Connecticut Medicaid Health Information Technology

Medicaid Electronic Health Record Incentive Payments

CT Department of Social Services

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Outline

- Federal Proposed Rule
- Eligible Practitioners & Eligible Hospitals
- Year 1 Requirements for Incentive Payments
- Requirements for Meaningful Use
- How Medicaid/Medicare Incentive Programs will work
- Steps DSS must take to implement incentive program
- How we will accomplish these tasks
- Collaborative efforts
- Links
- Questions

American Recovery & Reinvestment Act of 2009

Provide incentive payments to Medicaid & Medicare eligible professionals & eligible hospitals that...

adopt and meaningfully use

"certified Electronic Health Record technology"

Federal Proposed Rule....

Medicare & Medicaid Programs
Electronic Health Record Incentive Program –

Issued January 13, 2010
Federal Register 42 CFR Part 495

Proposes the initial criteria an eligible professional & eligible hospital must meet in order to qualify for incentive payments

Incentive Payments to Medicaid Eligible Providers

- For Payment Year 1 providers must demonstrate:
  - *Adopted, implemented or upgraded certified Electronic Health Record Technology*

- Incentive payments to begin in CT in 2011

- No incentive payments can begin after 2016

- Subsequent payment years providers must demonstrate:
  - *"Meaningful use" of EHR*

Medicaid EHR Incentive Payments
Eligible Practitioners

- Physicians
- Dentists
- Certified Nurse-Midwifes
- Nurse Practitioners
- Physician Assistants practicing in FQHC

➢ *Cannot be hospital based*

➢ *Must choose between Medicare **or** Medicaid Incentives - cannot receive both*

➢ *May only receive payment from one state in a payment year*

Medicaid EHR Incentive Payments
Eligible Practitioners / Requirements / Payments

■ Minimum 30% of patient encounters covered by Medicaid over any continuous 90 day period in the most recent calendar year

- ■ $21,250   1st payment year
- ■ $ 8,500   subsequent years for a max of
         5 years
- ■ $63,750   maximum over 6 years

Medicaid EHR Incentive Payments
Eligible Practitioners / Requirements / Payments

- For Pediatricians a minimum 20% of patient encounters covered by Medicaid
    - $14,167   1st payment year
    - $ 5,667   subsequent years for a max of
                5 years
    - $42,500   maximum over 6 years

Medicaid EHR Incentive Payments
Eligible Hospitals / Requirements / Payments

- **Acute Care Hospitals**
  - Receives both Medicaid **&** Medicare incentives
  - 10% of all inpatient-bed days over a 90 day period in the most recent federal fiscal year covered by Medicaid
    - Base amount of $2 mil for each of the 4 years + discharge formula over a 12 month period x Medicaid Share x Transition Factor over 4 years

- **Children's Hospitals**
  - Exempt from patient volume

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Meaningful Use - Medicaid Providers Subsequent Payment Years - Objectives

