

IDAHO MEDICAID ELECTRONIC HEALTH RECORDS (EHR): REGISTRATION AND PAYMENT INCENTIVES

FREQUENTLY ASKED QUESTIONS

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| <p>1. If my EHR system costs more than the incentive the government will pay, can I get additional funds?</p> | <p>The Idaho Medicaid EHR Incentive Program does not provide for incentive payments beyond the limits established by the American Recovery and Reinvestment Act (ARRA), regardless of the cost of the EHR systems chosen by eligible professionals (EPs) or eligible hospitals (EHs). The purpose of the incentive payments is to encourage the adoption and meaningful use of certified EHR technology for improved health outcomes, not to act as a reimbursement for the system and support costs.</p> |
| <p>2. How is the Idaho Medicaid incentive payment calculated for a hospital?</p> | <p>The aggregate hospital incentive payment calculation will be used to determine the incentive payment amount for each individual hospital. The equation, as determined by the Centers for Medicare and Medicaid Services (CMS) rule, includes:</p> <ul style="list-style-type: none"> • Overall EHR Amount = {Sum over 4 year of [(Base Amount plus Discharge Related Amount Applicable for Each Year) times Transition Factor Applicable for Each Year]} • Medicaid Share = (Medicaid inpatient-bed days) ÷ (total inpatient-bed days) x (estimated total charges - charity care charges) ÷ (estimated total charges) <p>Mathematically, the aggregate hospital incentive payment is the product of the Overall EHR Amount multiplied by the Medicaid Share. The Overall EHR Amount and Medicaid Share are described below:</p> <ul style="list-style-type: none"> • The Overall EHR Amount has been determined as the Initial Amount multiplied by the Transition Factor. • The Initial Amount is calculated in four steps: <ol style="list-style-type: none"> 1. The discharge growth factor was compiled using data for a four-year period to arrive at a figure for average growth, or negative growth, for each hospital. 2. For the first payment year, discharges are equal to the number of discharges in the last-filed cost-report year; for year two, discharges equal this same number multiplied by the discharge growth factor; for year three, discharges equal the calculated discharges for year two multiplied, again, by the same discharge growth factor; and for year four, discharges equal the calculated discharges for |

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| | <p>year three multiplied by the discharge growth factor once again.</p> <p>3. The discharge-related amount for each year was determined by multiplying the number of discharges for each year by \$200 as calculated above. Note: This means discharge numbers between (but not including) the 1,149th and the 23,001st discharge.</p> <p>4. Each of these four discharge-related amounts, so derived for each of the four years, is added to the \$2 million annual base amount. Taken together, these four amounts equal the Initial Amount.</p> <ul style="list-style-type: none"> • Transition Factor: <ul style="list-style-type: none"> ○ The four sums from step four above, are then multiplied by the appropriate transition factors (1.0 for year one, .75 for year two, .5 for year three, and .25 for year four). ○ The sum of these four annual amounts equals the Overall EHR Amount. • Medicaid Share is a fraction determined as follows: <ul style="list-style-type: none"> ○ Numerator <ul style="list-style-type: none"> ▪ The estimated number of inpatient-bed days attributable to Medicaid patients plus the estimated number of inpatient-bed days in the same period attributable to individuals who are enrolled in a managed care organization and a pre-paid inpatient health plan, or a pre-paid ambulatory health plan. ▪ Both of these numbers are from the latest certified hospital cost report data. ○ Denominator <ul style="list-style-type: none"> ▪ The estimated total number of inpatient-bed days during the same period, multiplied by another fraction involving: <ol style="list-style-type: none"> 1. The <i>numerator</i> - the estimated total amount of the EH's charges during that period, excluding charges attributable to charity care. 2. The <i>denominator</i> - the estimated total amount of the EH's charges during the same period. |
| <p>3. How will the payments to Idaho hospitals be distributed across participation years?</p> | <p>Idaho will distribute annual payments over three years according to the following percentages:</p> <ul style="list-style-type: none"> • 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 |

