

Medicaid EHR Incentive Frequently Asked Questions

All external hyperlinks are provided for your information and for the benefit of the general public. The Rhode Island Department of Human Services does not testify to, sponsor, or endorse the accuracy of the information provided on externally linked pages.

[General FAQs on the Medicare and Medicaid EHR Incentive Programs can be found on CMS's website.](#)

[CMS has compiled a separate list of Medicaid Questions on the CMS EHR Incentive Program Final Rule.](#)

Can't find the answer to your question? Email us at ehrincentive@dhs.ri.gov

QUESTIONS:

Eligible Hospitals

- [What hospitals are eligible to receive Medicaid EHR incentive payments?](#)
- [How is the total Medicaid hospital incentive payment calculated?](#)
- [How will the payments to Hospitals from Rhode Island be distributed across participation years?](#)
- [When is the last year hospital can begin receiving payments from the Medicaid EHR Incentive Program?](#)

Eligible Professionals

- [What types of professionals are eligible for Medicaid incentive payments?](#)
- [Are professionals with few to no Medicaid patients eligible for the incentive payments?](#)
- [If a practice is owned by a hospital, can the eligible professionals in the practice receive Medicaid incentive payments?](#)
- [What is the maximum incentive an eligible professional \(EP\) can receive under the Medicaid Electronic Health Record \(EHR\) Incentive Program?](#)
- [Is each eligible professional that meaningfully uses an EHR in a group practice eligible for incentive payments or just the group practice itself?](#)
- [The HITECH Act authorized the creation of a Medicare and a Medicaid EHR incentive programs. Can eligible professionals enroll in both?](#)
- [Once an EP has selected an EHR incentive program \(Medicare or Medicaid\) are you able to switch?](#)
- [Over how many years will an EP receive payments?](#)
- [Can an EP reassign their EHR incentive payment?](#)

Patient Volume

- [How is patient volume calculated?](#)
- [How is a patient encounter defined?](#)
- [What is a Needy Individual?](#)

Meaningful Use

- [When do providers have to meet meaningful use requirements for Medicaid?](#)
- [What are the meaningful use requirements?](#)
- [What is the difference between the meaningful use requirements in the proposed rule and the final rule?](#)

Registration

- [When can I register and where do I register?](#)
- [What do I need in order to register?](#)
- [How will eligible professionals \(EPs\) and hospitals apply for incentives under the Medicaid Electronic Health Record \(EHR\) Incentive Program?](#)

Certification

- [How do EHRs become certified?](#)

[More EHR Incentive FAQs can be found on CMS's website.](#)

ANSWERS:

Eligible Hospitals

What hospitals are eligible to receive Medicaid EHR incentive payments?

Acute care, critical access, and children's hospitals are the only types of hospitals eligible for the Medicaid EHR Incentive Program.

Acute care and critical access hospitals must have a Medicaid (Title XIX) patient volume of at least 10% of their total volume to be eligible to receive incentive payments. Patient volume is defined in the final rule as the percent of Medicaid Title XIX encounters to total hospital encounters. Children's hospitals do not have to meet Medicaid patient volume requirements to receive incentive payments.

Eligible Hospitals can receive payments from both the Medicare and Medicaid Incentive Programs. The exceptions are children's and cancer hospitals, which will qualify for Medicaid incentive payments only. The qualifying hospitals for the Medicare program are based on rules of inclusion and exclusion in the prospective payment system.

Hospitals types as defined by the proposed rule are provided in the table below:

Eligible Hospitals	Patient Volume over 90-Day Period	Definition
Acute Care and Critical Access Hospitals	10% Medicaid	<ul style="list-style-type: none">• Average patient stay = 25 days or fewer, and• CCN's last four digits = 0001 - 0879 and 1300 - 1399
Children's Hospitals	None	<ul style="list-style-type: none">• Separately certified children's hospital, and• CCN's last four digits = 3300 - 3399

How is the total Medicaid hospital incentive payment calculated?

[CMS has detailed the formula used to calculate payments in their Tip Sheet - Medicaid Hospital Incentive Payments Calculations.](#) (PDF, 1.57 MB)

How will the payments to Hospitals from Rhode Island be distributed across participation years?

The Rhode Island Medicaid Agency will distribute payments over 3 years according to the following percentages:

- Participation Year 1: 50% of Aggregate EHR Hospital Incentive Amount
- Participation Year 2: 40% of Aggregate EHR Hospital Incentive Amount
- Participation Year 3: 10% of Aggregate EHR Hospital Incentive Amount

When is the last year a hospital can begin receiving payments from the Medicaid EHR Incentive Program?

