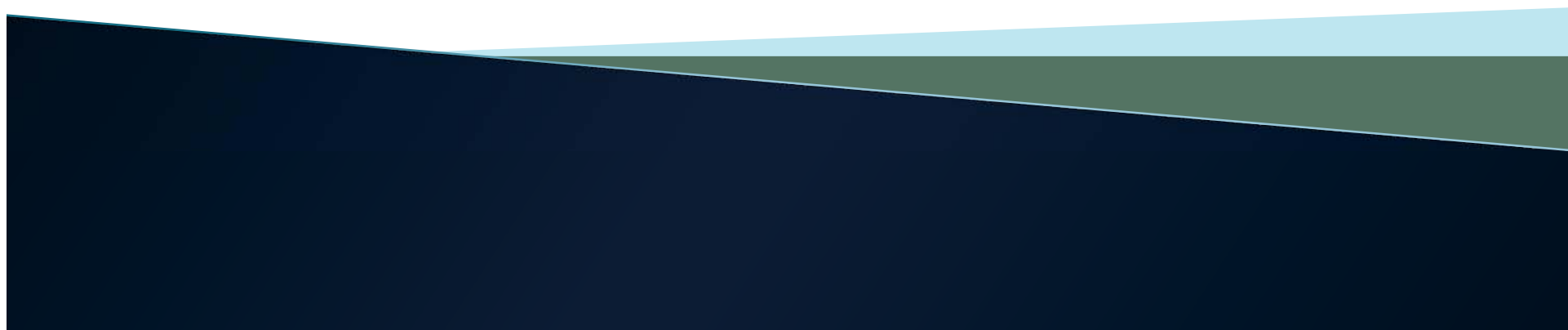




Wisconsin Medicaid EHR Incentive Program

November 2010





Agenda

- ▶ Medicaid EHR Incentive Program Overview
 - Background Information
 - Eligible Professionals
 - Eligibility Criteria
 - Incentive Payments
- ▶ Participating in the Medicaid EHR Incentive Program
 - Registration Process
 - Payment Process
- ▶ Requirements and Planning for Launch of Program
- ▶ Questions



Medicaid EHR Incentive Program

- ▶ Section 4201 of the American Recovery and Reinvestment Act (ARRA) of 2009 established a program for incentive payments to certain classes of eligible Medicaid professionals and hospitals who adopt and become meaningful users of certified EHR technology
- ▶ The Centers for Medicare and Medicaid Services (CMS) and Office of the National Coordinator (ONC) have released rules to implement the provisions of ARRA and guide the Program, most notably the Medicare and Medicaid Programs; Electronic Health Record Incentive Program Final Rule



Medicaid Eligible Professionals

- ▶ Medicaid Eligible Professionals (EPs), as defined in the Medicare and Medicaid Programs; Electronic Health Record Incentive Program Final Rule, include:
 - Physicians
 - *Pediatricians* have special eligibility and payment rules
 - Nurse Practitioners
 - Certified Nurse–Midwives
 - Dentists
 - Physician Assistants (PAs) who provide services in a *Federally Qualified Health Center (FQHC) or rural health clinic (RHC) that is so led by a PA*



Eligibility Requirements for Medicaid EPS

▶ 1st payment year

- Adopt, Implement, or Upgrade certified EHR technology or demonstrate meaningful use of certified EHR technology

▶ 2nd – 6th payment year

- Demonstrate meaningful use of certified EHR technology
- EHR Reporting Period of 90 days for 1st year of demonstrating meaningful use, and 1 year for all subsequent years

▶ All Payment Years

- Must not be hospital-based
 - A Medicaid EP is considered hospital-based if more than 90% of the EP's services are performed in a hospital inpatient or emergency room setting
- Have a minimum 30% Medicaid Title XIX Patient Volume
- Have a minimum 20% Medicaid Title XIX Patient Volume, and is a pediatrician
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals*

*Needy Individuals – Individuals that meet one of the following: (1) received medical assistance from Medicaid or CHIP, (2) were furnished uncompensated care by the provider or (3) were furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.



