



New Mexico Medicaid Electronic Health Record Incentive Payment Program

Register Today!

Incentive Payments

- Program spans 2011-2021
- Pays up to \$63,750 over 6 years or \$42,500 for pediatricians with 20-29% patient volume
- Eligible Professionals must begin receiving incentive payments no later than CY 2016 in order to receive maximum incentive payments allowed
- Payments can be expected within 30 days of successful registration and EHR unit receipt of signed and mailed attestation documents
- Participation years can be non-consecutive

Eligible Professional Provider Types

- Physicians = Medicaid Provider Types 301 and 302
- Pediatrician = Medicaid Provider Type 301/ specialty type 037
- Nurse Practitioner = Medicaid Provider Type 316
- Certified Nurse Midwife = Medicaid Provider Type 322
- Dentist = Medicaid Provider Type 421
- Physician Assistant = Medicaid Provider Type 305 (working in either a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) that is led by a PA. PAs working in a physician led clinic are NOT eligible.)

Adopt, Implement, Upgrade (AIU)

Providers must attest to adopt, implement or upgrade a certified EHR system, provide a CMS certification number of that technology for the first participation year, and provide one of the following documents:

- EHR Vendor letter
- EHR Vendor invoice
- EHR Sales contract
- EHR Service/training contract

Program Patient Volume Requirements

EPs are required to have a minimum of 30% Medicaid patient volume for all patient encounters over a continuous 90-day period within the most recent calendar year prior to registering. There are three exceptions:

1. Pediatricians not working in a FQHC or RHC qualify if they have at least 20% Medicaid patient volume, but payment will be reduced to 2/3 of the total incentive.
2. EPs practicing predominantly in an FQHC or RHC may use “needy individuals” to meet 30% patient volume.
3. CHIP (Children’s Health Insurance Program) encounters must be excluded from Medicaid patient volume but may be used in calculating “needy individuals” for FQHCs and RHCs only.

Defining Program Patient Volume

Medicaid Encounters

- Services rendered on any one day to an individual
- Services paid or partially paid by Medicaid
- Includes 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

Needy Individuals

- Receiving medical assistance from Medicaid or CHIP (Children’s Health Insurance Program)
- Uncompensated care furnished by the provider
- An individual who pays on a sliding scale

Group Volume

Clinics or group practices may elect to use group calculation if:

- The clinic or group practice’s patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- As long as the practice and EPs decide to use one methodology in each year (in other words, clinics could not have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic-level data); and
- There is an auditable data source to support the clinic’s patient volume determination.

Important Links

Determine if you meet the eligibility requirements. Visit the CMS website at <http://www.cms.gov/EHRIncentivePrograms/>

To get a jump start on registration, visit the New Mexico Provider Outreach Page at <http://nm.aincentive.com/default.aspx>

Get information on certified EHR systems by visiting <http://onc-chpl.force.com/ehrcert>

For complete program information and to view the Final Rule, visit <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

Additional Resources

For additional questions, please contact the State Level Registry department by calling 1-800-299-7304 or via email at <mailto:EHRPROGRAMNM@acs-inc.com>