Hospitals must begin receiving EHR Incentive Payments by 2016. In order to receive an EHR incentive payment after 2016 the Hospital must have received a payment in the previous year. Hospitals receiving a Medicaid EHR incentive payment must receive payments on a consecutive, annual basis after the year 2016.

Eligible Professionals

What types of professionals are eligible for Medicaid incentive payments?

Eligible professionals include:

- Physicians
- Dentists
- Certified Nurse Midwives
- Nurse Practitioners
- Physician Assistants practicing in Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC) led by a physician assistant

These eligible professionals must have at least a 30% patient volume attributable to Medicaid (Title XIX).

Eligible professionals practicing in a FQHC or RHC must have at least 30% patient volume attributable to Medicaid or needy individuals.

Pediatricians will be considered eligible with a Medicaid (Title XIX) patient volume of 20% but receive 2/3 of the incentive amounts specified unless their Medicaid patient volume is 30% or higher.

To be eligible for Medicaid incentive payments, professionals are required to waive their right to receive Medicare EHR incentive payments.

Professionals who provide 90% or more of their services in a hospital based setting (inpatient and emergency room settings) are not eligible for the Medicaid EHR Incentive Program.

Are professionals with few to no Medicaid patients eligible for the incentive payments?

No, eligible professionals must have at least 30% patient volume attributable to Medicaid (Title XIX) patients. Eligible professionals practicing in a FQHC or RHC must have at least 30% patient volume attributable to Medicaid and/or needy individuals. Pediatricians must have a Medicaid (Title XIX) patient volume of 20% to be eligible and receive 2/3 of the dollar amounts specified above unless their Medicaid patient volume is 30% or higher.

If a practice is owned by a hospital, can the eligible professionals in the practice receive Medicaid incentive payments?

Yes, only physicians who primarily work in inpatient and emergency room settings are excluded from the Medicaid EHR incentive program. This definition was expanded through bill, H.R. 4851.

What is the maximum incentive an eligible professional (EP) can receive under the Medicaid Electronic Health Record (EHR) Incentive Program?

Eligible professionals who adopt, implement, upgrade, and meaningfully use EHRs can receive up to \$63,750 over the 6 years that they choose to participate in program. Pediatricians have special rules and they are allowed to participate with a reduced patient volume threshold (20% instead of 30%). If pediatricians participate and have a patient volume less than 30%, they receive an incentive reduced to two-thirds, which is \$42,500 over six years. EPs must begin receiving incentive payments by calendar year 2016.

Is each eligible professional that meaningfully uses an EHR in a group practice eligible for incentive payments or just the group practice itself?

The funding is available per professional provided that professional meets the eligibility criteria.

The HITECH Act authorized the creation of a Medicare and a Medicaid EHR Incentive Programs. Can eligible professionals enroll in both?

No. The proposed rule requires that eligible professionals select either the Medicare or Medicaid Incentive Programs - no eligible professional may participate in both.

Once an EP has selected an EHR Incentive Program (Medicare or Medicaid) are you able to switch?

Eligible Professional (EP) may change their EHR Incentive Program election once, but such change in election must occur before calendar year 2015.

Over how many years will an EP receive payments?

Medicaid Eligible Professionals (EP) may participate for a total of 6 years and may not begin receiving payments any later than calendar year 2016.

Can an EP reassign their EHR incentive payment?

Yes, EPs may voluntarily reassign their full incentive payment to a single Payee TIN to either employers in which a contractual arrangement already exists or to a designated entity promoting the adoption of certified EHR technology.

Patient Volume

How is patient volume calculated?

Eligible Professionals (EPs) and Hospitals must meet a patient volume thresholds, which is a ratio where the numerator is the total number of Medicaid (Title XIX) patient encounters (or needy individuals) treated in any 90-day period in the previous calendar year and the denominator is all patient encounters over the same period.

How are CHIP (Children's Health Insurance Plan) encounters counted?

If your practice provides care to children, you will need to apply a County CHIP Reduction to the Medicaid encounters. Based on the location of your primary practice or hospital, you will need to apply the 2012 county reductions to your Medicaid volume numerator:

Bristol County	18.3%
Kent County	17.6%
Newport County	14.8%
Providence Country	12.7%
Washington County	16.8%

Here's an example: If over a 90-day period in the previous calendar year, a pediatrician claims to have a total of 2,468 encounters and 747 were Medicaid encounters for this Providence County practice location, a 12.7% CHIP patient volume reduction will be applied in the following manner:

$$747 * (-12.7\%) = 652$$

$652/2,468 = .2541$ - The 25% Medicaid Patient Volume will qualify the pediatrician for a 2/3 incentive payment.

