2014 Annual Medicaid Conference

Nevada Incentive Payment Program for Electronic Records

MEDICAID

Objectives

- To promote an understanding of the Medicaid EHR Incentive Program
- To determine eligibility criteria
- To understand program participation criteria
- To learn how to navigate through to CMS and State Registration page
- Questions and Answers

Overview

- The American Recovery and Reinvestment Act (ARRA) of 2009 included as much as $27 billion to be expended over 10 years to support the adoption of electronic health records (EHRs).
- Enacted as part of ARRA, the Health Information Technology for Economic and Clinical Health Act (HITECH Act) supports the adoption of electronic health records by providing financial incentives under Medicare and Medicaid to hospitals and eligible professionals who adopt, implement, upgrade, and demonstrate "meaningful use" of certified EHR technology.

Why EHRs?

- **EHRs support complete, accurate, and searchable health information**, available at the point of diagnosis and care, allowing for more informed decision-making to enhance the quality and reliability of health care.
- **EHRs support more-efficient and convenient delivery of care**, without having to wait for the exchange of records or paperwork and without requiring unnecessary or repetitive tests or procedures.
- **EHRs support earlier diagnosis and characterization of disease**, with the potential to improve health outcomes and reduce costs.

Why EHRs?

- **EHRs support reductions in adverse events** through an improved understanding of each patient's particular medical history. For example, identification of a patient's potential for drug/drug interactions through the use of an EHR could decrease the likelihood of a potentially harmful response to a course of treatment.
- **EHRs support increased efficiency in administrative tasks**, allowing for more interaction with and transfer of information to patients, caregivers, and clinical care coordinators. They also improve the monitoring of patient care.

EP Program Eligibility

- **Eligible Professionals (EPs)** under the Medicaid program include:
  - physicians (doctors of medicine (MDs) and doctors of osteopathy (ODs));
  - dentists;
  - certified nurse midwives;
  - nurse practitioners; and
  - physician assistants who practice predominately at a Federally Qualified Health Center, Rural Health Clinic or Indian Heath Programs Clinic that is also led by a physician assistant.

EP Program Eligibility *continued*

- **To qualify** for participation in the Medicaid EHR Incentive Program, an eligible professional must also meet one of the following criteria:
  - Have a minimum 30% Medicaid patient volume
  - Have a minimum 20% Medicaid patient volume, and be a pediatrician
- EPs can participate only in one program, Medicaid Incentive Program or Medicare Incentive Program.
- EPs can receive Medicaid Incentive Payment from only one state per year.
- EPs can switch programs only one time.

EH Program Eligibility

- **Eligible Hospitals (EHs)** under the Medicaid program include:
  - Acute Care Hospitals.
  - CAHs and cancer hospitals.
  - Children's Hospitals.
- **To qualify** for participation in the Medicaid EHR Incentive Program, an EH must also meet the following criteria:
  - Have an average length of patient stay of 25 days or fewer
  - Have a CMS Certification Number (CCN) that has the last four digits in the series 0001-0879 or 1300-1399.
  - Meet a 10 percent Medicaid patient volume threshold. There is no Medicaid patient volume requirement for children's hospitals.

Are Hospital Based EPs Eligible?

- *Hospital Based* EPs are excluded from receiving incentive payments.
- If 90% or more of an EP's services take place at a setting of "inpatient hospital" or "emergency room," the EP is not eligible for the incentive payments.

What is an Encounter?

- An "encounter," for the purpose of calculating patient volume, is defined as:
  - Services rendered on any one day to an individual where Medicaid paid for part or all of the service; or
  - Services rendered on any one day to an individual where Medicaid paid all or part of their premiums, co-payments and/or cost-sharing.
- Medicaid encounter volumes include patients enrolled in Nevada Medicaid managed care plans.
- The Medicaid patient volume calculation **can include denied claims and claims data with zero dollar payments.**
- RQHC/RHC/IHP can also use medically needy patient encounters.

