Modified Stage 2 Meaningful Use

Program Year 2015: Attestation 101

Massachusetts Medicaid EHR Incentive Payment Program

July 5, 2016

Today's presenter:

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at the MassTech Collaborative

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Reminder

The attestation deadline for Program Year 2015 is

August 14, 2016

New Eligible Professional

- Beginning in program year 2016, **Psychiatric Clinical Nurse Specialists** (PCNSs) will be eligible to participate in the Massachusetts Medicaid EHR Incentive Payment Program
- Each may receive a maximum payment of $63,750 over six years ($21,250 in payment year 1, $8,500 in each remaining payment year)
- Registration is now open
- Attestations for payment year 1, Adopt, Implement, or Upgrade (AIU) will be accepted August 15, 2016 through March 31, 2017
- Very soon, MeHI will schedule a special webinar introducing PCNSs and their practice administrators to the incentive payment program
- PCNSs and their practice administrators are encouraged to attend Modified Stage 2 webinars running through July 21, 2016 to become familiar with the details of achieving meaningful use

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Agenda

- Attesting to Modified Stage 2
- Registration and Attestation Process
- General Program Eligibility
    - Non-Hospital-Based Eligible Professionals (EPs)
    - 2014 Edition Certified EHR Technology (CEHRT)
    - Patient Volume Threshold (PVT)
    - Federally Qualified Health Centers (FQHC)
- Meaningful Use (MU) Eligibility
    - General Requirement
    - Aggregation of MU Data
- Common Issues
- Questions and Answers

Attesting to Modified Stage 2

Modified Stage 2

- The CMS Final Rule regarding Stage 3 Meaningful Use and Modifications for 2015-2017 was issued on **October 16, 2015**
  - Defined the objectives for Stage 3 MU
  - Outlined modifications to Stage 1 and Stage 2 MU objectives, reporting periods, and timelines to better align with Stage 3
  - Specified a list of 10 MU objectives known as “Modified Stage 2”
  - For both Modified Stage 2 and Stage 3, CMS retained the previous Clinical Quality Measure (CQM) reporting requirement:
    - 9 out of 64 CQMs from at least 3 National Quality Strategy (NQS) domains

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Modified Stage 2

For EPs scheduled to attest to Stage 1

Previous Stage 1 Objectives

- 13 Core Objectives
- 5 of 9 Menu Objectives, including 1 public health objective

New Objectives for 2015 – Modified Stage 2

- 10 Objectives (with alternate objectives, measures & exclusions)
- Choose 9 of 64 CQMs from 3 NQS Domains (no change)

Modified Stage 2

For EPs scheduled to attest to Stage 2

Previous Stage 2 Objectives

- 17 Core Objectives, including a public health objective (immunization registry)
- 3 of 6 Menu Objectives, with public health reporting options

New Objectives for 2015 – Modified Stage 2

- 10 Objectives
- Choose 9 of 64 CQMs from 3 NQS Domains (no change)

List of Modified Stage 2 Objectives

- Meaningful Use Objectives – Modified Stage 2
    1. Protect Patient Health Information (Security Risk Analysis)
    2. Clinical Decision Support (CDS)
    3. Computerized Provider Order Entry (CPOE)
    4. Electronic Prescribing (eRx)
    5. Health Information Exchange (HIE) – *previously known as "Summary of Care"*
    6. Patient-Specific Education
    7. Medication Reconciliation
    8. Patient Electronic Access (Patient Portal)
    9. Secure Electronic Messaging
    10. Public Health Reporting
        a. Immunization Registry Reporting
        b. Syndromic Surveillance Reporting
        c. Specialized Registry Reporting

