MARYLAND STATE-REGULATED PAYOR ELECTRONIC HEALTH RECORD ADOPTION INCENTIVE PROGRAM
MARYLAND EHR ADOPTION INCENTIVES

- Background
- Eligible Practices
- Incentive Components
- Application Process
BACKGROUND
Maryland was the first State to build on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program under the American Recovery and Reinvestment Act of 2009 (ARRA), requiring State-regulated payors (payors) to provide incentives for the adoption of EHRs.

Current Legislation

- House Bill 706 Electronic Health Records – Regulation and Reimbursement (HB 706), enacted in 2009, required the establishment of regulations governing specific payors to provide incentives to providers to promote the adoption of EHRs.
- The 2011 House Bill 736 Electronic Health Records – Incentives for Health Care Providers –Regulations (HB 736) further clarified the incentive program established under HB 706.
The Commission adopted as final COMAR 10.25.16, *Electronic Health Record Incentives* on April 21, 2011.

The regulations were amended to require that the incentives be paid in cash, unless a provider and payor agree on an incentive of equivalent value, and went into effect on October 21, 2011.

The regulations were replaced on June 9, 2014 in an effort to simplify some of the administrative requirements and align Maryland’s program with the federal program.
The incentive program was also amended on November 24, 2016 to extend the program two years until December 31, 2018. This presentation details the requirements under the revised incentive program.
EHRs have the potential to improve health care quality, patient safety, care coordination, and continuity, while reducing health care costs. EHR adoption among Maryland office-based physicians has increased from 33.4 percent in 2011 (around the time the State incentive program went into effect) to 66.8 percent in 2015.
The six largest private payors required to provide incentive payments account for over 90 percent of the health care premium volume in Maryland and include:

- Aetna
- CareFirst BlueCross BlueShield
- CIGNA Health Care Mid-Atlantic Region
- Coventry Health Care
- Kaiser Permanente
- UnitedHealthcare, Mid-Atlantic Region
INCENTIVE ELIGIBILITY
WHO IS ELIGIBLE?

- Hospital owned and non-owned primary care practices (practices) who adopt a certified EHR

- Practices include physician or nurse practitioner led practices, providing health care services in the following subspecialties:
  - Family Practice
  - General Medicine
  - Internal Medicine
  - Pediatrics
  - Geriatrics
  - Gynecology
HOW DO PRACTICES QUALIFY?

- An EHR must be certified by an Authorized Testing and Certification Body designated by the Office of the National Coordinator for Health Information Technology.

- In order to qualify, the practice must:
  1. Demonstrate that a Physician or Nurse Practitioner within the practice has attested to the current Meaningful Use requirements under the Medicaid or Medicare EHR Incentive Program; or
  2. Participates in a Maryland Health Care Commission (MHCC) approved patient centered medical home (PCMH) program and has achieved the National Committee for Quality Assurance’s (NCQA) 2011 or later standards for at least level two PCMH recognition.
INCENTIVE COMPONENTS
INCENTIVES – WHAT ARE THEY?

- A one-time cash incentive of up to $15,000 per payor; or

- Incentive of equivalent value, if agreed upon by a practice and payor, that may include:
  - Specific services
  - Gain-sharing arrangements
  - Rewards for quality and efficiency
  - In-kind payment
  - Other items that can be assigned a specific value
INCENTIVES CALCULATION

- An incentive from each payor is based on the payor’s share of members treated by the practice

- Calculated at $25 per member and limited to Maryland residents
  - Based on each fully-insured patient assigned to a provider within the practice; or
  - In cases where the payor does not assign patients, the fully-insured patients enrolled with that payor who have been treated by the practice in the last 24 months

- Member eligibility used in the calculation is based on enrollment with the payor at the time a practice makes a request for the incentive payment

- The payment is per practice, not per provider
APPLYING FOR THE INCENTIVE
APPLICATION PROCESS – WHAT DO PRACTICES HAVE TO DO?

