

## PACHC Conference

May 3, 2011

### QUESTIONS

**1. Please clarify the eligibility of including Physician Assistants (PAs) as eligible professionals.**

While physician assistants are not eligible to be compensated for services provided to Pennsylvania Medical Assistance recipients, physician assistants who practice predominately in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is “so led” by a physician assistant may be eligible for Pennsylvania Medical Assistance EHR incentive payments. However, physician assistants who are eligible for incentive payments will be required to enroll in PROMISE. Physician assistants applying for the incentive payment must meet the CMS-defined criteria of practicing at an FQHC/RHC that is “so led” by a physician assistant. “So led” is defined by CMS to mean the following:

- When a PA is the primary provider in an FQHC/RHC,
- When a PA is a clinical or medical director at a clinical site of practice at an FQHC/RHC; or,
- When a PA is an owner of an FQHC/RHC.

Physician assistants applying for the incentive payment will be required to provide supporting documentation to validate the above criteria as all applications received from physician assistants will be audited retrospectively. Supporting documentation for enrolling with the Department may include, but is not limited to: ownership documents, employment records, or a signed attestation.

**2. Is the % MA patient volume based on the group or the EP?**

Eligible Professionals (EPs) have the option of calculating patient volume by either using the individual methodology or by combining the volumes for all of the providers in the group in order to reach the minimum MA patient volume threshold. If the group methodology is used and the minimum threshold is met, then each of the Eligible Professionals could participate in the program.

**3. Are CRNP's under the same qualifications as PA's?**

CRNP's are one of CMS's Eligible Professional Types and do not have the restrictions Physician Assistants do. EPs for the Medical Assistance program in Pennsylvania are physicians (doctors of medicine and doctors of osteopathy), dentists, nurse practitioners (CRNPs), certified nurse midwives and physician assistants (PAs) who participating in a FQHC or RHC that is so led by a PA. This would be when a PA is the primary provider in a clinic, when a PA is a clinical or medical director at a clinical site of practice or when a PA is an owner of an RHC. Eligible professionals (such as Psychiatrists and CRNPs) that practice in behavioral health settings could be eligible for incentive payments as well.

**4. Do Dentists have to enroll with Medical Assistance? They were enrolled before as a 'no-pay' status before but this year they were told they did not have to enroll. The process to enroll may take a long time.**

In order to participate in the MA EHR Incentive program, providers need to be enrolled in the PROMISE System. If they were enrolled in the past then they should still be in the PROMISE system and would just need to go to ePEAP to verify/update their information.

**5. Are there a minimum number of encounters required?**

No, there is no minimum number of encounters required.

**6. If we had an EP who just started but does not have a history with the group, can we include him/her?**  
If you are using the group methodology in calculating MA patient volume, you would be able to include this EP. The EP would need to verify that they practice predominately in a FQHC which means that an EP for whom the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year occurs at a federally qualified health center.

**7. If we see patients from a different state, can we include them?**  
Yes, you are able to include Medicaid encounters for patients from a different state. You would also need to include all of your out-of-state encounters in the denominator when calculating patient volume.

**8. We have been on an EHR system for 12 years, but are going to upgrade. Do we have to stay on the same system throughout the Incentive program?**  
No you would not be required to stay with the same EHR Vendor, but you would need to verify that the system you are using or upgrading to is an ONC certified EHR system.

**9. When will payments be made? Are they only made one time a year (i.e. January)?**  
We are estimating that payments will be made 3-4 weeks after your application is approved. There is not a one-time only period when payments would be issued. We will make payments as applications are approved.

**10. Are Orthopedists considered hospital-based since they spend a lot of time in the hospital?**  
EPs (such as Orthopedic Surgeons) who furnish 90 percent or more of their covered professional services in a hospital setting (place of service code 21 or 23) in the year preceding the payment year would be considered hospital-based and not eligible for the program.

**11. If a preparer completes the application, does the EP have to complete the final step (attest to it)?**  
The preparer can complete the entire application, but ultimately, the EP is responsible for the information submitted into the application.

**12. If a provider needs to show they practice in a FQCH at least 50% of the time over a 6 month period, what basis would we use to verify this?**  
We would be able to utilize work schedules and information out of your practice management system to verify the 50% requirement.

**13. Are the patient volume calculations specific to the group or the site?**  
If you are using the group volume calculations, the group is defined by the group NPI. If you are using the individual volume calculation, the encounters included should be based on all site locations where the EP sees patients.

**14. Are non-EP encounters counted in the group volume calculations?**  
Yes, when using the group volume calculation method, you would use all the MA encounters and all of the total encounters to calculate volume regardless of who the provider was for that encounter. If the group meets the volume threshold, only the Eligible Professionals would qualify for the incentive.

**15. We have multiple NPI's with a variety of specialists, but we all use the same Tax ID, can we included everyone in the group volume calculation?**

When the EP completes the application, they will have the option to include all NPI's associated with them. Information will be collected based on the Group NPI number and not the Tax ID.

**16. Are volume calculations based on a 3 month period?**

The encounters you use to determine MA volume % is based on a continuous 90 day period from the previous calendar year. So if you are applying in 2011, you would use a continuous 90 day period from 2010. If you are using the group calculation, you would use everyone's encounters from the same 90 day period.

**17. What if we are in the process of Implementing at some locations and Upgrading at some locations, how would we apply?**

Each EP will apply separately, so the EP would choose the option that would apply to their specific situation so some would choose Implement and some would choose Upgrade.

**18. Can we actually see the MAPIR system now?**

The Pennsylvania MAPIR system will be activated on June 6<sup>th</sup>. At that time, you would begin the registration process at the Medicare & Medicaid EHR Incentive Program Registration and Attestation (R&A) System. CMS will then notify the state to confirm registration. The applicant will then be notified when they may begin registration in the MAPIR system.

**19. Do we need to use AIU for the first year to participate?**

Yes, Pennsylvania is only accepting AIU in 2011.

**20. What do we use for subsequent years?**

In the 2<sup>nd</sup> participation year, you will be required to attest to 90 days of Meaningful Use criteria in order to qualify for the next incentive payment. In the third participation year, you will be required to attest to 365 days of meaningful use in order to receive the 3<sup>rd</sup> incentive payment.

**RESPONSES TO CLICKER QUESTIONS**

1. **Are the EPs in your practice enrolled with Medical Assistance?** 86% Yes
2. **Do you plan on Participating in the EHR incentive program in 2011?** 100% Yes
3. **Do you plan to use the group methodology to calculate Patient volume?** 90% Yes
4. **Do anticipate the EPs in your practice will re-assign payment to the practice TIN?** 100% Yes