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Understanding Eligibility and the Registration Process



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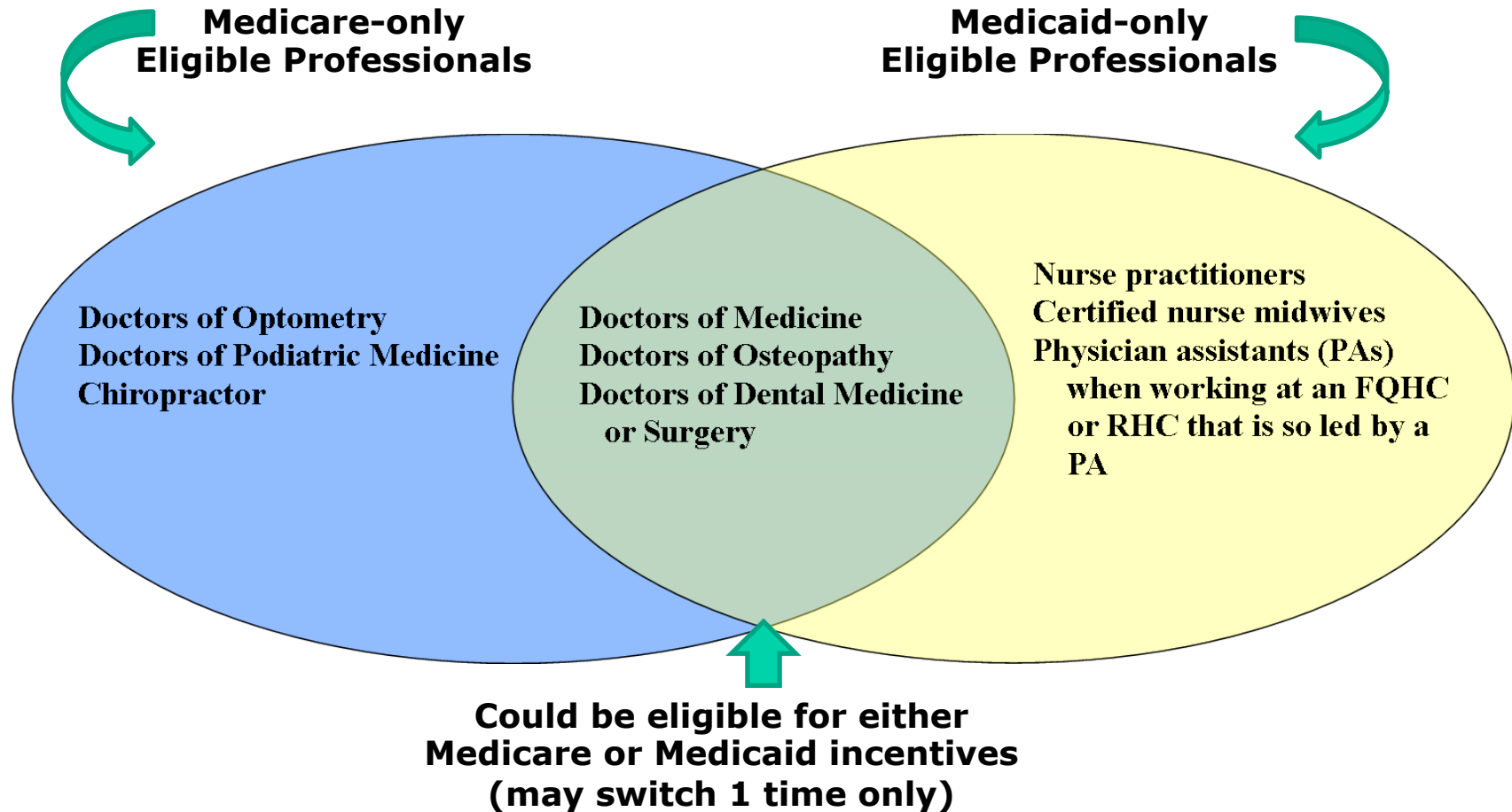


Session Topics

- Program Eligibility
 - Medicare & Medicaid
 - Eligible professionals
- Getting Ready for Registration
 - With Center for Medicare & Medicaid Services (CMS)
 - With States



Eligible Professionals (EPs)





