



Adopt, Implement, Upgrade 2016 Outreach Toolkit

Eligible Professionals (EPs) Only



Program Year 2016 Eligible Professionals Frequently Asked Questions

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Why is the 2016 Program Year so important for the Medicaid EHR

Incentive Program?

2016 is the LAST CHANCE for Eligible Professional (EPs) to Enroll in the Medicaid Electronic Health Record (EHR) Incentive Program! While once enrolled EPs can attest in subsequent years, EPs cannot attest for the first time after 2016.

How can I benefit from participating in the Medicaid EHR Incentive Program?

There are many benefits for EPs who chose to participate in the Medicaid EHR Incentive Program, including the following:

- EPs that are eligible to participate can receive up to \$63,750 for full participation in the program. This includes a payment in the first participation year of \$21,250 to adopt, implement, or upgrade (AIU) to a Certified Electronic Health Record Technology (CEHRT) system.
- Use of CEHRT can achieve measurable improvements in patient health care delivery and performance to promote better patient outcomes through:
 - Faster diagnoses and improved patient safety
 - Practice efficiencies and cost savings, including streamlined documentation and coding management
 - Care coordination, including electronic exchange of clinical information with other designated providers
 - Patient participation/self-management

Will I receive payment for my participation in the Medicaid EHR Incentive Program? How much will the payment be?

The Medicaid EHR Incentive Program provides yearly incentive payments to participants who meet program requirements. The incentive payment is a fixed amount for each year of participation as long as all eligibility requirements for program participation are met.

The table below shows the incentive payment amounts Medicaid EPs can receive each year based on when they begin the program. The chart displays payment amounts for consecutive years of participation, but Medicaid providers may choose not to participate in consecutive years. Providers who begin the program in 2016 must participate in consecutive years in order to receive the total incentive payment amount.

Payment Schedule For EPs who begin Participation in 2016	
2016	\$21,250.00
2017	\$8,500.00
2018	\$8,500.00
2019	\$8,500.00
2020	\$8,500.00
2021	\$8,500.00
Total Incentive Payments	\$63,750.00

Am I eligible?

To participate in the Medicaid EHR Incentive Program, an EP must be one of the following five types of Medicaid providers: physician, dentist, certified nurse-midwife, nurse practitioner, or a physician assistant practicing in a Federally Qualified Health Center (FQHC) led by a physician assistant or a Rural Health Clinic (RHC), led by a physician assistant. Other criteria must be met, including Medicaid Patient Volume thresholds. To see if you are eligible, check the [CMS Eligibility Page](#), and then contact your state's Medicaid EHR Incentive Program contact if you have any further questions regarding program eligibility.

What do I need to register?

The EHR Incentive program started in 2011, but EPs can start participating up through 2016.

To successfully register for the Medicaid EHR Incentive Program, EPs need:

- National Plan and Provider Enumeration System (NPPES) Identity and Access Management (I&A) ID and Password
- National Provider Identifier (NPI)
- Payee Tax Identification Number (TIN)
- Payee NPI
- EHR Certification Number

State attestation requirements may vary. Providers should refer to their state EHR Incentive Program contact for requirements. For a list of state contacts please click [here](#) for the State EHR Incentive Program Web Resources Guide.

For the Medicaid EHR Incentive Payment Program Registration User Guide for Medicaid EPs please click [here](#).

What is AIU?

The statute at section 1903(t)(6)(C) permits Medicaid providers to receive the EHR incentives for adopting, implementing or upgrading to certified EHR technology in their first participation year. A provider's first participation year may be any year between 2011 through 2016.

In establishing criteria for the "adoption" portion of the "adopt, implement, or upgrade" requirement, "adoption" means there is evidence that a provider demonstrated actual installation prior to the incentive, rather than "efforts" to install. This evidence would serve to differentiate between activities that may not result in installation (for example, researching EHRs or interviewing EHR vendors) and actual purchase/acquisition or installation. States are responsible for verifying this evidence of EHR adoption.

In establishing criteria for the "implementation" portion of "adopt, implement or upgrade" requirement, "implementation" means that the provider has installed certified EHR technology and has started using the certified EHR technology in his or her clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patients' demographic and administrative data into the EHR, or establishing data exchange agreements and relationships between the provider's certified EHR technology and other providers, such as laboratories, pharmacies, or HIEs.

In establishing the criteria for the "upgrade" portion of "adopt, implement or upgrade" requirement, "upgrade" means the expansion of the functionality of the certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, CPOE or other enhancements that facilitate the meaningful use of certified EHR technology. States are responsible for describing in their SMHPs the process that would be in place for ensuring that providers have actually adopted, upgraded or implemented certified EHR technology. States are encouraged to consider the submission of a vendor contract from providers to ensure the existence of EHR technology.

How do I get started?

To register and get started with your 2016 Program Year attestation, please visit the [EHR Incentive Program Registration and Attestation System](#).

States have their own deadlines for certain program milestones, such as the deadline to initiate participation. The State EHR Incentive Program Web Resources guide provides some key state deadlines and state websites with more information.

What if I am not eligible for the Medicaid EHR Incentive Program but serve both Medicaid and Medicare beneficiaries and would like to avoid the Medicare payment adjustment? May I switch programs?

EPs were allowed to switch between the two (Medicare & Medicaid) EHR incentive programs only one time, and only for a payment year before 2015. For Program Year 2015 and subsequent years, CMS will allow an alternate attestation option for EPs who are working toward achieving meaningful use in the Medicaid EHR Incentive Program. These EPs may attest under Medicare to avoid the payment adjustment without switching if they are unable to attest under Medicaid for a given year.

Please note that EPs cannot qualify for an incentive payment under Medicare for 2015 because 2014 was the last year that an EP could initiate participation in the Medicare Incentive Payment Program. The Alternate Attestation option will not result in payments and only serves to avoid the Medicare payment adjustment.

Please note: Alternate Attestation is no longer applicable after attestation for an EHR Reporting Period in 2016.

Additional Resources:

For more information on the Medicaid EHR Incentive Program, see the [CMS EHR Incentive Programs website](#) or use the State EHR Incentive Program Web Resources guide to contact your state's Medicaid EHR Incentive Program contact.