

Medicaid AIU Eligibility Requirements

As related to LTC Medical Professionals and Practices utilizing gEHRiMed™

Specified Clinicians (called Eligible Professionals or EPs) who use Certified EHR Technology (CEHRT) may be eligible to participate in either the Medicare or Medicaid Meaningful Use program. This article discusses the Medicaid Program which continues to enroll EPs as new participants through 12/31/2016.

- **The initial payment for EPs eligible under the Medicaid program is \$21,250.** This is the 'A/I/U Meaningful Use Payment', which stands for Acquire, Implement, or Upgrade.
- That A/I/U payment is only available to EPs who have never previously received a Medicare or Medicaid payment for Meaningful Use.
- The Medicaid program includes Nurse Practitioners, a significant difference from the Medicare program which was only open to Physicians.

There are two potential routes for an EP to apply for their State's Medicaid EHR Incentive payment for Acquiring, Implementing, or Upgrading, to Certified EHR Technology. Those routes are by utilizing the *Individual's* encounter data or by utilizing the encounter data of a *Group Practice's Medical Professionals* – these are discussed in detail below.

1. Eligibility Requirements for Medical Professionals

- Incentive payments for EPs are based on individual practitioners. The payment is assigned by NPI Number.
- Each EP in a practice may qualify for an incentive payment if they have obtained a gEHRiMed Provider License, and meet the other requirements.
- Each EP is only eligible for one incentive payment per year, regardless of how many practices (a TIN), or locations, they work in.
- **Hospital-based eligible professionals may be eligible for incentive payments.**
 - An eligible professional is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient (Place of Service code 21) or emergency room (Place of Service code 23) setting.
 - If the EP provided >10% of their care in an outpatient setting, they may qualify as an EP.
 - **For most states the qualification year is the year preceding the registration year**

2. Who is an Eligible Professional under the Medicaid EHR Incentive Program?

- Eligible Professionals (EP) under the Medicaid EHR Incentive Program include:
 - Related to the gEHRiMed Customer Base:
 - Physicians (primarily doctors of medicine and doctors of osteopathy)
 - Nurse practitioners
 - Other Eligible Professionals:
 - Certified nurse-midwife
 - Dentist
 - Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

- To qualify, an eligible professional (or the Group Practice, defined below) must meet a **minimum 30% Medicaid patient volume**.

3. How to Calculate Medicaid Patient Volume

The Medicaid patient volume methodology is ultimately designated by the State Medicaid Agency and approved by CMS. The information below is a general outline of the CMS approved rule for calculating patient volume, however, final rules may vary by state.

3.1. Which Encounters Figure into the Medicaid Patient Volume?

The Medicaid encounter definition was expanded on January 1, 2013 as follows:

- The patient must have been enrolled in an allowable Medicaid program at the time the service was rendered, **regardless of whether or not Medicaid paid anything on the bill**. This would include Medicaid patients where:
 - claims were denied due to service limitation
 - claims were denied due to non-covered services
 - claims were denied due to timely filing
 - services were rendered on Medicaid patients that were not billed due to the provider's understanding of Medicaid billing rules
- **Both Medicaid as primary and secondary insurer can be counted toward the encounters. If Medicaid is secondary and the primary insurance paid more than the Medicaid allowable share (so Medicaid paid zero), then it would still be counted as an encounter.**
- Only one service rendered per day per patient per provider can be counted.

For example if a patient received a routine visit and was also given a flu shot on that same day by the same physician, this is considered one encounter. If the patient was seen for a routine visit on Monday and then seen again on Tuesday for a flu shot, this is two encounters.

3.2. Formula for Determining Medicaid Patient Volume:

- Medicaid patient volume is determined from any consecutive 90 day period within the 12-months preceding the date of attestation.
- Patient volume may be calculated per provider or **based on the Group Practice** (recommended)

Formula:

Total Medicaid Encounters in the 90-day period / Total Patient encounters in the 90-day period

3.3. Group Practice Volume Calculation (*generally recommended*)

Incentive payments are for individual providers; however, individual providers practicing in a Group Practice may use the practice patient volume. Please note that in these instances an NPI must identify the group. The following conditions apply to Group Practice calculations:

- The Group Practice patient volume is appropriate as a patient volume methodology calculation for the EP

