

***State of Rhode Island  
Department of Human Services (DHS)***



***Overview of the Rhode Island  
Medicaid EHR Incentive Program***



# Topics to be Covered

- CMS Sponsored EHR Incentive Programs
- Eligibility Requirements for the RI Medicaid EHR Incentive Program
- Registration and Attestation
- Payment Approval and Other Considerations



# “I don’t believe payments have been made.”

- Has RI Medicaid made EHR payments?
  - Along with 23 other states, yes we have!
- How much?
  - Over 500K to 26 providers in the state
- Is that it?
  - No, there is more to come
- How much!?



# Notable Differences Between Medicare & Medicaid EHR Incentive Programs

## Medicare

### Federal

- **Must demonstrate MU in Year 1**
- **Max incentive is \$44,000 for EPs**

### Program Time Frame

- **Last year a provider may initiate program is 2014;**
- **Last year to register is 2016;**
- **Payment adjustments begin in 2015**
- **Medicare payment reductions begin in 2015**

## Medicaid

### State

- **A/I/U for 1<sup>st</sup> participation year**
- **Max EP incentive is \$63,750 for EPs**
- **30% Medicaid Patient Volume Threshold**

### Program Time Frame

- **Last year to participate is 2016**
- **Program ends 2021**
- **No Medicaid payment reductions**



# Incentive Payments for Medicaid EPs

- Columns = first calendar year EP receives a payment
- Rows = Payment amount each year if continue to meet requirements

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



# RI Medicaid EHR Incentive Programs

## A/I/U

### 1<sup>st</sup> Participation Year

- **A**dopt = Acquired and installed a ONC Certified EHR
  - Signed Contract for EHR purchase
- **I**mplement = Utilize ONC Certified EHR
  - Installed and trained users on EHR
- **U**pgrade = Expand utilization & obtained ONC EHR Certification
  - Acquired an upgrade to current EHR to be ONC certified



**Advantage:** Stage 1 Meaningful Use is not required until 2<sup>nd</sup> Year of Participation



# Qualifying for the RI Medicaid EHR Incentive



- Who qualifies?
- Is there a Minimum Patient Volume (PV) requirement?



# Rhode Island Medicaid EHR Incentive Patient Volume Eligibility Requirements

Eligible Provider Type	Minimum Medicaid patient volume threshold for any <b>90-day period from Previous Calendar Year</b>
<b>Physicians</b>	<b>30%</b>
• <b>Pediatricians</b>	<b>20% (2/3 payment)</b>
Dentists	30%
Certified Nurse Midwives	30%
Physician Assistants when practicing at an FQHC/RHC that is <i>led</i> by a PA	30%
Nurse Practitioners	30%



# Qualifying for the RI Medicaid EHR Incentive



- How is Patient Volume calculated?
- How are Medicaid encounters determined?
- Is there a CHIP encounter reduction?



# Patient Volume (PV) Threshold Determination

Total **Medicaid** patient encounters in  
**ANY** 90-day period in the preceding  
calendar year

---

Total patient encounters in  
that same 90-day period

**$\geq 30\%$**



# Qualifying Medicaid Programs

## The NUMERATOR

- Rlte Care, Rlte Share, Rlte Smiles
- Connect Care Choice
- Medical Assistance Fee for Service
- Rhody Health Partners – Medicaid Managed Care
  - Neighborhood Health Plan of Rhode Island
  - UnitedHealthcare of New England
- Out of State Medicaid Encounters



# What Defines a Medicaid Encounter?

## From the Final Rule:

- Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 paid for part or all of the service; or
- Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments and/or cost-sharing.



