

March 3, 2016 Webinar
MO EHR Incentive Program Update
Questions & Answers

1. Do providers have to download a MU Summary from the site or attach one?

The State Level Registry (SLR) will require an attachment to support each provider's attestation for Meaningful Use. The document requested is the Meaningful Use Summary Report/s generated by the Certified EHR system in use by the provider during their 90-day EHR reporting period chosen for program year 2015.

Ideally, this report is from the certified EHR system, but other documentation may be used if a report is not available or the information entered differs from the report. Consistent with CMS guidance for supporting documentation, Missouri will accept other documentation, as described below.

Providers who use a source document other than a report from the certified EHR system to attest to meaningful use data should retain all documentation that demonstrates how the data was accumulated and calculated in the event of being selected for post payment audit.

2. The Medicare deadline for Eligible Professionals (EPs) is March 11th and the SLR doesn't open by that deadline, will the EPs be penalized for waiting to attest for Medicaid on the SLR?

March 11, 2016 is the deadline set by CMS for those attesting to the *Medicare* EHR Incentive program for Program Year 2015. Providers who attest to Missouri's *Medicaid* EHR incentive program for Program Year 2015 (after it opens in April) will not be subject to the Medicare penalty in 2017.

All providers who attest to Missouri's *Medicaid* EHR Incentive program for Program Year 2015 will be identified to CMS in October of this year, when all states submit a list of those who have attested to Meaningful Use. CMS will use lists from state *Medicaid* programs to identify providers that have attested to Meaningful Use for Program Year 2015 and are therefore not subject to the Medicare penalty, a reduction in Medicare payments, for calendar year 2017.

Two other options are available that allow providers to avoid the Medicare penalty – the Alternate Attestation Method and the Hardship Exception Application.

The Alternate Attestation Method allows providers that have previously attested to the *Medicaid* program, and who do not meet the *Medicaid* patient volume threshold (30% *Medicaid* patients) for Program Year 2015, to submit their Meaningful Use data directly to CMS on their attestation and registration site (link provided below). Those who elect to use this option must attest by March 11, 2016 to avoid the Medicare penalty for 2016 and 2017. There is no adverse impact to those who submit alternate attestations, and later determine that they can attest to the *Medicaid* program. The

provider does not receive an incentive payment for an alternate attestation and continues in the Medicaid program as if he/she skipped a year of participation.

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

The Hardship Exception application allows providers to apply due to vendor issues created by the timing of the CMS rule for Meaningful Use Stage 3 released in late 2015, and declare that they are unable to attest to meaningful use in Program Year 2015 under Section 2.2d. This application must be submitted to CMS by July 1, 2016 to avoid the Medicare penalty for 2017. Here are links to CMS FAQs on this subject (see FAQ 12845 and 14133), and the application instructions and form.

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/FAQ.html>

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

3. Immunization Registry Question: is anyone using Allscripts Professional EHR in production with the state immunization registry?

DHSS has some providers in production that use Allscripts to report immunization data. Providers that are using a certified system and are registered with DHSS will meet the active engagement requirement, and should contact DHSS for supporting documentation. DHSS assists providers and vendors resolve outstanding issues to move to production, though it may take some time depending on the status of test messages and queue for ongoing submission.

4. Hardship application form does not seem to be dynamic yet. Any idea when the application will be available in this format to submit electronically?

The Hardship Exception Application form is available now at the link above and must be submitted to CMS by July 1, 2016. Please see the response to Question 2.

5. Are there any websites available where I can access measures required by family dentists?

Dentists must meet the same eligibility requirements as other EPs in order to qualify for payments under the Medicaid EHR Incentive Program – this includes meaningful use measures. Several meaningful use objectives have alternate objectives and/or exclusions, depending upon the year of Meaningful Use attestation. EPs have to evaluate whether they meet the exclusion criteria for each applicable objective as there is no blanket exclusion by type of professional.

6. We have a new provider that will be attesting for program year 2016. Will this provider need a 90 day reporting period of the measures? If so will the SLR be

able to accept it by October 2016 to avoid Medicare penalties and receive the Medicaid incentive payments.

For Program Year 2016, first time participants can use an EHR reporting period of any 90-day period between January 1 and December 31, 2016. The SLR is expected to be available for Program Year 2016 before October 2016, either in July or August 2016.

- 7. We have received notification from CMS that 2 providers are incurring the Medicare 2% penalty for 2016 part b payments simply because we attested AIU for them in 2014 and couldn't attest them to a 90 day reporting period in 2015 because the SLR was unavailable. Ultimately this has forced us to stop attesting AIU in the first year. Do you agree with this?**

To avoid the Medicare penalty in 2016, providers had to demonstrate Meaningful Use in Program Year 2014. While the SLR has the capability to accept Meaningful Use attestations the first year a provider attests, historically most have not elected this option. To avoid the penalty for 2017, providers must attest to Meaningful Use for Program Year 2015.

- 8. Will we still have 90 days to complete attestations if the site does not become available until mid-April?**

At this time Missouri's State Level Registry (SLR) is approved to accept attestations for Program Year 2015 between April 1 and June 30 – at this time we anticipate the system being open mid-April, which would mean 75 days to complete attestations.

- 9. In regards to the patient electronic access measure, if the 50% volume is not met what should we do if we are in an area where a large portion of our patients don't have or care to provide email addresses for this.**

Several measures for Meaningful Use were changed in the final rule for Meaningful Use Stage 3, including patient electronic access – links to the tip sheet for Program Year 2015, and specific information for Patient Electronic Access measures and exclusions for EPs are below. The last link is for the broadband access exclusions tip sheet.

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015_NeedtoKnowEP.pdf

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_8PatientElectronicAccessObjective.pdf

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_BroadbandAccessExclusionsTipsheet.pdf

10. Does the Security Risk Analysis have to be completed within the 90 day measurement period chosen or just within the MU program year?

The Security Risk Analysis or annual review can be completed anytime during the full program year for 2015, between January 1 and December 31, 2015, and no later than the provider attestation date.

<https://questions.cms.gov/faq.php?isDept=0&search=10754&searchType=faqId&submitSearch=1&id=5005>

https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/securityriskassessment_factsheet_updated20131122.pdf

11. For general pediatricians, other than the immunization registry, on a practical level what other Public health Registries are available to report.

Most EPs are only eligible to report to the immunization registry. DHSS offers exclusions for the syndromic and cancer registry measures for those EPs that would not qualify to report, as is the case for a pediatrician. To get the necessary exclusions, send an email to the MOPHIE@health.mo.gov account.

12. Does year 1 allow a provider to attest for 90 days for Medicaid?

For Program Year 2016, 2017 and 2018 first time participants in the Medicaid EHR incentive program can use an EHR reporting period of any 90-day period within the corresponding calendar year, i.e., for Program Year 2016, this would be a 90-day period between January 1 and December 31, 2016.

13. If the EHR reporting period is a full year in 2016, how can the SLR be open in July of 2016, won't everyone have to wait until Jan 1, 2017 to report PY 2016?

For Program Year 2016 first time participants can use an EHR reporting period of any 90-day period between January 1 and December 31, 2016. All returning participants must use the full calendar year (January 1 – December 31, 2016) for their EHR reporting period. First time participants could begin attesting as soon as the SLR is open to accept attestations; returning participants would have to wait until January 1, 2017.

14. What is meant by reports created by EHR system? In the past crystal reports were used, is this still permissible?

Please see the response to Question 1.