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## ***Montana Medicaid Electronic Health Records Incentive Program for Eligible Hospitals***



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## ***What is the Medicaid EHR Incentive Program***

- 100% Federal funds for the adoption, implementation, upgrade, and meaningful use of certified EHR technology
- Voluntary participation by DPHHS Medicaid
- DPHHS is working diligently to provide a highly automated registration process that will limit the impact on your organization.





## ***What is the Medicaid EHR Incentive Program***

- State Level Provider registration is targeted to begin November 7, 2011.
- Incentive payment distribution will begin approximately 45 days following initiation of registration.
- Your ongoing participation is subject to audit by the state. Retaining attestation documentation is essential.



## ***Who Can Participate?***

- Acute Care and Critical Access Hospitals that qualify
  - Medicaid Patient Volume of greater than or equal to 10% for a period of 90 days or more
  - Average length of stay must be less than or equal to 25 days
  - The last 4 digits of CMS Certification Number or “CCN” is equal to 0001 through 0879 or 1300 through 1399.
- Hospitals are eligible for both Medicare and Medicaid incentive programs





## ***How much incentive money is available?***

- Varies by hospital based on Medicaid volume and other factors
- Hospitals must register by 2016
- Hospitals receive the following percentage of their Aggregate Overall EHR amount per year


**Year 1: 50%**  
**Year 2: 30%**  
**Year 3: 10%**  
**Year 4: 10%**



## ***DPHHS Provider Outreach Page***

**<http://mt.aincentive.com/>**





**Montana Medicaid State Level Registry**  
for  
Provider Incentive Payments

[Provider Outreach Home](#) | [Contact Us](#)

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**Centers for Medicare & Medicaid Services (CMS)**

Beginning January 3, 2011, the Electronic Health Record (EHR) Information Center will be open to assist the EHR Provider Community with both program and system inquiries from 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays, at 1-888-734-6433 (primary number) or 888-734-6563 (TTY number) [more info...](#)

(all links open in new window)

Aug 12, 2011  
[HHS Treasury take new steps to help states build Affordable Insurance Exchanges](#)

Aug 09, 2011  
[CMS releases new Medicaid Emergency Psychiatric Demonstration](#)

Aug 09, 2011  
[Medicare Provides Assistance to Help Low-Income Beneficiaries Get Big Savings on Prescription Drug Costs](#)

**EMR and HIPAA**

(all links open in new window)

Aug 17, 2011  
[News on EMR and HIPAA](#)

Aug 16, 2011  
[Noble Profession of EMR Employment](#)

Aug 15, 2011  
[What's In Store for Meaningful Use Stage 2? – Meaningful Use Monday](#)

### Welcome to the Montana State Level Registry (SLR) — Provider Outreach Page

As the healthcare landscape continues to modernize, recent legislation was passed to encourage the adoption of Electronic Healthcare Record (EHR) technology in documenting patient care. As a result of the American Recovery and Reinvestment Act of 2009, beginning in 2011, eligible Medicaid providers are offered financial incentives for the implementation and meaningful use of Health Information Technology (HIT) in the management of patient populations.

The State of Montana Department of Public Health and Human Services has elected to participate in the HIT incentive program. Our primary goal is to provide an effective means of administering and distributing incentive monies to eligible providers and hospitals, including establishing a process to determine eligibility and track meaningful use. The Department's objectives in this process include:


- The implementation of a cost effective, fully automated, and auditable process to administer incentive payments to eligible providers and hospitals,
- Development of incentive program administrative rules designed to maximize the opportunity for Montana Medicaid Providers to participate,
- Diligent oversight of the incentive program including routine audits and quality assurance checks of meaningful use attestations and reporting mechanisms,
- Coordination with community partners to help encourage the adoption of certified EHR technology and the electronic exchange of health care information.

To streamline the process in applying for the incentive and provide supportive resources throughout your HIT transition, this web portal centralizes the national, state and regional links for additional program information. It also serves as the portal to access Montana's State Level Registry (SLR). In support of Montana's vision of this site also offers the following:

- A centralized "one-stop" launching pad of available tools for managing your EHR incentive information
- Organized information offering real-time feeds of current HIT news and updates from other federal organizations.

