Completing the State's 2011 EHR Incentive Program Application

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Key Questions

- What is the Medicaid EHR Incentive Program?
- What do I have to do to apply?
- What are the patient volume requirements?
- How do I calculate patient volume?
- What state changes have been made related to this calculation?
- Where can I find additional resources?

What does the application process look like?

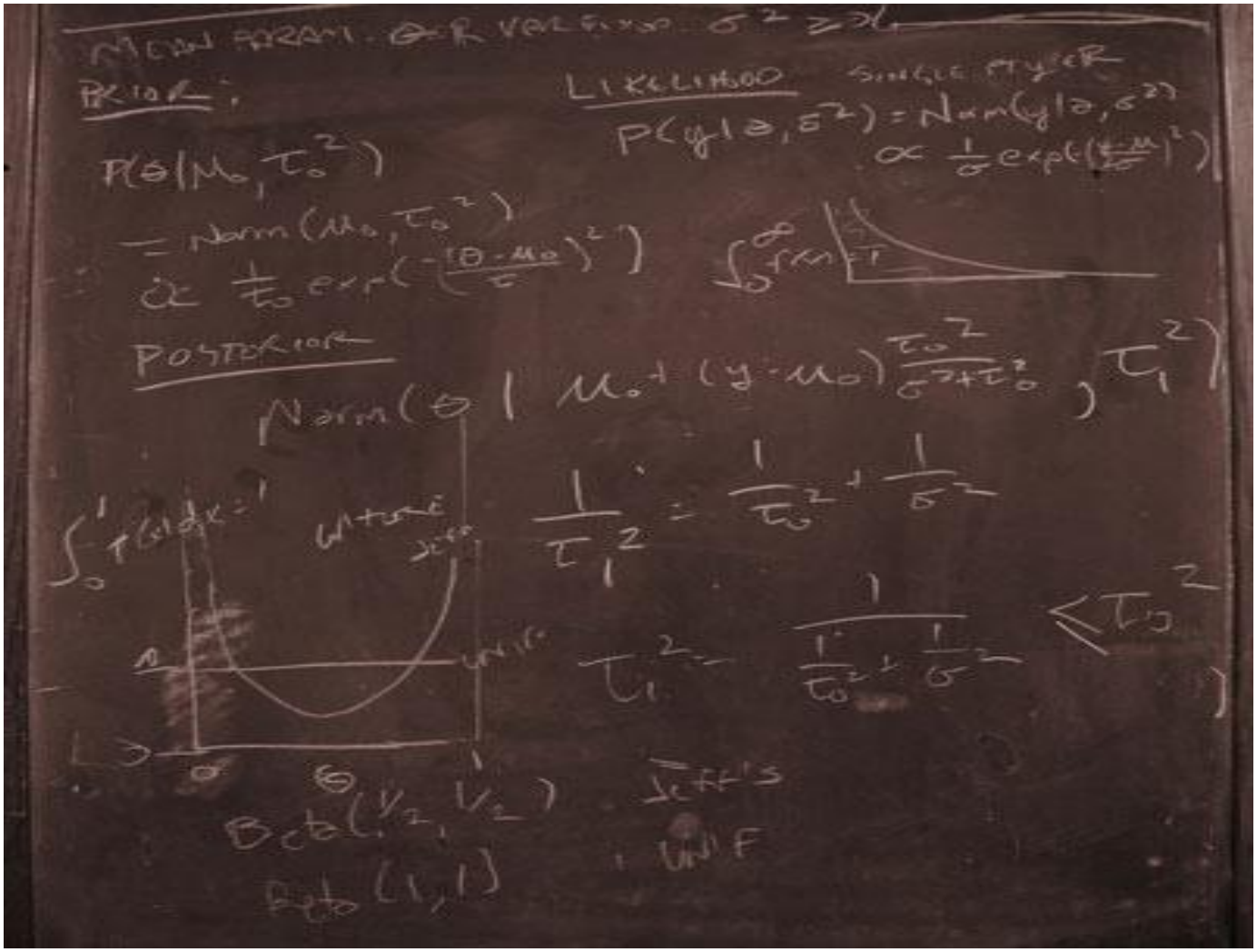
1. **Register with CMS**
   - Once complete, your data is sent to Washington state
   - You will receive a correspondence from the program
   - Establish security profile and access

