

The American Re-Investment and Recovery Act (ARRA) of 2009 provided as much as 27 billion dollars to be distributed to support the adoption of Electronic Health Records (EHR). The Health Information Technology for Economic and Clinical Health Act (HITECH Act) provisions of ARRA created programs under the Centers for Medicare and Medicaid Services (CMS) to provide incentive payments for adoption and 'meaningful use' of federally certified EHR technology. The Massachusetts Medicaid EHR Incentive Payment Program is a multi-year, multi-stage program administered by the Executive Office of Health and Human Services (EOHHS) Office of Medicaid. While the Massachusetts Office of Medicaid is overseeing the Medicaid Incentive Program, the agency is partnering with the Massachusetts eHealth Institute (MeHI) to support key operational components of the Medicaid Incentive Program, including processing and validating the provider incentive applications as well as supporting the Program's outreach activities for providers. MeHI, a division of the Massachusetts Technology Collaborative (MTC), is the state's entity for health care innovation, technology, and competitiveness.

When does the Commonwealth's Medicaid EHR Incentive Payment Program begin?

Massachusetts Medicaid EHR Incentive Payment Program will launch on October 3, 2011. The Massachusetts Medicaid EHR Incentive Program Operations Staff can be contacted at 1-855-MassEHR or massehr@masstech.org.

What are the goals of the Medicaid EHR Incentive Payment Program?

The goals of the EHR Incentive Payment Program are to promote the adoption of federally certified electronic health records across Massachusetts in order to improve the quality, safety and efficiency of patient care.

Am I eligible to receive incentive payments from both Medicare and Medicaid?

EPs can only receive incentive payments from one program. EPs are able to make one switch between programs until 2015. Choosing a program will be up to your discretion. The total Medicaid Incentive Payment is \$63,750 for EP's, while the total Medicare Incentive Payment is \$44,000.

How is a Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) defined for use of the Medicaid Incentive Payment Program?

An **FQHC** is defined as an entity:

- Which is receiving a grant under section 330 of the Public Health Service Act (PHS); or
- Received funding from a grant under a contract with the recipient of a grant and meets requirements of the PHS Act; or
- Based on recommendation of the Health Resources and Services Administration within the PSA and is determined by the Secretary to meet the requirements for receiving such a grant (cannot be controlled, owned or operated by another entity); or
- Was treated by the Secretary, for the purpose of the Part B of title XVII of the Social Security Act, as a comprehensive Federally-funded health center as of January 1, 1990.

An **RHC** is defined as clinics that are certified under section 1861(aa)(2) of the Social Security Act to provide care in underserved areas, and therefore, allowed to receive cost –based Medicare and Medicaid reimbursements.



Can tribal clinics be treated as FQHCs for the Medicaid Incentive Payment Program?

Yes. Any healthcare facility owned and operated by Native American Indian tribes, Alaskan Native tribes or tribal organizations (“tribal clinics”); with funding authorized by the Indian Self-Determination and Education Assistance Act will be considered an FQHC for the purpose of the Medicaid EHR Incentive Payment Program.

Which Eligible Professionals (EPs) qualify to receive the incentive payment?

The following are considered EPs:

- Physicians (Doctors of Medicine and Doctors of Osteopathy)
- Dentists
- Certified Nurse-Midwives
- Nurse Practitioners
- Physician Assistants practicing in a FQHC or RHC, so led by a Physician Assistant



How is “practices predominately” defined?

“Practices predominately” at an FQHC/RHC is defined as an EP with 50% or more of their patient encounters over a six month period (of the current calendar year) occurred at an FQHC or RHC 50% or more of the time.

How do I register for the Medicaid Incentive Payment Program?

EPs will be required to register through the Center for Medicare & Medicaid Registration & Attestation System (CMS R & A) to participate in the Medicaid EHR Incentive Payment Program. Once the provider registers with the CMS R & A and selects Medicaid and Massachusetts, the CMS R & A will send the registration information to the Massachusetts Medicaid EHR Incentive Program staff at MeHI, who will process incentive payment requests.

