

IDAHO MEDICAID ELECTRONIC HEALTH RECORDS (EHR): ELIGIBILITY REQUIREMENTS

FREQUENTLY ASKED QUESTIONS

Question	Answer
<p>1. How do I know if I qualify to receive a Medicaid incentive payment?</p>	<p>To be eligible to receive a payment, you must meet the following criteria:</p> <ul style="list-style-type: none"> • Be an eligible professional, or • Be an eligible hospital. • Use certified EHR technology (definition) published by the Office of the National Coordinator 12-31-2009. • Meet the meaningful use criteria in the employment of the certified EHR technology.
<p>2. Who is considered an eligible professional (EP) in the Idaho Medicaid EHR Incentive Program?</p>	<p>An EP is a:</p> <ul style="list-style-type: none"> • Physician (Medical or Osteopathic) • Dentist • Advanced Practice Professional Nurse (APRN)-includes Nurse Practitioner, Certified Nurse Midwife, Clinical Nurse Specialist and Registered Nurse Anesthetist • Physician’s assistant (PA) practicing in a federally qualified health center (FQHC) or rural health clinic (RHC) that is led by a PA
<p>3. What are the eligibility requirements for EPs?</p>	<p>An EP must:</p> <ul style="list-style-type: none"> • Not be hospital based. • Be licensed in the state of Idaho (or be authorized to practice in the state). • Not have any current sanctions that have temporarily or permanently barred them from participation in the state Medicaid program. • Meet one of the following appropriate patient volume thresholds: <ul style="list-style-type: none"> ○ Have a minimum 30% patient volume attributable to individuals receiving Medicaid (Title XIX). ○ Be a pediatrician and have a minimum 20% patient volume attributable to individuals receiving Medicaid (Title XIX), but would only receive 2/3 of the full

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	<p>incentive amount.</p> <ul style="list-style-type: none"> ○ Practice predominantly in an FQHC or RHC and have a minimum 30% patient volume attributable to needy individuals or individuals receiving Medicaid (Title XIX).
<p>4. What is considered an eligible hospital (EH) in the Idaho Medicaid EHR Incentive Program?</p>	<p>An EH is an acute care hospital (which includes critical access hospitals (CAHs) and cancer hospitals) or a children’s hospital.</p>
<p>5. What are the eligibility requirements for EHs?</p>	<p>Acute care hospitals must:</p> <ul style="list-style-type: none"> • Meet a 10% Medicaid patient volume requirement (discharges and emergency department (ED) visits in the preceding fiscal year). • Have an average length of stay for patients of 25 days or fewer. • Have a CMS certification number (CCN) in the series ending with 0001–0879 or 1300–1399. <p>A children’s hospital:</p> <ul style="list-style-type: none"> • Must have a CCN ending with 3300–3399. • Does not have a patient volume or average length of stay requirement.
<p>6. What is a hospital-based EP?</p>	<p>An EP is considered hospital-based if 90% or more of their Medicaid encounters are performed in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year. Whether or not an EP is hospital-based is determined individually for each EP. To qualify for a payment, the EP must not be hospital-based for each year that they are seeking payment. This exclusion does not apply to the Medicaid EP qualifying as practicing predominantly in an FQHC or RHC.</p>
<p>7. What does it mean to practice predominately in an FQHC or RHC?</p>	<p>An EP is considered to practice predominately in an FQHC or RHC when over 50% of the provider’s total encounters over a six-month period in the most recent calendar year are provided in an FQHC or RHC. In Idaho, the most recent calendar year is</p>

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	defined as the previously completed calendar year.
<p>8. If a professional needs to show they practice predominately in an FQHC or RHC, what basis would you use to verify this?</p>	<p>We can use work schedules and information out of the practice management system to verify the more than 50% over the six month period requirement.</p>
<p>9. What defines a Medicaid (Title XIX) encounter?</p>	<p>A Medicaid encounter is when Medicaid (Title XIX) paid for:</p> <ul style="list-style-type: none"> • Part or all of the services. • Part or all of the individual's premiums, co-payments, or cost-sharing. <p>For purposes of calculating patient volume for EPs that are not an FQHC or RHC, only Medicaid encounters (services funded by Title XIX) may be counted; Children's Health Insurance Program (CHIP) encounters (services funded by XXI) cannot be included.</p>
<p>10. What defines a needy individual?</p>	<p>A needy individual is defined as an individual who:</p> <ul style="list-style-type: none"> • Receives medical assistance from Medicaid or CHIP. • Is furnished uncompensated care by the provider. • Is furnished services at either no cost or a reduced cost based on a sliding scale determined by the individual's ability to pay. <p>The inclusion of needy individuals in the threshold calculation applies only to meeting the patient volume requirements for EPs practicing predominately in FQHCs or RHCs. All services rendered on a single day to a single individual by a single EP count as one encounter. If the individual receives services from more than one EP practicing in the same FQHC or RHC on the same day, each visit counts as an encounter for each EP.</p> <p>Note: The no cost, reduced cost, and sliding scale should be the result of a policy to provide no cost or reduced cost services for needy individuals. These classifications do not include, for example, write-offs of bad debt or fee discounts when patients pay at the time of service.</p>

