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HIT Workshop

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Working Together to Advance Rural Health

Agenda



- Eligibility for Medi-Cal vs. Medicare Incentives
- Eligibility for Adoption, Implementation and Upgrade Payments
- Eligibility for HPSA payments
- Demonstration of 15% contribution
- Record-keeping requirements – 10 years

EHR Eligible Practitioners (EPs)

- Medicare EHR Program defines an EP as MD or DO, a doctor of dental surgery or dental medicine, Podiatrist, Optometrist, or a Chiropractor.
- Medicaid EHR Program defines an EP as above, plus NPs, certified nurse-midwives, and PAs who practice in a Federally Qualified Health Center or rural health clinic that is led by a PA. **Note:** *Hospital-based EPs are not eligible to receive payments through the Medicaid EHR Program.*

Eligibility



- To be a meaningful EHR user an EP must have 50 percent or more of their patient encounters during the EHR reporting period at a practice/location or practices/locations equipped with certified EHR technology.

Eligibility

- PQRI and eRx programs define an EP as the following:
 - a. Physicians: (MD or DO), a doctor of dental surgery or dental medicine, podiatrists, optometrists, or a chiropractor;
 - b. Practitioners: PAs, NPs, clinical nurse specialist, certified registered nurse anesthetist (and anesthesiologist assistant), certified nurse midwife, clinical social worker, clinical psychologist, registered dietitian, nutrition professional, or audiologist
 - c. Therapists: PT, OT, or qualified speech-language

Medicare Incentive Programs

- PQRI
- eRx Incentive Program
- EHR Incentive Program

Physicians cannot participate in eRx and EHR program simultaneously

Medicare Incentive Payments

Calendar Year	2011	2012	2013	2014	2015	2016	2017
2011 \$\$	\$18K						
2012 \$\$	\$12K	\$18K					
2013 \$\$	\$8K	\$12K	\$12K				
2014 \$\$	\$4K	\$8K	\$8K	\$8K			
2015 \$\$	\$2K	\$4K	\$4K	\$4K			
2016 \$\$		\$2K	\$2K	\$2K			
Total	\$44K	\$44K	\$40K	\$14K			
% Reduction of payments					1%	2%	3%

Add 10% for HPSA!

Medi-Cal Incentive Payments

- Payments can begin in CY 2011
- First year payment is \$21,250 for Adoption, Implementation and Upgrade
- 5 years of subsequent payments of \$8,500 for Meaningful Use
- First year must be by the end of CY 2016
- Skipping years is OK before 2016

Add 10% for HPSA!

Medi-Cal Incentives-Pediatricians

- Lower payments for 20-30% Medi-Cal
- First year payment is \$14,167 for Adoption, Implementation and Upgrade
- 5 years of subsequent payments of \$5,667 for Meaningful Use
- First year must be by the end of CY 2016
- Skipping years is OK before 2016

Add 10% for HPSA!

Medi-Cal Incentive Eligibility

- At minimum, 30 percent of an EP's patient encounters must be attributable to Medicaid over any continuous 90-day period within the most recent calendar year.
- For pediatricians, however, this threshold is lowered to 20 percent.
- A second exception relates to patients seen at federally qualified health centers and rural health clinics.
- EPs and eligible hospitals may receive payment through one state only.

What Previous Payments Must be Deducted From Net Allowable Costs?

