



Medicaid Handbook Transmittal Letter (MHTL) No. 3334-19-04

DATE: November 6, 2019

TO: Eligible Providers of Medicaid Services
Chief Executive Officers, Managed Care Plans (MCPs)

FROM: Maureen M. Corcoran, Director

SUBJECT: Medicaid Provider Incentive Program (MPIP) rule revisions

Summary

Effective November 9, 2019, the following rules will be adopted, amended, and rescinded. These rules are being updated to respond to the final rules published by the Centers for Medicare and Medicaid Services (CMS) regarding the Electronic Health Record Incentive Program and to update policy for the administration of the Medicaid program.

Ohio Administrative Code (OAC) rule 5160-57-01 (rescinded), entitled “Medicaid provider incentive program (MPIP): program eligibility requirements,” described how the Ohio Department of Medicaid (ODM) implements the Electronic Health Record Technology Incentive Program found in section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA). It set forth the criteria for eligible professionals and hospitals to participate in MPIP and receive incentive payments. It set forth criteria for establishing patient volume, method of calculating patient volume using Medicaid encounters, and the meaningful use criteria that eligible professionals and hospitals must demonstrate.

ODM rescinded this rule and replaced it with a new rule that combines existing language from the rescinded rule and 5160-57-03 which was also rescinded. The new rule with consolidated language has been filed under this rule number with a revised title.

OAC rule 5160-57-01 (new), entitled “Medicaid provider incentive program (MPIP): program eligibility requirements and payment,” describes how ODM implements the Electronic Health Record Technology Incentive Program found in section 4201 of the American Recovery and Reinvestment Act of 2009. This rule combines language from existing rules 5160-57-01 and 5160-57-03, both of which are rescinded as of November 9, 2019.

This new rule defines eligible professionals and hospitals, the calculation and reassignment of payments under this rule and the duration, amount, and limit to eligible MPIP participants. This new rule sets forth criteria for establishing patient volume, method of calculating patient volume using Medicaid encounters, and the meaningful use criteria that eligible professionals and hospitals must demonstrate. It sets forth reporting and documentation requirements that group practices and clinics must use in performing the patient volume proxy

calculation. Additionally, it addresses out-of-state encounters and how they are used for calculating patient volume.

This new rule describes under what circumstances a payment made under this rule may be offset, adjusted, or recouped by ODM.

This new rule removes unnecessary, outdated or redundant language from the existing rules, reorganizes provisions for better clarity, adds clarifying language, and updates the effective dates for C.F.R. references. Some language from the rule to be rescinded was not included in this new proposed rule because it was found to be unnecessary or duplicative of language found in C.F.R. sections that were incorporated by reference in the rule.

This new rule includes Advanced Practice Registered Nurses (APRNs) as eligible providers for Ohio MPIP and revised the consent requirements for group practices or clinics in the patient volume proxy calculation.

OAC rule 5160-57-03 (rescinded), entitled “Medicaid provider incentive program (MPIP): incentive payments (calculation, duration, amount and limit),” described how ODM calculates payments to participating eligible professionals and hospitals for the MPIP program in accordance with 42 C.F.R. 495.310 and 42 C.F.R. 495.312. It indicated that in no case will incentive payments be made after payment year 2021. This rule set forth circumstances under which eligible providers may voluntarily reassign incentive payments. This rule described the percentage of calculated aggregate EHR incentive amounts a hospital may receive over a four-year period if all requirements were met, and how payments were to be made. This rule detailed how ODM will implement monitoring of payments and measures that will be taken if incorrect or fraudulent attestations were made. The rule explained that incentive payments are subject to offsets, adjustments, and recoupment. Additionally, it required eligible professionals and eligible hospitals to report any suspected overpayments of an incentive payment within sixty days of discovery.

This rule has been rescinded as the rule is no longer needed because the existing language and requirements have been incorporated into new rule 5160-57-01 effective November 9, 2019.

OAC rule 5160-57-04 (amended), entitled “Medicaid provider incentive program (MPIP): program integrity and provider appeals,” sets forth measures ODM will utilize to monitor the MPIP program integrity including record retention standards and annual registration and attestation by eligible professionals and hospitals. It describes ODM's process for post payment audits and actions that will be taken by ODM if fraud, waste, and abuse are suspected. This rule describes the types of issues related to MPIP that may be appealed and the process for providers to follow when requesting an informal review or request for reconsideration of an adverse determination.

The rule was amended to remove unnecessary language, correct capitalization and add clarifying language. This amended rule adds language indicating that reviews conducted by ODM or its designee may be conducted on-site or otherwise. The amended rule replaces the provision describing how cases of fraud and abuse are handled with a reference to ODM's Medicaid Fraud, Waste, and Abuse Administrative Code rule 5160-1-29.

Additionally, the amended rule includes language to clarify that eligible professionals and hospitals submitting an application for MPIP payment through ODM must first register with the Centers for Medicare and Medicaid Services (CMS) and to clarify that MPIP participants requesting informal review should include necessary supporting documentation electronically via the MPIP system.

Access to Rules and Related Material

The main Ohio Department of Medicaid (ODM) web page includes links to valuable information about its services, programs, and rules; the address is <http://www.medicaid.ohio.gov>

Additional Information

Questions pertaining to this letter should be addressed to:

Ohio Department of Medicaid
P.O. Box 1461
Columbus, OH 43216-1461
Telephone (800) 686-1516