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| <p>4. How much will EPs and EHs receive in incentive payments?</p> | <p>EPs can receive up to \$63,750 over the six years that they choose to participate in the program. The first year's payment is \$21,250 with payments of \$8,500 over the remaining five years. An EP who is a pediatrician with a Medicaid patient volume of less than 30%, but meets the patient volume requirement of at least 20%, is limited to a maximum payment in the first payment year of \$14,167 and a maximum payment in subsequent years of \$5,667. The maximum amount for a pediatrician under this limitation shall not exceed \$42,500. Pediatricians meeting the 30% patient volume threshold will be eligible to receive the maximum incentive payment amount. Pediatricians can qualify at either the 20% or 30% Medicaid threshold, but there is no sliding scale between 20% and 30%. EHs may receive payments over three years with the payment breakout of 50% in the first year; 40% the second year; and 10% the third year.</p> |
| <p>5. What should I do if I have registered in the CMS Registration and Attestation (R&A) System but can't access the state application?</p> | <p>Idaho Medicaid will perform a pre-verification after you register at the CMS site. You will receive an email either inviting you to begin attestation with the state or asking you to resolve an issue. Please contact the Idaho Medicaid EHR Help Desk at (208) 332-7989 for help resolving access issues.</p> |
| <p>6. What should I do if I get an error when I try and access my state application or can't find the application link?</p> | <p>Please contact the Idaho Medicaid EHR Help Desk at (208)332-7989 for help resolving log-in issues.</p> |
| <p>7. I was notified that I have been approved to receive an incentive payment this year. How long will I have to wait before I receive the payment?</p> | <p>Once the state has approved an EP or EH to receive an incentive payment, it sends the payment information for mandatory review and confirmation by CMS. When CMS completes this review and confirms payment, the incentive payment will be prepared for disbursement. If the application comes back from CMS with no issues, approved applicants should see their payment no later than 45 days from the eligibility determination. In order to receive an EHR payment, the entity receiving the payment must be enrolled as a vendor with the state of Idaho. If you are already electronic fund transfer (EFT) enabled, incentive payments will come to you electronically. If you're not EFT enabled, the system sends a paper check to the payee's NPI address.</p> |

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| <p>8. My practice is applying under the group proxy method. Do I submit the documentation for the practice showing that we adopted, implemented, or upgraded (AIU) an EHR or do I have to provide AIU information for each applying professional?</p> | <p>In the interest of minimizing administrative burden, group practices and clinics are encouraged to gather the AIU and license documentation once and create a PDF file and provide it to all associated EPs so they may each separately upload the file during their Idaho application/attestation.</p> |
| <p>9. After I complete CMS registration, when can I expect to hear from the state?</p> | <p>CMS will alert the state within 48 hours that you have completed registration. Within 7 days, the state will send you an email notification signifying it is ready for you to begin your application and provide additional instruction. This notification will be sent to the contact name and address provided at CMS registration.</p> |
| <p>10. Which national provider identifiers (NPIs) should I be using to register with CMS and the state?</p> | <p>Here are the definitions of each NPI that is in use during the application and submission program:</p> <ul style="list-style-type: none"> • Payee NPI – The NPI of the individual or organization to receive the payment. In the case of re-assignment, the EP must be a servicing provider directly associated under this NPI. If the EP is not a servicing provider under the payee NPI – the process stops until either the payee NPI is changed/or the EP is added as a servicing provider under the payee NPI. • Organizational NPI – the NPI used to calculate patient volume. This is only entered in the state EHR registration, and only when an EP is using the group proxy for the purposes of patient volume. All EPs in a group who are using the group proxy must use the same organizational NPI. The organizational NPI does not have to be the same as the payee NPI. • EP NPI – The NPI of the eligible professional. |

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| 11. Do providers have to apply every year for the Idaho Medicaid EHR Incentive Program? | Providers must apply every year they wish to receive an Idaho Medicaid EHR incentive payment. Providers are only required to register once in CMS's R&A system, but they must apply each year for the Medicaid EHR Incentive Program via the Idaho Incentive Management System (IIMS). In addition, providers must successfully demonstrate AIU (first participation year) or meaningful use each year in order to receive an incentive payment for the corresponding year. Providers seeking the Medicaid incentive must re-attest each year to other program requirements. |
| 12. Can EPs allow another person to register or attest for them? | Yes. A person other than the program participant, such as an office manager, staffer, or designated individual, may register or attest on behalf of an EP. This includes allowing them to initiate program registration at the CMS website as well as complete the state's EHR incentive program application. |
| 13. Will providers be allowed to use a proxy for attestation or will they need to do it themselves? | Providers can allow a third person to attest on their behalf. However, the provider maintains full responsibility for the information submitted on their behalf. |
| 14. Which option do I select when registering on behalf of an EP in the CMS Identity and Access (I&A) Management System? | Click on "You are requesting to act on behalf of an individual provider." |
| 15. If the group practice bore the cost of AIU, but each physician applies individually, who is entitled to the incentive payment? | Incentive payments are made to individual EPs; however, the EP may voluntarily assign the incentive payment to their practice. The payee NPI and tax identification number (TIN) will be needed at registration to indicate to whom the payment will be made. |
| 16. If I am an EP who is assigning my incentive payment to the entity that owns my clinic or practice, who will receive the 1099 tax document? | If you have voluntarily agreed to assign payment to the facility, the facility will receive the 1099 because the payment was assigned to its TIN. |