Eligible Professionals: Medicaid Basics

- Must be one of 5 types of EPs
- Must either:
 - Have $\geq 30\%$ *Medicaid* patient volume ($\geq 20\%$ for pediatricians only $\Rightarrow 2/3$ payment); or
 - Practice predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) with $\geq 30\%$ *needy individual* patient volume



Eligible Professionals: Medicaid Basics

- Licensed, credentialed
- No Office of the Inspector General (OIG) exclusions (fraud)
- Must be living
- Must not be hospital-based (> 90% Claims Place of Service (POS) in hospital or Emergency Department)



Eligibility: Patient Volume

General approach:

Total (Medicaid) patient encounters in any 90-day period in the preceding calendar year

***100**

Total patient encounters in that same 90-day period

- *May also be used to calculate “needy individuals” patient volume in FQHC or RHC*
- *Needy Individuals*
 - Medicaid or CHIP enrollees
 - Patients furnished uncompensated care by the provider, or
 - Patients furnished services at either no cost or on a sliding scale.



Eligibility: Patient Volume

Managed care/medical home approach:

[Total Medicaid patients assigned to the provider in any representative continuous 90-day period in the preceding calendar year with at least one encounter in the year preceding the start of the 90-day period] + [Unduplicated Medicaid encounters in that same 90-day period]

***100**

[Total patients assigned to the provider in the same 90-day with at least one encounter in the year preceding the start of the 90-day period] + [All unduplicated encounters in that same 90-day period]

May also be used by EPs to calculate % Needy Individuals



EP Eligibility: Medicare Basics

- Must be a physician - defined as MD, DO (osteopath), DDM/DDS (dental), or an optometrist, podiatrist, or chiropractor
- Must have Part B Medicare allowed charges
- Must not be hospital-based (> 90% Claims Place of Service (POS) in hospital or Emergency Department)
- Licensed, credentialed
- No Office of the Inspector General (OIG) exclusions (fraud)
- Must be living
- Must be enrolled in the internet-based Provider Enrollment, Chain and Ownership System (PECOS)



Before you register

- All Providers must have a National Provider ID (NPI)
 - You must have a National Plan and Provider Enumeration System (NPPES) web user account
 - HINT: If you have an NPI you have an NPPES account
 - The web site for NPIs is: <https://nppes.cms.hhs.gov/>



Before you register

- Registration for the Incentive Program requires that you sign on with your NPPES Account ID and Password
- Call 866.484.8049 and enter option #6 to get your password reset if it's lost or forgotten, OR email: customerservice@npienumerator.com



Before you register

- Medicare Eligible Providers must be enrolled in the Provider Enrollment, Chain and Ownership System (PECOS)
 - You may have been billing Medicare, but may not have ever enrolled in PECOS
 - Use this link to determine if you have enrolled in PECOS, and to do so if not:
<https://pecos.cms.hhs.gov/pecos/login.do>



Before you register

- TennCare Eligible Providers must be enrolled as TennCare providers and must enroll with at least one TennCare Managed Care Organization (MCO)
- Follow instructions and obtain the form for TennCare enrollment at:
 - <http://www.tn.gov/tenncare/providers.html>



To Qualify for Payment

- **Medicare EPs**

Begin Now:

- Meaningfully use certified EHR technology
 - 90 contiguous days in 2011
- Register for Incentive Program on the National Level Repository(NLR)
 - Choose Medicare incentive



To Qualify for Payment

- **Medicare EPs**

Later:

- Get an EHR certification number using the “chapel” website: <http://onc-chpl.force.com/ehrcert>
(chpl = **C**ertified **HIT** **P**roduct **L**ist)
- Attest to all program requirements and Meaningful Use requirements



To Qualify for Payment

- Medicaid EPs
 - Adopt, implement, or upgrade a certified EHR (A/I/U)
 - Register for Incentive Program (NLR)
 - Choose Medicaid incentive
 - Wait to Receive Further Instructions from TennCare

-more-



To Qualify for Payment (cont.)