2. **Apply/ Attest/ Submit**
   - Application and Attestation completed in state interface
   - Fax in your AIU documentation

3. **Review Process**
   - MPA reviews all applications
   - During review, MPA may ask identified providers for additional information prior to issuing payment

4. **Notification/Payment**
   - Qualified Providers notified of payment electronically and by mail
   - Payments made to providers who qualify

Patient Volume: Getting Started



Patient Volume: Getting Started - Definitions

- **An "Encounter"**: Services rendered to an individual on any one day where Medicaid paid for part or all of the service; or paid all or part of the individual's premiums, copayments and cost-sharing

- **Group Proxy:** The clinic or group practice uses the entire practice or clinic's patient volume; if the clinic or group practice meets the patient volume threshold, all EP's associated with the group qualify

- **"Needy individuals"**: Needy individuals are recognized when:
  - ✓ Medicaid or CHIP paid for all or part of the service; or individual's premiums, copayments or cost-sharing;
  - ✓ Services were furnished at no cost; or
  - ✓ Services were paid for at a reduced cost based on a sliding scale determined by an individual's ability to pay

Patient Volume: Getting Started - Thresholds

Eligible Professional / Eligible Hospital	Eligibility Requirement (Volume from Medicaid Individuals)
Physicians (including MDs and Dos)	30% patient volume
Nurse Practitioner	30% patient volume
Certified Nurse Midwife	30% patient volume
Dentist	30% patient volume
EP Types in FQHCs and RHCs	30% patient volume
Pediatricians	Minimum of 20% patient volume
Acute Care Hospital	10% patient volume
Children's Hospital	Not Applicable

Patient Volume: Getting Started - Methodology

- ✓ Patient volume includes encounters in and out of the state of Washington
- ✓ Medicaid patient volume percentage calculation = **numerator over denominator for a representative and continuous 90-day period within the previous calendar year**
- ✓ Medicaid managed care encounters and dual eligible encounters may count toward your Medicaid patient volume calculation

Patient Volume: Getting Started – Calculation

There are three methods likely be used to calculate patient volume:

- **Hospital**
  - ✓ Total Medicaid Days/Total Inpatient Hospital Days * Charity Care Ratio
- **Group Patient Volume – Encounter Method**
  - ✓ Medicaid Patient Encounter Volume/ Total Patient Encounter Volume = % Medicaid Patient Volume. EPs use Medicaid Patient Volume and Total Patient Volume across their Group Practice
- **Individual**
  - ✓ If the EP does not qualify under group patient volume.

UPDATE: Patient Volume – Changes to Calculating

Our original approach was based on:

- A “group” for the purpose of calculating a group proxy is determined by the location the EP works
- The State provides single group proxy patient volume report using the billing NPI associated with the location where the EP works

UPDATE: Patient Volume – Changes to Calculating

What we found was:

- One size does not fit all
  - ✓ Providing a patient volume report for the billing NPI at the location where the EP works may not capture all eligible encounters
- The clinics, practices and organizations can best determine the combination of encounters representing the group
  - ✓ In many cases we have learned that this single NPI will not result in a full count of encounters for the group based on the various methods providers use to bill
- Administrative burden could be reduced through a "reasonable estimate" approach to patient volume
  - ✓ CMS rule permits "reasonable estimate"

UPDATE: Patient Volume – Simplifying the Approach

Original Approach

- State provides single group proxy patient volume report using the billing NPI assigned to the location where the EP works
- Provider adds up all of the Medicaid encounters for the 90-day period

New, Simplified Approach

- State provides a multiplier based on a statewide average of 2010 paid claims and encounters.
- EP's will use the multiplier (CHIP and State Only) to reduce the patient volume numerator resulting in an adjusted and estimated Medicaid patient encounter volume.
  - EP's working in FQHC, RHC, or Tribal Health Clinic will use a discount factor for State Only.

