May 23, 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.

June 21, 6:45-9:30 am
Hilton Garden Inn
7675 E Union Ave
Denver, CO 80237

Registration is required: Please go to http://www2.corhio.org/l/5402/2012-09-25/h5817

Frequently Asked Questions

Q: When will the Colorado Registration and Attestation (CO R&A) site for Program Year (PY) 2016 open for the Medicaid EHR Incentive Program?

A: The state has not released any dates for opening of the CO R&A for PY 2016. Please keep reading the Medicaid EHR Incentive Program newsletter for any announcements.

Q: Can I begin the Medicaid EHR Incentive Program? I am a first-time participant.

A: Program Year 2016 is the last year to begin participation and you must have acquired certified electronic health record technology (CEHRT) before or between January 1, 2016 and December 31, 2016.

Program Updates

Providers Can Submit Comments on Proposed Changes to Electronic Health Record (EHR) Incentive Programs by June 13, 2017

The Centers for Medicare & Medicaid Services (CMS) issued the Fiscal Year 2018 Inpatient Prospective Payment System and Long Term Acute Care Hospital rule and it proposes some changes to the Medicare and Medicaid EHR Incentive Programs.

Here are some proposals you may submit comments on:

- For Calendar Year 2018, it is proposed to modify the EHR reporting period from the full calendar year to a minimum of any continuous 90-day period for new and returning participants in the Medicare and Medicaid EHR Incentive programs.
- Add an exemption from the Medicare payment adjustments for Eligible Professionals (EPs), Eligible Hospitals, and Critical Access Hospitals (CAHs) that demonstrate through an application process that are complying with Meaningful Use requirements but was not possible due to their certified EHR technology no longer certified under ONC's Health IT Certification Program.

The Proposed Rule will have specific instructions for submitting comments for each method, please only submit by one method.

The deadline to submit comments is June 13, 2017 by 5:00 p.m. ET. There are several ways to submit comments:

- Electronically
- By regular mail
- By express or overnight mail
- By hand or courier

New Tool for Clinicians to Determine Status in MIPS

The Centers for Medicare and Medicaid has released an interactive tool to help clinicians determine their status in the Merit-based Incentive Payment System (MIPS). The lookup tool can be found at the Quality Payment Program website. Once you have determined your status you will be provided information on if you should participate in MIPS and where to find resources.

Feature Article: Workbook Planning

While waiting for PY 2016 to open, you can start preparing by gathering information to effectively fill out the workbooks for Eligible Professionals (EPs) and Eligible Hospitals (EHs). These workbooks will assist you in determining what information to gather prior to attestation to help with program requirements.

The Medicaid Verification Workbook, also known as the "De-identified List," Eligibility Workbook and Group Eligibility Workbook are required for group EPs and are recommended for individual EPs. The Group Eligibility Workbook will be required for upload in PDF format only into the CO Registration and Attestation website for providers establishing patient volume eligibility as a group. All other workbooks will not be uploaded during attestation but will be required if the EP is selected for audit and should be included in audit folders. The workbooks must be converted to a PDF before uploading into the CO Registration and Attestation website.

If EP or Group eligibility volume cannot be verified by the Department, an EP or Group may be required to submit a de-identified list upon request. Please do not include any Protected Health Information in these workbooks. The information you need to have available to complete your workbooks is as follows:

- Medicaid client ID
- Professional license number
- Licensing board name
- List of Colorado Medicaid Managed Care Organizations
- A representative 90-day period, within the prior Calendar Year or preceding 12-month period from the date of attestation, to determine eligibility to participate in the program. Providers may need to work with their billing department to find a suitable representative period. Remember to not use duplicate date ranges used in prior years' attestation. EPs must meet the required 30% patient volume threshold and pediatricians must meet the required 20% patient volume threshold.
- Patient encounters within 90-day representative period include fee-for-service, Medicaid HMO and zero-pay encounters whether the claim was submitted to or denied by Medicaid. The patient must have been enrolled in Medicaid during the representative period.
- If an EP practices in multiple states and would like patient volumes for other states to count toward determining Medicaid eligibility, gather both Medicaid encounters and total encounters for each state (only bordering states can be calculated toward eligibility).
- Patient panel encounters - If an EP plans to use panel encounter to determine eligibility, gather the information stated above.
- Encounter types - Colorado Medicaid (submitted to Medicaid), $0 pay (not submitted to Medicaid), MCOs, Global Billing, and Capitated Payments will be required for the completion of the de-identified list.

For Eligible Hospitals, please consider the required information below before beginning your attestation:

1. For Year 1 attestations: Complete the EH Eligibility Incentive Calculation Workbook
2. For Year 2 and Year 3 attestations: Complete the EH Eligibility Workbook

In addition to the information mentioned above, EHs should also collect the following information for attestation:

- Hospital name, location and CMS certification number (CCN)
- Choose a representative 90-day period within the prior Federal fiscal year (Oct 1 - Sept 30) or preceding 12-month period prior to the attestation date to determine the hospital's eligibility to participate in the program
- Patient encounters within 90-day representative period (Nursery, Swing Beds, Psych, Rehab and Observation should be excluded). For Medicaid encounters, please include fee-for-service, Medicaid HMO, NICU, zero-pay inpatient discharges and ER visits. Total encounters should include all acute care inpatient discharges and ER visits.
- Medicaid patient encounters from other states that are being including to establish eligibility/payments (only bordering states can be calculated toward eligibility)
- Most current cost report
- Three years prior discharge data (for first-year attestation only)
- Total Medicaid inpatient days
- Total Medicaid HMO days
- Total hospital charges - all hospital discharges
- Total charges - charity care
- Total inpatient bed days

Gathering data to complete the workbooks can be a lengthy process for providers and getting a head start will benefit everyone involved. The workbooks will be published to the CORHIO website soon; please keep reading this newsletter for more updates.

Anticipated Timeline – Colorado Medicaid EHR Incentive Program

CO R&A System open for EPs to attest to 2016 Meaningful Use	TBD*
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. Colorado EPs will be able to register for the Colorado Medicaid Incentive Program once the state's site becomes available. Continue to visit the CORHIO 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 Finance 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.