EHR Reporting Periods

- For Program Year 2015:
  - the EHR reporting period is any continuous 90-day period within calendar year 2015
  - the attestation deadline is **August 14, 2016**
- For Program Year 2016:
  - first-time MU participants will use any continuous 90-day period within calendar year 2016
  - returning participants will attest using the **full calendar year**
  - Program Year 2016 is the last year to initiate participation in the Medicaid EHR Incentive Program
- For Program Year 2017:
  - first-time MU participants and anyone choosing to demonstrate Stage 3 will use any continuous 90-day period within calendar year 2017
  - returning participants attesting to Modified Stage 2 will attest using the **full calendar year**
- For Program Year 2018:
  - all providers will attest to Stage 3 using the **full calendar year**

Registration and Attestation Process

Registration and Attestation Process

- If you've submitted an application for a previous Program Year, you can access your Program Year 2015 application by logging into the Medical Assistance Provider Incentive Repository (MAPIR) system

- If this is your first year of participation, follow these steps:
  1. Visit CMS Identity and Access (I&A) to set up your I&A account if you do not already have one
     - Note: EPs must give permission for a designee to attest on their behalf
  2. Register the EP(s) on the CMS Registration and Attestation (R&A) site
  3. If CMS registration info matches the information in the MA Medicaid Management Information System (MMIS), you will receive a "Welcome to MAPIR" email. Follow the instructions in the email to begin the MAPIR attestation process.

- Ensure you have gathered all required supporting documentation
  – See the MeHI 2015 Supporting Documentation Guide for more information

- Complete your MAPIR application, upload required supporting documentation and submit

General Program Eligibility

Non-Hospital-Based

- An EP is considered hospital-based if they furnished 90% or more of their services in a hospital inpatient (Place of Service [POS] 21) or emergency room (POS 23) setting in 2014
- Upon request, EPs are required to upload employment verification letters from all locations worked during calendar year 2014 to verify their non-hospital-based status

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2014 Edition Certified EHR Technology

- For Program Year 2015, all EPs must have 2014 Edition CEHRT
- For Program Year 2015, some EPs may be required to upload documentation to demonstrate proof of 2014 Edition CEHRT. This includes EPs who:
  - did not receive a Medicaid EHR Incentive Payment for Program Year 2014,
  - used the CEHRT flexibility rule for Program Year 2014,
  - upgraded to 2014 CEHRT during Program Year 2015, and/or
  - changed employers or practice locations in 2015

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2014 Edition Certified EHR Technology

- Proof of 2014 CEHRT requires the following documentation:
  - Letter on letterhead signed by your Chief Information Officer (CIO) or Information System (IS) Department Head. The letter must state the following:
    - List of providers(s) with NPI number(s) who are currently using or will be using the federally-certified EHR technology, and location(s) the federally-certified EHR technology will be used
    - EHR Vendor, product name, and version
    - CMS Certification Number and Certified Health IT Product List (CHPL) Number
  - One of the following: Signed copy of License Agreement, Proof of Purchase, or Signed Vendor Contract (must be signed by practice and vendor)
  - Copy of the 2014 CMS EHR Certification ID sheet printed from the Office of the National Coordinator (ONC) website while registering your product edition

2014 Edition Certified EHR Technology

ONC Certified Health IT Product List (CHPL)

Using the CHPL Application

Find out how to select your Certified Health Information Technology so you can get your CMS EHR Certification ID.

LEARN MORE

Download Product Information

Access the complete listings of Certified Health Information Technology here, including the 2011 edition, the 2014 edition, or a combination of the 2011 and 2014 edition.

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Office of the National Coordinator for Health Information Technology

Patient Volume Threshold (PVT)

- **How to calculate Medicaid PVT**
  - Numerator: encounters with Medicaid patients over a 90-day period
  - Denominator: encounters with all patients over the same 90-day period
  - 90-day period may be selected from previous calendar year or from the twelve month period prior to attestation
  - An "encounter" is defined as one service, per patient, per day where Medicaid or Medicaid 1115 Waiver paid for all or part of the service
- **Individual vs. Group Proxy Methodology**
  - Group Proxy Methodology allows all EPs to aggregate their encounters and attest using the group's Medicaid Patient Volume
    - must include all providers, including those not eligible to participate in the Medicaid EHR Incentive Program
- **Paid Medicaid encounters vs. Medicaid enrollees**
  - Enrollee approach allows EPs to include zero-pay and denied claims (except denied claims due to ineligibility on the date of service)
- **Children's Health Insurance Program (CHIP) factor**
  - Percentage reduction that must be applied to in-state numerator (Non-FQHC providers only)

