

Documentation Requirements

Idaho Medicaid Electronic Health Record (EHR) Incentive Program

Created March 2012

Note to Providers: There is a good possibility that business processes will change after the program is launched. Potential efficiencies as well as potential problems are likely to become evident. This paper describes the business as of spring 2012. Please be sure to return to the information on the website and in the provider handbook often for updates. Creation dates will be noted on each paper.

Introduction

Idaho Medicaid EHR Incentive Program staff must verify the eligibility of all applicants. In order to achieve this, we're asking all providers to include certain documentation to support eligibility determinations. What is not verified pre-payment will be subject to post-payment audit verification.

All Providers – Submission of AIU Documentation

Eligible professionals or hospitals must adopt, implement, or upgrade (AIU) to certified electronic health record (EHR) technology. During the application/attestation period, they must provide documentation that supports a legally binding agreement for the purchase or use of their certified EHR. Acceptable documentation includes:

- A signed Vendor Contract
- A User Agreement
- A Receipt of Purchase
- A Lease Agreement
- Other legally binding documentation

The documentation that will sufficiently validate AIU will (at a minimum):

- Identify the specific EHR technology and modules being adopted or already in use.
- Indicate that certified EHR technology has been acquired or purchased, or that a third party EHR vendor is under contract such that financial documents have been processed and are available.
- Be a business record or transaction rather than a promise, pledge, or plan to adopt EHR technology.

If the hospital has met the Medicare meaningful use requirements AND received a payment from CMS, this AIU documentation is not required. A vendor letter is not sufficient enough on its own to validate AIU.

In addition to the AIU documentation, Idaho is also asking eligible professionals (EPs), but not hospitals, to include evidence of the number of licenses a practice or clinic has access to. Blanket licenses, which do not identify the number of licenses but rather the site where there is license to use the system, are acceptable. These will be used primarily for audits.

In the interest of minimizing the administrative burden, it is suggested that the administration in group practices and clinics gather the AIU and license documentation, scan it if needed, create a PDF, and give it to all associated EPs so they can attach it to their Idaho application/attestation form when they submit the form to Idaho Medicaid.

Eligible Professionals – Patient Volume Reports

To validate AIU, you will need a:

- System generated 90-day patient volume report supporting individual or group proxy calculations of patient encounters. Please see the informational paper called *Eligible Professional Patient Volume Calculation* posted on the website or in that section of the provider handbook.
- Group Proxy Worksheet* (if using a group proxy calculation).

Note to Clinics/Group practices with eligible professionals using the proxy calculation:

It is important to prepare one Proxy Calculation Worksheet that all eligible professionals in the practice will use when attesting on-line. This will help ensure group consistency and accuracy of the proxy calculation and streamline the verification.

Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) Eligible Professionals

- Provider Roster*: Medicaid would like each FQHC or RHC to complete one provider roster per clinic and submit it to Medicaid before any provider applies/attests to receive a Medicaid incentive payment. Please see the informational paper on Provider Rosters on the website or that section of the Provider Handbook for details. A Provider Roster form is available to support this submission.
- Physician Assistants (PAs): Unlike other eligible license types, PAs can apply for an EHR incentive only if they are practicing at an FQHC or an RHC. In addition, the FQHC or RHC where they practice must be PA-led and the following documentation supporting this must be submitted:
 - Medical director – job description, employment agreement/contract, organization chart from clinic.
 - Primary provider – clinic appointment records or work hours relative to other eligible professionals. May use patient encounter reports relative to other eligible professionals.
 - Owner of an RHC – state ownership record.
 - Other - please work with program staff to identify acceptable documentation to support being a PA-led clinic.

* Group Proxy Worksheets and Provider Roster Forms are on the [Idaho EHR website](#).

Hospitals Only

When Idaho Medicaid receives notification from CMS that a hospital has registered for an Idaho Medicaid incentive payment, Medicaid staff will contact the hospital using the contact information provided on that registration. The hospital will be asked to provide the following information:

- The date in the previous completed federal fiscal year the hospital wishes to begin the 90-day period for calculating patient volume (if you apply in July 2012, it would be federal fiscal year 2011).
- The total number of discharges you had during that same 90-day period.
- The hospital's charity care for the federal fiscal year prior to the hospital fiscal year that serves as the first payment year. Charity care can be equal to uncompensated care minus bad debt. Documentation to support the charity care information you provide must be provided to Medicaid.
- The AIU documentation - If the hospital has met the Medicare meaningful use requirements AND received a payment from CMS, this AIU documentation is not required. Otherwise, the hospital will need to include documentation to support that the hospital has adopted a certified EHR system when applying/attesting to Idaho Medicaid (acceptable documents are listed above).

When this information is received, staff will run a report to determine the total number of Medicaid discharges that occurred during your identified 90-day reporting period. The report will also identify which of those discharges were with Medicaid recipients whose services were funded with Title XXI funds, or the Children's Health Insurance Program often referred to as CHIP. These services are not eligible to be included in the number of Medicaid patient encounters that will be used to determine your 10% eligible patient volume or your payment amount. Staff will also calculate your Medicaid EHR incentive payment amount. A calculation worksheet, approved by CMS, will be completed and emailed to you with your patient volume information. Once the hospital contact receives this information, please carefully review it to ensure you agree with the calculation, the encounter numbers, etc.; you are expected to use that information to apply/attest with Idaho.

Additional Information

For questions about this or other issues concerning the Idaho EHR Incentive Program, please go to www.MedicaidEHR.dhw.idaho.gov. There you will find an "Ask the Program" feature that will allow you to send questions to program staff. You can also call the Idaho Medicaid EHR Program Helpdesk at (208) 332-7989.