



MEDICAID

ELECTRONIC HEALTH RECORD

INCENTIVE PROGRAM

Requirements

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Introduction

The North Dakota Medicaid EHR Incentive Program will provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAHs) as they Adopt, Implement, Upgrade or demonstrate Meaningful Use of certified EHR technology.

This User Guide contains background information and registration procedures. If you **are ready to start your EHR registration, please see 'Registration for Eligible Professionals' on page 14 and 'Registration for Eligible Hospitals' on page 18.**

Resources:

- 42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs, Electronic Health Record Incentive Program Final Rule located at: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>
- North Dakota Medicaid EHR Application Website located at <https://www.healthit.nd.gov/Medicaid>
- Medicare and Medicaid Electronic Health records (EHR) Incentive Program located at <http://www.cms.gov/EHRIncentivePrograms/>
- Office of the National Coordinator for Health Information Technology located at http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_home/1204

The MN/ND REACH (Regional Extension Assistance Center for Health Information Technology) works with you to improve the quality and value of care you deliver, through adopting and meaningfully using and EHR. They are available to provide technical assistance, workflow analysis and consulting services to assist you in reaching Meaningful Use. They are located at: www.khaREACH.org

Background

The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH), including critical access hospitals (CAHs), participating in Medicare and Medicaid programs that are meaningful users of certified Electronic Health Records (EHR) technology. The incentive payments are not a reimbursement, but are intended to encourage EPs and EHs to adopt, implement, or upgrade certified EHR technology and use it in a meaningful manner.

Use of certified EHR technology is required to qualify for incentive payments. The Office of the National Coordinator for Health Information Technology (ONC) has issued rules defining certified EHR systems and has identified entities that may certify systems. More information about this process is available at <http://www.healthit.hhs.gov>

Goals for the national program include: 1) enhance care coordination and patient safety; 2) reduce paperwork and improve efficiencies; 3) facilitate electronic information sharing across professionals, payers, and state lines and 4) enable data sharing using state Health Information Exchange (HIE) and the National Health Information Network (NW-HIN). Achieving these goals will improve health outcomes, facilitate access, simplify care and reduce costs of health care nationwide.

The North Dakota Medicaid Health Information Technology Office will work closely with federal and state partners to ensure the North Dakota Medicaid EHR Incentive Program fits into the overall strategic plan for the North Dakota Health Information Exchange, to advance national and North Dakota goals for HIE.

Eligible professionals and eligible hospitals must register in order to participate in the Medicare and Medicaid EHR incentive programs. They can do so, starting **November 7, 2011**, at a registration site maintained by CMS at <http://www.cms.gov/EHRIncentivePrograms/>

The site provides general and detailed information on the programs, including tabs on the path to payment, eligibility, meaningful use, certified EHR technology, and frequently asked questions.

Eligibility

While EPs can begin the program in Calendar Year (CY) 2011, they must begin the program no later than CY 2016 and EHs must begin by Federal Fiscal year (FFY) 2016.

To be an eligible professional (EP) for the North Dakota Medicaid EHR Incentive Program, you must be an eligible professional by type and specialty. If the professional type and specialty for the submitting professional in the ND website does not correspond to the professional types and specialties approved for participation in the ND Medicaid EHR Incentive Program, you will not be able to continue registration. At this time, North Dakota has determined that the following professionals and hospitals are potentially eligible to enroll in the North Dakota Medicaid EHR Incentive Program:

- Physicians = Any professional who has a Provider Type 20 or 24 and Specialty Type 1,3,4,6,7,10,13,16,18,25,26,29,34,38,41,42.
- Physician Assistant (practicing in a FQHC or RHC led by a Physician Assistant) An FQHC or RHC is considered to be PA led if:
 - The PA is the primary provider in a clinic (e.g., part time physician and full time PA in the clinic)
 - The PA is the clinical or medical director at a clinical site of the practice
 - The PA is the owner of the RHC

Note: we will be assigning a Specialty code for PAs that would be eligible as PAs currently are not Medicaid-eligible professionals. RHC Provider Type is 55 and FQHC provider type is 70.