Program Incentives

- Eligible professionals incentives:
  - Up to $63,750 over the six years
  - First year payment of $21,250
  - Must begin by 2016 to receive all payments
- Eligible hospitals incentives:
  - Based on volume
  - NV hospitals have received from $31,000 to $2.9 million.
- Incentives available through 2021

Maximum Incentive Payments per Professional		
Payment Year	Adoption Year	
	30% Professional	20% Pediatrician
Year 1	$21,250	$14,167
Year 2	$8,500	$5,667
Year 3	$8,500	$5,667
Year 4	$8,500	$5,667
Year 5	$8,500	$5,666
Year 6 (up to 2021)	$8,500	$5,666
Total	**$63,750**	**$42,500**

Applying for Incentive Payments

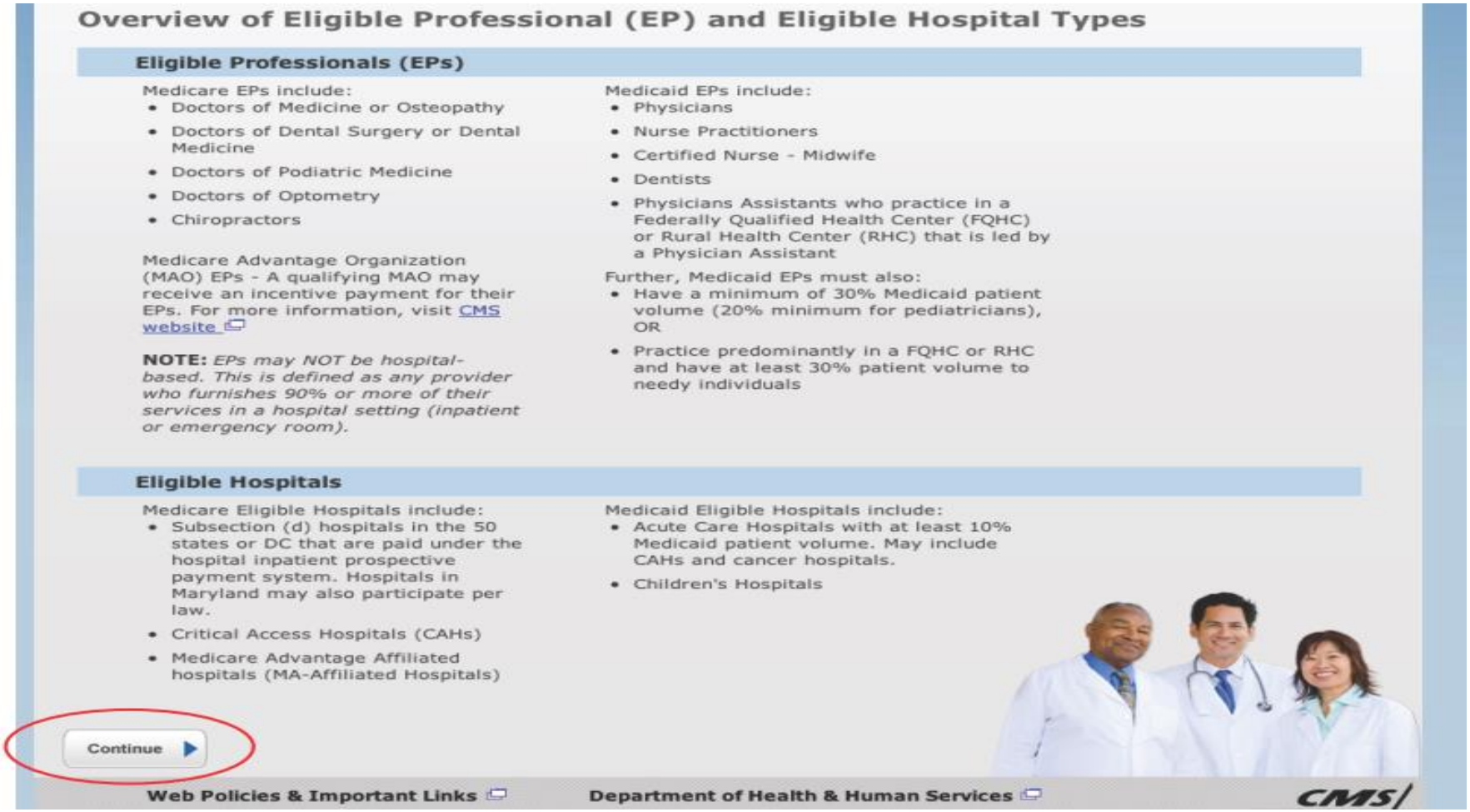
- How do I apply:
  - Must apply online and be approved through the Medicare & Medicaid EHR Incentive Program Registration and Attestation System before State application can proceed
  - Registration received within 48 hours from CMS
  - Must apply through the Nevada State Level Process