NUMERATOR



# Mandated: CHIP must be excluded from Numerator if Provider Cares for Children

CHIP Patient Volume Reduction will apply to practice's county location

## 2011 RI Counties CHIP Reduction Rates

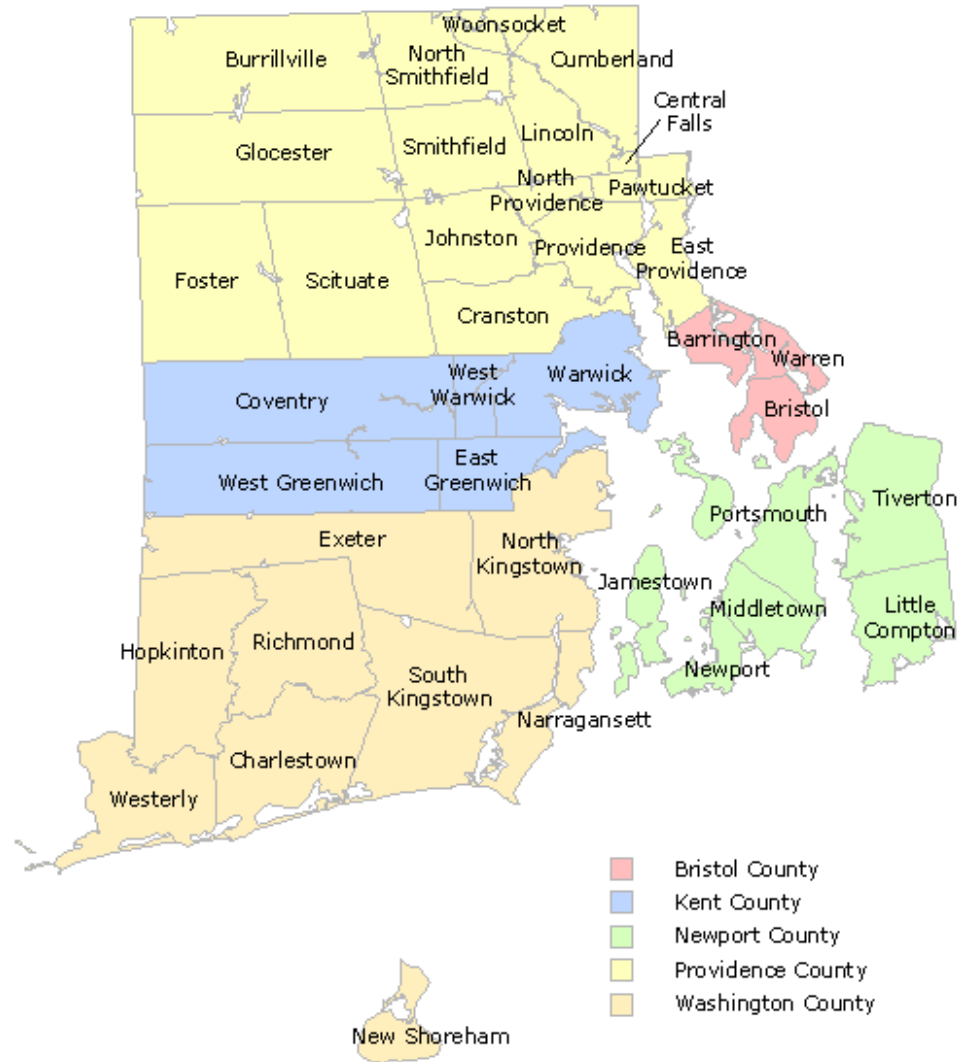
**Bristol = 12.3%**

**Kent = 13.1%**

**Newport = 11.4%**

**Providence = 10.0%**

**Washington = 11.3%**



# Qualifying for the RI Medicaid EHR Incentive



- Attest as a Group or an Individual?
- Which option should I/we choose?



# Option A: Attest Patient Volume as a Group

## Group Attestation



## Considerations

- Include ALL Providers within the Group
- (+) Utilize Snapshot
- (-) Group must meet 30% or 20%
- (+) Allows greater incentive
- (-) Include all in practice. Cannot split between Medicare and Medicaid Incentives



# Example #1: A Group Practice Located in Providence Registers for Medicaid EHR Incentive Program in November 2011

Acquired EHR in September 2000  
EHR Certified July 2011  
7 Phys, 3 NP, 2 RNs, = 12 Providers

ALL Patient Encounters for ALL  
Providers in the Group  
March 1 – May 29, 2010

$7,569/20,732 = .329$

Medicare = 9,940

Medicaid FFS = 555

Neighborhood Mcd Mgd Care = 6,219

RiteShare = 795

Private = 1,869

Commercial Ins. = 1,354

**Total Encounters = 20,732**

**33%**

**Qualifies for  
10 Eligible Providers**



# Option B: Attest Patient Volume as an Individual

## Individual Attestation



## Considerations

- Apply for each provider
- (+) Simple one to one relationship
- (-) Certain EPs will not meet the 30%/20% PV threshold
- (+) Allows for any combination between Medicare and Medicaid, and 30% or 20%



