



Kansas Medicaid Electronic Health Records (EHR) Incentive Program Frequently Asked Questions For Eligible Providers

These FAQs have been developed for Eligible Providers participating in the Medicaid Electronic Health Records Incentive Program.

What is the Kansas Medicaid Electronic Health Record Incentive Program?

The Kansas Department of Health and Environment (KDHE) is implementing the Medicaid Electronic Health Records Incentive Program authorized by the American Recovery and Reinvestment Act of 2009 (ARRA). The goal of this program is to pursue initiatives to encourage the adoption of certified EHR technology to promote health care quality advance health information exchange (HIE) capacity in Kansas using a system that supports the secure exchange of health information for the purposes of ensuring quality, confidentiality, efficiency and effectiveness of patient-centric health care for all Kansans. Eligible providers (hospitals and professionals) may receive incentive payments to adopt, implement, or upgrade (AIU) an ONC certified EHR system and reach meaningful use of the certified EHR system according to the requirements developed by the Centers for Medicare and Medicaid Services (CMS).

General

Q1: What should I do before registering with Kansas's Medicaid EHR Incentive Program?

A1:

- Verify the provider has been actively enrolled with Kansas Medicaid for at least the past 90 days.
- Verify that you are potentially eligible for the EHR Incentive Program – refer to the CMS Web site:
http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp#TopOfPage
- Make sure you have a certified EHR system – Check the Certified HIT Product List (CHPL) for the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program on the Office of the National Coordinator (ONC) for Health IT Web site at hhs.gov > Recovery.

- Update or verify your Provider Enrollment Chain and Ownership System (PECOS) information via the CMS Web site at cms.gov (Medicare > Medicare Provider-Supplier Enrollment > Internet Based PECOS > Access to internet Based PECOS).
- Enroll in MAPIR.
- Make sure the information you have on file with the National Plan & Provider Enumeration System (NPPES) on the CMS Web site and with Kansas Medicaid is correct and consistent.
- For registration, CMS will use the information you have on file with the NPPES, including your National Provider Identifier (NPI) and tax identification number. When you register with Kansas's EHR Incentive Program, CMS information must be matched up with information on file with Kansas Medicaid.
- Update your National Plan & Provider Enumeration System (NPPES) information on the CMS Web site.

Q2: Will all presentations be available after the webinar?

A2: Yes, all webinar presentations will be posted to the KDHE website.

Q3: Has Kansas certified any EHR/EMR programs?

A3: No, KDHE does not certify EHR systems. You must adopt, implement, upgrade, or meaningfully use a Federally-certified EHR system to participate in the Medicaid EHR Incentive Program. More information about a comprehensive listing of certified EHRs is available at <http://onc-chpl.force.com/ehrcert>

Q4: When will Kansas hospitals and professionals be eligible to receive incentive payments?

A4: To receive Medicaid electronic health record incentive payments, eligible hospitals (EHs) and eligible professionals (EPs) must first register with Medicare and Medicaid Registration and Attestation System (R&A) on the CMS website. EHs and EPs must then register with the state in which they wish to receive payments.

Kansas began making payments in 2012. Additional program information and updated are on our website at: <http://www.kdheks.gov/hcf/hite/default.htm>

Q5: What hospital fiscal year should be used for data and patient volume calculation when applying for payment?

A5: The hospital fiscal year used for data and patient volume calculation depends on the FFY (i.e. “payment year”) for which a hospital is requesting payment. The table below shows 3 payment years (2011, 2012, 2013) and the Hospital FY timeframes, based on the start of the Hospital Fiscal Year, that correspond to the “Payment Year” for which the hospital is applying for payment. For patient volume calculation, a hospital will enter data during the hospital fiscal year timeframe that matches the FFY (“Payment Year”) on the table below.