- Pediatrician = Any professional with a Provider Type 20 or 24 and Specialty 37
- Nurse Practitioner = Any professional with a Provider Type 67 and Specialty 93
- CNM = Any professional with a Provider Type 78 and Specialty 095
- Dentist = Any professional with a Provider Type 40 and Specialty 19
- Acute Care Hospital = Any provider with a Provider Type 1 and Specialty 80
- CAH = Any provider with a Provider Type 1 and Specialty 78

Additional requirements for the EP

To qualify for an EHR incentive payment for each year the EP seeks the incentive payment, the EP must not be hospital-based (90% or more encounters using service codes 21 and 23) and must meet the following criteria:

1. Patient Volume

- a. Have a minimum of 30 percent patient volume attributable to individuals receiving TXIX Medicaid funded services; or
- b. Have a minimum 20 percent patient volume attributable to individuals receiving TXIX Medicaid funded services, **and** be a pediatrician; or
- c. Practice predominantly in a FQHC, RHC or IHS/Tribal Clinic and have a minimum 30 percent patient volume attributable to needy individuals.

2. Have no sanctions and/or exclusions

Once an EP registers with the Medicare and Medicaid EHR Incentive Program Registration and Attestation System, if they have registered to participate in the state Medicaid program, the state will receive notice to that effect. The state will use the EPs NPI number to query the appropriate state and federal databases to verify EPs Medicaid eligibility, as well as to ascertain that no sanctions or exclusions exist for that professional.

3. Assigned payment link

An individual EP may choose to receive the incentive him/herself or assign it to a Medicaid contracted clinic or group to which he/she is associated. The tax identification number (TIN) of the individual or entity receiving the incentive payment is required when registering with the Medicare and Medicaid EHR Incentive Program Registration and Attestation System and must match an organization TIN linked to the individual professional in North Dakota's Medicaid enrollment database.

4. Non-Hospital based

Hospital-based professionals are not eligible for the EHR incentive program, nor are some professional types eligible for the Medicare program, such as podiatrists, chiropractors and optometrists.

Qualifying Professionals by Type and Patient Volume

Program Entity	Minimum Medicaid Patient Volume Threshold (percent)	Or the Medicaid EP practices predominantly in an FQHC, RHC or Tribal Clinic – with a 30% “needy individual” patient volume threshold
Physicians	30%	
Pediatricians	20%	
Dentists	30%	
Physician Assistants when practicing at an FQHC/RHC led by a physician assistant	30%	
Nurse Practitioner	30%	
Certified Nurse Midwife	30%	
Acute care hospital (PPS and CAH)	10%	
Children’s Hospital	Exception	

Out-of-State Professionals

The North Dakota Medicaid EHR Incentive Program welcomes any out-of-state professional to participate in this advantageous program as long as they have at least one physical location in North Dakota. North Dakota must be the only state in which they are requesting an incentive payment during that participation year. For audit purposes, out-of-state professionals must make available any and all records, claims data, and other data pertinent to an audit by either the North Dakota Medicaid program or CMS. Records must be maintained as applicable by law in the state of practice or in North Dakota, whichever is deemed longer.

Additional Requirements for EH

To qualify for an EHR incentive payment for each year the EH seeks the incentive payment, the EH must be one of the following:

1. An acute care hospital (includes CAH) that has at least a 10 percent Medicaid patient volume for each year the hospital seeks an EHR incentive payment or

2. A children's hospital (exempt from meeting a patient volume threshold).

Establishing Patient Volume

A ND professional must annually meet the patient volume requirements of North Dakota's Medicaid EHR Incentive Program as established through the state's CMS approved State Medicaid Health IT Plan (SMHP). Patients' funding source identifies who can be counted in the patient volume: Title XIX (TXIX) – Medicaid and Title XXI (TXXI) - CHIP. All EPs (except EPs predominantly practicing in an FQHC/RHC/Tribal Clinic) will calculate patient volume based on TXIX Medicaid and out-of-state Medicaid patients. The EHR statute allows for an EP practicing predominantly (50% or more of the EPs' encounters) in an FQHC, RHC or Tribal Clinic to consider CHIP patients, those served on a sliding fee scale and those whose services have been provided at no charge under the needy individual patient volume requirements.