*Educate yourself today on the benefits of HIT and be a part of transforming the quality, efficiency*

**Are You Eligible?**




Medicare and Medicaid EHR Incentive Programs

Are you eligible for the Medicare & Medicaid EHR Incentive Program?

[Next](#)

Run the CMS Eligibility Wizard and quickly see if you may qualify for incentive payments.

**Frequently Asked Questions**



Have a question? Click here to [view the CMS list of frequently asked questions](#).


**Healthcare IT News**

(all links open in new window)

Aug 18, 2011  
[Cognitive Computer Chips Reach Prototype Stage](#)

Aug 17, 2011  
[Ambulatory System Receives Complete EHR Certification](#)

Aug 16, 2011  
[Double-Digit Growth Forecast for World Healthcare IT Market](#)



Click here to view information that will give you a jump start on getting your ARRA incentive payment.

[Provider Outreach home page](#)

### Let's get started!

Please select your role: Individual Eligible Professional (EP) [more info...](#)

Below are the step by step instructions on how to complete the registration process.

[Click here to print this list.](#)

1. Locate the National Provider Identified (NPI) and Tax Identification Number (TIN) you'll need to register at CMS's EHR Incentive Program Registration site. You'll also need this to create a State Level Registry (SLR) account.  
[If you don't have an NPI, visit CMS's site to apply for one. Need a TIN? Visit IRS.gov.](#)
2. [Register at CMS's EHR Incentive Program Registration site.](#)
3. You must have an active Medicaid Provider Number. To enroll or check the status of your enrollment, visit the enrollment site, <https://mtaccess.health.acs-shc.com/mtgeneral/providerEnrollmentHome.do> or contact 1-800-624-3958.
4. Create or locate an electronic copy of your signed contract with a vendor for the purchase, implementation or upgrade of a [certified EHR system](#).
5. Locate information related to your medical license such as your license number and the Board with which you are licensed.
6. Identify an individual who will be the primary contact for your application - you'll need their name, phone and email.
7. [Determine the Medicaid Patient volume you'll be reporting.](#)
8. Determine which method of Certified EHR technology you will be attesting to — [adopt](#), [implement](#), or [upgrade](#).
9. Certified EHR info — [verify that your system is on the list from ONC.](#)
10. Ensure that you have access to a scanner or electronic faxing technology such as RightFax™.

The following workbook samples are designed to help you in gathering the necessary attestation information. These workbooks may be updated to reflect the latest guidance from CMS, so check back often to ensure you have the latest.

- [Eligibility workbook](#)
- [Adopt / Implement / Upgrade Attestation workbook](#)

**CMS**

Beginning January 3, 2011, the Electronic Health Record (EHR) Information Center will be open to assist the EHR Provider Community with both program and system inquiries from 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays, at 1-888-734-6433 (primary number) or 888-734-6563 (TTY number). [more info...](#)

[CMS EHR Incentive Program Registration site](#)

**Office of the National Coordinator for Health Information Technology (ONC)**

Office of the National Coordinator for Health Information Technology (ONC) [Certified Health IT Product List](#)



# Federal Registration Process

First, all hospitals must register with the Medicare and Medicaid EHR Incentive Program Registration and Attestation System

<https://ehrincentives.cms.gov/hitech/login.action>



# Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

### About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

**Additional Resources:** For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#)

**Eligible to Participate** - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#)

**Eligible Hospitals**

**Eligible Professionals (EPs)**

CONTINUE

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Last Updated: John Smith 08/17/2011 07:13 AM

**MONTANA** Department of Public Health & Human Services  
**Montana Medicaid STATE LEVEL REGISTRY**  
for **PROVIDER INCENTIVE PAYMENTS**

Welcome, John Smith  
This is your Dashboard for working through the attestation process.