Hospital Fiscal Year Start	2011 “Payment Year”	2012 “Payment Year”	2013 “Payment Year”
January	1/1/09 – 12/31/09	1/1/10 – 12/31/10	1/1/11 – 12/31/11
February	2/1/09 – 1/31/10	2/1/10 – 1/31/11	2/1/11 – 1/31/12
March	3/1/09 – 2/28/10	3/1/10 – 2/28/11	3/1/11 – 2/29/12
April	4/1/09 – 3/31/10	4/1/10 – 3/31/11	4/1/11 – 3/31/12
May	5/1/09 – 4/30/10	5/1/10 – 4/30/11	5/1/11 – 4/30/12
June	6/1/09 – 5/31/10	6/1/10 – 5/31/11	6/1/11 – 5/31/12
July	7/1/09 – 6/30/10	7/1/10 – 6/30/11	7/1/11 – 6/30/12
August	8/1/09 – 7/31/10	8/1/10 – 7/31/11	8/1/11 – 7/31/12
September	9/1/09 – 8/31/10	9/1/10 – 8/31/11	9/1/11 – 8/31/12
October	10/1/09 – 9/30/10	10/1/10 – 9/30/11	10/1/11 – 9/30/12
November	11/1/09 – 10/31/10	11/1/10 – 10/31/11	11/1/11 – 10/31/12
December	12/1/09 – 11/30/10	12/1/10 – 11/30/11	12/1/11 – 11/30/12

For example, if a hospital fiscal year starts in January and the hospital wants to ask for its first payment during the 2011 “Payment Year”, it will enter data from a 90-day pay period during the 1/1/09-12/31/09 timeframe for payment calculation purposes.

Please note the “Payment Year” for which a hospital applies, regardless of when it applied, is not necessarily the year the hospital will receive payment. For instance, payments may be made in 2012 for applications that were completed for “Payment Year” 2011.

Volume

Q6: How is percent of service determined for assessing whether an individual is considered a hospital based provider? Is it percent of charges? Or is it percent of encounters?

A6: The hospital-based designation for an individual provider is determined by the site where the service was delivered. Physicians who furnish substantially all, defined as 90% or more, of their covered professional services in either an inpatient (POS 21) or emergency department (POS 23) of a hospital are considered to be hospital-based and are therefore not eligible for incentive payments under the Medicare and Medicaid EHR Incentive Programs.

Q7: If using the group methodology to meet 30 percent Medicaid volume, is the payment to each physician in the group? Ex. Year 1 with 6 MDs the group - \$21,250 each?

A7: Yes, even though individual Eligible Professionals (EPs) can use the group Medicaid patient volume methodology to qualify for the Medicaid EHR Incentive Program, payments are made to individual EPs. If these EPs qualify under the group calculation then each would receive the incentive payment.

The provider type and Medicaid patient volume percent determine payment. For most EPs the Medicaid patient volume threshold is 30 percent and only EPs meeting the 30 percent can receive the full incentive payment of \$21,250 in the first year. Pediatricians can qualify for payments with 20 percent Medicaid patient volume. To qualify for incentive payments, pediatricians must be board certified.

Q8: Is there a minimum number of Medicaid individuals that a physician or group must see in the 90-day time period to qualify as an eligible provider?

A8: No, there is no minimum number of Medicaid individuals or encounters but you must meet the threshold volume for all sites.

Q9: Can you confirm that dual-eligible (Medicaid & Medicare) patients would count toward the Medicaid volume?

A9: Yes, if the encounter with the dual-eligible patient meets the definition of encounter. For purposes of calculating EP patient volume, a Medicaid encounter means services rendered on any one day to a Medicaid-enrolled individual, regardless of payment liability. It includes zero-pay claims and encounters with patients in Title 21-funded Medicaid expansions (but not separate CHIPs).

Q10: For patient volume calculations, do we need to separate out primary care visits, from behavioral health, family planning Title X, HIV/AIDS Ryan White programs or do we just calculate overall patient volume?

A10: If you are a qualified provider type then all encounters that meet the following definition can be included towards patient volume. For purposes of calculating EP patient volume, a Medicaid encounter means services rendered to an individual enrolled in a Medicaid program, including Medicaid expansion encounters (except stand-alone Title 21), and those with zero-pay claims.

Q11: Are dentists who see more than 30% Medicaid patients REQUIRED to implement EHR by 2014?

A11: There is currently no requirement to utilize EHR technology, however to be eligible for EHR Incentives EPs must begin participating in the EHR Incentive Program no later than 2016.

Q12: I assume Medicaid volume includes all Medicaid encounters (managed care companies).

A12: Yes, Medicaid patient volume includes Medicaid Managed Care encounters. For purposes of calculating EP patient volume, a Medicaid encounter means services rendered to an individual on any one day where Medicaid paid for part or all of the service; or paid all or part of the individual's premiums, copayments, and cost-sharing.

Q13: Do all of the managed care plans count toward the Medicaid encounter volume or is it just straight Medicaid?

A13: See response to question 11.

Q14: Can Indian Health Centers be treated as FQHC's for the Medicaid EHR Incentive Program?