Patient Encounters Methodology

Eligible Professionals:

- EPs (except those practicing predominantly in an FQHC/RHC/Tribal Clinic) – to calculate TXIX Medicaid patient volume must divide:
 - The total TXIX ND Medicaid and/or out-of-state Medicaid patient encounters in any representative, continuous 90-day period in the preceding calendar year or in the preceding 12 months prior to attestation; by the total patient encounters in the same 90-day period.
- EPs practicing *predominantly* in an FQHC/RHC/Tribal Clinic - to calculate needy individual patient volume must divide:
 - The total needy individual patient encounters in any representative, continuous 90-day period in the preceding calendar year or in the preceding 12 months prior to attestation; by the total patient encounters in the same 90-day period.

Definition of an Eligible Professional Encounter

For purposes of calculating EP patient volume, North Dakota defines an encounter as services rendered on any one day to an individual where TXIX ND Medicaid or another State's Medicaid program paid for:

- Part or all of the service; or
- Part or all of the premiums, co-payments, and/or cost-sharing.

Definition of a Needy Individual Encounter

For purposes of calculating patient volume for an EP practicing predominantly in an FQHC/RHC/Tribal Clinic, a needy individual encounter is defined as services rendered on any one day to an individual where medical services were:

- Paid for by TXIX Medicaid or TXXI Children's Health Insurance Program funding including those paid by North Dakota Medical Services or Healthy Steps, out-of-state Medicaid programs or a Medicaid or CHIP demonstration project approved under section 1115 of the Act;
- Furnished by the professional as uncompensated care; or
- Furnished at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

Group practices - Clinics or group practices will be permitted to calculate patient volume at the group practice/clinic level, but only in accordance with all of the following limitations:

- The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP;
- There is an auditable data source to support the clinic's or group practice's patient volume determination;
- All EPs in the group practice or clinic must use the same methodology for the payment year;
- The clinic or group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way; and
- If an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP's outside encounters.

Eligible Hospitals:

To calculate TXIX ND Medical Services patient volume, an EH must divide:

- The total TXIX ND Medical Services and out-of-state Medicaid encounters in any representative 90-day period in the preceding fiscal year by or in the preceding 12 months prior to attestation:
- The total encounters in the same 90-day period.
 - Total number of inpatient bed days for all discharges in a 90-day period (even if some of those days preceded the 90-day range) plus total number of emergency department visits in the same 90-day period.
 - An emergency department must be part of the hospital.

Eligible Hospital Encounter:

For purposes of calculating eligible hospital patient volume, a ND Medical Services' encounter is defined as services rendered to an individual 1) per inpatient discharge, or 2) on any one day in the emergency room where TXIX ND Medical Services or another state's Medicaid program paid for:

- Part or all of the service;
- Part or all of their premiums, co-payments, and/or cost-sharing;

Exception - a children's hospital is not required to meet Medicaid patient volume requirements.

Payment Methodology for EPs

EPs, who adopt, implement, upgrade, or meaningfully use certified EHR technology in their first year of participation in the program and successfully demonstrate meaningful use in subsequent years may be eligible for an incentive payment of \$21,250. In subsequent years of payment a Medicaid EP's incentive payment will be limited to \$8,500.

Pediatricians who meet the 30 percent patient volume requirement may qualify to receive the maximum incentive payments. Incentive payments for pediatricians who meet the 20 percent Medicaid patient volume but fall short of the 30 percent Medicaid patient volume are reduced to two-thirds of the incentive payment. This means some pediatricians may receive \$14,167 in the first year and \$5,667 in subsequent years.