**Begin your Year 1 submission today!**  
Start with section [1, About You](#)

✔ Data has been received from the NLR. [View NLR data](#)

[Payment Information](#)

[Reports](#)

[Audit](#)

[Appeals](#)

[System Messages \(0\)](#)

**Year 1**

- 1. About You**  
Additional Registration Information and NLR data
- 2. Confirm Montana Medicaid Program Eligibility**  
Hospital Demographics and Volumes
- 3. Attestation of EHR**  
Related to Adopting, Implementing, Upgrading or Meaningful Use
- 4. Review and Sign Agreement**  
Review, Print, Sign and Upload the SLR Agreement
- 5. Send Year 1 Submission**  
Send and lock all information to State

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**Montana Medicaid STATE LEVEL REGISTRY**  
for **PROVIDER INCENTIVE PAYMENTS**

Welcome, John Smith  
This is your Dashboard for working through the attestation process.

**Complete your Year 1 submission.**  
Complete Section [4, Review and Sign Agreement](#)

✔ Data has been received from the NLR. [View NLR data](#)

[Payment Information](#)  
How your payment is calculated.  
You can check this area for status once your attestation has been submitted.

[Reports](#)  
Provider SLR Application Information

[Audit](#)

[Appeals](#)

[System Messages \(0\)](#)


**Year 1**

- 1. About You**  
Additional Registration Information and NLR data
- 2. Confirm Montana Medicaid Program Eligibility**  
Hospital Demographics and Volumes
- 3. Attestation of EHR**  
Related to Adopting, Implementing, Upgrading or Meaningful Use
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### 1. About You

In addition to the registration information you provided to NLR, the State of Montana requires that you provide additional information to be used to help determine eligibility to participate in the Montana Medicaid Program Incentive Program.

#### CMS National Level Repository (NLR) Record

Data has been received from the NLR. [View NLR data](#) | [Visit NLR website](#) #

#### Contact Person

Changing the contact information here does not change the contact information set up under the My Account page or the contact information provided to CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this provider.

Your contact information is complete

Name #

Phone Number #   
999999999 (no spaces, dashes, parens)

Email Address #   
name@domain.com


Attach Documentation

File(s) Attached - (0)

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### 2. Confirm Montana Medicaid Program Eligibility

For purposes of calculating hospital patient volume, the following are considered Montana Medicaid Program services:

- Services rendered to an individual per inpatient discharges where Montana Medicaid Program or a Montana Medicaid Program demonstration project under section 1115 paid for part or all of the service;
- Services rendered to an individual per inpatient discharge where Montana Medicaid Program or a Montana Medicaid Program demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments, and/or cost-sharing;
- Services rendered to an individual in an emergency department on any one day where Montana Medicaid Program or a Montana Medicaid Program demonstration project under section 1115 of the Act either paid for part or all of the service; or
- Services rendered to an individual in an emergency department on any one day where Montana Medicaid Program or a Montana Medicaid Program demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments, and/or cost sharing.

[more info](#)

#### Montana Medicaid Program Volume

Your Montana Medicaid Program Volume information is complete

Acute Care and Critical Access Hospitals (CAH) must have Medicaid discharges of at least 10%, an average Length of Stay (LOS) of 25 days or less, and a CCM that ends in 0001 - 0879 or 1300 - 1399 to be eligible to receive an incentive payment. Please note that Children's Hospitals are automatically eligible to participate in the program, regardless of if the data entered below for discharges and average length of stay meets the minimum criteria.

Enter Representative Period =

Total Discharges for Representative Period =

Montana Medicaid Program Discharges for Representative Period =

Do you have Montana Medicaid Programs patients from more than one state?  Yes  No

Total Patient Bed Days for a full (Calendar Fiscal) year =

Average Length of Stay, in days, for the hospital fiscal year that ends during the prior Federal fiscal year. Excluding Swing and Nursery Bed days.

(Total Patient Bed Days / Total Discharges for a full (Calendar Fiscal) year)


Montana Medicaid Program Volume =

(Montana Medicaid Program discharges for representative period / Total discharges for representative period)

Meets Montana Medicaid Program Eligibility Requirements?

