



COLORADO MEDICAID EHR INCENTIVE PROGRAM

PROGRAM UPDATE



August 15, 2017

You're Invited: Tips to be Successful in 2017 – Medicaid Incentive Program, Meaningful Use and HIE

Free Breakfast Meeting

Attention Medicaid EHR Incentive Program participants: you are invited to an informative session to learn about the new attestation system and how you can use it to successfully attest in 2017. Over breakfast, we will show you how the system has changed from last year, tips on using it successfully, and important deadlines. We will also hear updates from CORHIO and the Colorado Department of Health Care Policy and Financing.

September 19, 2017 6:45-10:00 am

New location: Hilton Garden Inn Cherry Creek

600 South Colorado Blvd., Denver, CO 80246

Registration is required: Please go to: <http://www.corhio.org/calendars/events/98-tips-to-be-successful-in-2017--medicaid-incentive-program-meaningful-use-and-hie>

Frequently Asked Questions

In this section of the Medicaid EHR Incentive Program newsletter, we will be reviewing your frequently asked questions. If you would like your question considered for publication, contact the Medicaid EHR incentive coordinator at medicaidEHR@corhio.org.

Q: If Eligible Professionals (EP), Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) will not be able to attest to Program Year (PY) 2016 until fall 2017, will providers receive the Medicaid EHR Incentive Program payment in Calendar Year (CY) 2017 or CY 2018?

A: *The Medicaid EHR Incentive Program will open in the fall for 90 days and will accept attestations and make payments during that period. Program Year 2016 Medicaid EHR Incentive Program payments will be distributed into CY 2018 before payments are completed. The Department of Health Care Policy and Financing (the Department) is committed to working as quickly as possible, and appreciates providers' continued patience.*

Q: Have the workbooks been published for PY 2016 Medicaid EHR Incentive Program? If so, where can providers find them?

A: *Yes, PY 2016 Medicaid EHR Incentive Program workbooks are published on the CORHIO website for [EPs](#) and [EHs](#).*

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Q: Can the following types of insurance be included in calculating Medicaid patient volume for the Medicaid EHR Incentive Program: CHP+ (Child Health Plan Plus), Co Access (Colorado Access) and CHP State Managed Care Network?

A: *CHP+ is allowable only for PAs leading an FQHC/RHC (this calculation should still be included in the denominator). Co Access encounters can be included in determining Medicaid patient volume. CHP State Managed Care Network is similar to CHP+ and is allowable for PAs leading an FQHC/RHC only (this calculation should still be included in the denominator).*

Program Update

The Centers for Medicare and Medicaid Services (CMS) released the [Inpatient Prospective Payment System \(IPPS\) Final Rule August 2, 2017](#), confirming changes for EPs, EHs and CAHs participating in the Medicaid EHR Incentive Program. Following are notable changes.

Program Year 2017 Reporting Changes for Clinical Quality Measures

- The reporting period for CQMs for EPs was modified from a full CY to a minimum of a continuous 90-day period between January 1, 2017 and December 31, 2017. The changes from CMS have aligned specific CQMs available to EPs participating in the Medicaid EHR Incentive Program with those available to eligible clinicians reporting electronic CQMs through their electronic health record system (EHR) for the Merit-based Incentive Payment System (MIPS).
- The reporting period for CQMs for EHs and CAHs submitting electronically will be one self-selected quarter of CQM data between January 1, 2017 and December 31, 2017. If an eligible hospital or CAH is only participating in the EHR Incentive Program or is participating in both the EHR Incentive Program and the Hospital IQR Program, the EH or CAH will report on a minimum of four available CQMs.

Changes to Program Year 2018 for Eligible Hospitals and Critical Access Hospitals

- For EHs and CAHs reporting CQMs electronically that demonstrate Meaningful Use for the first time in 2018, or that have demonstrated it in any year prior to 2018, the reporting period will be one self-selected quarter of CQM data in CY 2018. For the Medicare EHR Incentive Program only, the submission period for reporting CQMs electronically will be the two months following the close of the calendar year, ending February 28, 2019.
- CQMs: For EHs and CAHs participating only in the EHR Incentive Program or is participating in both the EHR Incentive Program and the Hospital IQR Program, the EH or CAH will report at least four (self-selected) of the available CQMs.
- For EHs and CAHs that report CQMs by attestation under the Medicare EHR Incentive Program as a result of electronic reporting not being feasible, and for EHs and CAHs that report CQMs by attestation under their State's Medicaid EHR Incentive Program, they are required to report on all 16 available CQMs for the full CY 2018 (consisting of four quarterly data reporting periods). CMS also established an exception to this full-year reporting period for EHs and CAHs demonstrating Meaningful Use for the first time under their State's Medicaid EHR Incentive Program. Under this exception, the CQM reporting period is any continuous 90-day period within CY 2018.