Year	Medicaid EPs who adopted in					
	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$ 8,500	\$21,250				
2013	\$ 8,500	\$ 8,500	\$21,250			
2014	\$ 8,500	\$ 8,500	\$ 8,500	\$21,250		
2015	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$21,250	
2016	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$21,250
2017		\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500
2018			\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500
2019				\$ 8,500	\$ 8,500	\$ 8,500
2020					\$ 8,500	\$ 8,500
2021						\$ 8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Note: The total for pediatricians who meet the 20 percent patient volume but fall short of the 30 percent patient volume is \$14,167 in the first year and \$5,667 in subsequent years. This adds up to a maximum Medicaid EHR incentive payment of \$42,500 over a six-year period.

Payments for Eligible Professionals

EP payments will be made in alignment with the calendar year and an EP must begin receiving incentive payments no later than CY 2016. EPs will assign the incentive payments to a tax ID (TIN) in the CMS EHR Registration and Attestation System. The TIN must be associated in the North Dakota Medicaid enrollment system with either the EP him/herself or a group or clinic with whom the EP is affiliated. EPs who assign payment to themselves (and not a group or clinic) must provide their NPI number upon registration, which will be verified with the corresponding number in the eligibility system before payment can be made.

The North Dakota Medicaid EHR Incentive program does **not** include a future reimbursement rate reduction for non-participating Medicaid professionals. (Medicare requires professionals to implement and meaningfully using certified EHR technology by 2015 to avoid a Medicare reimbursement rate reduction.) For each year a professional wishes to receive a Medicaid incentive payment, determination must be made that he/she was a meaningful user of EHR technology during that year. Medicaid EPs are not required to participate on a consecutive annual basis, however, the last year an EP may begin receiving payments is 2016, and the last year the EP can receive payments is 2021.

Currently, all professionals are required to submit a valid NPI as a condition of ND Medicaid professional enrollment. Each EP or EH will be enrolled as a ND Medicaid professional and will therefore, without any change in process or system modification, meet the requirement to receive an NPI. North Dakota Medicaid performs a manual NPDES search to validate NPIs during the enrollment process.

In the event ND Medicaid determines monies have been paid inappropriately, incentive funds will be recouped and refunded to CMS.

Payment Methodology for Eligible Hospitals

Statutory parameters placed on North Dakota Medicaid incentive payments to hospitals are largely based on the methodology applied to Medicare incentive payments.

The specifications described in this section are limits to which all states must adhere when developing aggregate EHR hospital incentive amounts for Medicaid-eligible hospitals. States will calculate hospital aggregate EHR hospital incentive amounts on the FFY to align with hospitals participating in the Medicare EHR incentive program.

Children's hospitals and acute care hospitals may be paid up to 100 percent of an aggregate EHR hospital incentive amount provided over a three-year period. Section 1905(t)(5)(D) requires that no payments can be made to hospitals after 2016 unless the hospital has been paid a payment in the previous year; thus, while Medicaid EPs are afforded flexibility to receive payments on a non-consecutive, annual basis, hospitals receiving a Medicaid incentive payment must receive payments on a consecutive, annual basis after the year 2016.

The aggregate EHR hospital incentive amount is calculated using an overall EHR amount multiplied by the Medicaid share.

North Dakota is responsible for using auditable data sources to calculate Medicaid aggregate EHR hospital incentive amounts, as well as determining North Dakota Medicaid incentive payments to those hospitals. Auditable data sources include:

- Hospitals' Medicare cost reports;
- Payment and utilization information from the North Dakota MMIS (or other automated claims processing systems or information retrieval systems); and
- Hospital financial statements and hospital accounting records.

