



# North Carolina Health Care Gazette



MONDAY AUGUST 1, 2011

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## NORTH CAROLINA COMPLETES YEAR 1 OF THE MEDICAID EHR INCENTIVE PAYMENT PROGRAM

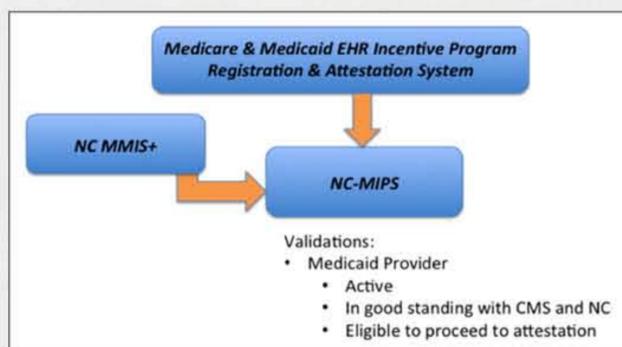
Raleigh, NC – North Carolina has announced the completion of Year 1 development of its Medicaid Incentive Payment System – or NC-MIPS. This system provides a highly automated technology solution to facilitate the registration and attestation process for EPs and EHs and provides automated validation features for the state. NC-MIPS was designed to integrate with North Carolina's replacement MMIS, currently under development.

Components of the system covered here include EP and EH registration, EP attestation & payment, EH attestation & payment, attestation validation, and a glimpse into North Carolina's Year 2 solution.

### Registration

Once a registration is received from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System, the initial role of NC-MIPS is to verify that the EP or EH is a North Carolina Medicaid provider in good standing and eligible to proceed to attestation.

Key features of the registration process include the upfront implementation of the statewide security solution, the North Carolina Identity Service (NCID). The NCID is the standard identity management and access service provided to state, local, business and citizen users by the Office of Information Technology Services.



Above: The high level process for registrations as they are received from CMS and compared with the MMIS provider database entries.

Left: NCID Login Screen - Following successful registration with NC-MIPS, EPs and EHs are notified that they may continue to the attestation phase.

### EP Attestation and Payment

North Carolina has taken a comprehensive approach to EP and EH attestation, using both automated interfaces with other state systems as well as manual review and approval by state officials. The key areas of attestation are:

- License (ensuring EP has an active license)
- FQHC (whether an EP practices predominantly in an FQHC)
- Hospital-based (whether the EP is ineligible due to being a hospital-based provider)
- Group Practice Affiliation (ensuring all members of a group practice use same methodology for determining patient volumes)
- Patient Volume (ensuring EPs meet minimum Medicaid patient volume requirements)
- EHR Adopt, Implement, or Upgrade

After logging into NC-MIPS, EPs and EHs are initially taken to the status screen. This screen provides the EP with up-to-date status information on past and current activity within NC-MIPS and allows the EP to begin or complete an attestation.



During attestation, EPs navigate the NC-MIPS screens and enter specific information to validate eligibility for participation. An important screen requires EPs to provide information on the 90-day reporting period for patient volume calculation to ensure the EP meets the Medicaid patient volume threshold. The following screen asks EPs to enter a start date for the reporting period and to enter patient volume information – both total encounters and Medicaid encounters to calculate the patient volumes. A key component of the NC-MIPS attestation solution is the ability of the state to validate provider information and ensure proper payment of incentives to EPs and EHs.

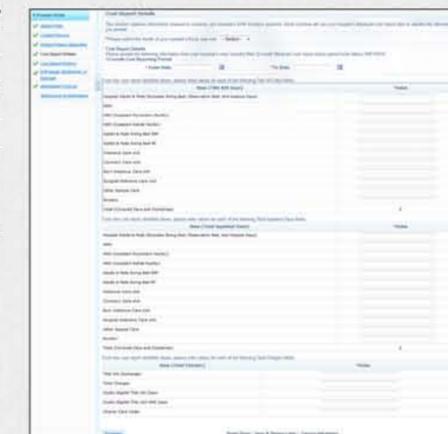


### EH Attestation and Payment

The EH Attestation and Payment components of NC-MIPS follow the same general logic and workflow as the EP attestation process, but has features unique to the EH. These include establishing a contact person for the hospital to facilitate communication.

Other information required of the hospital during attestation include:

- Patient volume reporting to ensure EH meets minimum Medicaid patient volume requirements
- Cost report details to support payment calculation
- EHR Adopt, Implement, or Upgrade information



### Attestation Validation

Using sophisticated workflow technology, NC-MIPS leverages provider claims data as well as information from our provider database to validate patient volume information, group practice affiliation, license information, etc., for each EP. Additionally, this system walks state officials through the manual review process for Provider Services, and Program Integrity. The reviews are documented in NC-MIPS, providing an information and reporting trail for each EP.

EH attestation uses the same workflow technology and logic for EPs, but includes an interface to hospital cost report summaries. North Carolina uses this data for comparison and to support the payment calculation. Manual validation for EHs includes a review from Financial Management to verify the payment calculation prior to final payment.

### Years 2 and Beyond

North Carolina has begun the process of planning our solution for meaningful use data reporting from EHs and EPs. It is an exciting time for North Carolina as we roll out our solutions for HIE, MMIS and EHR Incentive Payment. Functionality for our Year 2 solution will include the ability to integrate with our statewide HIE solution as well as with our replacement MMIS. North Carolina will continue to report on our progress.

