FQHC/RHC Eligible Professional Checklist

Defining an "Eligible Professional"

The following are considered Medicaid eligible professionals (EPs):

- Physicians (Doctors of Medicine (MD) and Doctors of Osteopathy (DO))
  - Residents (if organization's proposal was approved by the Massachusetts Medicaid EHR Incentive Payment Program)
- Dentists
  - Limited Licensed Dentists
- Certified Nurse-Midwives
- Nurse Practitioners
- Physicians Assistants practicing at an FQHC/RHC, so led by a Physician's Assistant

Determine Patient Volume Methodology

Medicaid Patient Volume must be reported annually for all six years of participation in the program.

EPs that practice predominately at Federally Qualified Health Center (FQHC)/Rural Health Center (RHC) must use one of the following methodologies to calculate Needy Individual Patient Volume Threshold:

- Individual
- Practitioner Panel
- Group Proxy
  - Group proxy may be used as long as all EPs included within the group use the same Medicaid Patient Volume Threshold for the respective program/payment year.
  - If using the group proxy method, the group would need to report on all encounters across all provider types, including non-eligible professionals during the selected 90-day reporting period.

"Practice Predominately" at an FQHC/RHC is defined as an EP where 50% or more of their patient encounters over a six month period (in the current calendar year or preceding 12-months from the date of attestation) occur at an FQHC or RHC.

- A "Needy Individual" is defined as a person receiving care from any of the following:
  - Medicaid or Medicaid/1115 Waiver Population, CHIP and those dually eligible for Medicare and Medicaid (includes MCO and FFS);
  - Uncompensated Care; and
  - Services furnished at no cost or a reduced cost based on a sliding scale based on the individual's ability to pay.

- EPs that practice predominately at an FQHC/RHC must meet a minimum Needy Individual Patient Volume of:

  - 30% Needy Individual Patient Volume over a continuous 90-day period from either the preceding Calendar Year (CY) or 12 months before the date of attestation. EPs who use the 12 months preceding the date of attestation cannot select the same 90 day period for which they received payment for in the previous payment year.

  - 20% Needy Individual Patient Volume(Board Certified Pediatricians Only) over a continuous 90-day period from either the preceding Calendar Year (CY) or 12 months before the date of attestation. EPs who use the 12 months preceding the date of attestation cannot select the same 90 day period for which they received payment for in the previous payment year.

EPs that have practiced less that 6 months in the current CY at an FQHC/RHC are still eligible to receive an incentive payment as long as the following criteria is met:

- The EP must pass the hospital-based test (if 90% or more of an EP's encounters occur in an inpatient (POS 21) or ER setting (POS 23), then they are considered hospital-based and may not participate in the Program).
- The EP may use group proxy method to calculate Medicaid Patient Volume Threshold.
- The EP must calculate Medicaid Patient Volume Threshold rather than Needy Individual Patient Volume Threshold. Therefore, the following may not be included:
    - CHIP and those dually eligible for Medicare and Medicaid (includes MCO and FFS)
    - Uncompensated Care
    - No cost or reduced cost services on a sliding scale based on individual's ability to pay
    - A Children's Health Insurance Program (CHIP) Factor of 3.13% must be applied to the in-state number of paid Medicaid encounters.

Below are some definitions and data elements needed to calculate Needy Individual or Medicaid Patient Volume Threshold:

- For the purposes of participating in the Massachusetts Medicaid EHR Incentive Payment Program, you can select to use one of the two methodologies for calculating patient volume thresholds.

    1. A patient encounter is defined as: one service, per day, per patient, where Medicaid or a Medicaid 1115 Waiver Population ***paid*** for all or part of the service or ***paid*** for all or part of the individual's premium, co-payment or cost-sharing.

    2. A patient encounter is also defined as: one service, rendered any day, to a Medicaid or Medicaid 1115 Waiver ***enrolled*** individual, regardless of payment liability. This includes zero pay encounters that may have been paid by Medicare or by another third party, and denied claims, excluding denied claims due to the provider or individual being ineligible on that date of service.

- Start and end date for selected continuous 90-day reporting period in either the preceding CY or 12 months before the date of attestation. EPs who use the 12 months preceding the date of attestation cannot select the same 90 day period for which they received payment for in the previous payment year.
- In-State paid Medicaid Encounter Volume or Needy Individual Patient Encounter Volume (please reference the Medicaid 1115 Waiver Document: http://www.maehi.org/sites/default/files/documents/Medicaid%201115%20Waiver%20Populations%208-13-12.pdf, which outlines the Fee-For-Service (FFS) and Managed Care Organization (MCO) encounters that may be included when calculating patient volume) (Numerator).
- Out-of-State paid Medicaid Encounters or Needy Individual Patient Encounters (Numerator).
- Total paid Medicaid or Needy Individual Encounters (Total Numerator).
- *Other Needy Individual Volume (only if reporting patient volume using Needy Individual Threshold) (Numerator)*
- Total 90-day paid encounter volume (across all payers) (Denominator).
- A Children's Health Insurance Program (CHIP) Factor of 3.09% must be applied to reduce the Medicaid encounters in order to meet a CMS requirement that CHIP encounters may not be included in Medicaid Patient Volume Threshold.
    - The CHIP factor percentage is updated annually and therefore may vary from year to year.
    - The CHIP factor is not required to be applied for EPs practicing predominantly at an FQHC/RHC and utilizing the needy individual requirement.

