

# NY Medicaid EHR Incentive Program Overview

## Legislative Background

**Legislation:** The Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA).

The HITECH Act Established:

- Medicaid EHR Incentive Program
- Medicare EHR Incentive Program
- Office of the National Coordinator for Health Information Technology (ONC) as the entity to authorize EHR Technology certification bodies

Goals of the HITECH Act:

- Improve patient outcomes and quality of care by promoting the adoption and meaningful use of health information technology

## NY Medicaid EHR Incentive Program

Provides incentive payments to **eligible professionals (EPs) and eligible hospitals (EHs)** as providers adopt, implement or upgrade and subsequently demonstrate meaningful use of certified EHR technology.

Eligible professional types are defined as: Physicians (M.D. or D.O.), Nurse practitioners, Certified nurse-midwives, and Dentists. Also eligible are those Physician Assistants who practice predominately in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a physician assistant.

## Incentive Payments

Eligible professionals can receive up to \$63,750 over six years:

- \$21,250 for the first year of participation
- \$8,500 for each of five additional participation years

## Program Year One

In the first year of program participation, providers must legally *attest* that they have successfully adopted, implemented or upgraded (A/I/U) certified EHR technology

- Register using the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System
- Attest using the New York Medicaid EHR Incentive Program Administrative Support Service (MEIPASS)

## Medicaid Patient Volume

Eligible professionals (EPs) must meet one of the following conditions:

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- Demonstrate a minimum 30% Medicaid patient volume, or
- Be a pediatrician and demonstrate a minimum 20% Medicaid patient volume, or
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and demonstrate a minimum 30% patient volume attributable to needy individuals

Type of Service	Medicaid Encounter	Needy Encounter
Medicaid Fee-for-Service	✓	✓
Medicaid Managed Care	✓	✓
Family Health Plus	✓	✓
Child Health Plus		✓
Uncompensated Care		✓
Sliding Scale		✓

- Providers must demonstrate eligibility by providing specific counts of Medicaid patient encounters from a 90-day period of the providers' choice in the prior calendar year (for the numerator in the patient volume calculation).
- Fee-for-service, Medicaid managed care, and Family Health Plus all count as Medicaid encounters; most providers (non-FQHC/RHC providers) must specifically exclude Child Health Plus encounters.

### Medicaid Managed Care Practitioners

- Practitioners who do not specifically identify Medicaid Managed Care members within their practice management systems may not have sufficient records to calculate their Medicaid patient volume for the prior calendar year. Half of all encounter claims in the Medicaid Data Warehouse do not include the servicing provider (EP).
- DOH is actively exploring ways to facilitate program participation from EPs who care for Medicaid Managed Care members. Plans interested in working with their network providers to enroll in the program may contact Jonathan Bick at [jxb14@health.state.ny.us](mailto:jxb14@health.state.ny.us) or (518) 474-8161.

### Resources

- EHR Incentive Program Information: <https://www.emedny.org/meipass/index.aspx>
- State Medicaid Health Information Technology Plan: [http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_ehr\\_incentive\\_prog/state\\_med\\_hit\\_plan.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_ehr_incentive_prog/state_med_hit_plan.htm)