The Massachusetts Medicaid EHR Incentive Program will notify you via email when they receive your Medicaid EHR Incentive Program registration from CMS which may take 2 to 3 business days from the time that you registered at the CMS R&A. After you have received this email notification, you can apply for your Massachusetts Medicaid EHR Incentives at the MassHealth Provider Online Service Center (POSC) at www.mass.gov/masshealth/providerservicecenter.

Can EPs allow another person to register or attest for them?

Yes. In 2011, CMS implemented functionality that allows EPs to designate a third party to register and attest on their behalf. To do so, the user working on behalf of the EP must have an CMS Identity and Access Management System (I & A) web user account and be associated with the EP’s National Provider Identification (NPI) number.



Can multiple EPs practicing at the same location be registered at one time?

No. The Medicaid EHR Incentive Payment will be distributed per EP, not at the group or clinic level. Therefore, each EP must be registered separately.

Do EPs need to be in the CMS Provider Enrollment, Chain and Ownership System (PECOS) to register for the Medicaid EHR Incentive Payment Program?

Medicaid EPs do not need to be registered in the PECOS system in order to receive incentive payments.

What will EPs be required to do in year one of the program?

For the first payment year of participation in the Medicaid EHR Incentive Program, EPs can Adopt, Implement, or Upgrade (A/I/U) to federally Certified EHR technology in order to receive an incentive payment. A/I/U is defined as:

- Acquired, Purchased, or Secured access to certified EHR technology
- Installed or initiated the use of certified EHR technology
- Expanded functionality of certified EHR technology

***Please note: The Medicare EHR Incentive Program requires that EPs attest to meaningful use for each participation year including the EPs first year of program participation.**

How do I demonstrate A/I/U?

EPs can demonstrate A/I/U by providing their EHR certification number and through submission of the following types of supporting documentation: a Proof of Purchase, Data User Form, Vendor Agreement, Signed Licensing Agreement or a letter from their Chief Information Officer (CIO) attesting to which federally certified EHR system the providers have acquired, implemented or upgraded to.

How do I obtain a CMS EHR certification ID for my EHR system?

EHR certification IDs can be found by visiting the Office of the National Coordinator for Health Information Technology (ONC) website. Here, you can search by product name or Certified Health IT Product List (CHPL) number. Once the EHR product list is generated, click on the appropriate system to obtain the EHR certification ID.

Other than demonstrating A/I/U within the first year of the program, are there any other incentive program requirements that must be met to receive the Medicaid Incentive Payment?

Yes. EPs must also meet one of the following patient threshold criteria in order to qualify for incentive payments:

- Have a minimum of 30% Needy Individual or Medicaid patient volume over a continuous 90 day period in the preceding calendar year
- Pediatricians must have a minimum of 20% Medicaid patient volume or 30% Needy Individual patient volume over a continuous 90 day period in the preceding calendar year



What is the definition of an encounter, for purposes of computing needy individual patient volume?

An encounter is defined as a service, per day, per patient, where:

1. Medicaid or CHIP or a Medicaid 1115 waiver project paid for part or all of the service;
2. Medicaid or CHIP or a Medicaid 1115 waiver project approved under paid all or part of the individual's premiums, co-payments, or cost sharing; or
3. The services were furnished at no cost; or
4. The services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.

What MassHealth and Medicaid Waiver populations can be included in the Needy Individual patient volume numerators?

In addition to encounters associated with charity care, reduced cost based on sliding scale and CHIP, encounters associated with MassHealth Standard, MassHealth Breast/Cervical Cancer Treatment, MassHealth CommonHealth, MassHealth Family Assistance, MassHealth Basic, MassHealth Essential, MassHealth Limited, MassHealth Prenatal, MassHealth Insurance Partnership, Commonwealth Care, Medical Security Plan, Health Safety Net, and Healthy Start can be included in the numerator for the Needy Individual patient volume numerators.

To reach the patient threshold percentage can I use multiple practice locations?

Yes. If you're an EP, you can use one or more practice locations to calculate patient volume. However, one of the practice locations included in the calculated patient volume must have adopted, implemented, or upgraded their certified EHR system.

