

State-Regulated Payor Electronic Health Record Adoption Incentive Program Payment Request Form

Instructions

Beginning on **October 7, 2014**, primary care practices became eligible to apply for incentive payments under the revised State-Regulated Payor Electronic Health Records (EHR) Adoption Incentive Program (incentive program). Please see instructions below for information on how to request an incentive payment. For additional information on terminology and definitions, please refer to the Glossary section on page 5 of this form.

PLEASE NOTE: Practices that have applied for an incentive payment under the earlier incentive program, effective April 21, 2011 through June 8, 2014, but did not requested an incentive payment prior to June 9, 2014, may submit this payment request form beginning October 7, 2014, meeting the requirement therein. Please visit the incentive program [website](#) for more details. Before completing this payment request, please **read all information** regarding the incentive program, including eligibility, and other program requirements on the Maryland Health Care Commission (MHCC) website.

This incentive program payment request form (payment request) is comprised of three parts. Part I captures primary care practice information. Part II captures information about the nationally certified EHR system used by the primary care practice. Part III is a signed attestation to confirm the information contained in the payment request is correct.

Eligible primary care practices must submit the payment request form, including required documentation, to each payor with which it does business. A list of participating State-regulated payors is included on pages 3-4 of this form.

NOTE: You are required to answer all questions unless otherwise noted. Select attachments are required. Incomplete forms will be returned to the primary care practice.

PART I – PRIMARY CARE PRACTICE INFORMATION

1. Name of State-regulated payor (payor) to which this payment request is being submitted (*select only one*):

- | | |
|---------------------------------------|--------------------------------------|
| Aetna, Inc. | Coventry Health Care |
| CareFirst BlueCross BlueShield | Kaiser Permanente |
| Cigna Health Care Mid-Atlantic Region | UnitedHealthcare, MidAtlantic Region |

2. Primary Care Practice Name:

- | | |
|-------------------------------------------------------|--------------------------------------------------|
| Street: | Street 2 (if applicable): |
| City: | State: Zip: |
| Area Code/Telephone: | Primary care practice tax identification number: |
| Organization national provider identification number: | |

3. Identify the person to contact at the primary care practice for information concerning this payment request:

- | | |
|-----------------|----------------------|
| Name: | Title: |
| E-mail Address: | Area Code/Telephone: |

4. Include the following information for the primary care physicians or nurse practitioners within your practice. Please Note: Only nurse practitioners in nurse practitioner-led practice should be listed below. (*Add additional pages as attachments if needed. All attachments should include your practice name and tax ID#.*):

Physician or Nurse Practitioner Name	Specialty	NPI #

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5. Estimated number of fully-insured patients assigned to the practice by the payor to which this payment request will be submitted at the time of this payment request, if available: _____ patients

*If no patients are assigned by this payor, include the total estimated number of fully-insured patients, if available, which are:

- a) Actively enrolled with the payor at the time of the payment request, and
- b) Who have been treated by the practice within the previous 24 months from the date of the payment request: _____ patients

Incentives will be paid in cash unless the primary care practice and payor have agreed upon an incentive payment of equivalent value. If the practice is requesting payment in cash, please skip to Part II below. If the practice is requesting an incentive payment of equivalent value, please answer number six below.

6. Please indicate the incentive type and percentage of the payment of equivalent value the primary care practice agreed to receive from the payor. *(Indicate all that apply)*

Incentive Type	%
Cash	
Increased reimbursement for specific services	
Gain-sharing arrangement	
Rewards for quality and efficiency	
In-kind payment	
Other (specify)	
<i>Percentages must equal 100</i>	Total

Attach the Department of Treasury Internal Revenue Service W-9 form (if requesting payment from Cigna and Coventry only).

A signed copy of the W-9 form must be on file in order to process the incentive request. W-9 forms on file for claims payment cannot be used with this program. The W-9 form can be obtained from the IRS website at: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.

PART II – EHR INFORMATION

NOTE: To qualify for the incentive payment, the eligible practice must adopt an EHR system that is certified by an authorized testing and certification body recognized by the Office of the National Coordinator for Health Information Technology (ONC-ATCB). To determine if your EHR system version is ONC-ATCB certified, please visit the [Certified Health Information Technology Product List](#).

1. Provide the following information regarding the EHR system in use by the primary care practice:
 - a) EHR date of first use: _____ Month _____ Year
 - b) EHR system name and version: _____
 - c) *Optional* - EHR system cost (i.e., the initial cost of the system hardware and software): \$ _____
 - d) *Optional* - Estimated implementation costs (e.g., training, system configuration, risk and workflow assessments, licensing fees, etc.): \$ _____

To qualify for the incentive payment, the eligible practice must also meet one of the below requirements.

- (a) A copy of the confirmation received from CMS or Medicaid of acceptance of attestation to Meaningful Use by at least one physician or nurse practitioner within the practice; or
- (b) A copy of the NCQA level two recognition letter

Did you review the ATTESTATION and ensure it is signed by a signatory authority of the practice?

Did you attach the Department of Treasury Internal Revenue Service W-9 form (if requesting payment from Cigna and Coventry only)?

