



CMS Medicaid HITECH FAQs for Calendar Year 2016

Question:

Will CMS Registration & Attestation (RNA) UI stop permitting new (or returning) providers from enrolling/updating registration in the Medicaid EHR Incentive program after 12/31/16?

Response:

No. And this has also been confirmed by the CMS Medicare Team. There is no deadline date for new provider enrollment/registration in the Medicaid EHR Incentive program implemented at the NLR or CMS RNA.

Question:

Does the 42 CFR Part 495 Subpart D (495.310(a)(1)) statement “An EP may not begin receiving payments any later than CY 2016.” mean that all Medicaid EPs must receive at least their first Medicaid EHR Incentive payment by the end date of CY 2016 (12/31/16)?

Response:

No. Irrespective of the literal interpretation of the statement implied in the question above, incentive payments for Medicaid providers for PY 2016 will be done in fashion consistent with prior years Medicaid incentive payments - payments are made on the basis of the PY, and not the end date of the CY. EPs may not begin to receive Medicaid EHR Incentive payments for any year of payment later than CY 2016. Also, the statute references identified by 42 CFR Part 495 Subpart D for computation of Medicaid EP payments (at sections 1903(t)(1), 1903(t)(4), and 1903(t)(5)) describe Medicaid provider payments in terms of ‘year of payment’ or ‘payment year’, rather than in reference to end-of-year dates.

Besides, it is impractical to expect submission of attestation and processing of incentive payment will be complete by the end date of the CY 2016 in the instance the Reporting Period for the EP’s attestation is scheduled at the end of the CY 2016.

Question:

Since provider participation by CY 2016 in the Medicaid EHR Incentive program is the ‘gateway’ for first time participants in CY 2016 to continue participation in subsequent years, what happens in the instance of a provider who has participated for 2 or more years by CY 2017 and for whom CY 2016 is the first participation year, IF the provider is found to have failed Eligibility or AIU, or MU audit for CY 2016? Would the provider have to recoup incentive payments for all CYs following 2016 in addition to recoup of the CY 2016 payment?

Response:

Medicaid Incentive payments for subsequent years of attestation/participation will not be automatically recouped due to failed audit of the CY 2016 attestation. The provider's eligibility, registration and attestation requirements are met for each and every CY is independent of the requirements met or not met by the provider in other CYs. Each CY's participation by a provider is unique. There is no reason why negative audit findings for CY 2016 will have more severe consequences than negative audit findings for other CYs (often recoupment of the incentive payment for just the CY with negative audit findings).

Question:

Will there be NLR functionality to prevent new providers from registering/enrolling with Medicaid EHR Incentive program after CY 2016?

Will there be NLR functionality to prevent EH from attesting to Medicaid if the EH did not receive incentive payment in the preceding year?

Response:

The PROPOSED functionality (these are NOT FINALIZED yet) include the following:

- Automatic detection (when a provider completes Medicaid program registration at CMS RNA) if the provider has never attested/never got paid for PY 2016 or earlier PY, which will be reported to the Medicaid State via B6. The Medicaid State can then decide to confirm the provider's registration if it is for PY 2016 participation, or reject the registration if participation is intended for PY 2017 or later.
- Automatic detection of absence of incentive payment for preceding PY for an EH completing Medicaid program registration at CMS RNA, which will be reported to the Medicaid State via B6.
- B7-interface with new 'StateRejectionReasonType' code "EH did not receive incentive payment for prior PY" that will be available for States to send B7-Ineligible when rejecting EH registration for an EH that had not been paid in prior PY.
- D18 and D16 error messages (from NLR to State) will be triggered, since there is absence of incentive payment for prior PY (in the instance the State sends a B7-Eligible to process incentive payment for the EH who has no record of incentive payment in the preceding PY)."

Until this functionality is in place, the state is responsible for verifying previous payments for each provider, in order to prevent a new provider from registering and attesting for Calendar/Program Years post 2016. Once the R&A UI incorporates the enhancements, these safeguards will be implemented. However, the states should still validate B6's and D16/D18s for an existing prior year payment, in the processing of incentive payments for 2017 or later.

For additional questions, visit: <https://ehrincentives.cms.gov/hitech/login.action>.