How is patient volume calculated?

Patient volume can be calculated using individual, group/clinic or panel data.

Scenario A: Dr. Black has a total of 300 patient encounters within a continuous 90 day reporting period (previous calendar year); 100 are Medicaid encounters. In order to calculate the percentage of Medicaid patient volume, Dr. Black divides the total number of his Medicaid patient encounters by the total number of his patient encounters. Dr. Black's Medicaid patient volume would be as follows:

$$100/300 = .33 \times 100 = 33\%$$

Dr. Black has met the patient volume threshold and is eligible to participate in the Medicaid Incentive Program.

Scenario B: Dr. Red has a total of 100 patient encounters within a continuous 90 day reporting period; 18 are Medicaid Encounters. In order to calculate the percentage of Medicaid patient volume, Dr. Red divides the total number of his Medicaid patient encounters by the total number of his patient encounters. Dr. Red's Medicaid patient volume would be as follows:

$$18/100 = .18 \times 100 = 18\%$$

Based upon the scenario, Dr. Red does not meet the patient threshold percentage and is not eligible to participate in the Medicaid Incentive Payment Program.



Scenario B: Dr. Green practices at multiple locations; Central West Medical Center and Central East Medical Center. At Central West, Dr. Green has 500 patient encounters for the continuous 90 day reporting period; 95 of the encounters are Medicaid. At Central East, he has 95 patient encounters as well; 35 of the encounters are Medicaid. Dr. Green has chosen to use both practice locations to calculate the total percentage of his Medicaid patient volume.

Dr. Green’s patient volume would be as follows:

Central West Medical Center:

$$95/500 = .19$$

$$.19 \times 100 = 19\%$$

Central East Medicaid Center:

$$35/95 = .368$$

$$.368 \times 100 = 36.8$$

Although Dr. Green did not meet Needy Patient/Medicaid Volume Threshold at both practice sites, he has met the patient volume threshold at one of his practice locations and therefore is eligible to participate in the Medicaid Incentive Program.

Scenario D:

The following EPs practice at Central South Health Center:

EP 1(Physician): had 40% Medicaid encounters (80/200 encounters)

EP 2(Physician): had 50% Medicaid encounters (50/100 encounters)

EP 3(Nurse Practitioner): had 10% Medicaid encounters (30/300)

EP 4(Dentist): had 5% Medicaid encounters (5/100)

EP 5(Nurse- Midwife): had 10% Medicaid encounters (20/200)

Pharmacist: had 75% Medicaid encounters (150/200)

Dietician: had 80% Medicaid encounters (80/100)

In total, there are 1200 encounters within the continuous 90 day period; 415 are Medicaid encounters. Central South Health Center’s Medicaid patient volume would be as follows:

$$415/1200 = .35 \times 100 = 35\%$$

Based upon the scenario, 5 of the 7 EPs would be eligible to participate in the Medicaid Incentive Program. Both the Pharmacist and Dietician are not considered EPs, but their volume must be included.



How much may Eligible Professionals receive in Medicaid Incentive Payments?

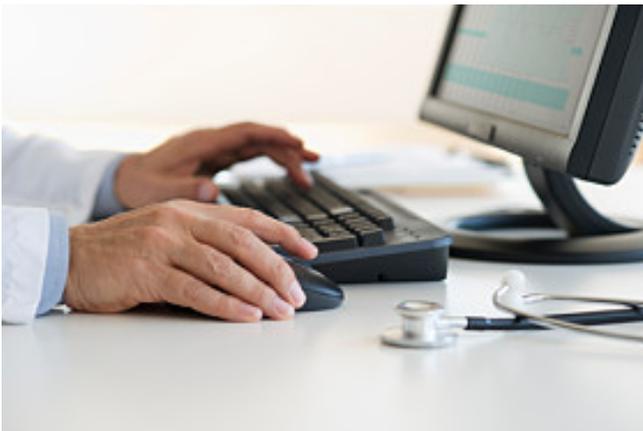
EPs may receive up to \$63,750 over the six years they have chosen to participate in the program. The first year’s payment is \$21,250 with payments of \$8,500 over the remaining 5 years.