UPDATE: EP Patient Volume – Using the Multiplier

For 2011, Washington will use **a total multiplier of .95** to apply to both eligible professionals and hospitals. The .05 reductions accounts for ineligible CHIP (.01) and State Only (.04) encounters.

How this will work:
If you are an eligible professional working for a clinic and using group, individual or Managed Care Panel calculation methods, you will need to provide the following:

1. Start date of 90-day period (mm/dd/yyyy): _____
2. Total Patient Encounters (all payers): _____
3. Total Medicaid claims and encounters x **.95**: _____

EP or Group Practice: 2000 Total Encounters, 50% Medicaid

Medicaid EHR
INCENTIVE PROGRAM

EHR MIPP

Home | Register | Track | Payment | Logout

Success

Received you
NLR. Continu
registration.

NLR INFORMATION 1 | ELIGIBILITY 2 | ATTESTATION 3

Enter Eligibility Information

Bold fields are required.

Reporting Period

Start Date: 10/01/2010 ?
End Date: 12/30/2010 ?

1

Eligible Patient Volume

Select yes to eligible patient volume option(s) that apply to you. If not applicable, select no.

Practice as a Pediatrician ?	(•) Yes	( ) No
Practice as a Physician Assistant ?	( ) Yes	(•) No
Hospital Based Provider ?	( ) Yes	(•) No
Include Organization Encounters ?	( ) Yes	(•) No
Render care in FQHC/RHC/THC ?	( ) Yes	(•) No
Include MCO panel ?	( ) Yes	(•) No

Total Encounters: 2000 ? 2
Medicaid Encounters: 950 ? 3

Include encounters outside WA ? ( ) Yes (•) No

EHR Certification Information

EHR Investment Type ? (•) Adopt ( ) Implement ( ) Upgrade

EHR Certification Number: 30000001SWU6EAK

Email: karamsettys@cns-inc.com

Cancel | Save

Presentation Screen Shots May Vary From Actual Screens

UPDATE: EP Patient Volume – Changes to Calculating

Eligible professionals working predominately in an FQHCs, RHCs, and Tribal Health Clinics **will use the CHIP multiplier of .01 to add back CHIP encounters** when entering patient volume totals in the state eMIPP application.

How this will work:

If you work predominately in an FQHC, RHC or Tribal Health Clinic you will also need to provide the following:

4. CHIP Encounters (Total Medicaid claims and encounters x **.01**): ____
5. Charity Care Encounters: _____
6. Sliding Fee Scale Encounters: _____

EP in FQHC/RHC/THC Setting: 2000 Total Encounters, 50% Medicaid

Medicaid EHR
INCENTIVE PROGRAM

EHR MIPP

Success

Received your NLR. Continue registration.

NLR INFORMATION 1 | ELIGIBILITY 2 | ATTESTATION 3

Enter Eligibility Information

Bold fields are required.

Reporting Period

Start Date: 10/01/2010 ? 1

End Date: 12/30/2010 ?

Eligible Patient Volume

Select yes to eligible patient volume option(s) that apply to you. If not applicable, select no.

Practice as a Pediatrician ?	○ Yes	◉ No
Practice as a Physician Assistant ?	○ Yes	◉ No
Hospital Based Provider ?	○ Yes	◉ No
Include Organization Encounters ?	○ Yes	◉ No
Render care in FQHC/RHC/THC ?	◉ Yes	○ No
Include MCO panel ?	○ Yes	◉ No

FQHC/RHC/THC Encounters

Total Encounters:	2000 ?	2
Medicaid Unduplicated Encounters:	950 ?	3
CHIP Encounters:	10 ?	4
Charity Care Encounters:	0 ?	5
Sliding Fee Scale Encounters:	0 ?	6

All Other Settings Encounters

Total Encounters: ?