The North Dakota Medicaid EHR Incentive Program hospital aggregate incentive amount calculation will use the equation outlined in the proposed rule, as follows:

Overall EHR Amount = {Sum over 4 year of [(Base Amount plus Discharge Related Amount Applicable for Each Year) times Transition Factor Applicable for Each Year]}

Medicaid Share = {(Medicaid inpatient-bed-days + Medicaid managed care inpatient-bed-days) divided by [(total inpatient-bed days) times (estimated total charges minus charity care charges) divided by (estimated total charges)]}

North Dakota intends to pay the aggregate hospital incentive payment amount over a period of three annual payments, contingent on the hospital's annual attestations and registrations for the annual North Dakota Medicaid payments. The reason for this approach is that most of North Dakota's hospitals operate on a very thin margin and need the money as soon as possible to offset their EHR system costs.

In the first year, if all conditions for payment are met, 50 percent of the aggregate amount will be paid to the EH. In the second year, if all conditions for payment are met, 40 percent of the aggregate amount will be paid to the EH. In the third year, if all conditions for payment are met, 10 percent of the aggregate amount will be paid to the EH.

North Dakota does not have any Medicaid managed care patients, so the statute directs that such figure is deemed to equal 0. Unlike Medicaid EPs, who must waive rights to duplicative Medicare incentive payments, hospitals may receive incentive payments from both Medicare and Medicaid, contingent on successful demonstration of meaningful use and other requirements under both programs.

The last year that a hospital may begin receiving Medicaid incentive payments is FY 2016. States must make payments over a minimum of three years. Additionally, in any given payment year, no annual Medicaid incentive payment to a hospital may exceed 50 percent of the hospital's aggregate incentive payment. Likewise, over a two-year period, no Medicaid payment to a hospital may exceed 90 percent of the aggregate incentive.

Professional Registration

Both EPs and EHs are required to begin by registering at the national level with the Medicare and Medicaid Registration and Attestation system. The official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>.

Professionals must provide their name, NPI, business address, phone number, tax payer ID number (TIN) of the entity receiving the payment and hospitals must provide their CCN. EPs may choose to receive the incentive payment themselves or assign them to a clinic or group to which they belong.

EPs must select between the Medicare or Medicaid's incentive program (a professional may switch from one to the other once during the incentive program prior to 2015). If Medicaid is selected, the professional must choose only one state (EPs may switch states annually).

Professionals must revisit the Medicare and Medicaid EHR Registration and Attestation System web site to make any changes to their information and/or choices, such as changing the program from which they want to receive their incentive payment. After the initial registration, the professional does not need to return to the CMS website before seeking annual payments unless information needs to be updated.

EHRs seeking payment from both Medicare and Medicaid will be required to visit the CMS website annually to attest to meaningful use before returning to the ND registration website to attest for the North Dakota Medicaid EHR Incentive Program. North Dakota Medicaid will assume meaningful use is met for hospitals deemed so for payment from the Medicare EHR Incentive Program.

The CMS Medicare and Medicaid EHR Registration and Attestation System will assign the professional a CMS Registration Number and electronically notify the ND Medicaid registration system of a professional's choice to access North Dakota's Medicaid EHR Incentive Program for payment. The CMS Registration Number will be needed to complete the attestation in the ND registration system.

Upon receipt of registration transactions from CMS, two basic validations take place at the state level: 1) validate the NPI in the transaction is on file in ND Medicaid's MMIS system and 2) validate the professional is an eligible professional with the North Dakota Medicaid Program. If either of these conditions is not met, a message will be automatically sent back to the CMS registration system indicating the professional is not eligible. The professional may check back at the CMS registration website to determine if the registration has been accepted. Once payment is disbursed to the eligible TIN, the CMS registration system will be notified by the ND registration system that a payment has been made and in what amount.

Professional Attestation Process and Validation

North Dakota Medicaid will utilize its online registration website for attestation www.healthit.nd.gov/Medicaid. It also will contain instructions for hospitals and professionals to scan attestation documentation and e-mail to a secure e-mail address – medicaidhit@nd.gov

Documentation ND Medicaid will accept as proof of AIU includes:

1. Contracts
2. User Agreements
3. Signed Letters of Intent
4. User License Agreements
5. Receipts
6. Statements of Work

Or any legally recognized document designed for the express purpose of documenting AIU and signed off on by the eligible professional or a person legally authorized to sign off on by the eligible professional or an eligible hospital.