1. Implement drug-drug, drug-allergy, drug formulary checks

2. Maintain problem list of current & active diagnoses based on ICD-9-CM

3. Maintain active medication list

4. Maintain active medication allergy list

5. Record specific demographics

6. Record & chart specific vital signs

Meaningful Use - Medicaid Providers Subsequent Payment Years - Objectives

7. Record smoking status for patients 13 & older

8. Incorporate clinical lab-test results into EHR

9. Generate lists of patients by specific conditions

10. Implement 5 clinical decision support rules

11. Check insurance eligibility electronically from public & private payers

12. Submit claims electronically to public & private payers

Meaningful Use - Medicaid Providers Subsequent Payment Years - Objectives

13. Perform medication reconciliation

14. Provide summary care record for transition of care & referral

15. Capability to submit electronic data to immunization registries

16. Capability to provide electronic syndromic data to public health agencies

17. Protect electronic health information created by certified EHR technology

Meaningful Use –
6 Additional Criteria for Hospitals

18. Use computerized order entry by authorizing provider
19. Report clinical quality measures to the State
20. Provide patients w/ copy of their health information when requested
21. Provide patients w/ discharge instructions & procedures
22. Capability to exchange key clinical information among providers of care electronically
23. Capability to provide electronic submission of reportable lab results to public health agencies
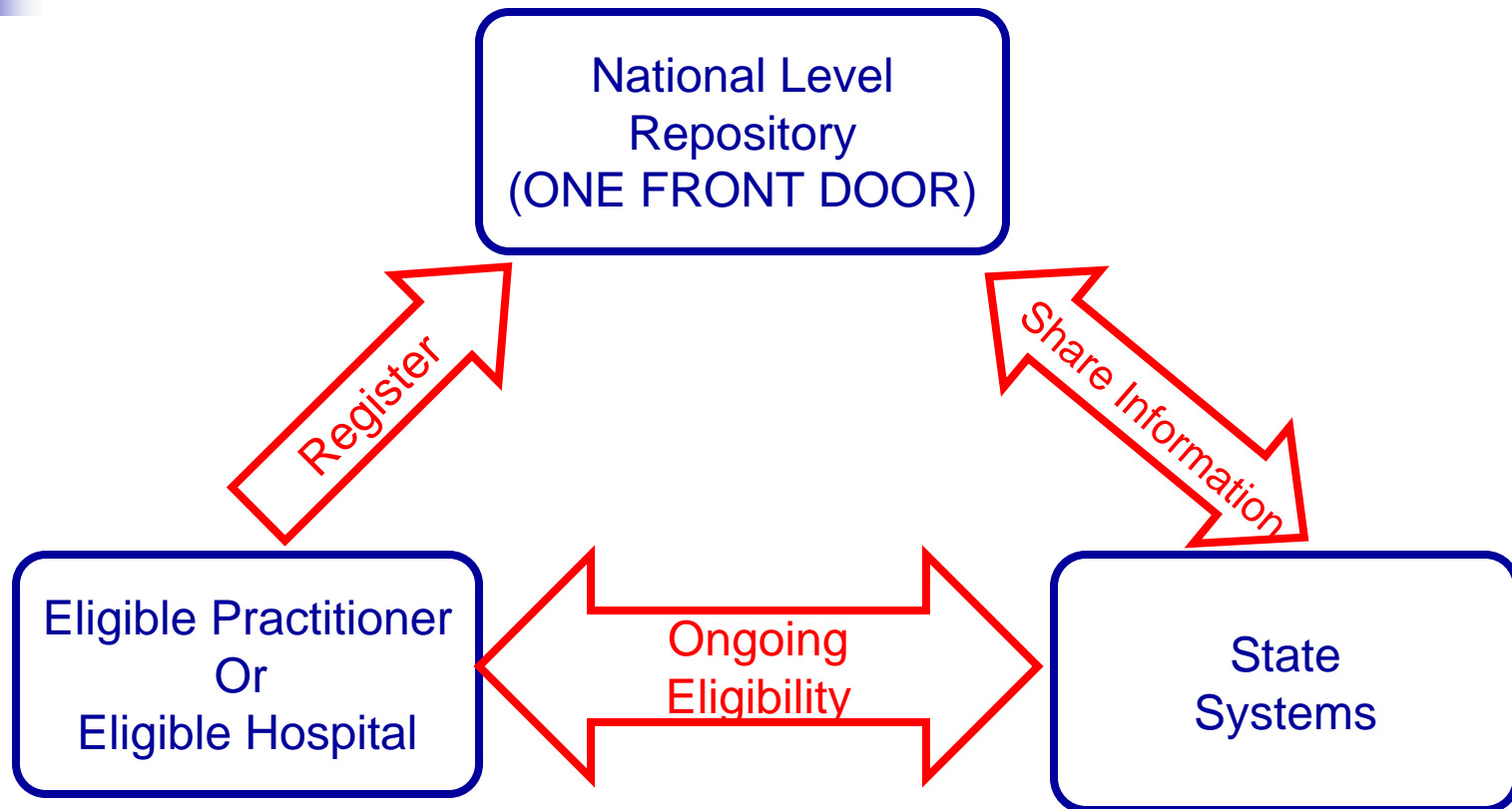
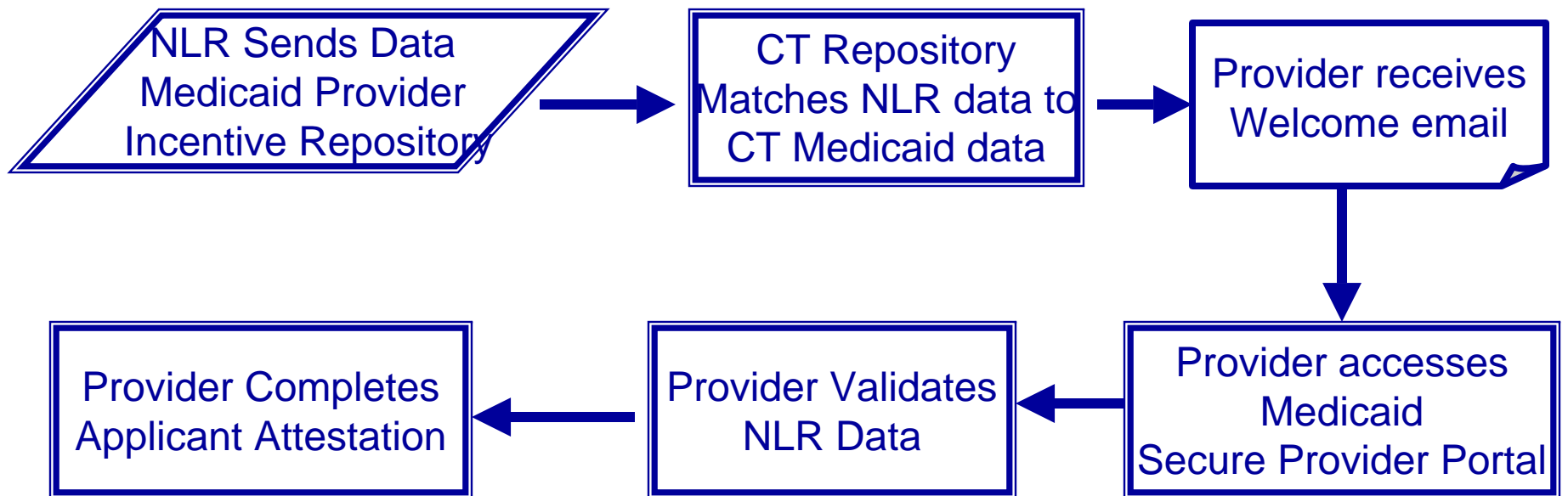# How will the Medicaid/Medicare Incentive Programs Work?