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<p>11. What is meant by a PA-led clinic?</p>	<p>PAs in FQHCs and RHCs are eligible for the incentive program if that FQHC or RHC is led by a PA. A PA would be leading an FQHC or RHC under any of the following circumstances:</p> <ul style="list-style-type: none"> • When a PA is the primary provider in a clinic (e.g., when there is a part-time physician and full-time PA, we would consider the PA as the primary provider). • When a PA is a clinical or medical director at a clinical site of practice. • When a PA is an owner of an RHC.
<p>12. Are PAs included under the category of providers in FQHCs or RHCs?</p>	<p>PAs must provide supporting documentation to validate they meet the above criteria prior to applying for the incentive payment. Supporting documentation will include a signed attestation as well as possibly including ownership documents, position descriptions, work schedules, appointment calendars, emails, meeting minutes, and other organizational documents that show clinical leadership.</p>
<p>13. What is a Provider Roster Template and who should be using it?</p>	<p>Any FQHC, RHC, or Tribal clinic expecting to participate in the EHR program should complete the Provider Roster Template (one per clinic location) and submit it to the Idaho Medicaid EHR Incentive Program staff before the time providers are actually applying/attesting. Not all EPs at FQHCs or RHCs may be enrolled as Idaho Medicaid providers so it is difficult to verify if providers are currently active or if they are one of the eligible provider types when an EP is not fully enrolled in the Medicaid system. The information on the provider roster will help EHR program staff when verifying provider eligibility. Only one provider roster is needed from each clinic. The provider roster should list all EPs at the clinic location, not all practitioners. If you get a new employee after the provider roster has been submitted, you will want to contact the Idaho Medicaid EHR staff and submit an updated provider roster. The Provider Roster Template is available on the Idaho Medicaid EHR web page at www.MedicaidEHR.dhw.idaho.gov. The completed provider roster can be emailed to EHRincentives@dhw.idaho.gov.</p>
<p>14. What are the Idaho state licensing requirements to be an advanced practice professional nurse (APRN) for the Idaho</p>	<p>You must have a current and active advanced practice professional nursing (APRN) license recognized by the Idaho Board of Nursing to support your provider type, which includes nurse practitioner, clinical nurse specialist, certified midwife or registered nurse anesthetist.</p>

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Medicaid EHR Incentive Program?	
15. Can a provider receive more than one Medicaid EHR incentive payment in a year?	Each EP can only receive one incentive payment per year, regardless of how many practices or location at which they provide services. Providers serving populations in more than one state can only participate in one state.
16. I am an EP and am part owner of three separate clinics where I am a Medicaid performing provider; can I apply three times (one for each business)?	No. You can only apply once because the national provider identifier (NPI) is tracked to the individual EP.
17. Can a hospital participate under both the Medicare and Medicaid EHR Incentive Programs?	Yes, hospitals can receive payments from both the Medicare and Medicaid EHR Incentive Programs if they meet requirements for both (except children's hospitals, which can only qualify for Medicaid incentive payments). Hospitals that are dually eligible should select "Both Medicare and Medicaid" during the CMS registration process, even if they plan to only apply for a Medicaid incentive payment, to maintain the option to attest for Medicare incentive payment at a later date. Dually-eligible hospitals will attest through CMS for their Medicare EHR incentive payment and with the Idaho Medicaid EHR Incentive Program for the Medicaid incentive payment. The Medicare EHR Incentive Program is administered directly by CMS and has different eligibility requirements and payment schedules.
18. Can an EP participate under both the Medicare and Medicaid EHR Incentive Programs?	EPs can only participate in one program at a time and can switch between programs once before the 2015 payment year. The Medicare EHR Incentive Program is administered directly by CMS and has different eligibility requirements and payment schedules.
19. When a provider begins in the Medicare EHR Incentive Program, receives an EHR incentive	No. A payment for AIU can only be made in the first year of the Idaho Medicaid EHR Incentive Program and providers who switch from the Medicare EHR Program to the Idaho Medicaid EHR Incentive Program are considered to be in the same payment year they would have been in had they started first with the Idaho