Year	Medicaid EP's Who demonstrated A/I/U and Meaningful Use in					
	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

www.cms.gov

How is a payment year for EPs defined for the Medicaid Incentive Payment Program?

For the purpose of the Medicaid Incentive Payment Program, a payment year for EPs is based on the calendar year. The Medicaid Incentive Payment Program begins in 2011 and runs through 2021. All EPs must receive their first Medicaid incentive by the end of 2016 to participate. Please note: EPs were given a 3 month grace period to apply for their CY 2011 payments. MeHI will be accepting applications for EPs through March 30, 2012.



Are there different payment amounts for Eligible Pediatricians?

Yes. Pediatricians that reach the 20% patient volume threshold, but fall short of the 30% patient volume requirements will receive \$14,167.00 in the first year and \$5,667 in subsequent years, totaling six years. If a Pediatrician reaches the 30% patient volume threshold, he/she will receive \$21,250.00 in the first year and \$8,500 in subsequent years, totaling six years.

How does the Commonwealth define a Pediatrician for the purpose of the Medicaid EHR Incentive Payment Program?

A Pediatrician is defined as Board Eligible or Board Certified in Pediatric medicine.

How can Nurse Practitioners (NPs) that reach the Medicaid patient threshold, who bill under a provider participate when they are not contracted with Medicaid?

NPs that meet the 30% Medicaid/Needy Individual patient threshold in the continuous 90 day reporting period should register with the CMS R&A system. If the NP is not recognized in the Medicaid Management Information System (MMIS),

a special enrollment will need to be completed. Please contact one of our Enrollment Analysts with any questions at 1-855-MassEHR.

Is the incentive payment considered taxable income?

Yes, the incentive payment is considered taxable income. A 1099 will be issued to the payee. For example: Dr. Green works for Central West Medical Center, who purchased and installed an EHR system to support his practice. He decides to reassign his payment to Central West Medical Center. Therefore, the medical center will be issued a 1099, not Dr. Green.

How and when will incentive payments for the Massachusetts Medicaid EHR Incentive Payment Program be made?

Incentive payments will be made approximately 4 to 6 weeks after an EP receives notification via email that their application has been reviewed and approved. Our goal is that EPs will receive their payments through Electronic Fund Transfers (EFT).

What if my facility does not have certified Electronic Health Records? Are there any resources available to help decide if a certified EHR would be beneficial for my practice?

Massachusetts eHealth Institute is one of 62 Regional Extension Centers. The Regional Extension Center has many resources available and will work directly with providers and hospitals to effectively implement qualified Electronic Health Records and achieve meaningful use. Please visit the Regional Extension Center website at: <http://www.maehi.org/what-we-do/rec>

When will the Massachusetts Medicaid EHR Incentive Program begin accepting attestations for Meaningful Use (MU) from EPs?

EPs can begin attesting to Meaningful Use in the spring of 2012.

Who should I contact if I have a question, need on-site training or if I am experiencing difficulty registering or attesting to participate for the Medicaid Incentive Payment Program?

You can contact the Massachusetts Medicaid EHR Incentive Payment Program staff by using one of the following methods:

Inquiry Line: 1-855-Mass-EHR (1-855-627-7347)

Email: massehr@masstech.org

Fax: 508-898-3211

Website: <http://www.maehi.org/>

- Request a training session
- Submit a question



What are some other helpful links to visit?

Useful Information about Health Information Technology and the Medicaid Incentive Payment Program can be found at the following websites:

Massachusetts eHealth Institute: <http://www.maehi.org/content/medicaid-ehr-incentive-payment-program>

MassHealth Medicaid EHR Program: <http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/electronic-records/>

Centers for Medicare and Medicaid: <http://www.cms.gov/>

Office of the National Coordinator for Health Information Technology: <http://healthit.hhs.gov>

Office of Civil Rights (**questions regarding EHR privacy/security**): <http://www.hhs.gov/ocr/>