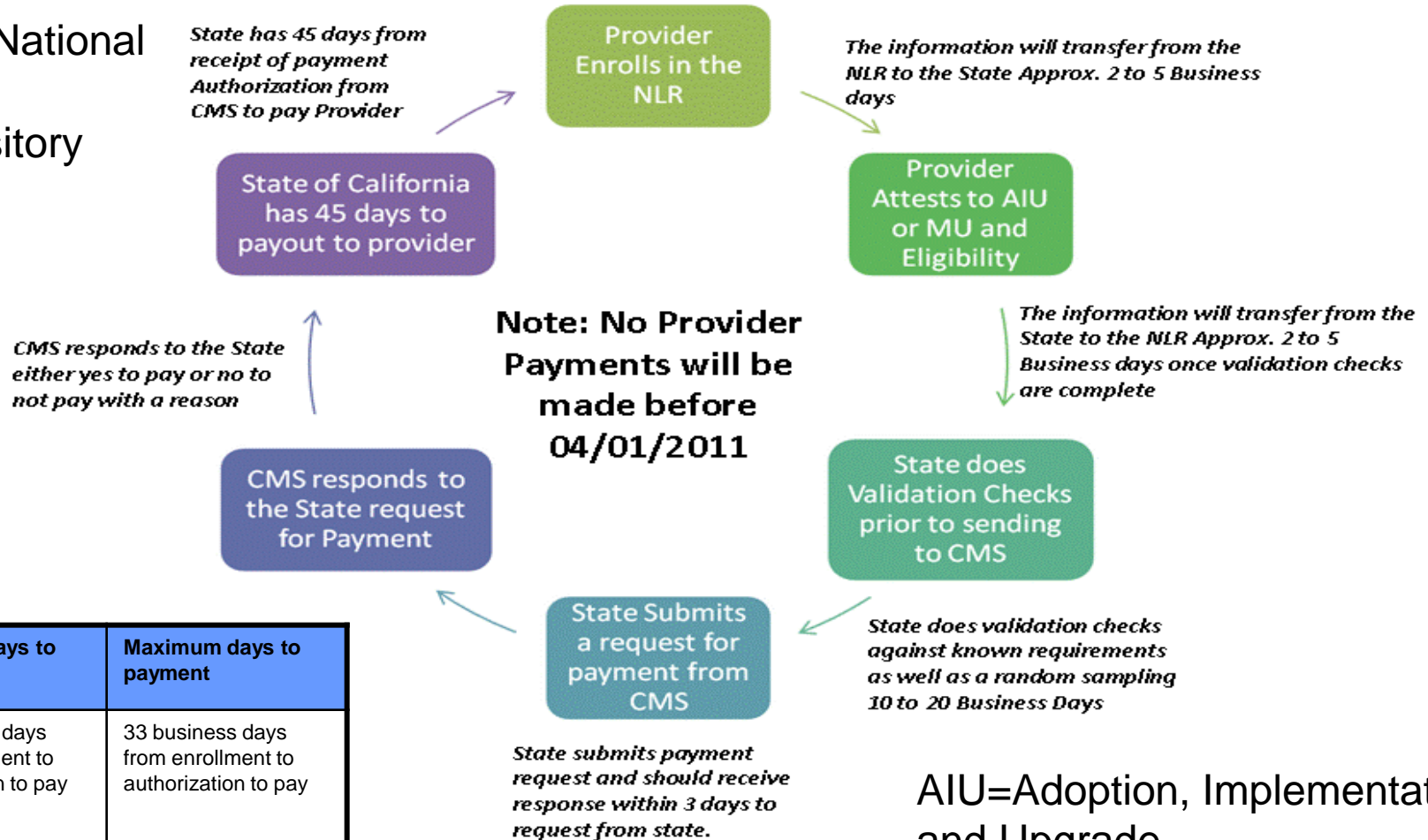
- Medi-Cal providers must attest to 15% contribution
- CMS determined average allowable first year cost is 54,000 and \$20,610 per year for maintenance. MediCal can pay 85% of net allowable costs,
- Since we set the average allowable cost at \$54,000 in the first year, EPs could receive as much as \$29,000 in funding from sources (other than from State or local governments) as contributions to the certified EHR technology and the incentive payment would still be based on 85 percent of the maximum net average allowable cost of \$25,000 (or \$21,250).
- ***Funding given to clinics doesn't count!***

Medi-Cal EHR Incentive Program



Medi-Cal Provider Incentive Program: Payment Cycle

NLR=National Level Repository



Minimum days to payment	Maximum days to payment
17 business days from enrollment to authorization to pay	33 business days from enrollment to authorization to pay

AIU=Adoption, Implementation and Upgrade

Medi-Cal Provider Incentive Program: State Eligibility Data Elements

- CA will require the provider to submit additional information to help verify eligibility to participate in the program
- Preliminary information includes:
 - Medicaid #
 - License #
 - Information on provider practice in multiple states
 - Medicaid Encounter data
 - Total encounter data
 - FQHC or RHC practice information
 - Medically needy patient volume
 - Specialty
 - Contact Name, phone number and email address

Medi-Cal Provider Incentive Program: Payment timing

■ Eligible Professionals

- Jan 2011: Systems available for registration, application and attestation
- Apr 2011: State begins Duplicate Payment/ Exclusion Check process with NLR
- Apr 2011: State expects to start issuing payments to EPs

■ Hospitals

- Jan 2011: Systems available for registration, application and attestation
- Apr 2011: State begins Duplicate Payment/ Exclusion Check process with NLR
- Apr 2011: CMS begins accepting attestations and transmitting attestation data and cost report data
- May 2011: CMS starts issuing Medicare payments
- May 2011: State expects to start issuing payments to EHs

Medi-Cal Provider Incentive Program: Timeline Drivers

- CMS system readiness - 4/1/11:
 - Dually Eligible Hospital Attestation
 - Impacts ability to pay Medicaid incentives to Dually Eligible Hospitals
 - Duplicate Payment/Exclusion Check process
 - This check is required prior to issuing payment to providers
 - Hospital Cost Report Data
 - Impacts ability to validate hospital payment calculations based on Medicare/Medicaid share as reported in cost report
 - Ability for NLR to receive payment information
 - Required to submit payment information to NLR within 5 days after issuing payment

Medi-Cal Provider Incentive Program

CMS Web Site

<http://www.cms.gov/EHRIncentivePrograms/>

Medi-Cal Eligible Professionals

http://www.cms.gov/EHRIncentivePrograms/65_Medicaid_Eligible_Professional.asp#TopOfPage

Questions and Answers

<http://questions.cms.hhs.gov/app/answers/list/p/21,26,1058>