## Example #2: A Pediatrician in Newport Registers for EHR Incentive Program in December 2011

Acquired EHR in February 2011  
EHR is certified by ONC/CMS

### Patient Encounters

September 1 – November 29, 2010

Medicare = 0

Medicaid FFS = 74

Neighborhood Mcd Mgd Care = 329

UnitedHealthcare Mcd Mgd Care = 344

Private = 521

Commercial Ins. = 1,200

**Total Encounters = 2,468**

County CHIP Reduction = 11.3%

$$747 * (-11.3\%) = - 84$$

$$(747-84)/2,468 = .2686$$

**27%**

**Qualifies**

**for 2/3 Payment**



# Review Medicaid EHR Incentive Patient Volume Requirements

- A/I/U in the 1<sup>st</sup> year
- Required to meet Medicaid Patient Volume levels (ie, 20% or 30%) for every participating year
- Any 90 consecutive days of the Previous Calendar Year
- Group (All providers) or Individual Attestation
- Certified EHR Technology



# What next? Where do I begin?

## Organize and Plan

- Verify National Provider Index (NPI)
- Verify Payee Tax Identifier Number (TIN),
- Obtain an National Plan and Provider Enumeration System (NPPES) Login ID & Password
  - <https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do>
- Confirm that your EHR system is fully certified and Obtain a CMS EHR Certification Number
  - [onc-chpl.force.com/ehrcert](https://onc-chpl.force.com/ehrcert)
- Apply and Register with CMS



# Where can I get more information?

<http://www.cms.gov/ehrincentiveprograms/>

## EHR Incentive Program

- [Overview](#)
- [Path to Payment](#)
- [Eligibility](#)
- [Registration](#)
- [Certified EHR Technology](#)
- [CMS EHR Meaningful Use Overview](#)
- [Attestation](#)
- [Medicare and Medicaid EHR Incentive Program Basics](#)
- [Medicaid State Information](#)
- [Medicare Advantage](#)
- [Spotlight and Upcoming Events](#)
- [Educational Materials](#)
- [Data and Reports](#)
- [EHR Incentive Program Regulations and Notices](#)
- [CMS EHR Incentive Programs Listserv](#)
- [Frequently Asked Questions \(FAQs\)](#)



# Registering at CMS



## Medicare & Medicaid EHR Incentive Program Registration and Attestation System

[Home](#) | [Help](#) | [Log Out](#)

[Home](#)

**Registration**

[Attestation](#)

[Status](#)

[Account Management](#)

### EHR Incentive Program

#### Incentive Program Questionnaire

(\*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR Incentive programs visit the [CMS Website](#)

**\*Please select your Incentive Program**

Medicare

Medicaid

**Note:** Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

**\*Please select your Eligible Professional Type:**

Select

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#)

**\*Do you have a certified EHR?**

Yes

No

**Note:** A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.



# Make Note of Your EHR Certification Number

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#) 

**\*Do you have a certified EHR?**

Yes  No

**Note:** A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

**EHR Certification Number  
(Optional):**

30000001SVD8EAC

[What is an EHR Certification Number?](#) 

[« PREVIOUS PAGE](#)

[SAVE AND CONTINUE »](#)

**30000001SVDSEAC**



# Where to apply for RI Mcd EHR? - [www.dhs.ri.gov](http://www.dhs.ri.gov)



[About DHS](#)

[What's New](#)

[A-Z Programs & Services](#)

[Reports & Publications](#)

[For Providers & Vendors](#)

[Forms & Applications](#)

[Contact Us](#)

## Especially For:

[Families with Children](#) >

[Children with Special Needs](#) >

[Adults](#) >

[Adults with Disabilities](#) >

[Elders](#) >

[Veterans](#) >



## Medical Assistance Providers

- [Interactive Web Services](#)
- [Provider Services](#)
- [Provider Types](#)
- [Provider News & Updates](#)
- [Pharmacy](#)
- [Provider Search](#)
- [EHR Incentive Program](#)

