

Medicaid Electronic Health Record (EHR) Incentive Program: Program Year 2015 Summary

Here are the major changes for program year 2015 made to the Electronic Health Record (EHR) Incentive Program in the final Meaningful Use Stage 3 Rule –

- All participants attesting to Meaningful Use are in Modified Stage 2 for program years 2015, 2016 and 2017 and will use a 90-day EHR reporting period.
- Meaningful Use Objectives were reduced to a single set of objectives and measures – 10 for Eligible Professionals (EPs) and 9 for Eligible Hospitals (EHs) – replacing CORE and MENU objectives used in previous years.
- For those who would have been in Stage 1 (either the 1st or 2nd year of Meaningful Use), additional options are included for some meaningful use measures – lower thresholds, alternate objectives, and/or alternate exclusions.
- The State Level Registry (SLR) will determine which stage and year of Meaningful Use each professional is in for Program Year 2015 based on previous attestations, and the corresponding set of measures will be presented.
- Missouri's State Level Registry (SLR) will accept attestations for program year 2015 starting in late April and continuing through the end of June.
- Providers must continue to use EHR technology certified to the 2014 Edition, and report meaningful use measures for a 90-day EHR reporting period during calendar year 2015.
- Clinical Quality Measures (CQM) selections and reporting continue as in previous years.

Required Documents for both Adopt, Implement & Upgrade (AIU) and Meaningful Use (MU):

- DCN report – to demonstrate that professionals meet the Medicaid volume threshold, attach a report that lists the DCNs (Department Client Number), dates of service and charge amounts for each professional's Medicaid patients. A description of the DCN report with examples is available, including for the group proxy method and an alternative for those unable to provide DCNs.
- EHR Contract and/or Vendor letter – to demonstrate the EHR system in use is a certified product, attach the EHR contract with terms and conditions, effective dates, product name and version, and signatures for both the vendor and provider organizations. Redacted versions are acceptable, as long as required information is included. If the clinic has upgraded its system since the original contract, include an EHR vendor letter with the version/system of certified EHR in use, installation date, and the ONC (Office of the National Coordinator for Health Information Technology) Certification Number, the

Certified Health Technology Product List (CHPL) number, or the CMS (Centers for Medicare and Medicaid Services) EHR Certification ID number.

- Direct Deposit Form – to receive electronic payments, include a direct deposit form and voided check or bank letter for the account. If the bank account is the same as used in the previous year, indicate that on the direct deposit form. If the banking information has changed, complete a new direct deposit form and submit a new voided check or bank letter.
- Attestation agreement – to complete the attestation, each professional must print, review, check the appropriate encounter box, sign and date the attestation agreement which summarizes information submitted in their SLR attestation.
- Federal Document – to assure that payee name and address is correct for the 1099 form, include one of the following documents: CP 575 or 147C Letter; 941 Employer’s Quarterly Federal Tax Return; 8109 Tax Coupon; or letter from the IRS with the Federal TIN and legal name. A W-9 form is not acceptable.

Additional Required Documents for Meaningful Use:

- A summary report of all Meaningful Use objectives generated from the CEHRT system in use for the EHR reporting period selected for 2015.
- A security risk analysis questionnaire (using ONC format or a similar format) that demonstrates an analysis was conducted or a review of the original analysis was done and additional steps were taken to reduce identified risks during 2015.
- A letter from Department of Health and Senior Services (DHSS) confirming “active engagement” with the State Public Health Agency, as reflected by registration of intent, testing and validation, successful ongoing reporting, or requirements for an exclusion for public health reporting during 2015. Contact Public Health at MOPHIE@health.mo.gov

New resources are posted on the [CMS EHR Incentive Programs website](#) to help eligible professionals, eligible hospitals, and critical access hospitals (CAHs) successfully participate in the Medicare and Medicaid EHR Incentive Programs in 2015:

- [Eligible Professionals and Eligible Hospitals/CAHs: What You Need to Know for 2015](#)
- [Overview of the EHR Incentive Programs in 2015-2017](#)
- [What’s Changed for the EHR Incentive Programs in 2015-2017](#)
- [Eligible Professionals and Eligible Hospitals/CAHs Attestation Worksheets](#)
- [Alternate Exclusions and Specifications Fact Sheet](#)
- [Eligible Professionals and Eligible Hospitals/CAHs Objectives and Measures Tables](#)
- [Eligible Professionals and Eligible Hospitals/CAHs Specification Sheets](#)