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| 17. Will there be any restrictions on how the incentive payments can be used? | No, there is not a restriction on how the incentive payment is spent once the payment is disbursed to the provider. However, the intent of the Idaho Medicaid EHR Incentive Program is to provide financial incentives to EPs for AIU and meaningful use to help them offset the cost of acquiring an EHR system. |
| 18. How does an EP register and apply to receive incentive payments? | <p>An EP must begin by registering in the CMS R&A system. In order to successfully register with CMS, an EP must have:</p> <ul style="list-style-type: none">• An active NPI number.• A National Plan and Provider Enumeration System (NPPES) web user account. The provider will use their NPPES user ID and password to log into the system.• A payee TIN (if incentive payments are being reassigned).• A payee NPI (if incentive payments are being reassigned). <p>Within 48 hours after you successfully register with CMS, the IIMS will be notified. EPs will be directed to the IIMS application system to continue with their state application. At that time, EPs will need their:</p> <ul style="list-style-type: none">• NPI• Tax ID number• CMS Registration ID• 90-day reporting period for the patient volume calculation• Patient volume information to determine if the eligibility requirements are met• The CMS EHR certification number provided by the Office of the National Coordinator (ONC) for the certified EHR technology• Documentation supporting AIU that must be uploaded during the registration process <p>Note: EPs will be required to register with IIMS each year they seek an incentive payment.</p> |

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| <p>19. How does an EH register and enroll to receive incentive payments?</p> | <p>An EH must begin the registration process by first registering with CMS. In order to successfully register with CMS, an EH must have:</p> <ul style="list-style-type: none"> • A CMS I&A management system user ID and password. • An active NPI. • An enrollment record in the Provider Enrollment, Chain, and Ownership System (PECOS). Users working on behalf of an EH must have an I&A system web user account and be associated to an organizational NPI. • A CMS certification number (CCN). • A hospital TIN. <p>After registering on the CMS R&A system website, the EH must register with the Idaho Medicaid EHR Incentive Program. After successfully registering with CMS, EHs will be directed to the IIMS application system to continue with registration. All EHs will also need:</p> <ul style="list-style-type: none"> • Patient volume information to determine if the hospital meets the eligibility requirements. • Demographic data needed for the incentive payment calculator. • The CMS EHR certification number provided by the ONC for the certified EHR technology. • Documentation supporting AIU that must be uploaded during the registration process. <p>Note: EHs will be required to register with IIMS each year they seek an incentive payment.</p> |
| <p>20. How does the application/attestation process work?</p> | <ol style="list-style-type: none"> 1. The provider registers at CMS's R&A system web page. There is a link on the CMS website along with a guide from CMS about how to register. 2. Once the registration is complete, CMS will verify the information and send the registration information to Idaho Medicaid. |

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| | <ol style="list-style-type: none">3. Idaho Medicaid EHR staff then completes preliminary verification.4. Once that verification is complete, Idaho Medicaid EHR staff sends an email to the person, using the address identified in CMS's R&A system, letting them know that it is time to apply/attest to Idaho Medicaid. A link to the IIMS will be included in that email.5. The provider completes the application/attestation, attaches the required supporting documentation, and submits it.6. Idaho Medicaid EHR staff then completes verification of attestation information.7. The EHR staff will request approval for payment to CMS and notify providers of their eligibility status. |
| 21. How are Idaho Medicaid EHR incentive payments issued? | <ol style="list-style-type: none">1. In order to receive EHR incentive payments from Medicaid, the entity receiving the payment (the provider, clinic, or hospital) must be enrolled as a vendor with the state of Idaho.2. Payments will be made to the TIN selected at the time of the CMS site registration, through the state financial system.3. A single consolidated annual incentive payment will be made to an EP or their designated payee.4. Incentive payments are treated like all other income.5. Payments will be made as soon as the state has verified and confirmed that the EP or EH has met the required criteria for AIU (for the first payment year) or has demonstrated meaningful use (for subsequent payment years) for the applicable EHR reporting periods (90 days for the first year or a full calendar year for EPs and fiscal year for EHs for subsequent years).6. Payments are made using EFT. |

