

Medicaid's EHR
Incentive Program
How you can receive
\$21,250
Per Clinician

What is the EHR Incentive Program?

The EHR program is more formally known as the 'AIU Incentive Program.' In the first year of participation clinicians will earn **\$21,250** per clinician, if they:

- **A**cquire,
- **I**mplement,
- **U**pgrade...

to a Certified Electronic Health Record Technology (CEHRT). It's that easy!

Who is eligible for the program?

Related to Long-Term/Post-Acute Care:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioners

What are the qualifications?

In the first year each clinician receives \$21,250 if the following qualifications are met. Eligible clinicians must have a Certified Electronic Health Record Technology (CHERT) AND 30% Medicaid patient volume. Medicaid patient volume is determined for any consecutive 90-day period within the previous 12-months preceding the date of attestation. Medicaid volume can be calculated for the practice as a whole or by each provider individually.

Note: Medicaid dual-eligible patients can be counted towards the 30% patient volume threshold.



What is a Certified Electronic Health Record Technology (CEHRT)?

A CEHRT is software technology that stores data in a structured format. Structured data allows patient information to be easily retrieved and transferred, and allows the clinician to use the EHR in ways that can aid patient care.

CMS and the Office of the [National Coordinator for Health Information Technology \(ONC\)](#) have established standards and criteria for structured data that EHRs must meet in order to qualify for use in the Medicare and Medicaid EHR Incentive Programs.



How to define 30% Medicaid Patient Volume.

Many clinicians are unaware of the source of payment for their patients. While Medicare continues to pay for physician services, a secondary payer may be paying the facility. One of the easiest ways a clinician can learn if they meet the 30% Medicaid threshold, is to contact their billing staff.



1

Patient volume is calculated by dividing the clinician's encounters with Medicaid enrolled patients over the clinician's total number of service encounters.

2

Clinicians may not personally meet the 30% threshold, but the practice as a whole may have a patient population of 30% Medicaid.

3

Most states require clinicians to show any consecutive 90-day period from the 12 months preceding the date of attestation to show 30% Medicaid patient volume.

Who are dual-eligible patients?

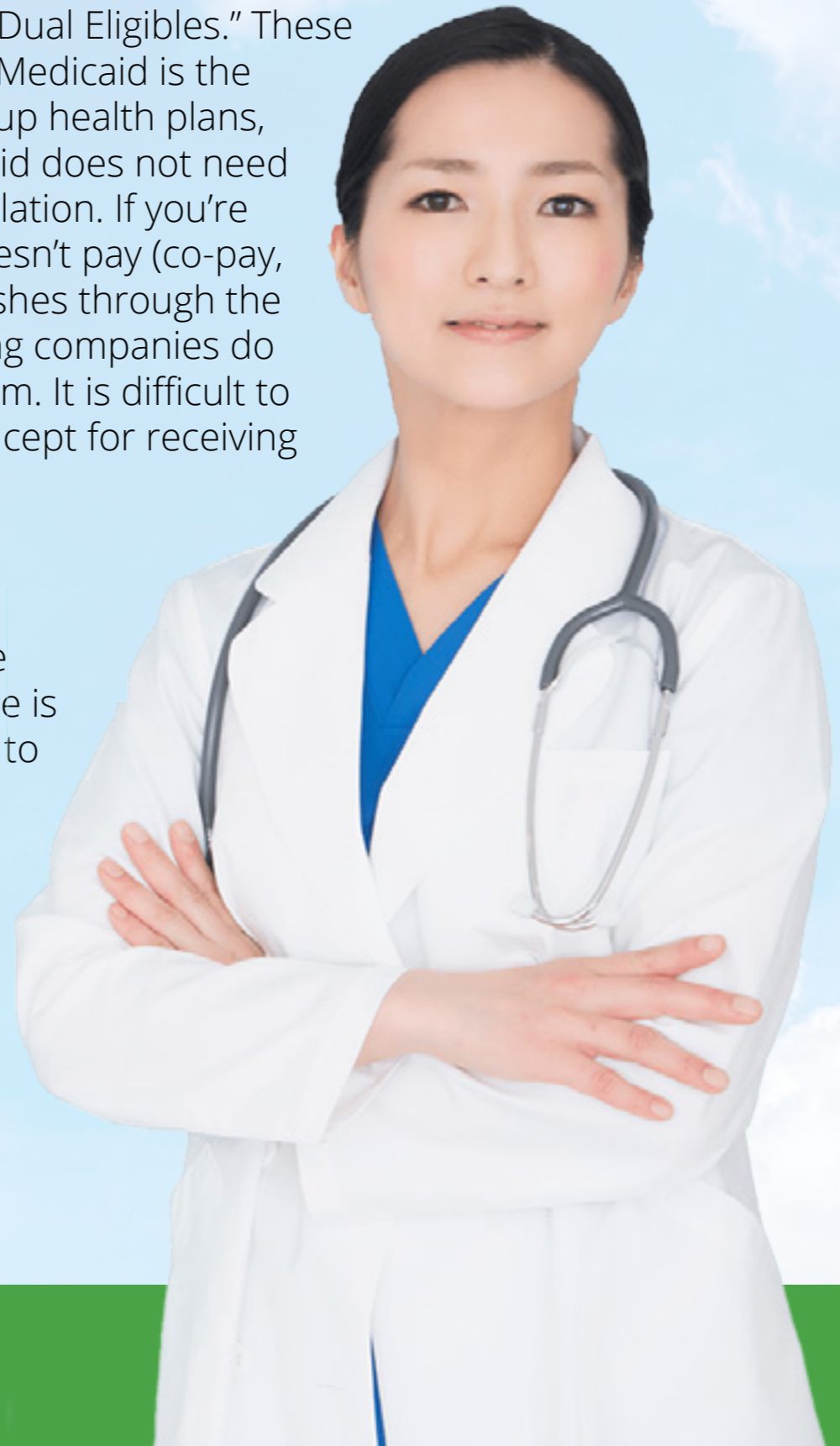
What do clinicians need to know about Dual Eligibles?