Applying for Incentive Payments

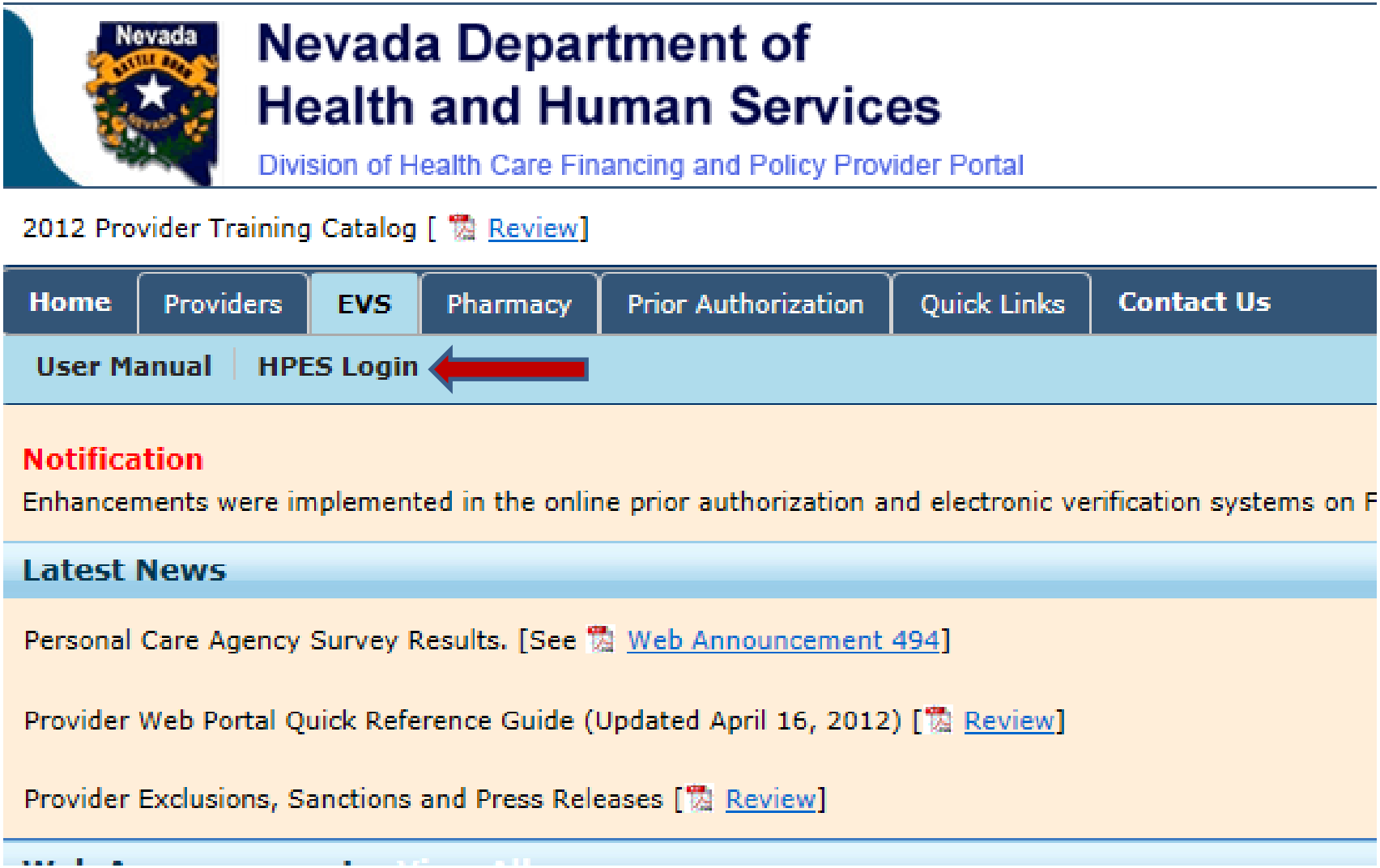
- What do I need to apply:
  - National Provider Identifier (NPI)
  - Tax Identification Number (TIN) or Social Security Number
  - NPI and TIN of payee if assigning incentive payment to a group practice
  - AIU – Copy of Contract, Invoice, or Purchase Order
  - EHR Certification Number (2011 or 2014)
  - 2014 CEHRT required for Program Year 2015
  - 30% Medicaid patient volume for chosen reporting period (20% for Pediatricians)
  - Patient Encounters detailed information (Patient and Provider Name, Date, Location and Payer)
  - A list of all insurance payers used for Medicaid patient volume calculation
  - Professional License number and Licensing Board name
- CMS registration and MMIS enrollment information must match. Please update your provider enrollment to include the most recent information.