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| <p>22. Can an EP reassign payments?</p> | <p>An EP may reassign incentive payments to an employer or entity with which the EP has a valid contractual arrangement allowing the employer or entity to bill and receive payment for the EP's covered professional services. An EP may not reassign an incentive payment to more than one employer or entity. In cases where EPs are associated with more than one practice, the EP must select one TIN to receive any applicable EHR incentive payment. Partial reassignment of payments is not permitted. During the application process, applicants will attest to this relationship and that the assignment is voluntary. Election to reassign payment must be made at the time of CMS registration and requires a payee TIN and NPI.</p> |
| <p>23. If a critical access hospital does not have more than 1,149 discharges, does that mean they are not eligible for payments?</p> | <p>It means they would not get the discharge allowance. All EHs start at a \$2 million base per year and adjust according to their Medicaid share.</p> |
| <p>24. I participate in Medicaid programs from two states; can I receive an EHR incentive payment from both states?</p> | <p>No, EPs and EHs can only receive an EHR incentive payment from one state in a program year. Providers can change the state they choose to participate with from year to year.</p> |
| <p>25. May a hospital apply for Medicaid incentive payments from multiple states?</p> | <p>An EH may receive a Medicaid incentive payment from only one state in a program year.</p> |

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| <p>26. If we hire a provider in mid-2011 and this provider has already received an EHR incentive payment through a previous group, can we still receive an incentive payment for this provider?</p> | <p>The new provider cannot receive an additional incentive payment in 2012. Each EP may be eligible to receive an incentive payment once per year for the duration of the program. An EP may retain the payment or assign the incentive payment to the group.</p> |
| <p>27. How do we ensure that the previous group does not get the incentive payment for this provider in 2012?</p> | <p>Once the provider starts working at a new practice, the provider's information needs to be update in CMS's R&A system to reflect the new practice before the 2012 attestation. All EPs are required to validate and attest to EHR program criteria every year. Payments are tracked by CMS to ensure that duplicate payments are not made.</p> |
| <p>28. Where can I find the cost-report numbers that I am responsible for entering in my Idaho Medicaid EHR Incentive Program application?</p> | <p>The cost-report numbers are listed on the IIMS screen that asks you for the information.</p> |
| <p>29. I am an EH registering for both the Medicare and Idaho Medicaid EHR Incentive Programs, do I have to attest to meaningful use in the first payment year?</p> | <p>Not necessarily. If your hospital has registered AND attested to meaningful use under the Medicare EHR Incentive Program, in order to receive a payment, your hospital is deemed a meaningful user and it is not necessary to attest to meaningful use or AIU for the first year payment for Medicaid EHR. If you have not yet attested to meaningful use for Medicare, you may attest to AIU regardless of the fact that you may attest to meaningful use for the Medicare EHR Incentive Program in future payment years.</p> |
| <p>30. Can I continue to participate if I've joined a new practice?</p> | <p>Payment schedules are tied to the individual EP and not the practice. Therefore, if an EP leaves or arrives at a facility, the EP may still participate as long as eligibility criteria are still met. This also applies to all EPs who are transferring over state lines.</p> |