Yes! Meets Montana Medicaid Program Eligibility Requirements.

#### Hospital Demographics Information



## Patient Volume Calculations


### Eligible Hospitals

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#### ■ Hospital Calculation


$$\frac{\text{Medicaid Inpatient Discharges}}{\text{Total Inpatient Discharges}} \times 100 \geq 10\%$$

- Providers may count all out of state Medicaid patients for whom you provide services, as long as they are accounted for in both categories of discharges
- Count your Emergency Department encounters
- Do **not** count Healthy Montana Kids (CHIP) encounters as Medicaid



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### 3. Attestation of EHR Change to Meaningful Use <

**AIU Method**

Choose a Method (Adopt, Implement, or Upgrade) to declare your attestation for Year 1 submission. Enter a brief description and attach any document that shows how you have met the AIU Method. [more info](#)

Your AIU Method information is complete

Method = Adopt

*Acquire, purchase or access to certified EHR technology. Evidence of actual acquisition or installation of the technology is required to demonstrate adoption. [more info](#)*

Please describe briefly how you meet the AIU Method for Adoption of EHR Technology.

I've adopted a SureScripts system.

(967 characters remaining)

Attach Adopt Documentation = Manage Files

File(s) Attached - (1)

*Documentation that supports your attestation of Adopt, Implement or Upgrade must be attached before this step can be marked complete.*

Click the Save button to save any changes to your file attachments.

Save AIU Method
Cancel and lose AIU Method changes

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### 3. Attestation of EHR

**EHR Certification**

Providers must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and product, the product's unique certification code, and the meaningful use criteria for which the product was certified. The State is required to validate the verification of the Certified EHR information before making any payment to providers. [more info](#)

It is the provider's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the State. Failure to do so could result in a false negative result that may disqualify the provider from receiving payment.

To proceed, please indicate your understanding of this responsibility by agreeing to the following statement

**Your Understanding**

Your EHR Certification information is complete

I understand that it is my responsibility, as the representative of the hospital, to ensure that my certified EHR technology code is listed on the [ONC public web service](#) before submitting my attestation to the State. I understand that failing to ensure my code is listed may result in a false negative result that may disqualify me from receiving payment.

**Your EHR Certification Information**

Enter your CMS EHR Certification ID

CMS EHR Certification ID =

1) Go to the ONC website: [http://hhs.onclibrary.com/ehrcert](#)  
 2) Search for your product(s) and add each to the shopping cart by clicking "Add to Cart."  
 3) When you have added all product(s) to your shopping cart, click the "View Cart" link.  
 4) Click "Get CMS EHR Certification ID."  
 5) Your CMS EHR Certification ID will be displayed on the screen. This is the number you will need to enter above as part of your attestation.

*NOTE: ONC does not allow you to mix inpatient products and ambulatory products together to represent a complete EHR solution. Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click "Get CMS EHR Certification ID" in step 4.*

**Supporting Documentation**

File(s) Attached - (0) [Manage Files](#)

*If your vendor has provided you with documentation displaying the EHR Certification Number you can attach it here. Attaching supporting documentation for your EHR Certification Number is optional.*

Click the Save button to save any changes to your file attachments.

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**MONTANA** Department of Public Health & Human Services  
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### How Your Payment is Calculated

States may pay hospitals up to 100 percent of an aggregate EHR hospital incentive amount provided over a minimum of a three-year period and a maximum of a six-year period. The aggregate EHR incentive amount is the total amount the hospital could receive in Montana Medicaid Program payments over a theoretical four-year period of the program. It is the product of two factors:

- The overall EHR amount and
- The Montana Medicaid Program Share

**Growth Rate**

	2007	2008	2009	2010	Average Annual Growth Rate
Discharges	<input type="text" value="2,000"/>	<input type="text" value="2,500"/>	<input type="text" value="3,000"/>	<input type="text" value="3,500"/>	
Growth Rate	<input type="text" value="0.25"/>	<input type="text" value="0.2"/>	<input type="text" value="0.1667"/>	<input type="text" value="0.2056"/>	
Total Discharges	<input type="text" value="3,500"/>				