 Practices will need to:

- Attest to Meaningful Use under the Medicare or Medicaid EHR Incentive Program; or

- Demonstrate participation in any MHCC-approved PCMH program and achievement of at least NCQA level two PCMH recognition
EHR INCENTIVE PAYMENT REQUEST – WHAT IS INCLUDED?

- General information about the practice
- National Provider Identity (NPI) numbers of each provider within the practice
- The estimated total number of patients on the practice panel, if available
- Documents, such as:
  - A copy of the confirmation received from the Centers for Medicare and Medicaid Services (CMS) or Maryland Medicaid of acceptance of attestation to Meaningful Use by at least one physician or nurse practitioner within the practice; or
  - A copy of the NCQA PCMH recognition letter
AFTER SUBMITTING A REQUEST – WHAT HAPPENS NEXT?

- A payor may request additional information from a practice to validate the payment request.

- After receiving a complete payment request, a payor will:
  - Issue a payment request acknowledgment letter within 45 days.
  - Process and pay the incentive in full within 75 days.

- A payor may exclude members in the incentive calculation that were previously included in another practice’s incentive calculation.

- A practice may request an accounting of its EHR adoption incentive, including the names of each patient included in the incentive calculation.
KEY TAKEAWAYS

- One-time incentive per practice per payor
- Incentives are calculated at $25 per-patient
- Payors may exclude patients who are self-insured
- Primary care practices qualify, including those led by a nurse practitioner
- Practices must submit an EHR Incentive Payment Request by December 31, 2018
- Practices may submit requests for initial payments under the earlier incentive program or supplemental payment by certain dates
For more information about applying for the State-Regulated Payor EHR Adoption Incentives, please contact the payor to which you plan to apply or have applied to using the information below. The following address and/or contact information was provided by each payor.

<table>
<thead>
<tr>
<th>Payor</th>
<th>Address/Contact Information</th>
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<tbody>
<tr>
<td>Aetna, Inc.</td>
<td>Maryland EHR Incentives&lt;br&gt;Fax: (860) 975-9223&lt;br&gt;<a href="mailto:MarylandEHRIncentives@aetna.com">MarylandEHRIncentives@aetna.com</a></td>
</tr>
<tr>
<td>Coventry Health Care</td>
<td>Maryland EHR Incentives&lt;br&gt;Fax: (866) 602-1255&lt;br&gt;<a href="mailto:CoventryEHRRequest@cvty.com">CoventryEHRRequest@cvty.com</a></td>
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<tr>
<td>Kaiser Permanente</td>
<td>Provider Contracting and Network Management&lt;br&gt;2101 E. Jefferson St.&lt;br&gt;Rockville, MD 20852&lt;br&gt;Fax: (855) 414-2623&lt;br&gt;<a href="mailto:Provider.Relations@kp.org">Provider.Relations@kp.org</a></td>
</tr>
<tr>
<td>CareFirst BlueCross BlueShield</td>
<td>External Mandates, Mailstop: OM3-800&lt;br&gt;10455 Mill Run Circle&lt;br&gt;Owings Mills, MD 21117&lt;br&gt;C/O EHR Incentive Coordinator&lt;br&gt;Fax: (410) 505-2445&lt;br&gt;<a href="mailto:EHRIncentiveCoordinator@carefirst.com">EHRIncentiveCoordinator@carefirst.com</a></td>
</tr>
<tr>
<td>CIGNA Health Care Mid-Atlantic Region</td>
<td>Contracting, Electronic Health Records&lt;br&gt;Fax: (888) 208-7173</td>
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<tr>
<td>UnitedHealthcare, MidAtlantic Region</td>
<td>Attention: MD EHR – Lisa Kahl&lt;br&gt;800 King Farm Blvd, Suite 600&lt;br&gt;Rockville, MD 20850&lt;br&gt;Fax: (855) 740-9924&lt;br&gt;<a href="mailto:md_ehr_incentive@uhc.com">md_ehr_incentive@uhc.com</a></td>
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