



**Pennsylvania Department of Public Welfare
Office of Medical Assistance Programs**

**Health Information Technology (HIT)
Initiative**

**Electronic Health Record (EHR)
Incentive Program**



Agenda

- HIT and EHR Incentive Program Background
- Eligibility and Program Participation
- Patient Volume
- Incentive Payments
- Application Process
- Meaningful Use
- Key Dates
- Resources

What is HIT?

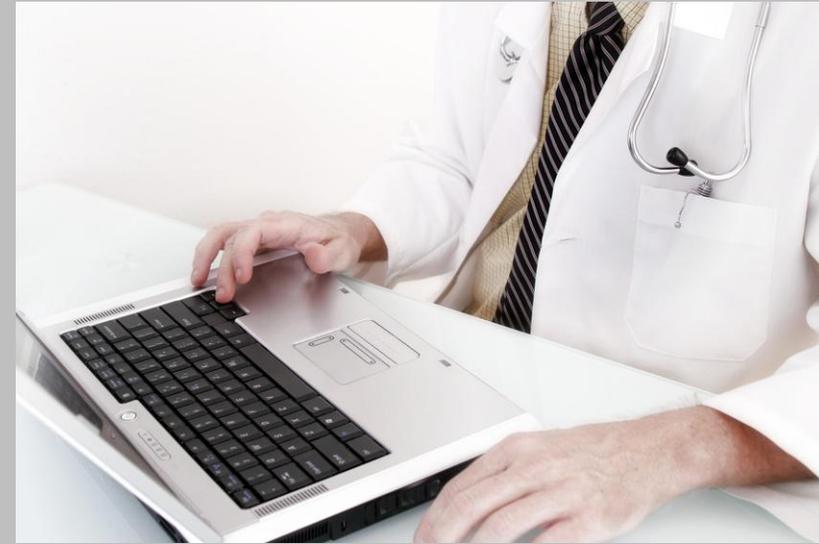
- HIT is the use of information and communication technology in health care. HIT can include:
 - Electronic health or medical records (EHR or EMR)
 - Personal health records (PHR)
 - E-mail communication
 - Clinical alerts and reminders
 - Computerized decision support systems (CDS or CDSS)
 - Hand-held devices and peripherals
 - Smart cards/swipe cards
 - Bar coding
 - Radio Frequency Identification chip
 - Other technologies that store, protect, retrieve and transfer clinical, administrative, and financial information electronically within health care settings (e.g., e-prescribing)

What is the EHR Incentive Program?

- The Medicaid EHR incentive payment program, created by the American Reinvestment and Recovery Act and administered by CMS, provides enhanced match to states to develop and administer provider incentive programs
- States receive 90/10 percent match for program administration expenses and 100 percent federal match for the provider incentive payments
- Over \$40 billion in incentive payments and program costs over 10 years for both Medicare and Medicaid
- The Medicaid EHR incentive program encourages provider adoption, implementation, and meaningful use of EHRs

EHR Incentive Program Vision and Goals

Vision: To improve the quality and coordination of care by connecting providers to patient information at the point of care through the meaningful use of EHRs



Goals: Increased quality, awareness, coordination, and system redesign through enhanced data collection



Who can Participate?

- Practitioners must be licensed and are within the scope of practice defined under State law
- Medicaid eligible professionals may not be hospital-based. A Medicaid EP is considered hospital-based if 90 percent or more of the EP's services are performed in a hospital inpatient or emergency room setting.

Medicaid Provider	Eligibility Requirement
Physicians (includes MDs and DOs)	30% patient volume from MA individuals
Nurse Practitioner	30% patient volume from MA individuals
Certified Nurse Midwife	30% patient volume from MA individuals
Dentist	30% patient volume from MA individuals
Providers in FQHCs and RHCs	30% patient volume from needy individuals
Pediatricians	Minimum of 20% patient volume from MA individuals
Acute care hospitals (general acute care and critical access hospitals)	10% patient volume from MA individuals
Children's hospitals	No patient volume requirements

Medical Assistance Patient Volume Calculations

Individual Patient Volume

- $\text{Medical Assistance Patient Encounters} / \text{Total Encounter Volume} = \% \text{ Medical Assistance Patient Volume}$

Group Patient Volume - allows EPs to attest to patient volume as a group

- Volume thresholds and calculations are the same but individual EPs can use MA patient volume across a group practice

Note:

- Patient volume includes encounters in and out of the Commonwealth of Pennsylvania
- Medical Assistance patient volume calculations are for 90 consecutive days in the previous calendar year for all service locations

Incentive Payments – Eligible Professionals

- First payment year can be for adoption, implementation, upgrade
- Payments do not have to be in consecutive years and amounts below are only an estimate of maximum payments
- Pediatricians who do not meet the 30 percent threshold would receive no more than \$14,167 in year one and \$5,667 in subsequent years

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Incentive Payments - Eligible Hospitals

- Federal Fiscal Year
- \$2 million base + per discharge amount (based on Medicare / Medicaid share)
- Hospitals meeting Medicare meaningful use requirements may be deemed eligible for Medicaid payments
- Medicaid hospitals: Cannot initiate payments after 2016

Pre-Application Readiness

- ✓ Do I need more information on program requirements or HIT in general?
Review materials on [DPW](#) and [CMS](#) websites to learn more about EHR, HIT, and the incentive program
- ✓ Am I eligible for the EHR incentive program?
http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp#TopOfPage
- ✓ Do I meet patient volume requirements?
Refer to information on DPW [website](#)
- ✓ Am I an enrolled and participating MA provider?
Apply at:
<http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/index.htm>

Pre-Application Readiness (cont.)

- ✓ EPs can assign their incentive payments. Does the Tax Identification Number (TIN) for the entity that I am assigning payments match the TIN in PROMISE™?
Send [email](#) to provider enrollment area
- ✓ Am I an eligible provider type (e.g. physician, midwife, CRNP) and is that how I am enrolled in Pennsylvania's Medical Assistance program?
Send [email](#) to provider enrollment area
- ✓ Do I have my own National Provider Identifier (NPI)?
If not register at:
<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>
- ✓ Do I have my CMS EHR certification identification?
<http://onc-chpl.force.com/ehrcert>

Medical Assistance Provider Incentive Repository (MAPIR)

- MAPIR is an application that is being added to PROMISE. This application will be accessed via the current internet provider portal

The screenshot shows the Pennsylvania Department of Public Welfare PROMISE Internet portal. The header includes the state logo and the text 'pennsylvania DEPARTMENT OF PUBLIC WELFARE' and 'PROMISE™ Internet'. The main content area is divided into several sections: 'Provider Login' with a 'User ID' input field and a 'Log In' button; 'Broadcast Messages' with a notice about HCSIS service plans and a maintenance notice; 'Quick Links' with links for help manuals and a demo; and 'Learning courses' with a list of courses. A large banner at the bottom says 'Welcome to PROMISE' with a photo of children.

MAPIR: the state-level information system for the EHR incentive program that will both track and act as a repository for information related to payment, applications, attestations, oversight functions, and to interface with CMS' National Level Repository (NLR)

Registration, Application, Review, and Payment



Register

- Providers register with CMS's National Level Repository (NLR)
- NLR information transmitted to Pennsylvania

Apply/Attest

- Applications and attestations completed in MAPIR

Review

- Applications reviewed in MAPIR,
- Some application information and attestations reviewed pre-payment
- Some providers may be contacted to provide additional information

Payment

- Emails sent to providers notifying them of approval
- Payments made to providers whose applications meet review criteria

MAPIR Draft Screens - Examples



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Wednesday 1/6/2011 4:14:53 PM EST

Name	Dr. Medicaid A. Provider	Applicant NPI	1234567890
Personal TIN/SSN	987654321	Payee TIN	123456789

Get Started NLR & Contact Info **Eligibility** Patient Volumes Attestation Review Submit

Eligibility Questions (Part 2 of 3)

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

* What type of Provider are you? (*select one*)

- Physician Dentist Certified Nurse-Midwife
 Pediatrician Nurse Practitioner

* Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?

Yes No



* Are you currently in compliance with all parts of the HIPAA regulations?

Yes No



* Are you licensed in all states in which you practice?