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| 31. If a practice hires a provider in 2011, is 2012 the first year in which payment can be received for this provider? | A provider who joins a practice in 2011 is eligible for an incentive payment in 2011 if the group proxy is used to meet the patient volume requirements. |
| 32. Can an EP enroll in both the Idaho Medicaid EHR Incentive Program and the Medicare EHR Incentive Program? | No. EPs must select either the Medicare or Medicaid incentive program. No EP may participate in both. |
| 33. Can an EP switch between the Medicare and Medicaid EHR Incentive Programs? | All EPs may change their EHR incentive program election once, but such change in election must occur before the end of calendar year 2014. |
| 34. Over how many years will an EP receive payments? | Medicaid EPs may participate for a total of six years and may not begin receiving first year payments any later than the end of calendar year 2015. |
| 35. Is my practice eligible to receive Medicaid incentive payments? | Incentive payments are not made to practices, but to individual EPs who meet all program eligibility and requirement criteria. |
| 36. Can I receive the maximum allowable incentive payments if they total more than the cost of purchasing my EHR system? | Yes. The incentives are not based on the cost of purchasing EHR technology. As long as you meet all necessary requirements for qualifying for incentive payments, you may receive the maximum allowed amount regardless of what your EHR technology or implementation costs were. |
| 37. Do I have to register with CMS before I can enroll with Medicaid? | Yes. Everyone needs to register with CMS first and select the state from which they wish to receive their Medicaid incentive payment. EPs can select to participate in either Medicaid or Medicare, not both. |

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| <p>38. If I have a group practice, how will I register and enroll the physicians in the group?</p> | <p>When setting up a group, the following guidelines apply:</p> <ul style="list-style-type: none"> • All participating members must agree to attest to patient volume as a group when they complete their individual enrollment process. • All providers that are to be part of the group must be registered with CMS for the EHR incentive program. • All practitioners in the group/clinic must have some Medicaid encounters during the period of time being attested to. • If your group will be using the group patient volume methodology as a proxy for the EPs in the group, all Medicaid encounters can be used, even encounters with non-eligible providers. • If an EP chooses not to participate in the group/clinic, the encounters generated by that EP are still used in the calculation for that particular group/clinic. The EP cannot use those encounters for calculating volumes for another practice or individually. <p>The group will need to appoint one person to act as the designated lead who will enroll the group and its members at the state level. Then the individuals will attest to the group volumes and other criteria to complete the process.</p> |
| <p>39. I am a dually eligible hospital and have already received a Year 1 payment from Medicare. Can I still do AIU for Medicaid?</p> | <p>Yes. Once you have received a payment from Medicare attesting to meaningful use, you are "deemed" a meaningful user and are automatically eligible to receive a first year AIU payment from Medicaid as well. Medicare meaningful use payment information will be transferred to Medicaid to verify that meaningful use has been met. All EHs will still be required to report Medicaid volume each payment year in the Medicaid program. In subsequent years, attesting to meaningful use in Medicare will suffice to meet the meaningful use requirements for Medicaid EHR incentives.</p> |
| <p>40. Can I receive more than one incentive payment each year?</p> | <p>Only one incentive payment is allowed each payment year but it is possible that an EP may qualify for two payment years within the same calendar year between AIU and the first meaningful use period. If an EP is applying for a 2012 payment during the specified grace period (Jan-March 1, 2013) and using volume from 2011, then one payment can be received in 2013. Then the EP can apply for their first meaningful use</p> |

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| | payment in 2013 using any 90-day period within 2012 (using the EHR system for meaningful use) and using patient volume from 2012. |
| 41. Do EPs have to participate in the Idaho Medicaid EHR Incentive Program in consecutive years to qualify for incentive payments? | EPs do not have to participate consecutive years to qualify for the maximum Medicaid incentive payments; however, they must start by 2016 in order to participate. The last payment year for Medicaid is 2021. |
| 42. How will EPs know if they are chosen for an audit? | EPs will be notified with a letter from the Department indicating they were chosen for an audit. |
| 43. How do you decide who will be audited? | Providers who are selected for audit meet certain risk categories that flag them for audit. |
| 44. Are EHR incentive payments subject to audit after the payment has been received? | Yes. All payments are potentially subject to audit. |
| 45. Who is subject to EHR incentive payment audits? | Any EP or EH that has received an EHR incentive payment is subject to being audited. |
| 46. What will be reviewed during an audit? | You or a representative will be required to supply the documentation used to complete your application for AIU and/or meaningful use payments. |
| 47. What happens after an on-site audit is conducted? | The Department will give the provider a summary of findings and, if necessary, direct the provider to pay back any incentive payments. |
| 48. If I disagree with the audit findings, what should I do and who should I contact? | You will receive an audit results letter that will give you information about appeal rights and an explanation about who to contact. |