- a. Example: if an EP only sees Medicare-only, Private Insurance, or self-pay patients, this is not an appropriate calculation.
- There is an auditable data source to support the Group Practice patient volume determination.
- All EPs in the Group Practice must use the same methodology for the payment year.
 - a. **New EP's added to the group during the year may attest using the group patient volume**
- The Group Practice uses the entire practice's patient volume and does not limit patient volume in any way.
 - a. **Patient Volume must include patient encounters with non-EPs such as physician assistants, dietitians, nurses, etc.** However, only those EPs who qualify would be eligible for an incentive payment.
- If an EP works inside and outside of the practice, then the patient volume calculation includes only those encounters associated with the group practice.

3.3.1. The Group Practice Volume Advantage

If the Group Practice can meet the qualifications for the Medicaid EHR Incentive program as a Group, there are advantages.

- The group's individual EPs may have Medicaid patient volumes below the 30% threshold as long as:
 - They have at least 1 Medicaid encounter, and
 - The group, in aggregate, exceeds the 30% threshold

Once qualified as a group, additional EPs in the Group Practice are eligible attest for the state's Medicaid Incentive payments; there is no need for 90 days of individual claims history for the TIN/NPI combination.

4. Can GPM file My Providers A/I/U Paperwork?

Yes, GPM offers an optional service on a contingency fee basis to register and attest for a practice's providers. Please notify your sales representative or account manager if you are interested in GPM managing the process and filing the necessary paperwork to obtain the A/I/U Incentive payments.

4.1. What Information Will GPM Need To Submit My A/I/U Paperwork?

- A GPM representative will reach out to the practice admin requesting group and provider information (TIN, NPIs, Provider Name & Credentials, etc.) and access to the group I&A account.
- Practice must determine whether the EP's Incentive Payments will be distributed to:
 - The individual provider (Provider SSN + Provider NPI combo);
 - The billing entity (Billing TIN + Provider NPI combo); or
 - Group reassignment (Group TIN + Group NPI combo)

**GPM recommends that groups have proper documentation on file if they plan to assign Incentive payments to the billing entity or group. GPM does not supply this documentation and recommends the group consult their legal counsel to ensure proper documentation.*

- Billing Data:
 - Determine whether to use the individual EP's or the group patient volume
 - Practice must keep on file a copy of the billing data pulled to determine patient volume
 - Notify GPM if you have any out of state encounters
 - Determine best 90 day period
 - Send GPM the totals only (do not send PHI)
 - a. Total Medicaid Encounters (see section 3.1)
 - b. Total Encounters
- Additional information may be requested depending on the state requirements

4.2. The GPM Registration & Attestation Process for Submitting A/I/U

- GPM will work with the Customer to establish a representative from GPM to work on behalf of the Customer and providers. This connection will be set up in the Customer's Identity and Access (I&A) account. GPM provides detailed instructions to the Customer to help establish this relationship.
- GPM confirms the Customer's Identity & Access account is properly set up and linked with all providers. Customer is responsible for ensuring providers are properly credentialed. If all providers are not set up correctly in the system, GPM will work with the Customer to help establish the proper connections.
- GPM registers all providers with CMS for the Medicaid EHR Incentive Program.
 - Individual provider data will be automatically pulled from the NPPES profile. Additional information is entered based on the practice information (Tax ID, business address, phone #) which must match the practice's Medicaid profile.
 - The CMS registration site then sends the info to the state for approval. Once the state has approved the registration, they will send an EHR Attestation Welcome email with instructions to attest at the state portal. If the state denies the registration, errors must be corrected and the registration resubmitted.
 - a. If instructions to attest are not received or an error/denial notice is received, GPM will contact the states customer service to verify by phone if the provider is approved and able to attest or discuss errors.
- GPM then works with the Customer's state to attest for each individual provider
 - Since attestation requirements vary by States, GPM establishes a report the state's EHR Incentive Program's representatives to ensure all attestation information is submitted correctly.
 - GPM works with the Customer to gather all documentation and data required for attestation.

5. Resources

CMS Resource Page: Medicaid State Information

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/MedicaidStateInfo.html>

Medicaid State Contacts:

<https://www.cms.gov/apps/files/statecontacts.pdf>