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The Meaningful Use Program Year 2018 reporting period for the Medicaid EHR Incentive Program has been changed from a full calendar year to a minimum of any continuous 90-day period during CY 2018. CMS also changed guidelines allowing providers to use Certified Electronic Health Record technology (CEHRT) 2014 Edition, 2015 Edition CEHRT, or a combination of 2014 and 2015 Edition CEHRT for PY 2018.

Feature Article

The Department is aware that EPs, EHs and CAHs may experience difficulty in selecting eligibility dates for PY 2016 when preparing to attest to the Medicaid EHR Incentive Program. To assist in selecting dates, please use the guidance outlined in this article.

Eligible Providers are required to select a continuous 90-day period in calculating Medicaid patient volume, 30% for EPs and 20% for pediatricians for PY 2016.

The options for selecting a continuous 90-day period are below:

- A continuous 90-day period between January 1, 2015 to December 31, 2015 **OR**
- A continuous 90-day period 12-months preceding attestation date

When selecting the 90-day eligibility period, the day of attestation could prove to be a factor if the attestation is not submitted the same day when choosing the 12-month preceding option. If providers have not completed the attestation on the date selected on the CO Registration and Attestation website it will show an error and not allow complete submission of an attestation.

For example, if using the 12 months preceding option, and attesting on October 21, 2017 using a consecutive 90-day period between October 22, 2016 and October 21, 2017, the attestation will need to be completed on October 21, 2017 otherwise eligibility dates will need to reflect date of attestation completion in order to successfully submit the attestation.

In addition to using the information outlined above, the following points will also serve to guide EPs in selecting eligibility dates:

- EPs cannot reuse prior attestation eligibility dates
- Choose dates after previously used attestation eligibility dates
- PY 2016 is the last year to begin participation in the Medicaid EHR Incentive Program

Eligible Providers, EHs and CAHs need to choose eligibility dates wisely, as selection of dates can cause problems for providers in future program years. Due to the late opening of the CO Registration and Attestation (CO R&A) website for PY 2016, providers may find it difficult or impossible to find eligibility dates that will not affect future program years. The Department is aware of the difficulty providers may experience in finding a continuous 90-day period for Medicaid patient volume. If providers cannot find eligibility dates without adversely affecting future program years, or cannot find an eligibility period within the requirements due to late opening of the CO R&A for PY 2016, please contact the [Medicaid EHR Incentive Program Coordinator](#).

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Anticipated Timeline – Colorado Medicaid EHR Incentive Program

CO R&A System open for EPs to attest to 2016 Meaningful Use	Fall of 2017
CO R&A System open for EHs and CAHs to attest to 2016 Meaningful Use	TBD*

*Please remember to register for the Medicaid EHR Incentive Program at [CMS](http://www.cms.gov). Colorado EPs, EHs and CAHs will be able to create an account at the new State Level Registry once the state’s Registration and Attestation site becomes available. Continue to visit the [CORHIO](http://www.corhio.org) website for information.

If you know someone that would benefit from receiving this newsletter, send them the following link to subscribe: <http://www2.corhio.org/emailPreference/e/5402/307>

For questions regarding program requirements, eligibility and Meaningful Use, contact:

Medicaid EHR Incentive Program Coordinator
 Kelly Hernandez
 (720) 285-3232
MedicaidEHR@corhio.org

Medicaid Program Point of Contact and Partnerships

The Department of Healthcare Policy and Financing has partnered with CORHIO to provide program coordination and assist with provider communications and outreach regarding the Medicaid EHR Incentive Program. The Medicaid EHR Incentive Program Coordinator is the central point of contact for EPs, EHs, partners and other interested parties regarding requirements and processes. Inquiries concerning the Medicaid EHR Incentive Program can be sent to MedicaidEHR@corhio.org or by calling (720) 285-3232.