CMS Registration

- https://ehrincentives.cms.gov/hitech/login.action



NIPPER Program Registration



Nevada Attestation

http://www.medicaid.nv.gov/

Provider

Welcome Kim Teixeira
Name
Provider ID
Location ID

- My Profile
- Switch Provider

Provider Services

- Member Focused Viewing
- Search Payment History
- PASRR
- EHR Incentive Program
- EPSDT

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices. Our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

New! Prior Authorization Quick Reference Guide [Review]

Provider Web Portal Quick Reference Guide [Review]

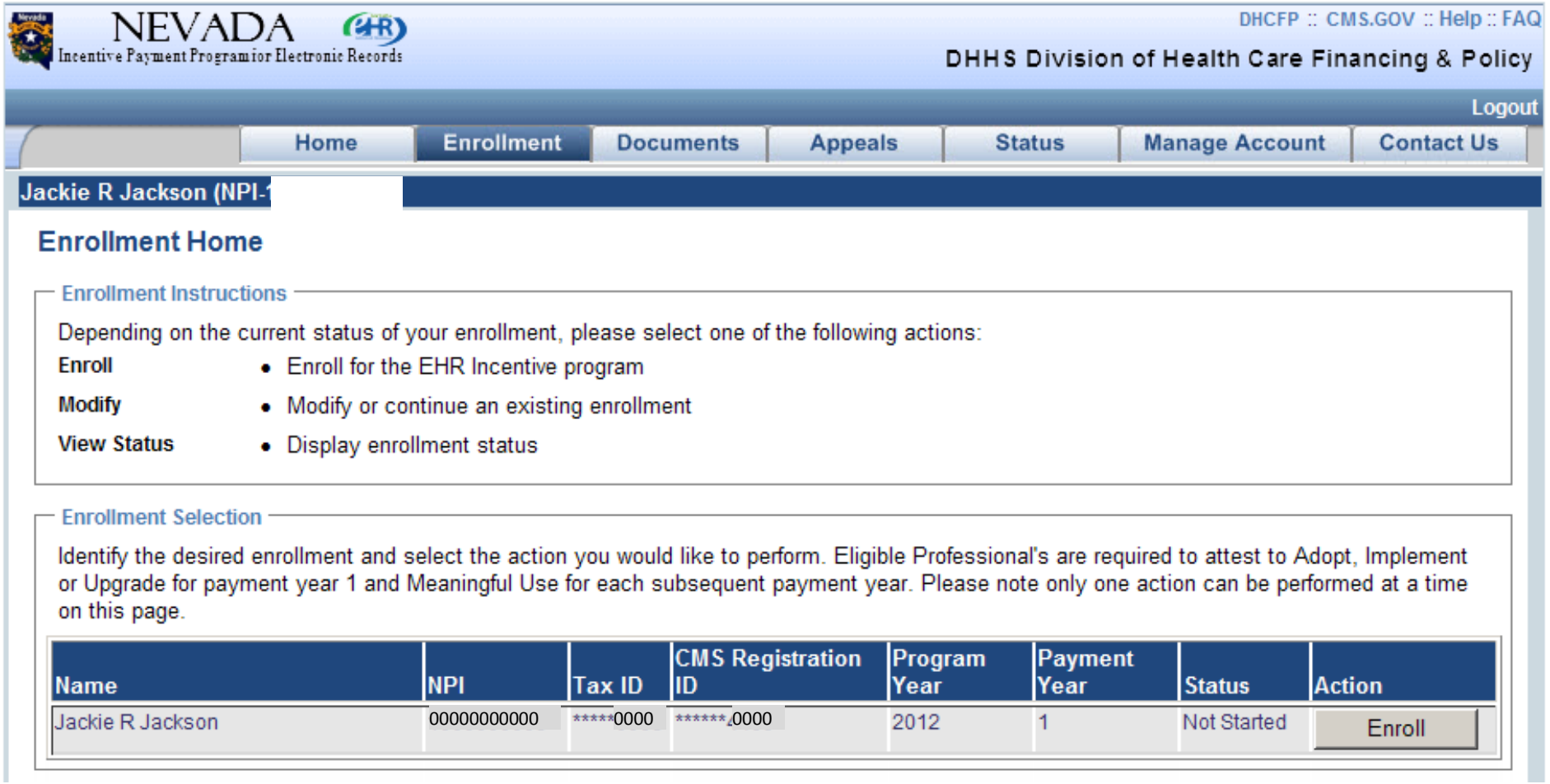
Contact Us

Secure Correspondence

All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration
P.O.Box 30042
Reno, NV 89520-3042

NIPPER Program Registration
Enrollment



NIPPER Program Registration
Enrollment

Confused about “Meaningful Use”?

Meaningful Use

- **Meaningful Use** is using certified EHR technology in a meaningful manner; ensuring that the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of care.
- Goals of Meaningful Use:
  - Engage patients and families in their health care
  - Improve quality of care
  - Improve care coordination
  - Improve population and public health
  - All the while maintaining privacy and security

MU Stage 1 vs. MU Stage 2

- Throughout the program, EPs and EHs must demonstrate increasing levels of meaningful use.
  - Eligible Professionals must complete:
    - 13 core objectives
    - 5 objectives out of 9 from menu set objectives
  - Hospitals must complete:
    - 11 core objectives
    - 5 objectives out of 10 from menu set
  - Eligible Professionals must complete:
    - 17 core objectives
    - 3 menu objectives out of 6 from menu set objectives
  - Hospitals must complete:
    - 16 core objectives
    - 3 objectives out of 6 from menu set