For more Information regarding the calculation of Medicaid or Needy Individual Patient Volume and other helpful resources, please visit the Massachusetts Medicaid EHR Incentive Payment Program Tools & Resources Section of the MeHI Website: (http://www.maehi.org/what-we-do/medicaid/tools-and-resources).

If you require assistance during any portion of the application process, please contact the Massachusetts Medicaid EHR Incentive Payment Program via phone at 1-855-MassEHR (1-855-627-7347) or via email at massehr@masstech.org.

Certified EHR Supporting Documentation Requirements (Required for 1st Payment Year)

All EPs must provide supporting documentation showing they are users of Federally Certified EHR Technology. The following criteria is needed to verify this requirement:

- CMS EHR Certification ID # (can be found by visiting the Office of the National Coordinator for Health Information Technology (ONC) Certified Health Product List (http://oncchpl.force.com/ehrcert?q=CHPL))
- Examples of EHR Supporting Documentation (you are required to submit at least one from both parties):
    - From Your EHR Vendor:
        - Executed Copy of a Data User Agreement
        - Proof of Purchase
        - Executed Licensed Vendor Contract
        - Letter from the Vendor on company letterhead stating the following:
            - Provider(s) that are currently utilizing or will be utilizing the federally certified EHR technology,
            - The Provider(s) NPI Number(s),
            - Federally Certified EHR Technology, CHPL number and version, and
            - Location(s) the Federally Certified EHR will/are being utilized.
    - From Your Office:
        - A letter, on company letterhead, from your Chief Information Officer (CIO), IS Department or Owner stating the following:
            - Provider(s) that are currently utilizing or will be utilizing the Federally Certified EHR Technology,
            - The Provider(s) NPI Number,
            - Federally Certified EHR Technology Version and CHPL number, and
            - Location(s) the Federally Certified EHR technology will/are being used.

These documents should be uploaded to the Medical Assistance Provider Incentive Repository (MAPIR). If you encounter any barriers submitting the supporting documentation, please submit the documentation via email to: massehr@masstech.org.

Meaningful Use Attestation: Core, Menu and Clinical Quality Measures

In payment years 2-6, EPs must demonstrate meaningful use of certified EHR technology.

- EPs are required to meet two general requirements:
    - At least 80% of unique patients must have their data in CEHRT during the selected EHR reporting period.
    - At least 50% of an EP's encounters must occur at a location or location(s) that utilize certified EHR technology.

- In the 2nd year of participation in the Program, EPs must select a continuous 90-day period in the current calendar year to report meaningful use measures. In years 3-6 of the program, EPs must report meaningful use measures using a continuous 365 day reporting period.

- Meaningful use measures are reported for all patients seen by an EP during the selected reporting period. This includes all Medicaid and non-Medicaid patients, as well as patients whose information is entered into a certified EHR and those that are not.

Please note, supporting documentation may be requested throughout the application process. For auditing purposes, all documentation should be kept on file for up to six years for each year of program participation.

Registration & Attestation – CMS Registration & Attestation Site

This step is required for the EP's first year of participation only.

If already registered in a previous program year and no changes must be made to your original registration, the EP or designee registering on behalf of the EP can go directly to the MassHealth Provider Online Service Center (POSC) to access the EP's Medical Assistance Provider Incentive Repository (MAPIR) application: (https://newmmis-portal.ehs.state.ma.us/EHSProviderPortal/appmanager/provider/desktop).

The EP or designee will need to register at the CMS Medicare & Medicaid EHR Incentive Program Registration & Attestation Site (CMS R&A) (https://ehrincentives.cms.gov/hitech/login.action).

The following information will be needed to complete the CMS R&A:

- National Provider Identifier (NPI) Number
- Provider Enrollment, Chain, and Ownership System (PECOS) User ID & Password (If you do not currently have PECOS ID, please click the following link to register for a PECOS ID: https://pecos.cms.hhs.gov/pecos/login.do).
- Payee Tax ID # and Payee NPI # (the payee tax ID and payee NPI must match what is in the MassHealth Medicaid Management Information System (MMIS)).
- *Please note:* If you are a designee attesting on behalf of an EP, you will need to register and create an Identity & Access (I&A) account via the PECOS System: https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do.
    - The EP must log into the PECOS system to approve your request at: https://nppes.cms.hhs.gov/NPPES/IAPecosLogin.do?forward=static.login.
- Please find the CMS R&A user guide for EPs at the following link: https://maehi.org/what-we-do/medicaid/tools-and-resources.

For assistance with the CMS R&A or CMS I&A, please contact the CMS Support Center via phone at 1-888-734-6433.

Registration & Attestation – Attesting using the Medical Assistance Provider Incentive Repository (MAPIR)

Once the EP or designee has successfully registered at the CMS R&A, the EP's information will be sent to MAPIR, which is the State's web-based EHR Incentive Program application system. The EP or designee will receive a "Welcome to MAPIR Email" with further registration and program instructions. The MAPIR application will be accessed through the Provider Online Service Center (POSC): https://newmmis-portal.ehs.state.ma.us/EHSProviderPortal/appmanager/provider/desktop.

- Please find the MAPIR user guide for EPs at the following link: https://maehi.org/what-we-do/medicaid/tools-and-resources.

If a "Welcome to MAPIR email" is not received or technical difficulties are experienced when accessing MAPIR, please contact the Massachusetts Medicaid EHR Incentive Payment Program Staff by phone at 1-855-MassEHR (1-855-627-7347) or via email at massehr@masstech.org.