Adopt, Implement, or Upgrade

▶ Adopt

- Acquisition and installation of certified EHR technology
 - *Need to demonstrate actual installation, rather than efforts to install (e.g. researching EHRs or interviewing EHR vendors)*

▶ Implement

- Commenced utilization of certified EHR technology
 - *Have done a workflow analysis and redesign, have trained staff on use of the modules, have begun data entry of patient demographics and administrative data*

▶ Upgrade

- Expansion of the functionality of the existing certified EHR technology
 - Addition of clinical decision support, e-prescribing functionality, CPOE or other enhancements that facilitate the meaningful use of certified EHR technology



Stage I Meaningful Use (MU)

- ▶ EPs have to report on 20 of 25 MU objectives
 - 15 must be core objectives
 - 3 required core measures (substituting alternate core measures where necessary)
 - 3 additional CQM from a set of 38 CQM (other than the core/alternate core measures)
 - 5 objectives may be chosen from the list of 10 menu set objectives
- ▶ Some MU objectives are not applicable to every provider, in these cases the EP would be excluded from having to meet that measure
 - Exclusions do not count against the 5 deferred measures
- ▶ EHR Reporting Period
 - 1st Year of demonstrating meaningful use is 90 days, all subsequent years is 1 year



EP Medicaid Patient Volume Calculation

▶ Patient Volume

$$\left[\frac{\text{Total Medicaid Title XIX Patient Encounters in any 90-day period in the preceding calendar year}}{\text{Total Patient Encounters in that same 90-day period}} \right] * 100$$

▶ Title Medicaid XIX Patient Encounter

- 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
- 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



Needy Individual Patient Volume Calculation

▶ Patient Volume

$$\left[\frac{\text{Total Medicaid Needy Individual Patient Encounters in any 90-day period in the preceding calendar year}}{\text{Total Patient Encounters in that same 90-day period}} \right] *100$$

▶ Needy Individual Patient Encounter

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



Medicaid EHR Incentive Payments

- ▶ Medicaid EPs can receive up to \$63,750 over the 6 years that they choose to participate in the Medicaid EHR Incentive Program*

Calendar Year	Medicaid EPs who begin adoption 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

*Pediatricians with a minimum 20 percent patient volume, but less than 30 percent patient volume will receive 2/3 of the incentive amounts. \$14,167 in their 1st payment year, and \$5,667 in payment years 2 – 6.



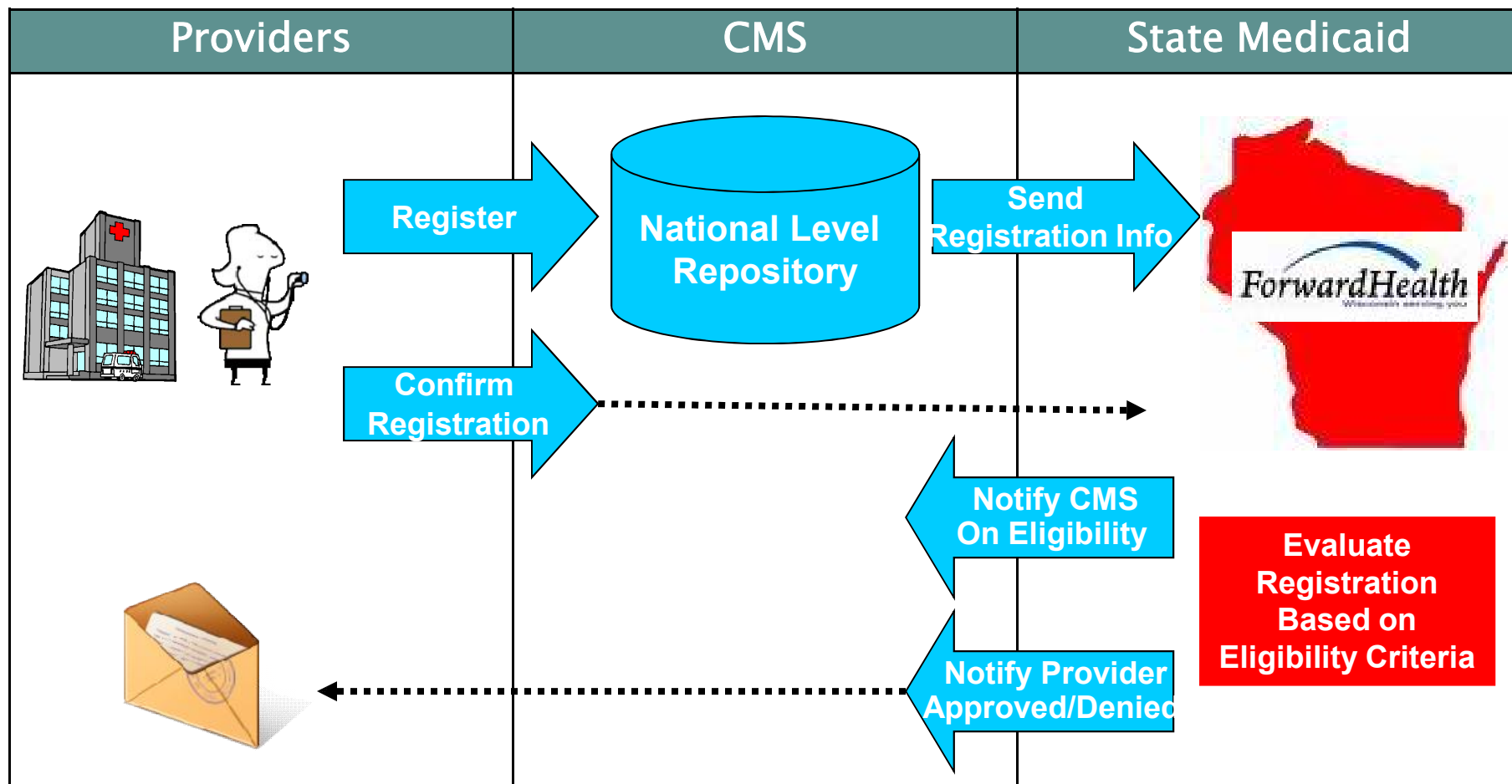
Participating in the Medicaid EHR Incentive Program