Meaningful Use for Professionals

Putting the Pieces Together

Program Participation Timeline

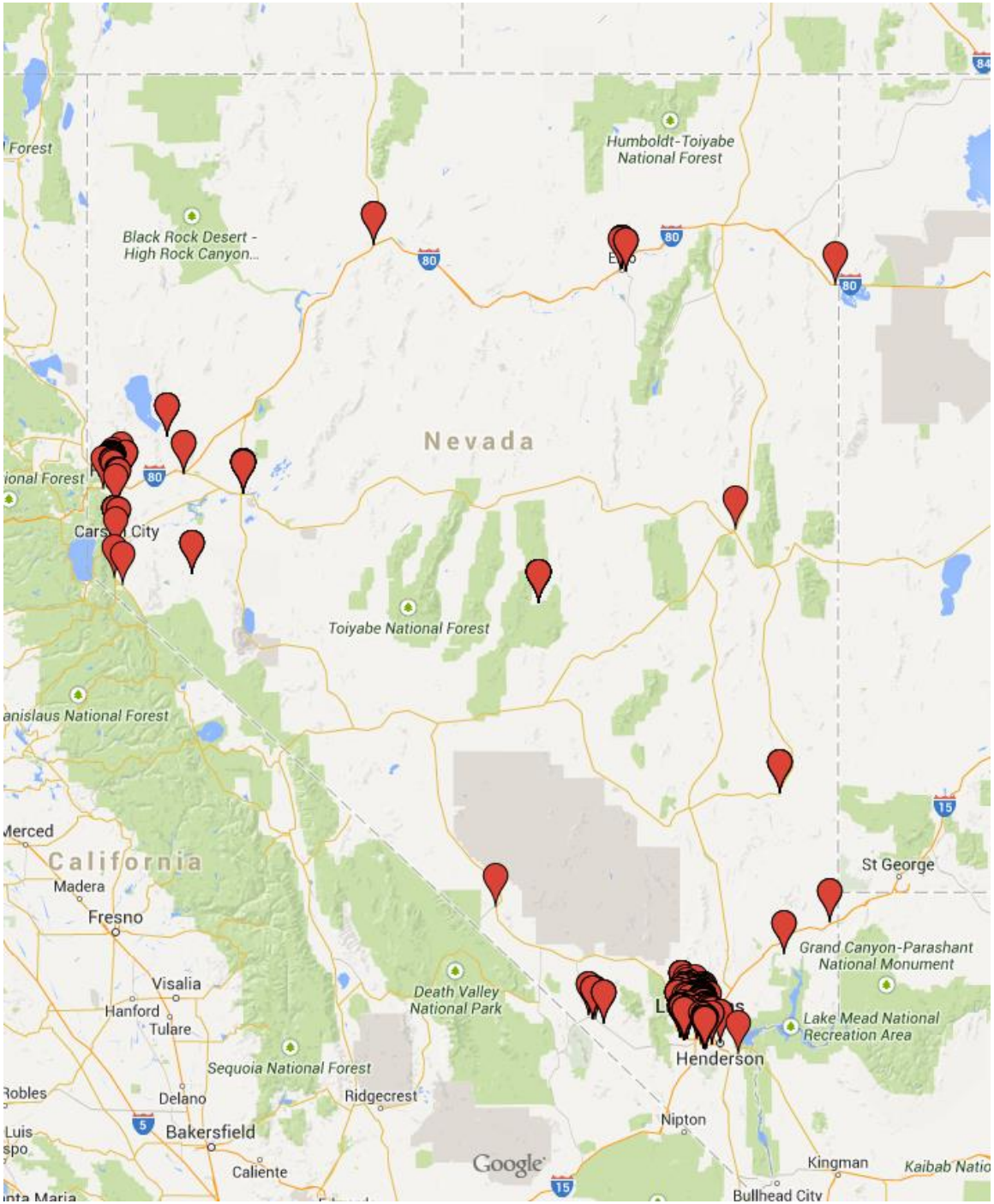
- Adopt, Implement or Upgrade (AIU) or 90 days Meaningful Use (MU)
- Stage 1 90 Days Meaningful Use (MU)
- Stage 1 365 Days Meaningful Use (MU)
- Stage 2 365 Days MU
- Stage 2 365 Days MU
- Stage 3 365 Days MU