CMS will maintain National Level Repository

- Ensure that there is no duplication of payments between Medicare & Medicaid & between states

- Ensure accurate & timely payments

- Allows Medicare to meet mandate for online posting requirements

CMS National Level Repository

National Level
Repository
(ONE FRONT DOOR)

Register

Share Information

Eligible Practitioner
Or
Eligible Hospital

Ongoing
Eligibility

State
Systems

Proposed Connecticut Process

NLR Sends Data
Medicaid Provider
Incentive Repository

→

CT Repository
Matches NLR data to
CT Medicaid data

→

Provider receives
Welcome email

↓

Provider Completes
Applicant Attestation

←

Provider Validates
NLR Data

←

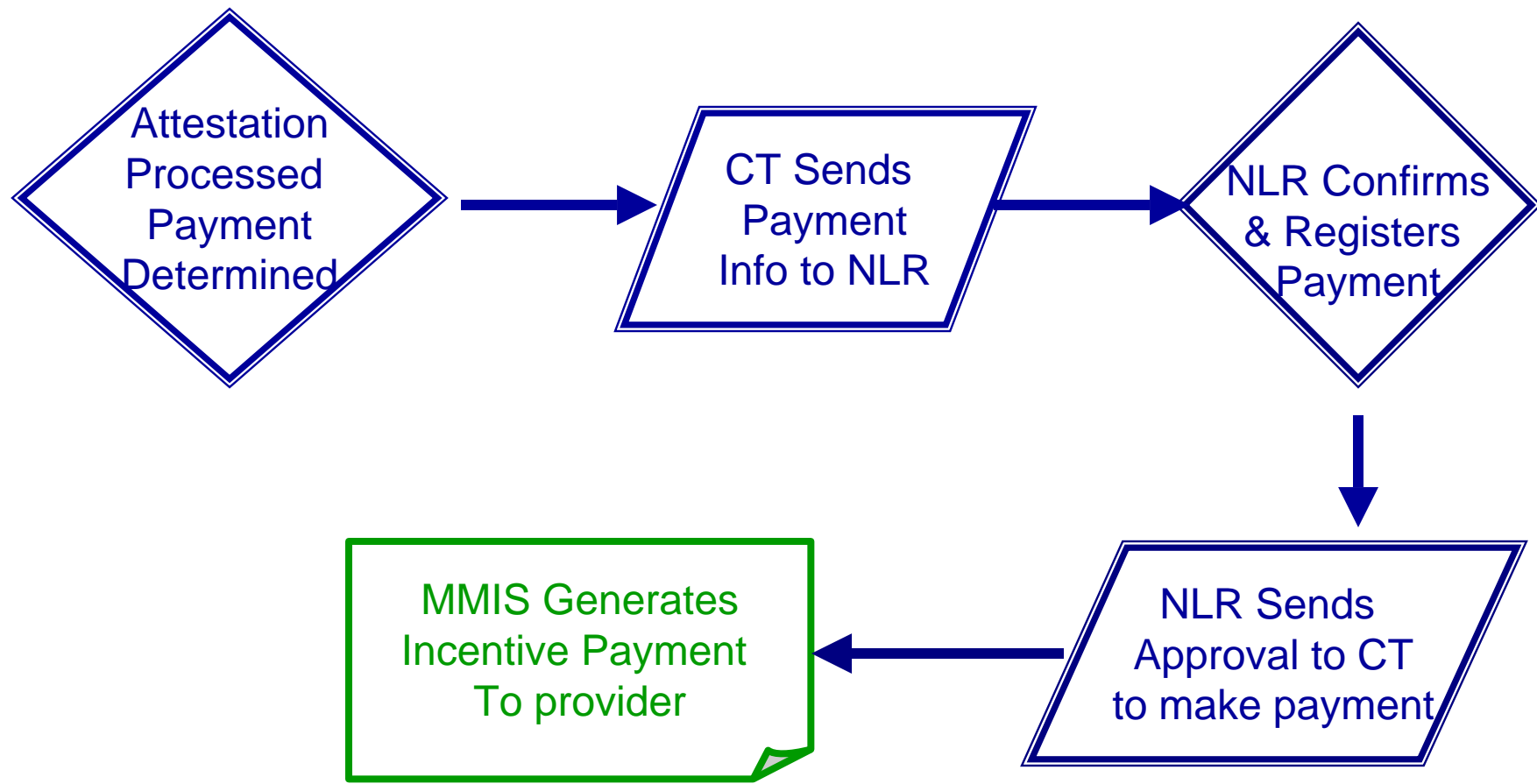Provider accesses
Medicaid
Secure Provider Portal

