

Documentation Requirements

Idaho Medicaid Electronic Health Record (EHR) Incentive Program

Created June 2012

Note to Providers: There is a good possibility that business processes will change after the program is launched. Potential efficiencies as well as potential problems are likely to become evident. This paper describes the business as of spring 2012. Please be sure to return to the information on the website and in the provider handbook often for updates. Creation dates will be noted on each paper.

Introduction

Idaho Medicaid EHR Incentive Program staff must verify the eligibility of all applicants. In order to achieve this, we're asking all providers to include certain documentation to support eligibility determinations. What is not verified pre-payment will be subject to post-payment audit verification.

All Providers – Submission of AIU Documentation

Eligible professionals and hospitals must adopt, implement, or upgrade (AIU) to certified electronic health record (EHR) technology. States must verify that providers have met this requirement. CMS suggests providers submit a vendor contract, or other legally binding documentation, from providers to ensure the existence of EHR technology. Because certified EHR technology is the fulcrum for everything the incentive program was designed to accomplish, Idaho will validate the AIU of all eligible professionals (EPs) and hospitals.

Regardless of whether the EP or hospital is adopting, implementing, or upgrading, the documentation that will sufficiently validate AIU will, at a minimum:

- Identify the specific EHR technology and modules being adopted or already in use.
- Indicate that certified EHR technology has been acquired, purchased, or a third party EHR vendor is under contract such that financial documents have been processed and are available.
- Be a business record or transaction, rather than a promise, pledge, or plan to adopt EHR.

So long as these three requirements are met, business documentation that verifies third-party engagement will be considered the most reliable form of AIU validation. Examples of such documentation include:

- a signed vendor contract, or
- a receipt of purchase, or
- a valid user agreement, or
- a signed lease agreement, or
- other legally binding documentation.

Note: A letter from the EHR vendor is not sufficient.

Please be specific and concise with the supporting documentation you provide. Providing large documents with hundreds of pages will only slow down the eligibility determination process. We do not need historical details of all previous payment or purchases that support your certified EHR system. A current agreement or recent invoice with payment detail is sufficient.

In addition to AIU documentation, Idaho is requesting that EPs, not hospitals, include evidence of the number of licenses a practice or clinic has access to. Blanket licenses, which do not identify the number of licenses but rather the site where there is license to use the system, are also acceptable.

In the interest of minimizing administrative burden, it is suggested that in group practices and clinics, the administration gather the AIU and license documentation, scan it if needed, create a PDF, and provide it to all associated EPs so they may attach it to their Idaho application/attestation form at the time that they submit the application/attestation form to Idaho Medicaid. We ask you to limit the total size of each file you attach to 5MB. If that is not manageable please contact our helpdesk for further guidance.

Note on Dual Eligible Hospitals

If you have already been approved for payment and declared a meaningful user for the Medicare Program, you DO NOT have to include the AIU documentation when you apply to Medicaid. If you have registered for a Medicare incentive payment as well as a Medicaid payment but have not yet completed the attestation process for Medicare and been approved for payment, you WILL HAVE to submit AIU documentation to Idaho Medicaid.

Eligible Professionals – Patient Volume Reports

To support patient volume requirements, you will need a:

- System generated 90 calendar-day patient volume report supporting individual or group proxy calculations of patient encounters. Please see the informational paper called *Eligible Professional Patient Volume Calculation* posted on the website or in that section of the provider handbook.
- Group Proxy Worksheet* only if using a group proxy calculation

Note to Clinics/Group practices with eligible professionals using the proxy calculation:

It is important to prepare one 'Proxy Calculation Worksheet' that all eligible professionals in the practice will use when attesting on-line. This will help ensure group consistency and accuracy of the proxy calculation and streamline the verification.

Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) Eligible Professionals

- Provider Roster*: Medicaid would like each FQHC or RHC to complete one provider roster per clinic and submit it to Medicaid before any provider applies/attests to receive a Medicaid incentive payment. Please see the informational paper on Provider Rosters on the website or that section of the Provider Handbook for details. A Provider Roster form is available to support this submission.

- Physician Assistants (PAs): Unlike other eligible professional types, PAs can apply for an EHR incentive only if they are practicing predominantly at an FQHC or an RHC. In addition, the FQHC or RHC where they practice must be PA-led. PA-led is defined as a clinic where the Medical Director is a PA, an RHC where the owner is PA, or a clinic where the PA provides the majority of care. The following documentation is required to support PA led:
 - If the PA is the Medical Director – job description, employment agreement/contract, organization chart from clinic.
 - Owner of an RHC – state ownership record.
 - If the PA provides the majority of care – clinic appointment records or work hours relative to other eligible professionals. May use patient encounter reports relative to other eligible professionals.
 - Other - please work with program staff to identify acceptable documentation to support being a PA-led clinic.

Hospitals Only

When Idaho Medicaid receives notification from CMS that a hospital has registered for an Idaho Medicaid incentive payment, Medicaid staff will contact the hospital using the contact information provided on that registration. The hospital will be asked to provide the following information:

- The date in the previous completed federal fiscal year the hospital wishes to begin the 90 calendar-day period for calculating patient volume (if you apply in July 2012, it would be federal fiscal year 2011).
- The total number of discharges you had during that same 90-day period.
- The hospital's charity care for the federal fiscal year prior to the hospital fiscal year that serves as the first payment year. Charity care can be equal to uncompensated care minus bad debt. Documentation to support the charity care information you provide must be provided to Medicaid.
- The AIU documentation - If the hospital has met the Medicare meaningful use requirements AND received a payment from CMS, the AIU documentation is not required. Otherwise, the hospital will need to include documentation to support that the hospital has adopted a certified EHR system when applying/attesting to Idaho Medicaid (acceptable documents are listed above).

When this information is received, staff will run a report to determine the total number of Medicaid recipients included in your 90-day encounter period whose services were funded with Title XXI funds, or the Children's Health Insurance Program often referred to as CHIP. These services are not eligible to be included in the number of Medicaid patient encounters that will be used to determine your 10% eligible patient volume or your payment amount. Staff will also calculate your Medicaid EHR incentive payment amount. A calculation worksheet, approved by CMS, will be completed and emailed to you with your patient volume information. Once the hospital contact receives this information, please carefully review it to ensure you agree with the calculation, the encounter numbers, etc.; you are expected to use that information to apply/attest with Idaho.

Additional Information

For questions about this or other issues concerning the Idaho EHR Incentive Program, please go to www.MedicaidEHR.dhw.idaho.gov. There you will find an “Ask the Program” feature that will allow you to send questions to program staff. You can also call the Idaho Medicaid EHR Program Helpdesk at (208) 332-7989.

* Group Proxy Worksheets and Provider Roster Forms are on the Idaho EHR website under Forms for Providers.