

Alabama's Meaningful Use Incentive Payment Program

Eligible Professionals

Medicare or Medicaid—Which is Right for Me?

Medicare

- Pays up to \$44,000 over 6 years*
- Program spans 2011—2016
- Must meet criteria every year
- Must participate consecutive years
- Payment adjustment beginning 2015
- Must meet meaningful use measures day one

Medicaid

- Pays up to \$63,750 over 6 years
- Program spans 2011—2021
- Does not have to be consecutive years
- Must begin program by 2016
- No payment adjustment
- Provides for a period to Adopt, Implement or Upgrade

*Cannot exceed 75% of EPs' allowable Part B charges.

Medicaid Eligible Professional Requirements

Medicaid Eligible Professionals Include:

- ⇒ Physicians (all types)
- ⇒ Nurse Practitioners
- ⇒ Certified Nurse Midwives
- ⇒ **Dentists**
- ⇒ Optometrists, effective October 1, 2011
- ⇒ Physicians' Assistants (PAs) 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)



Medicaid's Focus—The First Year

Adopt, Implement or Upgrade (AIU)

- No time period required for use of EHR technology
- Eligible Providers must meet criteria (definition of EP and Medicaid Patient Volume)

Adopt—EP has acquired, purchased or secured access to **certified** Electronic Health Record (EHR) technology.

Implement—EP has commenced using certified EHR technology (e.g., staff training, data entry of patient demographics, data use agreements)

Upgrade—EP has upgraded an existing EHR system to certified technology (e.g., added new or expanded functionality)

EHR System Certification

Providers must register the EHR system using the "Chapel" website: <http://onc-chpl.force.com/ehrcert> (CHPL—Certified HIT Product List)

- Upon verification of Accreditation, a code is issued
- The code must be entered into the State Level System
- The state validates this code against the National Listing

Patient Volume Requirements

There are Three Patient Volume Thresholds—

1. Minimum of 30% Medicaid patients (as a ratio of total patient volume)
2. Pediatricians ONLY can have a minimum of 20% Medicaid Patient Volume (causes reduced payment of 2/3 of the total incentive)
3. EPs practicing in FQHCs or RHCs 50% of the time can use needy individuals in meeting patient volume requirements.

Defining Patient Volume

Encounters (aka: Claims)

- Services provided to a **Single Person** on a **Single Day**
- All payors must be considered in determining the encounter denominator



Medicaid Encounter

If costs are paid or partially paid by Medicaid, then the provider may include these in their numerator:

- Claims paid amount must be greater than zero
- Includes premiums, co-pays, or other cost sharing

Needy Individuals

- All or part of the service paid by Medicaid and/or the Alabama CHIP Program
- An individual that paid on a sliding scale
- Uncompensated Care

Group Volume/Multiple Practice Sites

Groups may elect to use a group calculation if,

- **ALL** providers practice at the same level
- Volume applies to all eligible EPs within the group

Managed Care Providers

PCPs may include additional panel members under certain circumstances.

For more information, contact the Medicaid Health Information Technology Division at (334) 353-3301

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