**Year 2014 MU requirement is 90 days

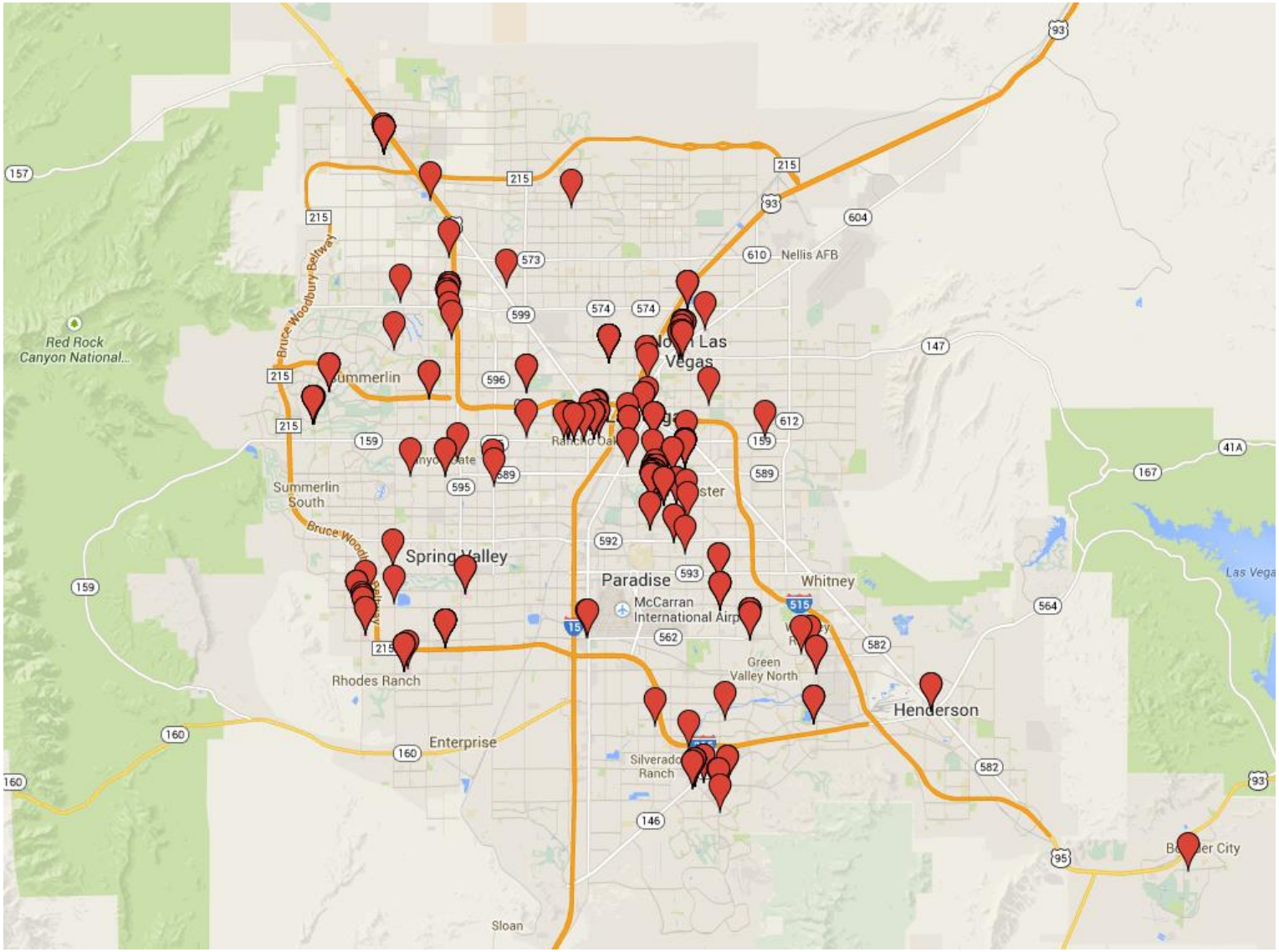
Program Data

- System/Program Implementation 8/6/2012
- EH's Paid
  - 28
- EP's Paid
  - 365
- Total Dollars Paid YTD
  - $35,122,447.90