- Medicaid EPs
 - Get an EHR certification number using the “chapel” website: <http://onc-chpl.force.com/ehrcert>
 - Follow TennCare Attestation Process (TBD)
 - A sales receipt or some documentation of A/I/U will be required



**Now we're ready to register!
What's next?**



Considerations Before Registration

- Selection & Implementation of Certified EHR technology
 - Complete or Modular EHR?
 - Combinations of Certified EHR technologies
 - Check for products and capabilities on the “chapel” website:
<http://onc-chpl.force.com/ehrcert>



Considerations Before Registration

- Medicare: Total Allowable Charges
 - Must have > \$24,000 in allowable charges to get full first year incentive (payments up to 75% with 1st year maximum of \$18,000)
 - May use up to the full year to accumulate charges
 - If not enough (\$24,000), may want to increase Medicare patient panel



Medicaid or Medicare for EPs?

- Medicaid Incentives Higher & Last Longer
- Mid-Level EP? or Mid-Level EPs in Practice?
 - NPs & CNMWs, some PAs Eligible under Medicaid
 - Must be enrolled with TennCare & MCO(s)
 - Must be “Rendering Provider” on TennCare MCO Claims (check with your Practice Management System vendor or Billing Service)

-more-



Medicaid or Medicare for EPs? (cont.)

- Mid-Level EP? or Mid-Level EPs in Practice?
 - Compare Any Reduction in Fees to Incentives
 - Consider the Granularity of Quality Data Captured
- Medicare EPs in shortage areas → 10% Bonus
 - To check on shortage area, enter your office address at: <http://datawarehouse.hrsa.gov/GeoAdvisor/shortagedesignationadvisor.aspx>



Register-Attest-Get Paid! Medicare - 1

- After January 3, 2011
 - Go to the website: http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp
 - View Registration webinar and print step-by-step User Guide
 - Click on the Link for:
[Register for the Medicare and/or Medicaid EHR Incentive Programs](#)
 - Select the **Medicare** incentives registration



Register-Attest-Get Paid! Medicare - 2

- After April 4, 2011 (when you have 90 days of Meaningful Use)
 - Return to the Registration Log-in:
<https://ehrincentives.cms.gov/hitech/login.action>
 - Log in and click on the Attestation tab and complete your program attestations
- Beginning in early May, you will receive your incentive



Register-Attest-Get Paid! Medicaid - 1

- After January 3, 2011
 - Go to the website: http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp
 - View Registration webinar and print step-by-step User Guide
 - Click on the Link for:
[Register for the Medicare and/or Medicaid EHR Incentive Programs](#)

-more-



Register-Attest-Get Paid! Medicaid – 2

- After January 3, 2011 (cont.)
 - Select the **Medicaid** incentives registration
 - Review your registration info, then click on “Submit” then “Agree”
 - In the “Successful Submission” box click on “You can find your State [Here](#)” link (see pg 15 of Medicaid User Guide)



Register-Attest-Get Paid! Medicaid - 3

- Continue to TennCare's registration page to complete the eligibility verification for Medicaid incentives
- Wait 24 – 48 hours for data exchange with the state
- Return to the Registration Log-in: <https://ehrincentives.cms.gov/hitech/login.action>

-more-



Register-Attest-Get Paid! Medicaid – 4

- Log in, click on the Status tab to check on progress
- TennCare will notify you by email
 - About the outcome of Verification
 - How to Attest beginning about March 31, 2011
- TennCare will begin payments in April 2011



Email Address for Registration

***IMPORTANT:
Use an email address
that is checked DAILY***



**Now we're ready to register!
What's next?**



What You Need When You Register

- Eligible Professionals
 - 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 National Provider Identifier (NPI) (if you are reassigning your benefits).



When Should I Attest?



Attestation

- Medicare
 - Certified Complete EHR or combination of Certified EHR Modules (meeting criteria) Implemented
 - 90 Contiguous Days of Meaningful Use Documented
 - Certification Identifier Generated on:
<http://onc-chpl.force.com/ehrcert>
 - Accumulated \$24,000 in Allowable Charges in 2011



Attestation

- Medicaid (TennCare)
 - A/I/U
 - Certified Complete EHR or combination of Certified EHR Modules (meeting criteria) Purchased, Implemented, or Upgraded
 - Certification Identifier Generated on:
<http://onc-chpl.force.com/ehrcert>



Detailed User Guides for Registration Available at

http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp

Questions?

**Contact your tnREC Representative
Or Call: 866.514.8595**

www.tnrec.org