A14: CMS previously issued guidance stating that health care facilities owned and operated by American Indian and Alaska Native tribes and tribal organizations ("tribal clinics") with funding authorized by the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) must be reimbursed as FQHCs in order to be considered FQHCs in the Medicaid EHR Incentive Program. CMS revised this policy and will allow any such tribal clinics to be considered as FQHCs for the Medicaid EHR Incentive Program, regardless of their reimbursement arrangements.

Q15: Is each pregnancy visit, leading up to delivery (global delivery charge), considered an encounter?

A15: For purposes of Medicaid Volume calculation, the EP should calculate Medicaid pregnancy visits in a manner consistent with the way the claim has been billed.

Provider

Q16: Would Eligible Professionals working in a Psychiatric Hospital be eligible? Or would the patient volumes worked in a Psychiatric Hospital count toward the eligible patient volumes considering it is an inpatient setting?

A16: EPs are defined by provider type so for example, physicians or CRNPs that are practicing in psychiatric hospitals may be eligible. However, these providers also cannot be inpatient-based hospital providers. 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.

Q17: How does this incentive work for Physicians employed with a Community Behavioral Health organization? Does the incentive apply with respect to Behavioral Health? Our Doctors treat Drug Addiction or work as Psychiatrists within a day program or group home for developmentally disabled.

A17: EPs are defined by provider type so these physicians may be eligible so long as they meet the Medicaid patient volume thresholds, are not hospital-based providers, and can meet other program requirements.

Q18: How do the incentives and payments work for providers who bill Behavioral Health Managed Care Organizations?

A18: EPs that bill either behavioral health or physical health MCOs can include these encounters toward their patient volume thresholds. For purposes of calculating EP patient volume, a Medicaid encounter means services rendered to an individual on any one day where Medicaid paid for part or all of the service; or paid all or part of the individual's premiums, copayments, and cost-sharing.

Q19: Will the incentive payment be capped at the expense incurred for implementation of EHR? That is, assuming qualification, does each provider receive max payment regardless of expense incurred?

A19: The incentive payments are fixed amounts. Please refer to payment schedule.

Q20: Has the ONC certified any software vendors for a standalone dental product? Have they determined what the criteria for dental will be?

A20: More information about a comprehensive listing of certified EHRs is available at <http://onc-chpl.force.com/ehrcert>

Q21: Is there any current or future consideration for health providers practicing in prison systems who are installing EHR systems but the system absorbs the cost of that care rather than burden Medicaid dollars?

A21: The Medicaid EHR Incentive Program is for enrolled and participating Medicaid providers who meet the Federal definition of eligible professionals or hospitals and who meet other program requirements such as patient volume thresholds and being able to adopt, implement, upgrade, or meaningfully use Federally-certified EHR systems.

Application, Enrolling, Attestation

Q22: Do individual professionals need to do the attestation or can someone else from the practice or REC submit this info on their behalf?

A22: Applications may be completed on behalf of the EP but the EP is responsible for the information submitted and any errors or overpayments.

Q23: Do individual eligible professionals enroll as an individual even when working under a group practice?

A23: Yes, all EPs apply for incentive payments individually but can attest to Medicaid patient volume using either the individual or group Medicaid patient volume methodology.

Q24: Am I correct in thinking that we cannot participate in both Medicaid and the CMS Medicare incentive?

A24: Yes, but you have the option to switch between programs one time.

Q25: For large MD groups, can submission of application be done centrally, on behalf of the EP?

A25: Applications are submitted individually but may be completed on behalf of the EP. The EP is responsible for the information submitted and any errors or overpayments.

Additional Information

For more information and resources on EHR and HIT adoption you can refer to KDHE's HIT/HIE website at:

<http://www.kdheks.gov/hcf/hite/default.htm>

Technical Assistance Information

Additional tools for the EHR Incentive Program can be found below.

- **CMS tools:**
 - EHR Incentive Program information
<http://www.cms.gov/EHRIncentivePrograms/>
 - CMS Eligibility Wizard – helps determine eligibility for Medicaid EHR Incentive Program
https://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp

- **KDHE/DHCF tools:**
 - <http://www.kdheks.gov/hcf/hite/default.htm>
 - Program information and resources
 - FAQs and Fact Sheets
 - Hospital payment calculator
 - Webinars and other useful links
 - Meaningful Use information and resources

- **Application / MAPIR Assistance:**
 - <https://www.kmap-state-ks.us/PROVIDER/SECURITY/logon.asp>