Patients who are enrolled in both Medicare and Medicaid are called “Dual Eligibles.” These patients can be counted towards the 30% patient volume threshold. Medicaid is the payer of last resort. Medicaid only pays after Medicare, employer group health plans, and/or Medicare Supplement (Medigap) Insurance have paid. Medicaid does not need to pay the claim for a patient to still be counted in the Medicaid population. If you’re using a Medicare program any cross-over payment that Medicare doesn’t pay (co-pay, deductible, etc.) is required to be reported to Medicaid. Medicare pushes through the cross-over claim to Medicaid, therefore most clinicians and their billing companies do

“It is difficult to understand, but it is a key concept for receiving the incentive money.”

not see this portion of the claim. It is difficult to understand, but it is a key concept for receiving the incentive money.

Medicare Part A pays for the first 100 days of skilled care. Patients who are in nursing homes more than 100 days are either paying privately or another form of insurance is paying the facility, *such as Medicaid*. While **Medicare Part B** continues to pay for physician services, another payer may be paying the patient’s facility stay, *such as Medicaid*.



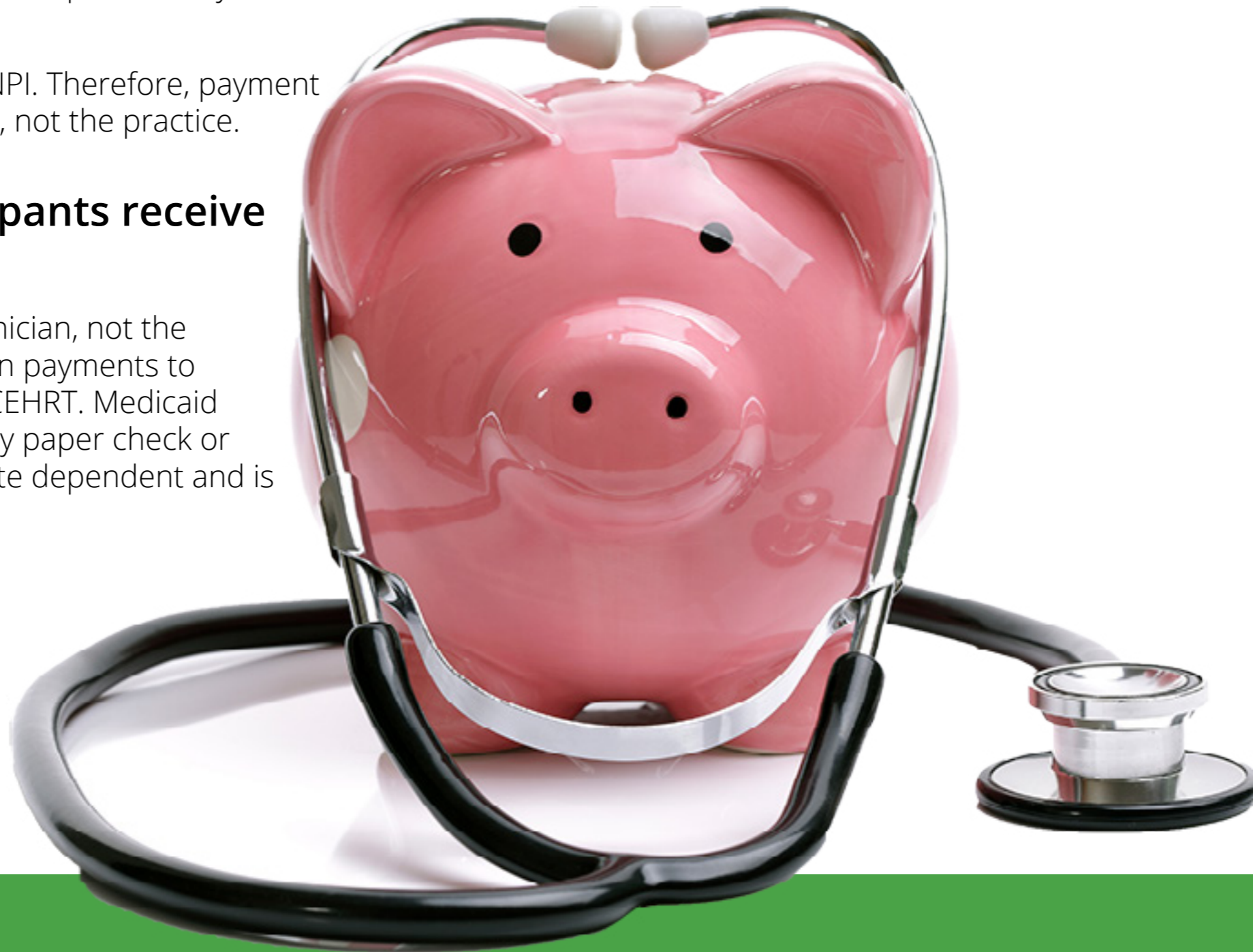
How do clinicians attest for the incentive payment?

Clinicians can attest as an individual or as a group. Attestation is completed through the state-specific portals. gEHRiMed provides attestation services for clients.

