

HOSPITALS

What hospital types are eligible for the Oklahoma EHR Incentive Program?

Eligible hospitals under the Medicaid EHR Incentive Program include:

- Acute Care Hospitals
 - Are a subsection(d) hospital in the 50 U.S. States or the District of Columbia, or you are a Critical Access Hospital (CAH); and
 - Have a CCN ending in 0001-0879 or 1300-1399; and
 - Have 10% of your patient volume derived from Medicaid encounters
- Children's Hospitals
 - Have a CCN ending in 3300-3399
 - A children's hospital now includes any separately certified hospital, either freestanding or hospital within hospital that predominately treats individuals under 21 years of age; and does not have a CMS certification number (CCN) because they do not serve any Medicare beneficiaries but has been provided an alternative number by CMS for purposes of enrollment in the Medicaid EHR Incentive Program.

Where can I find a list of certified EHR systems? What information do I need to have about my EHR system?

A list of certified EHR systems is available through Office of the National Coordinator for Health Information Technology at: <http://onc-chpl.force.com/ehrcert>

Once you find your EHR system, you will need the following to attest to OHCA:

- Certification number
- Vendor name
- Product name
- Version

How do I register at the CMS EHR Incentive Registration and Attestation System? What information do I need to do so?

To register with the Center for Medicaid and Medicare Services (CMS) EHR Incentive Registration and Attestation System, visit the CMS EHR Incentive Program website: http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp#BOOKMARK1

In order to register you will be required to input hospital CCN and the Tax Identification Number (TIN) of who will receive the incentive payment. Select Medicaid or Both Medicare & Medicaid EHR incentive and then select Oklahoma as the state from which you wish to receive payment. Be sure to record your CMS registration number at the end of the national registration process. **Wait two business days** then return to this site to find rules and requirements to fill out your on-line attestation with Oklahoma.

How do I get my CMS registration number?

Once you have registered at the CMS EHR Incentive Program website above, at the end of this process you will be given a CMS registration number which will be required as part of the Oklahoma attestation.

Why do I have to enter my CMS certification number at the CMS registration site if it states that field is optional?

While it is true that at the CMS registration site it is optional to enter the CMS certification number, it is mandatory in order to complete the attestation process at the state level. Verification of the correct certification number will be part of the audit review.

How often do I need to go to the Medicare & Medicaid EHR Incentive Program Registration and Attestation System?

After initial sign up, you will only need to visit this site if you are:

- A dual hospital will attest to meaningful use via this system each participation year
- Updating your CMS certification number
- Updating your payee information
- Switching your participating state

What is an acceptable form of verification of adopting/implementing/upgrading to a certified EHR system?

- A letter on vendor letterhead or an email with vendor log to include the following:
 - Provider name and point of contact
 - Vendor name and point of contact
 - Certified system name, version and ONC certification number
 - CMS EHR Certification ID

(Please note a vendor letter does not constitute a legal or financial obligation to an EHR vendor, but will provide the sufficient information needed to proceed with A/I/U. In the event a vendor letter cannot be provided, EPs/EHs will be required to submit a document supporting a legal or financial obligation with an EHR vendor providing a certified EHR system along with the information requested in the vendor letter.)

What information do I need to complete the hospital payment worksheet?

In order to complete the hospital payment worksheet you will need the following information from an auditable source:

- annual discharges for the most recent four fiscal years (federal, state or hospital)
- Medicaid inpatient-bed days (most recent year)
- Total inpatient-bed days (most recent year)
- Most recently submitted Medicare cost report

Are there any changes to the hospital payment calculation with the new 2013 updates?

Hospitals can now use the most recent continuous 12 month period for which data are available prior to the payment year rather than using a 12 month period ending in the prior Federal fiscal year.

What are the patient volume requirements for this program?

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an eligible hospital must have a minimum 10% Medicaid patient volume. Children's hospitals have no patient volume requirements.

What is the definition of an encounter?

A SoonerCare encounter is now defined as any service rendered to a Medicaid patient on any one day regardless of payment liability (I.E. paid, denied, non-covered, etc. For audit purposes, you must prove an encounter occurred.)

Can OHCA run a report for me to determine patient volume?

Unfortunately, OHCA does not have the resources to run individualized reports.

What time period do I select for patient volume?

- Preceding Calendar Year
 - Must be a continuous 90 day period
- Preceding year from attestation MU period
 - Can't use same dates as MU
 - Must be a continuous 90 day period

How can I obtain a forgotten user ID and PIN for the OHCA Secure Site?

You can contact 800-522-0114, option 2, then option 1 for the Internet Helpdesk and they should be able to assist you.

Is there a deadline to participate?

Yes/No, while you are not required to start your attestation consecutively until year 2016, you will need to complete it consecutively if you start with 2016 in order to obtain the complete incentive, as the program sunsets in 2021.

Is there a deadline for the reporting attestation year?

Yes, there is a deadline closing period for each federal fiscal year. You must have started your attestation for the reporting year no later than 90 days following the federal fiscal year. (Example: For federal fiscal year 2013, you have until December 31st 2013 to complete your attestation. Remember your patient volume will always be prior to your attestation reporting period.)

(Please note that dual hospitals must complete their Medicare Meaningful Use attestation prior to completing the Medicaid Meaningful Use attestation.)

How do I find my payment?

The EHR Incentive payment will be reflected in your weekly remittance advice. You may locate this payment at the end of the remittance advice as a non-claim specific payout to provider.

What will be required to provide if I am selected for an audit?

OHCA will be conducting regular reviews of attestations and incentive payments. These reviews will be selected as part of our current audit selection process, including risk assessment, receipt of a complaint or incorporation into reviews selected for other objectives. Be sure to keep supporting documentation as an auditable data source for any reports used for the incentive program. (317:30-3-15 Record Retention) It is encouraged to keep a file for each provider that contains a printed form all supporting documentation.

CMS will be responsible for conducting reviews on Eligible Hospitals for meaningful use (MU). OHCA will be responsible for conducting reviews on reported patient volume and AIU requirements. Should CMS deem it necessary to recoup payments made for MU, it will be necessary for OHCA to recoup payments made for MU as well.

How long should I keep records supporting my EHR program attestation?

All documentation supporting the program should kept in accordance with OHCA policy 317:30-3-15. This will include any back up information compiled as well as copies of any documentation actually supplied with the program itself. Providers are encouraged to keep documentation supporting all numbers reported and for each specific measure, including yes/no measures. It is important to also maintain documentation supporting your patient volume calculation.

What is recommended to prove that my office has complied with Core Measure – Privacy and Security Assessment?

It is the responsibility of the provider to determine if they have met the requirements of 45 CFR 164.308 (a)(1) and correctly identified security deficiencies as part of its risk management process. OHCA requests that you provide the identification of the person completing the assessment and the date complete. The assessment has to be completed and identified deficiencies corrected (or a plan of correction in progress) prior to the end of the EHR reporting period. The assessment could have occurred prior to the beginning of the reporting period; however, a new review will have to be conducted for each subsequent reporting period.