Medicaid Encounters: ?

Include encounters outside WA ? ○ Yes ◉ No

EHR Certification Information

EHR Investment Type ? ◉ Adopt ○ Implement ○ Upgrade

EHR Certification Number: 30000001SWU6EAK

Email: karamsettys@cns-inc.com

Cancel Save

Presentation Screen Shots May Vary From Actual Screens

UPDATE: Hospital Patient Volume – Changes to Calculating

How it will look for an eligible hospital:

1. Start date of 90-day period (mm/dd/yyyy):_____
2. Total Inpatient Discharges (all payers): _____
3. Total ER Encounters (all payers): _____
4. Medicaid Inpatient Discharges x **.95:** _____
5. Medicaid ER Encounters x **.95**: _____

2011 Application Worksheets

http://hrsa.dshs.wa.gov/healthIT/pdf/EPApplicationWorksheet.pdf - Windows Internet Explorer

http://hrsa.dshs.wa.gov/healthIT/pdf/EPApplicationWorksheet.pdf

File Edit Go To Favorites Help

Google Search More Sign In

http://hrsa.dshs.wa.gov/healthIT/pdf/EPApplication... Page Tools

eHR Incentive Program

Washington State Medicaid EHR Incentive Program
2011 Application Worksheet

The 2011 application worksheet is the companion piece to the Washington State Medicaid EHR Incentive Program Web-based application (eMIPP) and should be prepared prior to completing and submitting your program application. You will want to consult the eMIPP User Guide to ensure that the correct information is in the correct fields. Each eligible hospital, professional or their designee must complete the application and attestation process individually. A glossary of key terms is provided on page 5 of this document.

PREFACE – REGISTERING WITH CMS

Prior to starting in eMIPP, you must register with the Centers for Medicare and Medicaid Services. The following information should be collected in advance for this registration:

NPI: _____
NPPES User ID and Password: _____

Payment:
If reassigning payment, please indicate your business relationship with the recipient:
Is the recipient enrolled with Washington Medicaid? ☐ Yes ☐ No

NOTE: If the recipient is not enrolled with Washington Medicaid you WILL NOT be able to complete the state application. Please return to the CMS Registration and change the reassignment designee to yourself or a payee known to Washington Medicaid.

Payee Reassignment Information – (recipient of Medicaid EHR Incentive payment)
Reassignment recipient TIN: _____
Reassignment recipient NPI: _____

