration and Attestation

Year 3 Year 2 Year 1

-  **1. About You**
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Review, Print, Sign, and Upload Attestation
-  **5. Send {Year 3} Attestation**
Send attestaton to the State and lock all information



Registration and Attestation

- Submit Attestation =
 - Electronic submission of signed document
 - Messages in SLR
 - Payment approval process begins upon receipt of mailed document



Registration and Attestation

- <http://nm.aincentive.com>
- Where's the Beef??
- Payment approx. 45 days from EHR Incentive Payment Program receipt of mailed and signed attestation agreement
- 90- day Grace Period to attest after 9/30/11



NM Medicaid Electronic Health Records (EHR) Incentive Payment Program

New Mexico Program Contacts

Program Registration: Call 1-800-299-7304 or
Email EHRPROGRAMNM@acs-inc.com

Policy Questions: EHR Incentives Program Manager
Phone: 505-827-6202
ehr.incentives@state.nm.us