Documentation will be kept in electronic file folders for easy access, while registration information will be kept in Excel spreadsheet format in an Oracle database. The online registration system will be enhanced to allow for electronic upload of attestation documentation in its next update. The enhancement should be complete before the end of 2011.

Anyone can access the ND EHR Incentive Payment website, but unless the professional can complete all information requested on the registration form, including the CMS registration number, they will not be able to complete the application.

If an eligible professional registers at the CMS website and does not receive the link to the North Dakota registration website within five business days, assistance will be available by contacting the State Medicaid HIT Coordinator. Calls will be received and responded to within two business days.

Internal Review

Once the electronic attestation is submitted by a qualifying EPs and EHs and appropriate documentation is provided, ND Medicaid will conduct a review which will include cross-checking for potential duplication payment requests, checking provider exclusion lists and verifying supporting documentation.

The attestation itself will be electronic and will require the EP or EH to attest to meeting all requirements defined in the federal regulations. Some documentation will have to be provided to support specific elements of attestation. All EPs and EHs will be required to submit supporting documentation for patient volume claimed in the attestation. EHs also will need to provide supporting documentation for incentive payment calculation.

During the first year of the program, EPs and EHs will only be able to attest to adopting, implementing or upgrading to certified EHR technology. It should be noted that the documentation for AIU of certified EHR technology for EPs or EHs does not have to be dated in the year of reporting. Documentation dated any time prior to the attestation is acceptable if the system and version of EHR technology has been certified by ONC (the Certified Health IT Product List can be located at ONC's website at www.healthit.hhs.gov). EHs can attest to either AIU or meaningful use as appropriate. All EPs and EHs will be required to attest to MU after the first year.

Payment of Incentives

Fiscal Administration personnel in the ND Department of Human Services will carry out the financial transactions for incentive payments to EPs and EHS, as well as a method for tracking payments. These financial transactions will be the basis for Ad-Hoc payments to EPs and EHs. **All EHs and EPs will need to fill out a W-9 for tax purposes.** Once the current (legacy) MMIS is updated to the enterprise system (2014), all financial transactions will be able to be done electronically through the updated MMIS. Fiscal Administration will set up specific accounting codes per provider type and to identify individual EPs and EHs to enable ND Medicaid to report the funds appropriately in the CMS-64 report. The same codes with different modifiers will be used to identify year of payment.

North Dakota will ensure all reporting requirements to correctly report expenditures, attestation information, and approval information are followed. Once the MMIS is updated, North Dakota Medicaid will ensure that functionality necessary to carry out all of the necessary functions are incorporated into the MMIS.

ND Medicaid sends out payment on a weekly basis. Once all program criteria are met; all information has been verified and all proposed payments have been reviewed and approved, EHs and EPs should receive a check within one week of submission to Fiscal Administration.

Program Integrity

ND Medicaid will be conducting regular reviews of attestations and incentive payments. These reviews will be selected as part of the current audit selection process, including risk assessment, receipt of a complaint or incorporation into reviews selected for other objectives. EPs and EHs should be sure to keep their supporting documentation.

Administrative Appeals

You may appeal the determination made by North Dakota Medicaid on your incentive payment application. Please send a Formal Letter of Appeal to the address below, within 30 days of the determination date of notification. This formal written notification must include a detailed explanation of why you (EP or EH) deem a wrong determination has been made by the North Dakota Medicaid EHR Incentive Program. Any supporting documentation to the appeal should be included with the Letter of Appeal and sent to:

North Dakota Department of Human Services
North Dakota Medical Services Program Integrity Unit
State Capitol-Judicial Wing
600 E. Boulevard, Dept. 325
Bismarck, ND 58505-0250

Assistance

All inquiries about the ND Medicaid EHR Incentive Program should be directed to the State Medicaid HIT Coordinator at medicaidhit@nd.gov