Registration Process:

- All providers must register via CMS's EHR Incentive Program website – National Level Repository (NLR)
 - EPs need:
 - National Provider Identifier (NPI)
 - Active user account in the National Plan and Provider Enumeration System (NPPES)
- Confirm information in the Wisconsin Medicaid ForwardHealth Portal
 - EPs need:
 - Wisconsin Medicaid Certification (no sanctions, currently licensed)
 - ForwardHealth Provider Portal Account



EP Registration Process





Participating in the Medicaid EHR Incentive Program

Payment Process:

- EP must supply eligibility information through the ForwardHealth Provider Portal
 - Patient Volume
 - If utilizing Needy Individual calculation must Practice Predominantly in an FQHC or RHC
 - Adopt, Implement, Upgrade or Meaningful Use of Certified EHR technology
 - Not Hospital Based
- Information will be evaluated by DHS, if EP meets the criteria the EP will be approved for an EHR incentive payment



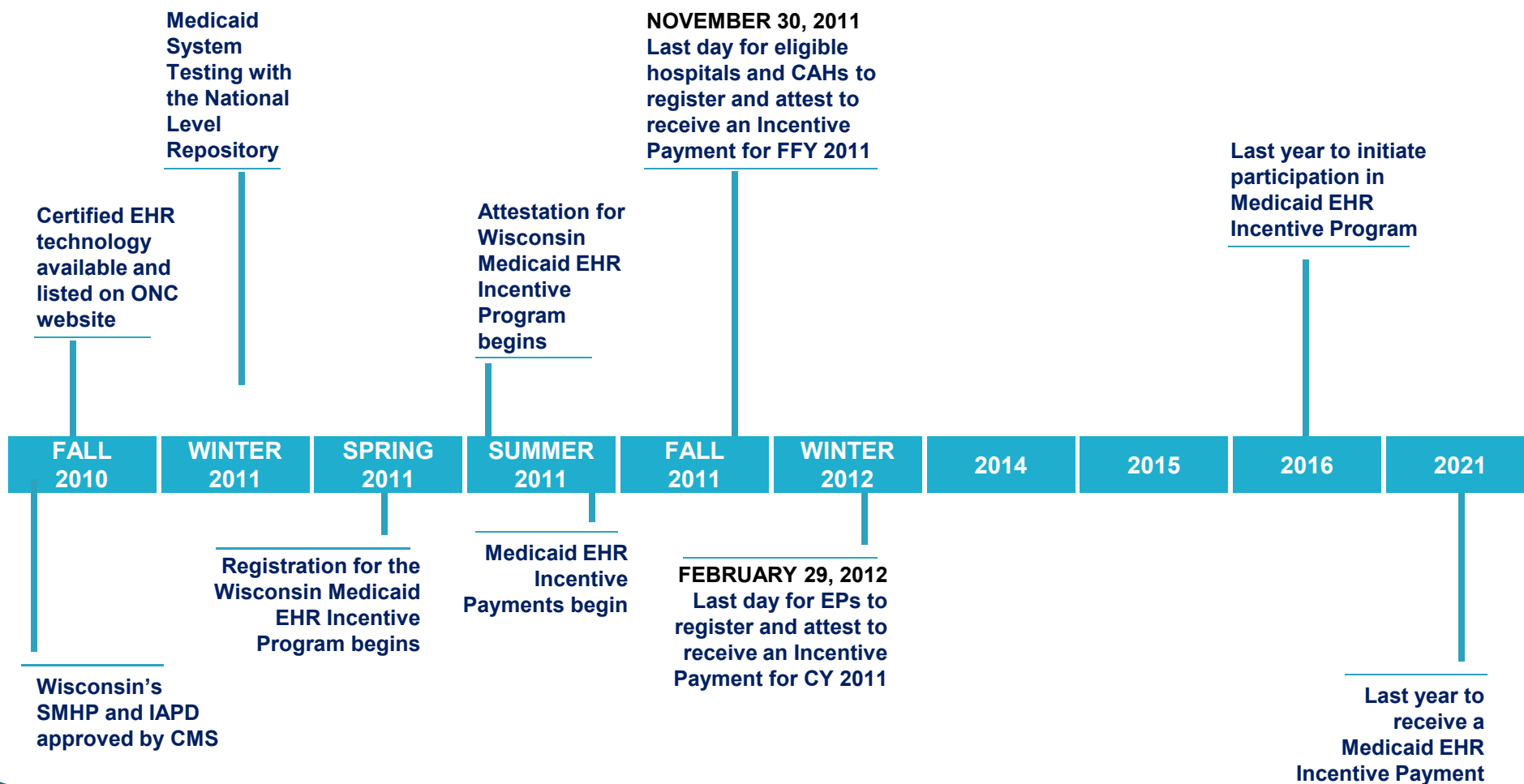
Participating in the Medicaid EHR Incentive Program