## Quick Links

## What's New at DHS

### A Reminder to SNAP Recipients: SNAP Benefits Will Be Issued on the 1st of December and January

The Department of Human Services reminds SNAP recipients that the December and January SNAP benefits will be issued on the first of the month as they are in all other months. This represents a change from the past several years when the Department of Human Services issued December and January SNAP benefits early, prior to the first of the month, in anticipation of the Thanksgiving and Christmas holidays. Instead, SNAP benefits will be issued on the 1st of the month as they are for every other month of the year. This applies to all SNAP recipients, except those who are newly determined

## Are you looking for...?

- [Provider Search](#)
- [A-Z Programs and Services](#)
- [Find a Dentist](#)
- [Cash Assistance](#)
- [Food Assistance](#)
- [Health Care](#)
- [Federal Poverty Level Guidelines](#)
- [Make a Payment](#)

## DHS Office Locations



## Suggestion Box

# Accessing MAPIR for RI Medicaid EHR Attestation

- **If necessary, obtain a RI Medicaid Provider ID**

You may be a provider that is eligible for the RI Medicaid EHR Incentive, but may not have a RI Medicaid Provider ID. In order to be paid for the RI Medicaid EHR Incentive, each provider must have an active Medicaid Provider ID.

Please note that if you are only enrolled as a Medicaid Provider with a Managed Care Plan, you will need to enroll to get an active Medicaid Provider ID. Also, if you are a rendering provider enrolled in a Medicaid group, but want the incentive payment paid to you as an individual, you will need to modify your existing RI Medicaid Provider ID enrollment.

Should you have questions about your RI Medicaid Provider ID or need more information on how to obtain one, please feel free to contact HP Customer Service Help Desk at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls, Monday -Friday 8am-5pm.

- **Register for the Rhode Island Medicaid EHR Incentive Program**

Manuals for Eligible Providers and Eligible Hospitals are available to help navigate you through the MAPIR application process.

[Eligible Professional MAPIR Manual](#)

[Eligible Hospital MAPIR Manual](#)

Use the link below to apply for the Rhode Island Medicaid EHR Incentive payment using the Rhode Island MAPIR system.

[MAPIR Login Click Here](#)



Name	RI Provider	Applicant NPI	9999999999
Personal TIN/SSN	77777777	Payee TIN	88888888

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

### Eligibility Questions (Part 3 of 3)

We have confirmed that you have entered the correct CMS EHR Certification ID. Click [here](#) for additional information regarding the Certified Health IT Product List (CHPL).

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

CMS EHR Certification ID: 0000000000000000

Previous

Save & Continue



<b>Name</b>	RI Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	77777777	<b>Payee TIN</b>	88888888

- Get Started
- R&A/Contact Info
- Eligibility
- Patient Volumes
- Attestation
- Review
- Submit

### Patient Volume - Individual (Part 3 of 3)

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below. If volumes do not apply, enter zero.**

Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service, or
- 2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing.

When ready click the **Save & Continue** button to review your selection or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point

(\*) Red asterisk indicates a required field.

Provider Id	Location Name	Address	Medicaid Only Encounter Volume <i>(In State Numerator)</i>	Medicaid Encounter Volume <i>(Total Numerator)</i>	Total Encounter Volume <i>(Denominator)</i>
04, XX00001, 005	RI PROVIDER CLINIC	XXX PROVIDER RD WARWICK RI 02893 - XXXX	200	650	1900
N/A	TEST PROVIDER	XXX HOSPITAL RD PROVIDENCE RI 02905 - XXXX	25	65	250

- Previous
- Reset
- Save & Continue



**Name** RI Provider      **Applicant NPI** 9999999999  
**Personal TIN/SSN** 77777777      **Payee TIN** 88888888

- [Get Started](#)  
 [R&A/Contact Info](#)   
 [Eligibility](#)   
 [Patient Volumes](#)   
 [Attestation](#)   
 [Review](#)  
 [Submit](#)

**Patient Volume - Individual (Part 3 of 3)**

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	05, XXXX01, 005	RI PROVIDER CLINIC	XXX PROVIDER RD WARWICK RI 02893 - XXXX	<i>Medicaid Only In State:</i> 200 <i>Total Medicaid:</i> 650 <i>Denominator:</i> 1900	34%
Yes	N/A	TEST PROVIDER	XXX HOSPITAL RD PROVIDENCE RI 02905 - XXXX	<i>Medicaid Only In State:</i> 25 <i>Total Medicaid:</i> 65 <i>Denominator:</i> 250	26%

Sum Medicaid Only In State Encounter Volume <i>(Numerator)</i>	Sum Medicaid Encounter Volume <i>(Numerator)</i>	Total Encounter <i>(Denominator)</i>	Total %
225	715	2150	33%

[Previous](#)  
 [Save & Continue](#)

# Validation of Certified EHR Technology

## Manage Files

To upload a File ( the file will only be visible to administrators ):

1. Type the full path or click the **Browse...** button.
2. Click the **Upload File** button.
3. Click **Close** to go back to the review display page.

