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DATE: January 10, 2014

TO: Medicare Advantage Organizations

FROM: Cheri Rice /s/
Director, Medicare Plan Payment Group

SUBJECT: Registration and Attestation Guidance for Electronic Health Record Incentive Program and Qualifying Medicare Advantage Organizations

This memorandum explains how Medicare Advantage (MA) organizations whose methodology for calculating qualifying Medicare Advantage Eligible Professional (MA EP) compensation has been approved by the Centers for Medicare & Medicaid Services (CMS) must submit final registration and meaningful use (MU) attestations to the Health Plan Management System (HPMS) for qualifying MA EPs.

Final Electronic Health Record (EHR) Incentive Program Registration and Attestation for 2013

Final registration of, and attestation for, qualifying MA EPs that meet the requirements of the MA EHR Incentive Program must be completed in HPMS no later than 60 calendar days after the close of the payment year for which EHR incentive payments are sought. The attestation portal will open on January 27, 2014 and will close at 11:59 p.m. EST on March 1, 2014. Qualifying MA organizations (MAOs) will have the ability to submit their final registration and attestations for EHR incentive payments sought for the 2013 payment year at any time during this period. MAOs can upload more than once during this period if corrections or additions are necessary. Each upload must be a full replacement file. The last upload received by HPMS in the attestation portal prior to closing on March 1, 2014 will be considered final. Qualifying MAOs must use the template located in HPMS, which will be available when the attestation portal opens.

Each qualifying MAO is required to submit via HPMS the attestation of meaningful use for each qualifying MA EP it is claiming. The qualifying MAO is also required to attest to the meaningful use objectives for each qualifying MA EP as specified in 42 CFR§495.6. Qualifying MAOs will not be required to submit an attestation with respect to the ambulatory clinical quality measures (CQMs) noted in 42 CFR§495.8(a) for qualifying MA EPs because these CQMs are reflected in the definition of a meaningful EHR user in 42 CFR § 495.4.

CMS will develop a user manual explaining how to prepare and submit the final registration and attestation, and will make it available in HPMS no later than January 27, 2014.

Preliminary Results

Each list of qualifying MA EPs that was submitted to HPMS for initial or subsequent registration was run against the National Level Repository (NLR) in order to provide feedback to qualifying MAOs on MA EPs that:

- do not have a valid National Provider Identifier (NPI) Type-1, ¹
- are on the Death Master File, ²
- have also registered for the Original Medicare³ or Medicaid EHR Incentive Program, ⁴
- have been identified as having federal exclusions, ⁵
- are identified as having state exclusions, ⁶
- are identified as hospital based, or
- are not enumerated in PECOS.

Each qualifying MAO should register and attest for every qualifying MA EP for which it believes it should receive an incentive payment. When an MAO believes the NLR/HPMS response to the initial registration of specific MA EPs is erroneous, the qualifying MAO should nevertheless include these MA EPs in its final registration and attestation file.

For example, if a qualifying MAO receives a response that a qualifying MA EP has also registered for and received full payment under the Original Medicare EHR Incentive Program but believes this response is incorrect, the qualifying MAO should include this EP on its final registration and attestation file. In the event it is later determined the EP is not entitled to full payment under the Original Medicare EHR Incentive Program, CMS records will show the EP

¹ Critical failure – CMS will not make payment to MAOs for MA EPs with invalid NPIs.

² Critical failure – CMS will not make payment to MAOs for MA EPs on the Death Master File.

³ Critical failure – CMS will not make payment to MAOs for MA EPs who receive full payment under the FFS EHR Incentive Program.

⁴ Critical failure – CMS will not make payment to MAOs for MA EPs who have active Medicaid registrations.

⁵ Critical failure – CMS will not make payment to MAOs for MA EPs who have federal exclusions.

⁶ Critical failure – CMS will not make payment to MAOs for MA EPs who have state exclusions.

was also claimed as a qualifying MA EP by the qualifying MAO and payment may be made through the MA EHR Incentive Program. In the absence of the MA registration and attestation for this EP, your organization would not be able to receive payment for the MA EP if the initial NLR feedback information subsequently proves to be inaccurate.