- Group attestation is recommended because it is the easiest way to achieve the 30% Medicaid patient volume.
- Group attestation can include services provided by non-medical clinicians, such as: pharmacists & social workers .
- Attestation is linked to individual NPI. Therefore, payment is awarded directly to the Clinician, not the practice.

When and how will participants receive the payments?

Payment is awarded directly to the clinician, not the practice. However, clinicians can assign payments to the practice in return for acquiring a CEHRT. Medicaid incentive payments will be delivered by paper check or direct deposit. Turnaround time is state dependent and is typically 30 – 90 days.



Second Year and Subsequent Years of Participation Access More Government Incentives!

Participation is **NOT required** after the first year. If eligible clinicians choose to participate, they must show they are using their EHRs in a meaningful way by meeting defined objectives established by CMS. Clinicians may be subject to Medicare penalty if Meaningful Use is not achieved in subsequent years. However, filing for a Hardship Exemption annually can mitigate any Medicare Part B penalties.

Important Note:
NO Medicaid penalties to reimbursements if clinician does not achieve Meaningful Use.



How much can you get paid?

Payment Amount in 2016	\$21,250
Payment Amount in 2017	\$8,500
Payment Amount in 2018	\$8,500
Payment Amount in 2019	\$8,500
Payment Amount in 2020	\$8,500
Payment Amount in 2021	\$8,500
Total Incentive Payment	\$63,750