Payment Process:

- ▶ Payment will be made to the Tax Identification Number (TIN) provided at the time of registration
- ▶ Wisconsin will be distributing incentive payments via Electronic Fund Transfer (EFT)
- ▶ In order to receive a payment the TIN must have an EFT account established with DHS
 - Instructions on how to set up an account will be available on the Medicaid EHR Incentive Program website



Medicaid EHR Incentive Program Timeline





Requirements to Launch the Medicaid EHR Incentive Program

- ✓ ▶ CMS has approved the State Medicaid Health Information Technology Plan (SMHP) and Implementation Advance Planning Document (IAPD)
- ✓ ▶ State has initiated outreach and communications about the Medicaid EHR Incentive Program; information is available on a website
 - ▶ State has tested the interface with CMS to accept provider registration information from CMS' National Level Repository (NLR)
 - ▶ State is now capable, or will be capable within 3 months, of accepting provider attestations
 - ▶ State is now capable, or will be capable within 5 months, of making provider incentive payments
 - ▶ The State has sufficient controls in place to ensure that the right incentive payments are made to the right providers before initiative provider incentive payments



Next Steps

- ▶ Work with CMS to address comments they had on the SMHP (by December 6, 2010)
- ▶ Finalize the implementation timeline with the multi-state collaborative and systems vendor
 - Current target dates include Spring 2011 to begin accepting provider registrations and Summer 2011 to begin issuing payments to providers
- ▶ Finalize communications regarding the Department's plan to administer and conduct oversight of the Medicaid EHR Incentive Program; distribute to EPs and Hospitals



Resources

- ▶ Medicaid EHR Incentive Program
 - <https://www.cms.gov/EHRIncentivePrograms/>
 - <http://www.dhs.wisconsin.gov/ehrincentive/>
- ▶ CMS and ONC Regulations and Guidance
 - http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__regulations_and_guidance/
- ▶ ONC list of Certified EHR Technology
 - <http://onc-chpl.force.com/ehrcert>
- ▶ Questions?
 - Email: DHSEHRIncentiveProgram@wisconsin.gov
- ▶ ListServe
 - Register your email to subscribe to email updates on the Medicaid EHR Incentive Program:
 - http://lists.wi.gov/read/all_forums/subscribe?name=dhs-ehrincentiveprogram
- ▶ Wisconsin Health Information Technology Extension Center
 - <http://www.whitec.org/>



Questions?



Appendix



Meaningful Use: EP Core Objectives

1. Computerized physician order entry (CPOE)
2. E-Prescribing (eRx)
3. Report ambulatory clinical quality measures to CMS/States
4. Implement one clinical decision support rule
5. Provide patients with an electronic copy of their health information, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug–drug and drug–allergy interaction checks
8. Record demographics
9. Maintain an up–to–date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. Capability to exchange key clinical information among providers of care and patient–authorized entities electronically
15. Protect electronic health information



Meaningful Use: EP Menu Set

1. Drug-formulary checks
2. Incorporate clinical lab test results as structured data
3. Generate lists of patients by specific conditions
4. Send reminders to patients per patient preference for preventive/follow up care
5. Provide patients with timely electronic access to their health information
6. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
7. Medication reconciliation
8. Summary of care record for each transition of care/referrals
9. Capability to submit electronic data to immunization registries/systems*
10. Capability to provide electronic syndromic surveillance data to public health agencies*

*At least 1 public health objective must be selected