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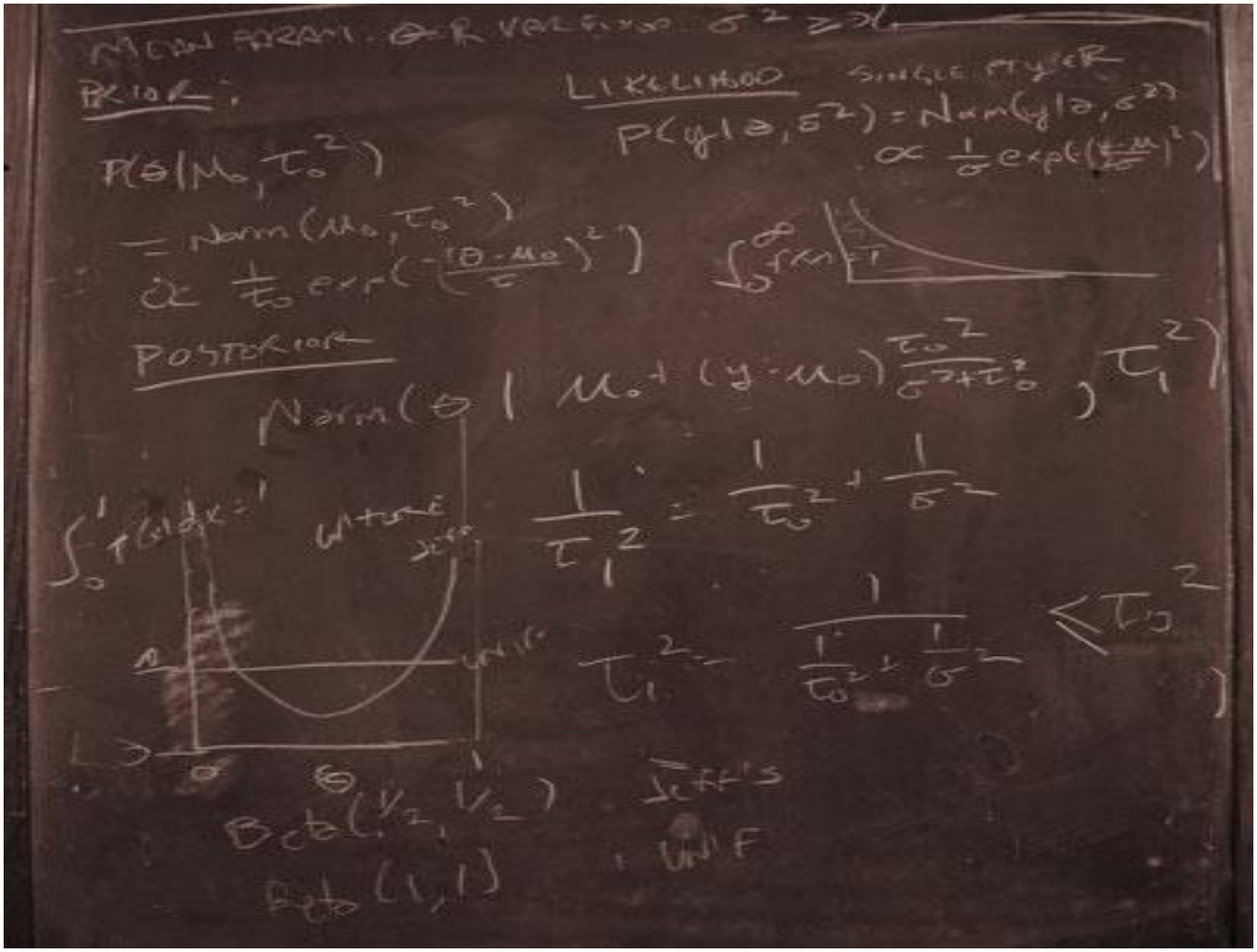
eHR Incentive Program

Calculating for a Group: Getting Started



Calculating for a Group

- Calculation based on Billing NPI used by the Group
- CMS requires all EPs in the group practice or clinic to use the same methodology for the payment year
- Ensures against EPs within the same clinic/group practice measuring patient volume from that same clinic/group practice in different ways – encounters counted only once
- Prevents high Medicaid volume EPs from applying using their individual patient volume where the lower Medicaid patient volume EPs then use the clinic volume

Why use a Group Proxy Calculation?

- ✓ Less Administrative Effort
  - Less time analyzing Medicaid patient data as the multiplier provides an easy calculation to establish a reasonable estimate.
- ✓ Most inclusive option
  - Includes all EP's billing under the group NPI and does not limit patient volume in any way
- ✓ Auditable data
  - MPA can validate the EP relationship to the billing provider and easily estimate group encounters for quick validation

Who may use Group Proxy Calculation?

EPs may use a clinic or group practice's patient volume as a proxy for their own under these conditions:

- ✓ The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP;
- ✓ There is an auditable data source to support the clinic's patient volume determination; and
- ✓ EPs use one methodology in each year – the group can't have some using individual patient volume and others clinic-level data.
- ✓ Clinic or practice must use the entire practice's patient volume and not limit it in any way.