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payment, and then switches to the Idaho Medicaid EHR Incentive Program, is the provider eligible for a payment for adopting, implementing, or upgrading (AIU)?	Medicaid EHR program. As long as the EP has not received the first year Medicare EHR incentive payment, it is understood they can still switch to Medicaid and receive a first year payment for AIU. Receiving the Medicare incentive payment in that first year is the key.
20. I have four physicians - can two participate with Medicare and two with Medicaid?	Not all providers within a practice are required to participate in the same incentive program. If a clinic has four providers, two can participate in the Medicaid program and two can participate in the Medicare program.
21. Are professionals with a low number of patients eligible for the incentive payments?	Yes. There are no requirements for a minimum number of patients.
22. Are professionals with few to no Medicaid patients eligible for the incentive payments?	No. EPs must have at least 30% patient volume attributable to Medicaid (Title XIX) patients; CHIP (Title XXI) patients are excluded from the patient volume calculations. EPs practicing in an FQHC or RHC must have at least 30% patient volume attributable to needy individuals. Pediatricians must have a minimum 20% patient volume attributable to Medicaid (Title XIX) patients, but would only receive two-thirds of the full incentive payment unless their Medicaid patient volume is 30% or higher.
23. Do doctors/psychiatrists qualify for the incentive program if they are contracted or part-time rather than employed?	An EP's employment status (e.g., contractual, permanent, temporary, or part-time) does not dictate eligibility for incentive payments. So long as a professional is one of the designated EP provider types and meets other program requirements (e.g., adoption, implementation, or upgrade standards), they could be eligible for an incentive payment.
24. If an EP has a low visit total, but higher than 30% Medicaid patient volume, are they still eligible for the Idaho	EPs must meet patient volume requirements to be eligible for the incentive program. The volume threshold requirement is based on the percentage of Medicaid patients seen and not a minimum number of encounters.

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<p>Medicaid EHR Incentive Program?</p>	
<p>25. Can a pediatric nurse practitioner or PA qualify for the program with 20-29% Medicaid patient volume?</p>	<p>No. Only those physician providers with a pediatric specialty can qualify with the lower patient volume. Mid-levels in a pediatric office need to meet the 30% Medicaid patient volume threshold.</p>
<p>26. I am a pediatrician, but my Medicaid patient volume is 35%. Am I eligible for the full incentive payment or will I still receive only the reduced incentive amount?</p>	<p>Any EP, including pediatricians, whose Medicaid patient volume is equal to or greater than 30% is eligible for the full EHR incentive payment. Pediatricians whose patient volume is equal to or greater than 20%, but less than 30%, are eligible for a reduced incentive payment equal to two-thirds of the full incentive payment.</p>
<p>27. If the clinic is owned by a hospital, can the physician apply independently of the hospital for the Idaho Medicaid EHR Incentive Program?</p>	<p>Regardless of ownership of the clinic, if the EP meets the eligibility requirements and does not meet the definition of hospital based, he or she may register and attest as an EP. It is up to the professional and the clinic owners to negotiate whether to designate the owner as the payee.</p>
<p>28. I work in an RHC that is an extension of a CAH; is the RHC eligible (I know that providers are eligible, but the hospital would have to purchase the medical practice EHR for them at a cost of \$100,000+)?</p>	<p>Providers in these clinics may be eligible for the incentive program as an EP. The incentive is for the meaningful use of the certified EHR, not reimbursement for the cost of the EHR.</p>

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<p>29. I work in a group practice. Is each individual in a group practice eligible for incentive payments or just the group practice itself?</p>	<p>Each individual EP may participate in the incentive program. The program is specific to the individual EP and not to the group.</p>
<p>30. Will ambulatory surgical centers be eligible for the Medicaid EHR Incentive Program?</p>	<p>No. Ambulatory surgical centers are not eligible for EHR incentive payments. However, EPs working within an ambulatory surgical center are eligible to receive EHR incentive payments.</p>
<p>31. Are behavioral health or long-term care practitioners eligible for payments?</p>	<p>In so far as a provider meets the criteria of a Medicare or Medicaid EP, their clinical location or specialty are not factors (e.g., behavioral health or long-term care).</p>
<p>32. I have a midlevel practitioner that is a certified nurse midwife whose services are billed through her supervising physician; is she still eligible?</p>	<p>She is eligible, and will need to register through CMS and designate herself as an EP.</p>
<p>33. As a nurse practitioner (NP), the majority of my services are billed using the supervising physician's billing information, can I apply</p>	<p>Yes, NPs are defined as EPs for the EHR incentive program and can receive an incentive payment. NPs can apply using one of the following:</p> <ul style="list-style-type: none"> • Individual volume: The application must contain the billing report indicating the volume attributable to the NP. • Group volume: When an NP is using group volume, there must be at least one paid Medicaid encounter between the start of the 90-day volume period and the

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for a payment?	<p>date of attestation/application.</p> <ul style="list-style-type: none"> • Supervising physician's volume: When an NP is using the supervising physician's individual volume, the following applies: <ul style="list-style-type: none"> ○ The volume reporting period must be distinctly different from the volume reporting period for the supervising physician. ○ The billing report must include encounters for the NP, the supervising physician, and all other NPs under that physician's supervision. ○ The application must also contain documentation of one paid Medicaid encounter as evidenced by a medical record.
34. Is an orthodontist the same as a dentist for purposes of the EHR incentive program?	Yes. An orthodontist that possesses a DDS or DMD is considered a dental provider and is eligible for the incentive program.
35. Are optometrists considered EPs for the Idaho Medicaid EHR Incentive Program?	No, optometrists are not considered part of physician services provided by the state Medicaid plan.