

Medicaid EHR Incentive Program: Program Year 2017 Summary

Here are the major changes for program year 2017 based on the latest CMS Rules –

- Missouri’s State Level Registry (SLR) will be open for program year 2017 starting in late January 2018 and remain open through June 2018.
- All participants must attest to Meaningful Use; no attestations for AIU will be accepted in Program Year 2017 – providers that have previously attested for Year 1 can continue in Program Years 2017 through 2021.
- For Meaningful Use measures, participants have the option to choose either Modified Stage 2 or Stage 3 and will use a 90-day EHR reporting period between January 1 and December 31, 2017.
- The State Level Registry (SLR) will allow providers to select which stage of Meaningful Use they will attest to in Program Year 2017, and the corresponding set of measures will be presented.
- Meaningful Use objectives and measures for Modified Stage 2 remain at 10 for EPs and 9 for EHs, with no alternate exclusions available - changes were made to the measures calculations for Patient Electronic Access for both EPs and EHs, and Secure Messaging for EPs.
- Providers have the option to use EHR technology certified to either the 2014 Edition or the 2015 Edition, or a combination of systems to report meaningful use measures. Those attesting to Stage 3 must use the 2015 Edition or a combination of systems.
- CQM selections were modified to allow EPs to select 6 measures (reduced from 9) without regard to domain, while EHs remain at 16 measures – no changes were made to reporting period requirements.

Required Documents for volume, CEHRT, and payment:

- 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, ONC Certification Number, and/or CHPL number (CC#).

- 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.

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 2017.
- 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 2017.
- A letter from 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 2017. Contact Public Health at MOPHIE@health.mo.gov or call 573-751-6127.

Resources are posted on the CMS website to help eligible professionals, eligible hospitals, and critical access hospitals (CAHs) successfully participate in the Medicaid Electronic Health Record (EHR) Incentive Programs in 2017:

- <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2017ProgramRequirements.html>
- https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage2MedicaidModified_Require.html
- [Health Information Exchange Fact Sheet](#)
- [Security Risk Analysis Tip Sheet](#)

- [Patient Electronic Access Tip Sheet](#)
- [Medicaid Eligible Professionals: Public Health Reporting in 2017](#)
- [Medicaid Eligible Hospitals: Public Health Reporting in 2017](#)
- [Guide for Eligible Professionals Practicing in Multiple Locations](#)