



## Frequently Asked Questions (FAQs) For Eligible Professionals

*These FAQs have been developed for Eligible Professionals (EPs) participating in the Medicaid EHR Incentive Program. All external hyperlinks are provided for your information and for the benefit of the general public. The Georgia Department of Community Health (DCH) does not testify to, sponsor, or endorse the accuracy of the information provided on externally linked pages.*

### What defines a hospital-based professional?

Eligible Professionals who provide 90 percent or more of their services in a hospital inpatient and emergency room setting (Place of Service Codes 21 and 23) are not eligible for the Medicaid EHR Incentive Program.

### How is a patient encounter defined?

An “encounter,” for the purpose of calculating an Eligible Professional’s patient volume, is defined as:

If member and provider are eligible on the date of service, then it is a Medicaid encounter.

### What is a needy individual?

Needy individuals are those receiving medical assistance from Medicaid (Title XIX) or the Children’s Health Insurance Program (Title XXI), individuals who are furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual’s ability to pay.

### How is patient volume calculated?

Eligible Professionals must meet patient volume thresholds based on a ratio where the numerator is the total number of Medicaid (Title XIX) patient encounters (or needy individuals) treated in any 90-day period in the previous calendar year and the denominator is all patient encounters during the same period. Patient volume can also be reported from the current calendar.

If you serve Medicaid patients from bordering states (i.e., a state contiguous to Georgia) within 50-miles of the Georgia state line, or if one of your practice locations is in a border state, you may include the Medicaid patient volume from that state or location(s) only if that additional encounter volume is needed to meet the patient volume threshold. Please note that all out-of-state patient encounters must be included in the denominator. Out-of-state non-Medicaid volume must be included if out-of-state Medicaid is included. Georgia must be the only state that you are requesting an incentive payment from during that participation year. If an Eligible Professional aggregates Medicaid patient volume across states, DCH may audit any out-of-state encounter data before making an incentive payment. The Eligible Professional must maintain auditable records as applicable by the law of the state or seven years, whichever is deemed longer.

Except for Eligible Professionals practicing predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), CHIP patient volume must be excluded from your Medicaid patient volume calculations. In Georgia, CHIP is called PeachCare for Kids®. If your practice does not differentiate CHIP patients from Medicaid patients, you may obtain a CHIP patient factor from Georgia’s Medicaid EHR Incentive Program patient volume calculator. The CHIP patient factor will adjust your total Medicaid patient volume to reflect CHIP patients. The adjusted Medicaid patient volume data should be used when you register in Georgia’s Medicaid Incentive Program and is available at

[www.dch.georgia.gov/ehr](http://www.dch.georgia.gov/ehr). The calculator will help expedite the patient volume calculation step when you register with Georgia for the incentive payment.

## If an Eligible Professional in the Medicaid EHR Incentive Program wants to leverage a clinic or group practice's patient volume as a proxy for the individual professional, how does that work?

Eligible Professionals may use a clinic or group practice's patient volume as a proxy for their own under three conditions:

1. The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
2. There is an auditable data source to support the clinic's patient volume determination; and
3. So long as the practice and EPs decide to use one methodology in each year (in other words, clinics could not have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EPs may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

## How long must an Eligible Professional retain the source documents for the data reported for determining incentive program eligibility?

Eligible Professionals must utilize auditable data sources to support their patient volume numbers. Georgia is not mandating any specific data sources; however, it is presumed that Eligible Professionals will rely on practice management software/system or other business record keeping system or documentation for patient scheduling and billing. Eligible

Professionals must retain the documents they relied on and submitted to the State when applying for incentive payments for seven years.

## What is the maximum incentive an Eligible Professional can receive under the Medicaid EHR Incentive Program?

Eligible Professionals who adopt, implement, upgrade, or meaningfully use EHRs may receive up to \$63,750 during the six years that they participate in the Medicaid EHR Incentive Program. Pediatricians have special rules and they are allowed to participate with a reduced patient volume threshold (20 percent instead of 30 percent). If pediatricians participate and have a Medicaid patient volume less than 30 percent, they receive an incentive reduced to two-thirds, which totals \$42,500 if they participate in the program for the entire six years. Pediatricians may qualify to receive the full incentive payment if they can demonstrate that they meet the minimum 30 percent Medicaid patient volume requirements. Eligible Professionals must begin receiving incentive payments by calendar year 2016.

## Is my practice eligible to receive Medicaid incentive payments?

Incentive payments are not made to practices, but to individual Eligible Professionals who meet all program eligibility and requirement criteria.

## Are professionals with few to no Medicaid patients eligible for the incentive payments?

No. Eligible Professionals must have at least 30 percent patient volume attributable to Medicaid (Title XIX) patients; CHIP (Title XXI) patients are excluded from the patient volume calculations. Eligible Professionals practicing in a FQHC or RHC must have at least 30 percent patient volume attributable to needy individuals. Pediatricians must have a Medicaid (Title XIX) patient volume of 20 percent to be eligible and may receive two-thirds of the dollar amounts specified above unless their Medicaid patient volume is 30 percent or higher.

## If a practice is owned by a hospital, can the Eligible Professionals in the practice receive Medicaid incentive payments?

Yes. However, physicians who work primarily (i.e., spend 90 percent or more of their time) in inpatient and emergency room settings are excluded from the Medicaid EHR Incentive Program.