Yes No



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Save & Continue

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Name Dr. Medicaid A. Provider **Applicant NPI** 1234567890
Personal TIN 987654321 **Payee TIN** 123456789

Get Started | NLR & Contact Info | Eligibility | **Patient Volumes** | Attestation | Review | Submit

Patient Volume Practice Type (Part 1 of 3)

Please answer the following questions so that we can determine the appropriate method for collecting patient volumes.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

* Do you practice predominantly at an FQHC/RHC (*over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC*)? Yes No

* Please indicate if you are submitting volumes for: Individual Practitioner
(*Select one*) Group/Clinic

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Save & Continue

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Name Dr. Medicaid A. Provider Applicant NPI 1234567890
 Personal TIN 987654321 Payee TIN 123456789

Get Started NLR & Contact Info Eligibility **Patient Volumes** Attestation Review Submit

Patient Volume – Individual (Part 3 of 3)

Please enter **patient volumes** where indicated. ***You must enter volumes in all fields below. If volumes do not apply, enter zero.***

Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
 Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

?	?	?	?	?	?
Provider ID	Location Name	Address	Medicaid Only Encounter Volume <i>(In State Numerator)</i>	Medicaid Encounter Volume <i>(Total Numerator)</i>	Total Encounter Volume <i>(Denominator)</i>
XXXXXXXXXXXXXX	Dr. Lassie Family Practice	2 Provider Lane Providerville, MD 11111	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>
XXXXXXXXXXXXXX	Feldownawel Urgent Care	4 Provider Lane Providerville, MD 11111	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>

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Name Dr. Medicaid A. Provider **Applicant NPI** 1234567890
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Get Started NLR & Contact Info Eligibility Patient Volumes **Attestation** Review Submit

Attestation Phase (Part 1 of 3)

Please select the **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

- Adoption:**
You have acquired or are installing certified EHR technology.
- Implementation:** *You are installing certified EHR technology and have started one of the following:*
 - ◆ *A training program for the certified EHR technology*
 - ◆ *Data entry of patient demographic and administrative data into the EHR*
 - ◆ *Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).*
- Upgrade:** *You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.*
- Meaningful Use:** *You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.*

You must provide all required information in order to proceed.

MAPIR Draft Screens - Examples



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Get Started | NLR & Contact Info | Eligibility | Patient Volumes | Attestation | Review | **Submit**

Application Submission (Part 2 of 2)

As the actual *provider* who has completed this application, please *attest* to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.

I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

The Pennsylvania Department of Public Welfare may ask for additional information on any of the information submitted as part of this form. The Pennsylvania Department of Public Welfare will pursue repayment in all instances of improper or duplicate payment.

(*) Red asterisk indicates a required field.

Electronic Signature of Provider Receiving Incentive Payment:

***Provider Initials:** ***NPI:** ***Personal TIN:**

*When ready click the **Sign Electronically** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

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Reset

Sign Electronically

Meaningful Use Overview

- The concept of meaningful use is that it is not enough to simply install an EHR; providers must use the technology in a meaningful way to have a positive impact on patient care and outcomes. CMS requires that eligible professionals and hospitals:
 - Demonstrate use of certified EHR technology in a meaningful manner
 - Demonstrate that certified EHR technology is connected in a manner that provides for the electronic exchange
 - Use certified EHR technology and submits information on clinical quality measures and other measures
- Providers may attest to adoption, implementation or upgrade in their first payment year or meaningful use
- Examples of meaningful use measures: problem list, drug-allergy interaction checks, e-prescribing, demographics, use Federally-certified EHR system

Key Dates

Additional webinar sessions:

- February 15, 2011 – Calculating Patient Volume
- March 22, 2011 – Attestations, Monitoring and Documentation

Program Milestones:

- May 2011 – Providers can enroll in Pennsylvania Medical Assistance for EHR incentives through MAPIR
- Payments will be made through PROMISe™ once applications are reviewed and approved

Resources Available to Providers

- State Medicaid HIT [website](#)
- Join listserv to get updates and additional information:
<http://listserv.dpw.state.pa.us/ma-health-it-initiative.html>
- Email: Matt McGeorge, OMAP HIT Coordinator
RA-mahealthit@state.pa.us
- PROMISE™ : <https://promise.dpw.state.pa.us/>
Training on Internet Portal:
http://www.dpw.state.pa.us/omap/promise/provconfcalltrng_process.asp

Terminology

- HIT – Health Information Technology
- EHR – Electronic Health Record
- ARRA – American Recovery and Reinvestment Act
- CMS – Centers for Medicare and Medicaid Services
- ONC – Office of the National Coordinator for HIT
- HIE – Health Information Exchange
- PHIX – Pennsylvania Health Information Exchange
- SMHP – State Medicaid HIT Plan
- MAPIR – Medical Assistance Provider Incentive
Repository