*All files must be in PDF format and no larger than 2 MB in size.*

File Location:

Browse...

Upload File

## Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.

**Adoption:** 

*You have acquired or are installing certified EHR technology.*

**Implementation:** 

*You are installing certified EHR technology and have started one of the following:*

- *A training program for the certified EHR technology*
- *Data entry of patient demographic and administrative data into the EHR*
- *Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).*

**Upgrade:** 

*You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.*

**Meaningful Use:** 

*You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.*

Previous

Reset

Save & Continue



Name RI Provider Applicant NPI 9999999999  
Personal TIN/SSN 777777777 Payee TIN 88888888

- Get Started
- R&A/Contact Info
- Eligibility
- Patient Volumes
- Attestation
- Review
- Submit

### Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an implementation.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.  
After saving, click the **Clear All** button to remove standard activity selections.

(\*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete
Workflow Analysis	<input type="radio"/>	<input type="radio"/>
Workflow Redesign	<input type="radio"/>	<input type="radio"/>
Software Installation	<input type="radio"/>	<input type="radio"/>
Hardware Installation	<input type="radio"/>	<input type="radio"/>
Peripherals Installation	<input type="radio"/>	<input type="radio"/>
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>
Health Information Exchange (i.e. labs, pharmacy)	<input type="radio"/>	<input type="radio"/>
Physical Redesign of Workspace	<input type="radio"/>	<input type="radio"/>
Training	<input type="radio"/>	<input type="radio"/>

**Other (Click to Add)**

- Previous
- Reset
- Clear All
- Save & Continue

# Preparing and Knowing Where to Get Help

## Preparation

- Register at CMS
- Find the CMS Certified EHR #
  
- Need a RI Trading Partner ID to access MAPIR and attest
- Need a RI Medicaid Provider ID for electronic payment
  
- Access MAPIR to register for the Rhode Island Medicaid EHR Incentive

## Resources

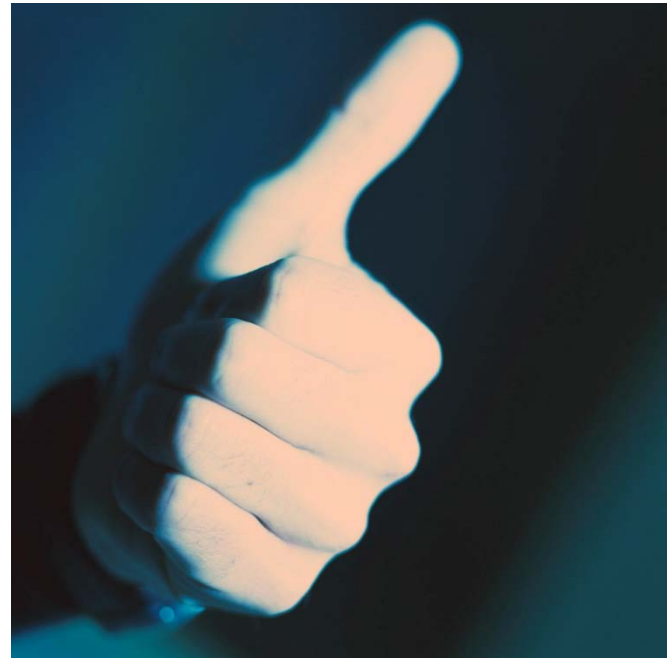
- CMS Website
  
- HP Help Desk 784-8100
  
- **[www.dhs.ri.gov](http://www.dhs.ri.gov)**
- MAPIR Manuals Online
- HP HelpDesk 784-8100