RETURN COMPLETED PAYMENT REQUEST

Please return completed payment request to the appropriate payor using the contact information provided below. The following contact information was provided by each payor. **Questions regarding your payment request should be directed to the payor.**

Aetna, Inc.

Maryland EHR Incentives

Fax: (860) 975-9223

MarylandEHRIncentives@aetna.com

Cigna Health Care Mid-Atlantic Region

Contracting, Electronic Health Records

Fax: (888) 208-7173

CareFirst BlueCross BlueShield

External Mandates, Mailstop: OM3-800

10455 Mills Run Circle

Owings Mills, MD 21117

C/O EHR Incentive Coordinator

Fax: (410) 505-2445

EHRIncentiveCoordinator@carefirst.com

Coventry Health Care

Maryland EHR Incentives

Fax: (866) 602-1255

CoventryEHRRequest@cvtv.com

Kaiser Permanente

Provider Contracting and Network Management

2101 E. Jefferson St.

Rockville, MD 20852

Fax: (855) 414-2623

Provider.Relations@kp.org

UnitedHealthcare, MidAtlantic Region

Attention: MD EHR – Lisa Kahl

800 King Farm Blvd, Suite 600

Rockville, MD 20850

Fax: (855) 740-9924

Md_ehr_incentive@uhc.com

WHAT TO EXPECT NEXT

The payor will review the payment request and may request additional information from the primary care practice to validate its EHR adoption incentive claim. Payors will issue a payment request acknowledgement letter no later than 45 days of receiving a complete payment request. After receipt of a complete payment request, the payor will process and pay in full the adoption incentive within 75 days. A payor will notify the primary care practice in writing concerning the amount of the EHR adoption incentive requested, how the payor will distribute the EHR adoption incentive to the primary care practice, and the time period over which it will be distributed.

A practice may request an accounting of its EHR adoption incentive, including the name of each patient included in the EHR adoption incentive calculation. The payor must provide the requested accounting to the primary care practice in a timely manner.

For more information, please visit the incentive program webpage for program details and to access this payment request form at: http://mhcc.maryland.gov/mhcc/Pages/hit/hit_ehr/hit_ehr_state_incentive.

Questions regarding your payment request should be directed to the payor.

If you have any questions or concerns regarding a payor's compliance with the incentive program requirements, please contact MHCC at 410-764-3460.

GLOSSARY

Electronic health record (EHR) – is a complete electronic record system that is certified by an authorized testing and certification body designated by the Office of the National Coordinator for Health Information Technology and that contains health-related information on an individual.

EHR Adoption Incentive – is a payment that an eligible primary care practice can receive from a payor to assist the primary care practice in adopting an EHR and attaining a required use level. It consists of a one-time cash payment not to exceed \$15,000, or an incentive of equivalent value agreed upon by the primary care practice and payor; and is based on a \$25 per-patient payment applied to the total number of patients on the practice panel who are fully-insured and Maryland residents.

Fully-insured patients – patients under a medical policy, contract, or certificate for which an:

(a) Employer pays a per-employee premium to a payor and the payor assumes the risk of providing health coverage for insured events and incurred administrative costs; or

(b) Individual pays a premium to a payor.

It does not include a self-insured health plan or a health plan for which a payor is acting only as a third party administrator.

Incentive of equivalent value – a practice may choose a non-cash incentive, agreed upon with the payor, that includes any of the following: specific services; gain-sharing arrangements; reward for quality and efficiency; in-kind payment; or other items or services that can be assigned a specific monetary value.

Payor – a State-regulated carrier that issues or delivers health benefit plans in the State and includes: Aetna, Inc; CareFirst BlueCross BlueShield; Cigna HealthCare Mid-Atlantic; Coventry Health Care; Kaiser Permanente; and UnitedHealthcare, Mid-Atlantic Region.

Practice panel – the fully-insured patients who are Maryland residents assigned by a payor to a provider within a primary care practice and a member of the payor at the time a practice makes a request for the incentive payment, or when a payor does not assign patients to a provider within a primary care practice, the fully-insured patients actively enrolled with the payor at the time of the payment request and who have been treated by the practice within the previous 24 months from the date of the payment request. Payors may exclude patients from the practice panel who are enrolled in a self-insured health plan at the time of the payment request.

Primary care practice – a medical practice located in Maryland that is comprised of:

(a) One or more physicians who provide medical care in family, general, geriatric, internal medicine, pediatric, or gynecologic practice and that uses one of the following CMS specialty codes in claims submission:

- (1) Family practice (08);
- (2) General practice (01);
- (3) Geriatric medicine (38);
- (4) Internal medicine (11);
- (5) Pediatric medicine (37); or
- (6) Obstetrics & Gynecology (16); or

(b) One or more practitioners who provide health care in family practice, general practice, geriatric, internal medicine, pediatric medicine, or gynecologic practice and that uses one of the following CMS taxonomy code in claims submissions:

- (1) Adult Health (363LA2100X);
- (2) Family (363LF0000X);
- (3) Gerontology (363LG0600X);
- (4) Obstetrics & Gynecology (363LX0001X);
- (5) Pediatric (363LP0200X); or
- (6) Primary Care (363LP2300X);
- (7) Women's Health (363LW0102X).