- Provider type
- Certified EHR System
- 90-day consecutive period
- Other funding sources
- etc

- NPI
- Provider Name
- TIN
- Address, etc

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Proposed Connecticut Process

Attestation Processed Payment Determined → CT Sends Payment Info to NLR → NLR Confirms & Registers Payment

NLR Sends Approval to CT to make payment → MMIS Generates Incentive Payment To provider

Steps DSS Must Take...

In order for the State to receive 100% Federal Funding for the incentive payments to be made to providers...

- Submit a number of detailed planning documents to CMS for their review & prior approval –
  - Initial planning document
  - State Medicaid Health Information Technology Plan
    - Current HIT landscape of EHR technology usage & the future HIT landscape in 2014
    - Plan to interface with the statewide HIE
    - Plan to administer the provider incentive program & track meaningful use
    - Plan to perform audit activities
    - Plan to handle provider appeals
  - Implementation planning document
    - Describes implementation process, MMIS modifications, budget, federal reporting

How will we accomplish these tasks?

- **To meet CMS Requirements**
  - **Engaged Gartner Consulting Group**
    - State Medicaid HIT Plan to CMS
    - Gathering data of provider EHR Usage
    - Assisting DSS with a 5 year plan

- **To implement the Medicaid Incentive Program**
  - **Working with HP Enterprise Services**
    - Developing a multi-state Medicaid Provider Incentive Payment Repository
    - Multi-state Medicaid Repository will interface with the NLR
    - CT Account constructing incentive payment processes & accounting of such in the MMIS – utilize the Secure Provider Web Portal & financial payment and accounting system

Other DSS Requirements

- **Monitor & administer the incentive program**
  - Verify provider attestations & ensure providers eligible to receive incentive payments based on incentive year
  - Process for provider appeals for eligibility, payments, demonstration of adopt, implement or upgrade, & meaningful use
  - Process & method for verifying such information to address Federal laws & regulations to prevent fraud, waste & abuse

DSS Collaboration of HIE/HIT Activities

- DSS Member of CT Health Information Technology & Exchange Advisory Committee
  - Serve on the Business & Technical Subcommittee
  - DSS attorney serve on the Legal/Policy Subcommittee
  - Meet weekly with DPH & DoIT
- Support Statewide HIE efforts – essential component of the SMHP
- Leverage MMIS client eligibility & claim data for use in HIE
- Collaborate with Regional Extension Center to encourage & support the adoption of EHR technology & HIE
- Coordinate with CMS in accessing funding resources as appropriate

LINKS...

EHR Incentive Program – Proposed Rule

http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf

Interim Final Rule - Initial Set of Standards,
Implementation Specifications, & Certification Criteria for
Electronic Health Record

http://edocket.access.gpo.gov/2010/pdf/E9-31216.pdf

Proposed Establishment of Certification Programs for Health
Information Technology; Proposed Rule

http://edocket.access.gpo.gov/2010/2010-4991.htm

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