# Application & Attestation Review and Approval

## Reviewed prior to Approval

- Valid Certified EHR Technology for all providers and groups
  - Copy of Agreement, Paid Invoices, Cleared checks
- Verify Patient Volume Encounters against MMIS claims and Managed Care Database
- Unusual Responses



- Payment Approved
- EFT bi-monthly
- Remittance Advice

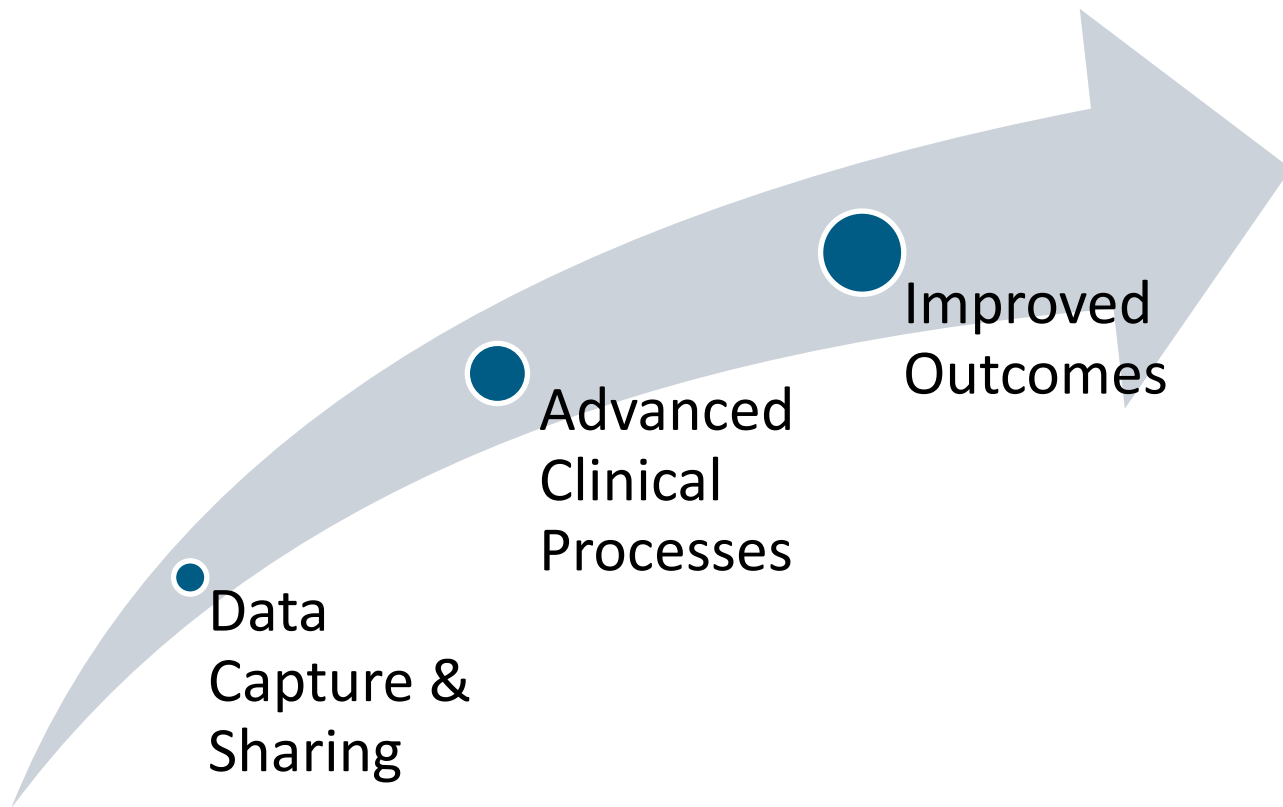


# EHR Incentive Considerations...

- EHR Incentive Payments are Subject to Desk and On-site audits
- Maintain Attestation Records for at least 10 Years
- Review FAQs on the RI EHR Website
- Eligible Provider Registration Deadline for 2011 is **March 30, 2012**
- Meaningful Use Attestations for the Medicaid EHR Incentive will be available starting April 1, 2012



# Where are we going? Why are we doing this?



**To Become Meaningful Users of EHR Technology**



*Thank you*

Stan Prokop

Program Manager

EHR Incentive Program

Rhode Island

Office of Health & Human Services

[sprokop@dhs.ri.gov](mailto:sprokop@dhs.ri.gov)



- Q & A