**Initial Amount**

	2007	2008	2009	2010
Annual Discharges w/ growth factor	<input type="text" value="3500"/>	<input type="text" value="4220"/>	<input type="text" value="5080"/>	<input type="text" value="6134"/>
Disallowed Discharges	<input type="text" value="1149"/>	<input type="text" value="1149"/>	<input type="text" value="1149"/>	<input type="text" value="1149"/>
Allowable Discharges	<input type="text" value="2351"/>	<input type="text" value="3071"/>	<input type="text" value="3939"/>	<input type="text" value="4985"/>
Per Discharge Amount	<input type="text" value="\$200.00"/>	<input type="text" value="\$200.00"/>	<input type="text" value="\$200.00"/>	<input type="text" value="\$200.00"/>
Discharge Related Amount	<input type="text" value="\$470,200.00"/>	<input type="text" value="\$614,200.00"/>	<input type="text" value="\$787,800.00"/>	<input type="text" value="\$997,000.00"/>
Base Amount	<input type="text" value="\$2,000,000.00"/>	<input type="text" value="\$2,000,000.00"/>	<input type="text" value="\$2,000,000.00"/>	<input type="text" value="\$2,000,000.00"/>
Gross Amount	<input type="text" value="\$2,470,200.00"/>	<input type="text" value="\$2,614,200.00"/>	<input type="text" value="\$2,787,800.00"/>	<input type="text" value="\$2,997,000.00"/>
Transition Factor	<input type="text" value="0.25"/>	<input type="text" value="0.75"/>	<input type="text" value="0.50"/>	<input type="text" value="0.35"/>
Annual EHR Amount	<input type="text" value="\$2,470,200.00"/>	<input type="text" value="\$1,960,650.00"/>	<input type="text" value="\$1,393,900.00"/>	<input type="text" value="\$749,250.00"/>
Overall EHR Amount	<input type="text" value="\$6,674,000.00"/>			

**Montana Medicaid Program Share**

Montana Medicaid Program Inpatient Bed Days   
 Montana Medicaid Program Managed Care Inpatient Bed Days   
 Burdenator   
 Total Inpatient Bed Days   
 Total Hospital Inpatient Charges   
 Total Hospital Inpatient Charity Care Charges   
 Denominator   
 Montana Medicaid Program Share

**Aggregate EHR Incentive Amount**

This is the total amount of incentive you may receive over the life of the program.

Aggregate EHR Incentive Amount



# Questions?

**DPHHS EHR E-mail**

**MedicaidEHR@mt.gov**

**Medicaid Provider Outreach Page**

**http://mt.arraincentive.com/**

**State Level Registry Help Desk**

**866-879-0109**

**CMS EHR Program Information**

**https://www.cms.gov/EHRIncentivePrograms/**



## *Extra Slides*





# Who Can Participate?

## Eligible Professionals

- Doctor of medicine or osteopathy (MDs and DOs)
- Doctor of dental surgery or dental medicine
- Nurse practitioner
- Certified nurse-midwife
- Physician Assistant when practicing at an FQHC/RCH led by a physician assistant

## Eligible Hospitals

- Acute Care Hospitals
- Critical Access Hospitals (CAHs)



# Federal Rules for Hospital Eligibility

- Medicaid Patient Volume of greater than or equal to 10% for a period of 90 days
- Average length of stay must be less than or equal to 25 days
- The last 4 digits of CMS Certification Number or "CCN" is equal to 0001 through 0879 or 1300 through 1399.
- Hospitals are eligible for both Medicare and Medicaid incentive programs





## How much incentive money is available?

### Eligible Professionals

- \$63,750 or less paid in fixed amounts over a period of 6 years
- Provider may interrupt participation, but must participate for the full 6 years to receive all funding.
- Provider must register by 2016
- Provider may switch between incentive programs once before 2015



