DELAWARE MAPIR
Medical Assistance Provider Incentive Repository

Provider Eligibility

Eligible Professionals (EPs)

To be eligible to participate in this program, an individual provider must meet all of the following criteria:

1. Be enrolled in the Delaware Medical Assistance Program (DMAP)
2. Practice as the one of the following types of professionals:
    a. Physician
    b. Nurse practitioner
    c. Certified nurse-midwife
    d. Dentist
    e. Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant
3. Be a non-hospital based provider: Provide less than 90 percent of covered services in hospital inpatient, outpatient or emergency room settings.*
4. Have the following patient volume:
    a. minimum 30 percent Medicaid patient volume, or
    b. minimum 20 percent Medicaid patient volume and be a pediatrician, or
    c. practice predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) and have a minimum 30 percent patient volume attributable to needy individuals

Providers who practice at multiple locations must have 50 percent of their total patient encounters at locations where certified EHR technology is to be available.

Individual professionals can use “group” patient volumes for incentive program eligibility. All professionals in a group practice must use the same methodology for their incentive application. Group professionals that also work outside the group practice cannot use non- group volume. Group practice patient volumes must be used in full and not limited in any way. Meaningful use reporting and incentive calculations are determined at the individual provider level. Using group volume is strictly an option for determining eligibility to participate in the program.

Billable services provided by an eligible provider to a patient enrolled in Medicaid would count toward meeting the minimum Medicaid patient volume thresholds. Also, services to a Medicaid-enrolled patient that might not have been reimbursed by Medicaid (or a Medicaid managed care organization) may now be included in the Medicaid patient volume calculation (e.g., oral health services, immunization, vaccination and women's health services, telemedicine/telehealth, etc.). In some instances, it may now be appropriate to include services denied by Medicaid in calculating patient volume. If Medicaid denied the service for timely filing or because another payer's payment exceeded the potential Medicaid payment, it would be appropriate to include that encounter in the calculation. If Medicaid denied payment for the service because the beneficiary has exceeded service limits established by the Medicaid program, it would be appropriate to include that encounter in the calculation. If Medicaid denied the service because the patient was ineligible for Medicaid at the time of service, it would NOT be appropriate to include that encounter in the calculation.

* EPs who can demonstrate that the EP funds the acquisition, implementation, and maintenance of Certified EHR Technology, including supporting hardware and any interfaces necessary to meet meaningful use without reimbursement from an eligible hospital or CAH; and uses such Certified EHR Technology in the inpatient or emergency department of a hospital (instead of the hospital's CEHRT) are now eligible for EHR Incentive Payments.

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Eligible Hospitals (EHs)

To be eligible to participate in this program, a hospital must meet all of the following criteria:

1. Be enrolled in the Delaware Medical Assistance Program (DMAP)
2. Be one of the following hospital types:
    a. Acute Care Hospital
    b. Critical Access Hospital
    c. Children's Hospital
3. Have a minimum 10 percent Medicaid patient volume (no patient Medicaid patient volume required for Children's Hospitals)
4. Hospitals that began participation in 2013 and later can now use the most recent continuous 12-month period for which data are available prior to the payment year. Hospitals that began participation in the program prior to the Stage 2 Rule will not have to adjust previous calculations. Previously, Medicaid eligible hospitals calculated the base year using a 12-month period ending in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year.

NOTE: A hospital (e.g. Medicaid acute care hospitals that are also Medicare subsection (d) hospitals) may receive incentive payments from both Medicare and Medicaid if it meets all eligibility criteria.

CMS EHR Incentive Program Eligibility: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Eligible_Hospital_Information.html

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If you would like more information on the DMAP Provider Incentive Program for Electronic Health Records please direct your inquiries to Delawarepipteam@dxc.com.