Similarly, if a qualifying MA EP is not yet registered in PECOS and it is unclear that completion of PECOS registration will occur prior to the deadline for final MA EP registration, the qualifying MAO should include the qualifying MA EP in its final file submission. Since it is not a requirement that MA EPs claimed for payment by a qualifying MAO are registered in PECOS, our payment process will ignore such responses. When the Enrollment Status or Specialty Type Status, as shown in the table below, is returned as “Failed Validation,” the MAO should disregard the failure and include the MA EP in its final file submission - so long as all other critical validations are passed.

Finally, qualifying MAOs should also disregard hospital-based validation failures for MA EPs so long as MA EPs are not actually hospital-based in the qualifying MAO context and all other critical validations are passed. This validation may be disregarded because the NLR does not take into account MA-covered services when determining if an EP is hospital-based.

Example of a record returned with failed responses that could be submitted under the MA portion of the EHR Incentive Program:

H0000	NPI	XXXXXXXXXX	
	Name	J DOE	
	Registration Indicator / Program Option	NOTREGISTERED	
	Validation	Status	NPI Status Validation - Passed Validation
	Validation	Status	MED Sanctions - Passed Validation
	<u>Validation</u>	<u>Status</u>	<u>Enrollment Status - Failed Validation</u>
	<u>Validation</u>	<u>Status</u>	<u>Specialty Type Validation - Failed Validation</u>
	Validation	Status	DMF Validation - Passed Validation
	<u>Validation</u>	<u>Status</u>	<u>IDR Validation – Failed Validation</u>

Submission of MA EP Compensation Amounts

For each qualifying MA EP, a qualifying MAO must also submit through HPMS the actual annual amount of compensation received (whether salaried or not salaried) by the qualifying MA EP for professional services provided to MA plan enrollees of the qualifying MAO that would otherwise be covered under Part B. For payment year 2013, the submission must be made to HPMS by 11:59 p.m. EST on March 1, 2014. If an MAO is not able to determine the actual annual compensation amount, it must instead report the annual compensation amount up to the amount that would permit the qualifying MAO to receive the maximum MA EHR incentive payment for the qualifying MA EP, where appropriate, for a given payment year.

Submission for Health Professional Shortage Area (HPSA) Compensation

An MA EP that is HPSA-qualified will receive a HPSA bonus only if certain compensation requirements are met. For payment year 1, HPSA-qualified MA EPs will receive the entire HPSA bonus if they meet the compensation requirement of \$22,000, or they will receive a partial HPSA bonus payment if they have reported compensation above \$20,000 but below \$22,000. For payment year 2, HPSA-qualified MA EPs will receive the entire HPSA bonus if they meet the compensation requirement of \$17,600, or they will receive a partial HPSA bonus payment if they have reported compensation above \$16,000 but below \$17,600. For payment year 3, HPSA-qualified MA EPs will receive the entire HPSA bonus if they meet the compensation requirement of \$11,734, or they will receive a partial HPSA bonus payment if they have reported compensation above \$10,667 but below \$11,734. All HPSA bonus payments will be included in the EHR incentive payment made to the qualifying MAO.

Examples for Program Year 2013, Payment Year 1 (for HPSA Qualifying MA EPs):

Compensation Amount = \$27,000
Total Payment = $(\$27,000 * .75) = \text{Lesser of } (\$20,250 \text{ OR } \$16,500) = \$16,500$
EHR Incentive Payment = \$15,000
HPSA Bonus Payment = \$1,500

Compensation Amount = \$21,000
Total Payment = $(\$21,000 * .75) = \text{Lesser of } (\$15,750 \text{ OR } \$16,500) = \$15,750$
EHR Incentive Payment = \$15,000
HPSA Bonus Payment = \$750

Compensation Amount = \$16,000
Total Payment = $(\$16,000 * .75) = \text{Lesser of } (\$12,000 \text{ OR } \$16,500) = \$12,000$
EHR Incentive Payment = \$12,000
HPSA Bonus Payment = \$0

For questions regarding this guidance please send an email to the CMS MA HITECH mailbox at MA_EHRincentiveprogram@cms.hhs.gov.