

Incentive Payments

- Program spans 2011-2021
- Pays up to \$63,750 over 6 years or \$42,500 for pediatricians with 20-29% patient volume
- Eligible Professionals must begin receiving incentive payments no later than CY 2016 in order to receive maximum incentive payments allowed
- Payment years can be non-consecutive

Eligible Professional Provider Types

- Physicians = Medicaid Provider Types 301 and 302
- Pediatrician = Medicaid Provider Type 301/ specialty type 037
- Nurse Practitioner = Medicaid Provider Type 316
- Certified Nurse Midwife = Medicaid Provider Type 322
- Dentist = Medicaid Provider Type 421
- Physician Assistant = Medicaid Provider Type 305 (working in either a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) that is led by a PA. PAs working in a physician led clinic are NOT eligible.)

Adopt, Implement, Upgrade (AIU) Year 1

Providers must attest to adopt, implement or upgrade (AIU) a certified EHR system, provide a CMS certification number (from the ONC website—see Important Links) of that technology for the first payment year, and provide one of the following documents:

- EHR Vendor invoice
- EHR Sales contract
- EHR Service/training contract

EPs have the option of attesting to Meaningful Use in their first payment year.

Meaningful Use Years 2-6

Providers must attest to Meaningful Use of certified EHR technology. See the Meaningful Use and Stage 2 pages on the CMS website http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/01_Overview.asp

Patient Volume Requirements

EPs are required to have a minimum of 30% Medicaid patient volume for all patient encounters over a continuous 90-day Representative Period from the prior calendar year **OR** from the 12 months preceding the attestation date.

Pediatricians not working in a FQHC or RHC qualify if with a minimum 20% Medicaid patient volume, but payment will be reduced to 2/3 of the total incentive.

EPs practicing predominantly in an FQHC or RHC may use “Needy Individuals” to meet 30% patient volume.

Defining Patient Volume

Medicaid Encounters

- Services rendered on any one day to an individual who is enrolled in Medicaid (**multiple services rendered by one EP to one individual on one day count as ONE encounter**).
- Medicaid paid or partially paid for the services, premiums, co-pays, or other cost sharing.
- Medicaid claims denied (zero paid) for any reason other than the patient is not enrolled in Medicaid.
- CHIP & SCI encounters (paid or zero paid) can be included in the numerator for Medicaid Patient Volume.

Needy Individuals

- Medicaid, CHIP & SCI encounters as defined above
- Uncompensated care furnished by the provider
- Services rendered at no cost or reduced cost on a sliding scale determined by the individual’s ability to pay.

Group Volume: Clinics or group practices may elect to use group calculation if:

- The clinic or group practice’s patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- As 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); and
- There is an auditable data source to support the clinic’s patient volume determination.

Important Links

Determine if you meet the eligibility requirements. Visit the CMS website at <http://www.cms.gov/EHRIncentivePrograms/>
Get information on certified EHR systems by visiting <http://onc-chpl.force.com/ehrcert>

To get started on registration, visit the New Mexico Provider Outreach Page at <http://nm.aincentive.com/default.aspx>

For complete program information and to view the Final Rule, visit <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

Additional Resources

For additional questions, please contact the State Level Registry department by calling 1-800-299-7304.

Important Date: March 1, 2014

To receive an incentive payment for Calendar Year 2013, last day for EPs to attest is March 1, 2014.