What if the clinic does not meet the threshold?

If your Clinic or NPI is not meeting the patient volume threshold determine if:

- ✓ Clinic calculation is comparing apples to apples
  - Ensure clinic is counting global codes as one in denominator
  - Ensure clinic is including non-EP paid claims and encounters in denominator
- ✓ Determine if Clinic can meet threshold using alternative calculation method - Managed Care “panel” approach
- ✓ If necessary, use individual patient volume method. This requires obtaining data from each clinic for both Medicaid and non Medicaid encounters

AIU Documentation Worksheet

http://hrsa.dshs.wa.gov/HealthIT/pdf/FAXingDirections.pdf - Windows Internet Explorer

http://hrsa.dshs.wa.gov/HealthIT/pdf/FAXingDirections.pdf

File Edit Go To Favorites Help

Google Search More Sign In

http://hrsa.dshs.wa.gov/HealthIT/pdf/FAXingDirectio...

Page Tools

eHR Incentive Program

INSTRUCTIONS FOR FAXING AIU DOCUMENTATION

The State of Washington requires the submission of documentation that verifies the *adoption, implementation, or upgrade* (AIU) of certified Electronic Health Record (EHR) technology from all eligible professionals (EPs) or their clinics. In addition, hospitals who are applying for an incentive under Medicaid, but who are not demonstrating "meaningful use" under Medicare, must submit AIU documentation to the State as well. Because certified EHR technology is the fulcrum for everything the incentive program was designed to accomplish, Washington State will validate the AIU of all EPs and hospitals who take advantage of the AIU option.

Regardless of whether the EP or hospital is adopting, implementing, or upgrading, the documentation that sufficiently validates AIU will, at a minimum:

- Identify the specific EHR technology and modules being adopted or already in use
- Indicate certified technology has been acquired, purchased, or a third party EHR vendor is under contract
- Be a business record that indicates a transaction, rather than a written promise, pledge, or plan to adopt EHR

Bills, statements, invoices, remittance documentation, office or clinic screen shots, and other such evidence—as described above—can be captured in just a few pages. ***In the interest of minimizing administrative burden, group practices and clinics should submit their AIU documentation—per the instruction below—only once if all associated EPs use the same certified technology. If you used a group proxy patient volume, enter the NPI of that group.*** If circumstances, relationships, and/or technology utilization would not be addressed by a single submission for the group practice or clinic, additional documentation or explanatory material should be submitted at the same time.

Instructions Overview:
You will be faxing your documents to the State using a cover sheet accessed on-line and bar-coded to the appropriate

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Key Takeaways

- ✓ Start your calculation at the group level:
  - Determine Patient Volume Numerator factoring in the multipliers
  - Determine Patient Volume Denominator
  - Finalize Patient Volume Calculation
- ✓ Use paid claims and encounters to calculate numerator and denominator, and single encounter for global codes
- ✓ Maintain audit trail and records
- ✓ Don’t forget to fax in your AIU documentation. Your application is incomplete without it.

Program Resources

- Medicaid Application Website
  http://hrsa.dshs.wa.gov/HealthIT/application.shtml

- Companion Webinars on AIU, Reassignment and more
  http://hrsa.dshs.wa.gov/HealthIT/Materials.shtml

- CMS EHR Incentive Program Website
  http://www.cms.gov/EHRIncentivePrograms

- Office of National Coordinator – info about Certified EHR Technology http://healthit.hhs.gov

- WIREC www.wirecqh.org

- Questions for Medicaid: HealthIT@dshs.wa.gov

Thank you for your participation!

- Presentation and recording will be available on our Web site, http://hrsa.dshs.wa.gov/HealthIT/Materials.shtml
- We will be capturing and answering any questions that have not been answered during the Webinar.
- If you have additional questions, please email us at HealthIT@dshs.wa.gov