

# Special Issues for Eligible Professionals at Federally Qualified Health Centers and Rural Health Clinics

## Idaho Medicaid Electronic Health Record (EHR) Incentive Program

Created June 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

Eligible professionals (EPs) that practice at federally qualified health centers (FQHCs) or rural health clinics (RHCs) encounter several eligibility issues other EPs do not.

### Patient Volume Requirement

There are three ways to reach the required patient volume threshold:

1. Have a minimum 30% patient volume attributable to individuals receiving Medicaid.
2. Have a minimum 20% patient volume attributable to individuals receiving Medicaid and be a pediatrician.
3. Practice predominantly in an FQHC or RHC and have a minimum 30% patient volume attributable to needy individuals.

There are two definitions relevant to this patient volume requirement: practice predominantly and needy individuals.

### Practice Predominantly

- As noted above in patient volume requirement #3, if the minimum 30% patient volume can only be reached using encounters “attributable to needy individuals,” the EP must have “practiced predominantly” at an FQHC or RHC. To practice predominantly means an EP for whom the clinical location for over 50% of his or her total patient encounters over a period of 6 months in the most recent calendar year occurs at an FQHC or RHC. In Idaho, the most recent calendar year is defined as the previously completed calendar year.

This is a statutory requirement that is not subject to the interpretation of the state. If an FQHC or RHC must use non-Medicaid encounters to reach the minimum 30% threshold, an EP hired in the current calendar year must have the appropriate track record for a 6 month period in the previous calendar year: a doctor who is on staff at the FQHC but who was on sabbatical last year and didn't practice at all, is not eligible; a new EP whose previous job last

year was at a university medical center is not eligible; a staff EP who performed only 1% to 50% of his or her encounters at an FQHC last year is not eligible.

This attestation will be subject to post-payment audit.

### **Needy Individuals**

Needy individuals are those that meet one of the following requirements:

- Received medical assistance from Medicaid or the Children’s Health Insurance Program (CHIP), or a Medicaid or CHIIP demonstration project approved under section 1115 of the Social Security Act.
- Were furnished uncompensated care by the provider.
- Were furnished services at either no cost or reduced cost based on a sliding scale determined by the individual’s ability to pay.

NOTE: The no cost, reduced cost, and sliding scale should be the result of a policy to provide no cost or reduced cost services for needy individuals. These classifications do not include, for example, write-offs of bad debt or fee discounts when patients pay at the time of service.

### **Physician Assistants**

Unlike other eligible professional types, physician assistants (PAs) can apply for an EHR incentive only if they are practicing at an FQHC or RHC. In addition, the FQHC or RHC where they practice must be led by a PA. The definition of PA leadership, then, is the key to PA eligibility.

On page 44483 of the final rule, CMS interprets the statutory language regarding “PA-led” as follows:

“We believe a PA would be leading an FQHC or RHC under any of the following circumstances:

- (1) When a PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, we would consider the PA as the primary provider);
- (2) When a PA is a clinical or medical director at a clinical site of practice; or
- (3) When a PA is an owner of an RHC.

We agree that FQHCs and RHCs that have PAs in these leadership roles can be considered “PA-led.” Furthermore, since RHCs can be practitioner owned (FQHCs cannot), we will allow ownership to be considered ‘PA-led.’”

Circumstances (2) and (3) above can usually be validated with internal data, public documents, and clinic websites. Circumstance (1), in which a PA is the “primary provider,” is more difficult and cumbersome to authenticate, especially given the simplicity of the CMS example.

In some cases—for instance, when full-time PAs outnumber full-time physicians, or a small rural clinic has only a single provider—primary providership may be easily established. To avoid making improper payments in cases that are less clear, the state will be requesting dated, documentary evidence from FQHCs and RHCs from which one or more PAs apply. Documentation would include position descriptions, work schedules, appointment calendars, emails, meeting minutes, and other organizational documents that yield conclusive indications of clinical leadership.

CMS has offered the following guidance to FQHCs and RHCs as they evaluate if the clinic is in fact PA led even if the PA does not have the title of “Medical Director.” Consider whether the PA:

- Sets the percentage of clinical and administrative time for the other providers?
- Reviews and signs the policies and procedures for clinical practices?
- Sets the schedule for the other providers?
- Leads the provider meetings?
- Sets quality goals for the clinic?
- Completes performance evaluations for the other providers?

### **Additional Information**

For questions about this or other issues concerning the Idaho EHR Incentive Program, please go to [www.MedicaidEHR.dhw.idaho.gov](http://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.