## Can an Eligible Professional receive both the Medicaid EHR payment incentive as well as the Medicare EHR payment incentive?

No. Eligible Professionals may receive an incentive payment from either Medicaid or Medicare, but not both during the same calendar year.

## Once an Eligible Professional has selected an EHR Incentive Program (Medicaid or Medicare), is the Eligible Professional able to switch?

Eligible Professionals can switch between the Medicaid and Medicare incentive programs once during the program. The last year for making an incentive program switch is calendar year 2014.

## How many years may an Eligible Professional receive incentive payments?

Medicaid Eligible Professionals may participate for a total of six years and may not begin receiving payments later than calendar year 2016.

## Can an Eligible Professional reassign their EHR incentive payment?

Yes. Eligible Professionals may voluntarily reassign their full incentive payment to either employers (in which a contractual arrangement already exists) or to a designated entity promoting the adoption of certified EHR technology. Eligible Professionals cannot reassign a portion of the payment to any other entity since only one Tax Identification Number (TIN) can be designated for payment.

## How does our practice obtain the CMS EHR certification number for our EHR system?

Please refer to either of the two links shown here.

Office of the National Coordinator for Health Information Technology (ONC): <http://healthit.hhs.gov/chpl>

CMS EHR Incentive Program website:

[www.cms.gov/EHRIncentivePrograms/25\\_Certification.asp](http://www.cms.gov/EHRIncentivePrograms/25_Certification.asp)

## What is the ONC?

The Office of the National Coordinator for Health Information Technology is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. The ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS). The position of National Coordinator was created in 2004, through an Executive Order, and legislatively mandated in the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009. The ONC is the responsible agency for establishing EHR certification standards and certifying vendor EHR products.

## Will Georgia verify a provider's adoption, implementation, or upgrade (AIU) of certified EHR technology?

Eligible Professionals will be required, as part of the state level registration and attestation process, to verify the adoption, implementation or upgrade of a certified EHR system by uploading documents supporting AIU. Verification can be in the form of an invoice or contract.

The following is a list of documents that will be acceptable for verifying AIU:

- Receipts from EHR
- Software vendors
- Sale contracts
- Training evidence
  - Paid invoices
  - Training plans

- Service performance agreements
- Copy of the upgrade letter or agreement
- Agreement from EHR software vendors
- Work plans
- Cost reports

Other reasonable substantiating documents may be acceptable. This documentation is considered auditable and must be maintained by the Eligible Professional for a period of seven years.

## What are the meaningful use requirements?

The meaningful use requirements to qualify for incentive payments were released on July 13, 2010. The final rule definitively outlines all the specifics of Stage 1 meaningful use and clinical quality measure reporting to receive the incentive payments in 2011 and 2012. For more detailed information on meaningful use, please visit the CMS website.

## When do providers have to meet meaningful use requirements for Medicaid?

Eligible Professionals do not have to demonstrate meaningful use in their first payment year. During the providers' first year, they only have to demonstrate that they have adopted, implemented, or upgraded certified EHR technology and there is no reporting period for this requirement.

The Medicaid provider must demonstrate meaningful use in their second participation year. For this second participation year, the EHR reporting period is 90-consecutive days within the participation year. If applying for a 2013 payment, the 90 days must start and finish within the calendar year for Eligible Professionals.

## When and where does an Eligible Professional register?

Eligible Professionals must register on the Medicare CMS Registration and Attestation System Registration and Attestation System website and on the Georgia Medicaid EHR Incentive Program website.

Providers will use their current GA Medicaid web portal ID and password to access registration for incentive payments.

## What does an Eligible Professional need for registration?

When registering in the CMS Registration and Attestation System, Eligible Professionals will need:

- National Provider Identifier (NPI)
- National Plan and Provider Enumeration System (NPPES) user ID and password
- Payee Tax Identification Number (if you are reassigning your benefits)
- Payee NPI (if you are reassigning your benefits)

Within 24 hours after registering with CMS, the Eligible Professional may register with the Georgia Medicaid EHR Incentive Program. At that time, Eligible Professionals will need:

- **90-day reporting period** for the patient volume calculation
- **Patient volume information** to determine if you meet the eligibility requirements
- The **CMS EHR Certification number** provided by the ONC for your certified EHR technology
- **Documentation** supporting AIU that must be uploaded during the registration process

## Where can an Eligible Professional get technical assistance?

The Georgia Health Information Technology Extension Center (GA-HITEC) provides education, outreach and technical assistance to Georgia health care providers in selecting, implementing and using health information technology to improve the quality and value of health care. For more information about GA-HITEC, visit <http://ga-hitec.org> or call toll-free at 877-658-1990.

The CMS EHR Information Center is open to assist the provider community with inquiries. Hours of operation are from 8:30 a.m. – 7:30 p.m. (ET), Monday through Friday, except federal holidays. The main telephone number is 888-734-6433 or 888-734-6563 for TTY callers.

## What if our practice has additional questions not covered here?

For more information about the Medicare and Medicaid EHR Incentive Programs, please visit

<http://www.cms.gov/EHRIncentivePrograms>.

For specific questions related to Georgia's Medicaid EHR Incentive Program, email HP Enterprise Services Contact Center at [HP.mapir.outreach@hp.com](mailto:HP.mapir.outreach@hp.com) or call 800-766-4456 and choose prompt 1 for the Medicaid EHR Incentive Program Support Team.