Patient Volume Threshold (PVT)

- All EPs must meet a minimum Medicaid PVT of 30%
  - 20% for **board-certified pediatricians**
- All EPs who worked in a Hospital Ambulatory Clinic, Hospital Foundation or Hospital-owned Health Center are required to submit their Group Proxy patient volume data for prior approval
- FQHC EPs are required to submit the composition of Needy Individual Patient Volume (further details on patient volume are required only upon request)
- All other EPs are required to upload PVT supporting documentation **only upon request**
- PVT documentation must be provided in a searchable format (i.e. Excel)

Patient Volume Threshold

- PVT supporting documentation must contain all data elements listed in the Sample Patient Volume Templates on our website. Required data elements include:
  - Organization Name and NPI
  - Location(s)
  - 2 Unique Patient IDs (MRN and DOB)
  - Date of Service
  - Primary Payer and Total Amount Paid
  - Secondary Payer and Total Amount Paid
  - Claim Status and Denial Reason (if including Zero Pay and Denied claims)
- To determine the CHIP percentage reduction that must be applied to your in-state numerator, use the CHIP Grid
- Other helpful PVT resources:
  - Group Proxy Guide
  - Calculating Patient Volume
  - Medicaid 1115 Waiver Population Grid

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Federally Qualified Health Centers

- EPs using FQHC patient volume data are required to "practice predominantly" at the FQHC
  - "Practice predominantly" is defined as over 50% of the EP's total patient encounters occurring at an FQHC, over a period of six months in the most recent calendar year (January 1, 2015 through December 31, 2015)
- FQHC EPs are required to submit employment letter(s) from all locations where the EP worked during the most recent calendar year
- The letter(s) must be on letterhead, signed by a CEO or other authorized official, and include the following:
  - EP's date of hire
  - Total number of patient encounters that occurred at that location over a period of six months in the most recent calendar year
  - Whether or not the EP worked full-time or part-time at another location

Meaningful Use Eligibility

General Requirement

- 50% of an EP's encounters during the EHR reporting period must occur at a location that is equipped with CEHRT
  - Note: "Patient Encounter" is defined as any encounter where medical treatment is provided, or evaluation and management services are provided
  - Encounters from all locations where the EP worked during the EHR reporting period must be included
  - 50% of an EP's encounters during the EHR reporting period must occur at a location that is equipped with CEHRT

- The second General Requirement asking the EP to show that 80% of unique patients seen during the EHR reporting period have their records in a CEHRT has been eliminated starting in 2015

Aggregation of MU Data

- EPs who worked at multiple practices/locations (affiliated or non-affiliated employers) that utilized CEHRT during the selected MU reporting period are responsible for obtaining, combining, and accurately reporting their MU data from all practices/locations

- The Confirmation of MU Aggregation Form can be found here: MU Aggregation Form

Common Issues

Common Issues

- Cannot access MAPIR
- Personnel changes
- CEHRT identification issues
- Problems because provider also works for someone else
- Obtaining information from other organizations
- Difficulties calculating patient volume threshold
- Filling out forms
- CEHRT reporting limitations

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Questions?

Helpful Links

- CMS 2015 Program Requirements page
- MeHI Medicaid EHR Incentive Program page
- MeHI 2015 Supporting Documentation Requirements Guide
- CMS Identity and Access Quick Reference Guide
- CMS Registration Guide
- CMS Registration and Attestation checklist
- Special Enrollment Checklist
- CMS EP Attestation Worksheet
- MAPIR User Guide
- MU Aggregation Form
- Certified Health IT Product List

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