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### Eligible Hospitals

- Varies based on Medicaid volume and other factors, beginning with a \$2 million base amount
- Hospitals paid over 4 year period
- Hospitals must register by 2016
- Payment years must be consecutive after 2016



## Payment Schedule for Hospitals

- Hospitals receive the following percentage of their Aggregate Overall EHR amount per year

**Year 1: 50%**  
**Year 2: 30%**  
**Year 3: 10%**  
**Year 4: 10%**



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### Payment Calculations Eligible Hospitals

■ Step 1: Determine Discharge Related Amount

- For hospitals with < 1,150 or > 23,000 total discharges, there is no calculated discharge related amount.
- For hospitals with between 1,150 and 23,000 discharges, the following calculation must be applied:

$$\text{Number of discharges between 1,150 and 23,000} \times \frac{1 + \text{three year average annual growth rate}}{100} \times \$200 = \text{Discharge Amount}$$

This calculation is based on the 12 month period (FFY) prior to payment year, and the three year average annual growth rate is determined using the most recent three years of available data from an auditable source.



### Payment Calculations Eligible Hospitals

■ Step 2: Determine Overall EHR amount

- Year 1:  $(\$2,000,000 + \text{Discharge Related Amount}) \times 1.0$
- Year 2:  $(\$2,000,000 + \text{Discharge Related Amount}) \times .75$
- Year 3:  $(\$2,000,000 + \text{Discharge Related Amount}) \times .50$
- Year 4:  $(\$2,000,000 + \text{Discharge Related Amount}) \times .25$

Total of all 4 years





### Payment Calculations Eligible Hospitals

■ Step 3: Determine Medicaid Share

$$\text{Total Inpatient bed days} \times \frac{\text{Total charges} - \text{charity care}}{\text{Total charges}} = \text{Medicaid Share}$$



### Payment Calculations Eligible Hospitals

■ Step 4: Determine Aggregate EHR Amount:

$$\text{Overall EHR Amount} \times \text{Medicaid Share} = \text{Aggregate EHR Amount}$$



### DPHHS HIT/EHR Website



<http://medicaidprovider.hhs.mt.gov/providerpages/ehrincentives.shtml>



### Basics of Meaningful Use

- Simply put, "meaningful use" means providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.
- There are 3 main components of Meaningful Use:
  - The use of a certified EHR in a meaningful manner, such as e-prescribing.
  - The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
  - The use of certified EHR technology to submit clinical quality and other measures.





## ***Basics of Meaningful Use***

- Healthcare providers seeking to demonstrate MU are required to attest their EHRs can support these measures in 2011, and then submit electronically in 2012.
- Eligible professionals and hospitals must meet MU objectives beginning in year 2, and each subsequent year of participation.
- Stage 1 (2011 and 2012) sets the baseline for electronic data capture and information sharing.
- Stage 2 (est. 2014) and Stage 3 (est. 2015) will continue to expand on this baseline and be developed through future rule making.



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## ***Basics of Meaningful Use Core Objectives***

- A set of “Core” objectives established by CMS and specific to EPs and EHs, and that must be satisfied for providers to receive meaningful use incentives. These objectives include items such as:
  - Collecting demographic information,
  - Supporting information exchange among providers,
  - Computerization of physician order entry, and
  - E-prescribing.
- 10 “Menu Set” objectives.
- Montana Medicaid will not require providers to meet additional optional objectives.



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## **Basics of Meaningful Use Core Objectives**

- For eligible hospitals, there are a total of 24 meaningful use objectives. To qualify for an incentive payment, 19 of these 24 objectives must be met.
  - There are 14 required core objectives.
  - The remaining 5 objectives may be chosen from the list of 10 menu set objectives.



## **Basics of Meaningful Use Public Health**

- EPs and EHs must choose at least one public health objective from the set of menu objectives, which include:
  - Immunization information
  - Reportable electronic laboratory results
  - Syndromic surveillance data.





*E-mail HIT/EHR Questions to DPHHS*

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MedicaidEHR@mt.gov

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