Please note: Beginning 2013, Stage II Meaningful Use rule changes will eliminate the requirement for providers to utilize a CHIP reduction. This change applies to states that have a combined Medicaid and CHIP programs and cannot differentiate encounters between each program. Simply stated, 2012 applications will still require a CHIP reduction noted in the above table, while 2013 will not require a CHIP reduction

How is a patient encounter defined?

An "encounter," for the purposes of calculating an EP's patient volume, is defined as:

1. 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
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, co-payments and/or cost-sharing.

An "encounter," for the purposes of calculating a Hospital's patient volume, is defined as:

1. Services rendered to an individual per inpatient discharges where Medicaid or a Medicaid demonstration project under section 1115 paid for part or all of the service;
2. Services rendered to an individual per inpatient discharge 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;
3. Services rendered to an individual in an emergency department on any one day where Medicaid or a Medicaid demonstration project under section 1115 of the Act either paid for part or all of the service; or
4. Services rendered to an individual in an emergency department on any one day 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.

What is a Needy Individual?

Needy individuals are those receiving medical assistance from Medicaid (Title XIX) or the Children's Health Insurance Program (Title XXI), individuals who are furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

Meaningful Use

When do providers have to meet meaningful use requirements for Medicaid?

Medicaid providers do not have to demonstrate meaningful use in their first payment year. They only have to demonstrate that they have adopted, implemented, or upgraded certified EHR technology and there is no reporting period for this requirement. It simply has to have been accomplished before they attest to that fact to the State.

The first year a Medicaid provider must demonstrate meaningful use is their second participation year, for this year the EHR reporting period is 90 consecutive days within the participation year (ex: If applying for a 2011 payment the 90 days must start and finish within the calendar year for EPs or federal fiscal year for hospitals). For all

subsequent years the EHR reporting period is the full annual period (one calendar or fiscal year).

What are the meaningful use requirements?

The meaningful use requirements to qualify for incentive payments were released on July 13, 2010. The final rule definitively outlines all the specifics of Stage 1 meaningful use and clinical quality measure reporting to receive the incentive payments in 2011 and 2012. [For more detailed information on Meaningful Use please visit CMS's web site.](#)

Registration

When can I register and where do I register?

On Jan. 3, 2011, CMS Launched registration for eligible health care professionals and eligible hospitals who wish to participate in the Medicare EHR Incentive Program. As of July 4, 2011, registration for the Rhode Island Medicaid EHR Incentive Program is now available. You must register first with CMS before you register and attest for the Rhode Island Medicaid EHR Incentive Program. For more information on registration, please visit the [Registration page on the CMS website](#). Providers can also use this central website to get information about the program and link to the programs' online registration system.

After you complete the registration with CMS, you will be notified by The Rhode Island Medical Assistance Provider Incentive Repository (MAPIR) System which will allow you to register for the Rhode Island Medicaid EHR Incentive.

What do I need in order to register?

Registration will take place on CMS's web site, [for more information on what is needed to register please visit the CMS web site](#). Registration for the Rhode Island Medicaid EHR Incentive Program is open.

The items listed below must be completed before an Eligible Professional or an Eligible Hospital can proceed to the RI Medicaid EHR Incentive Application process:

- **Make note of your CMS EHR Certification Number**

Prior to registering with CMS for the Medicaid EHR Incentive you will need a CMS EHR Certification Number. To obtain this number, visit the [Office of the National Coordinator of Health Information Technology \(ONC\)](#) website and follow the steps to acquire the CMS EHR Certification Number.

- **Register first with CMS**

Before you apply for the Rhode Island Medicaid EHR Incentive Program, you

must register first through the CMS Registration & Attestation System (R&A).

[Click here](#) to review the instructions on how to register or access the R&A System.

CMS will notify the Rhode Island Medicaid program of your registration request. The Rhode Island Medicaid MAPIR system will send you an email indicating that your R&A registration was been received.

Note: If you are registering on behalf of an eligible provider(s), you may need to apply for a [CMS Identity and Access Management \(I&A\) User ID and password](#).

- **Obtain a RI Medicaid Trading Partner ID**

You will need a Rhode Island Medicaid Trading Partner ID to access MAPIR. You or your office may already have a Trading Partner ID that you use to access Medicaid claim and payment information. If not, or if you need to associate additional providers to an existing Trading Partner ID, you will need to complete the appropriate Trading Partner Agreement Form.

[Trading Partner Agreement Forms](#)

Certification

How do EHRs become certified?

The EHR Incentive Programs require the use of fully certified EHR technology, as dictated by set standards. [For information on certification please visit the CMS web site.](#)

[More FAQs can be found on CMS's website.](#)