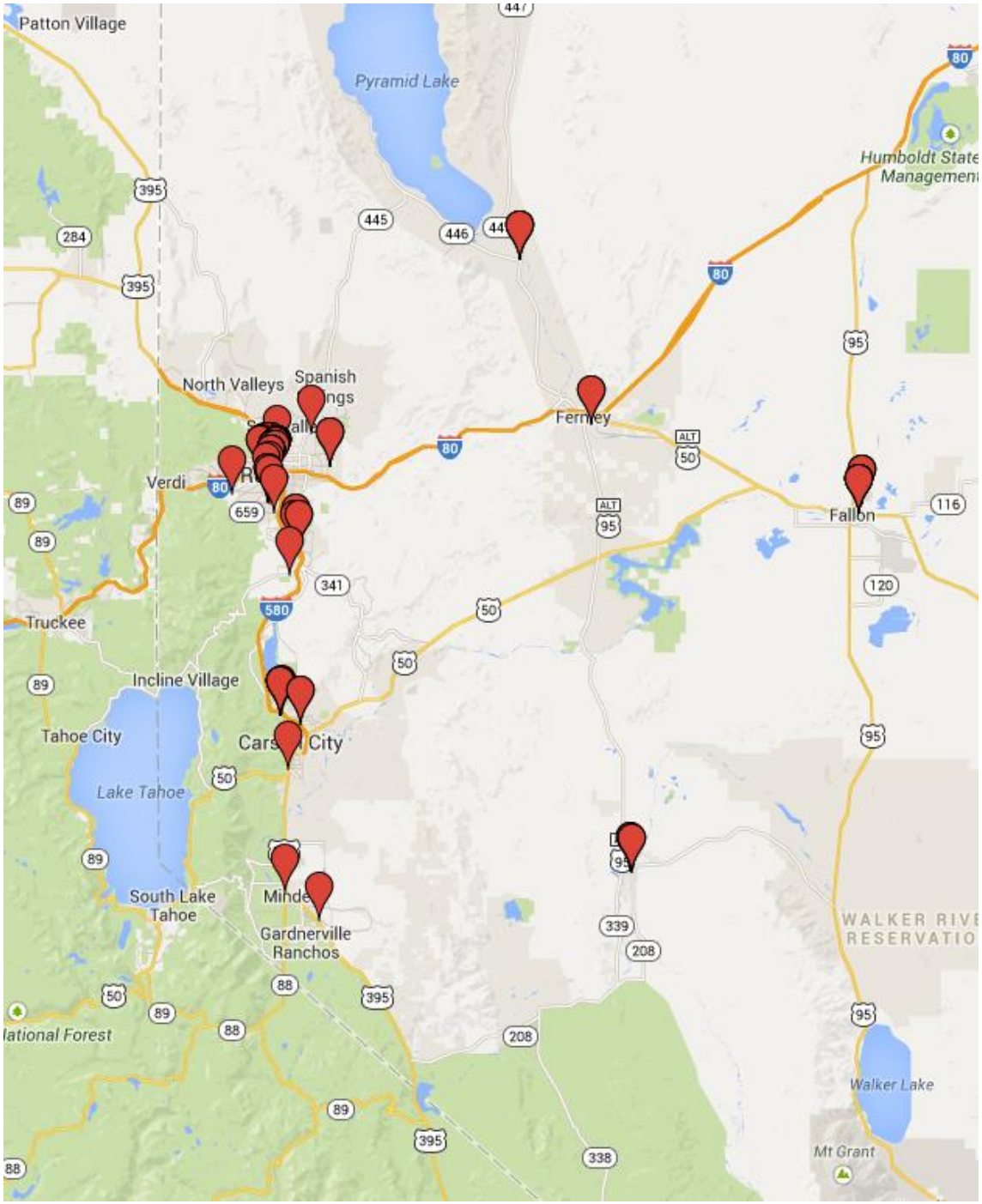
Program Data - Statewide



Program Data – Southern Nevada



Program Data – Northern Nevada



EHR Program Information and Contacts

- **DHHS - Division of Health Care Financing and Policy**

http://dhcfp.nv.gov/Providers/PI/EHRMain

Davor.Milicevic@dhcfp.nv.gov Tel: 775-684-3733

or NevadaHIT@dhcfp.nv.gov

- **CGI Business Services**

NV_Support@NVEHRSupport.com Tel: 888-639-3452

- **CMS EHR Information Center**

http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms

Tel: 888-734-6433

- **Regional Extension Center**

HealthInsight

http://www.healthinsight.org

Tel: 702-385-9933