

PROGRAM UPDATE



March 20, 2017

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Frequently Asked Questions

In this new 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: Will the Colorado Registration and Attestation website have functionality for program year 2016 to attest to a consecutive 90-day period **or** a full-year reporting?

A: *Yes, the Colorado Registration and Attestation website will have the option to report for a consecutive 90-days or a full calendar year. All stages are accepting a 90-day reporting period however; you may choose to attest to a full year.*

Q: I am an eligible professional wanting to switch to Medicare but am currently registered for the Medicaid EHR Incentive Program. Can I switch to Medicare?

A: *If you have participated in the Medicaid EHR Incentive Program and received an incentive payment, you cannot switch programs. The time to switch programs was before 2015.*

Q: I have not obtained or contracted with an electronic health record system (EHR) yet. Am I eligible for the Medicaid EHR Incentive Program?

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A: No, if you have not contracted with a certified EHR on or before December 31, 2016, you are not able to participate in the Medicaid EHR Incentive Program. Program year 2016 is the last year to begin participation. For more detailed information, please follow link below.

<https://questions.cms.gov/faq.php?id=5005&faqId=2791>

Program Update

This section of the newsletter will keep you up-to-date on any programmatic issues or changes within the Colorado Medicaid EHR Incentive Program.

Colorado will be launching a new Registration and Attestation system for the Medicaid EHR Incentive Program for program year (PY) 2016. The past CO Registration and Attestation website (<http://co.arraincentive.com/>) is no longer available for eligible professionals (EPs), eligible hospitals (EHs) and Critical Access Hospitals (CAHs). The state will continue to give updates on more information as it becomes available. Please be aware that any new registrations at CMS will be pending state validation until the new state level registry (SLR) has been established. We apologize for any confusion or inconvenience this may cause.

During the SLR transition period, if you are looking for past attestation information, please log on to the [Center for Medicare and Medicaid \(CMS\) Registration and Attestation website](#).

As you can see in the image below, you can click on the status bar to find information on what program you are registered with, past attestation information and incentive payment information. To better understand the attestation process, please reference the Medicare attestation [user guide](#).

Status Information

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

- Your MEDICARE EHR Incentive Program registration was successfully submitted on 04/06/2016.
- Your MEDICARE EHR Incentive Program attestation was successfully submitted on 06/07/2016 for Calendar year 2016.

For additional information on your registration, attestation(s), and payment(s), please select the appropriate tab.

Registration Information Attestation Information Payment Information

Your MEDICARE EHR Incentive Program registration was originally created on 04/06/2016. Your MEDICARE registration was last updated on 06/07/2016.

Incentive Type	Registration Status	Status Reason	Explanation
MEDICARE	Medicare: Active	Medicare - Successfully registered in the EHR Incentive Program	

Registration ID: _____ **Business Address:** _____
Payee Name: _____ **Phone #:** _____ **Ext:** _____
Payee TIN: _____ **E-Mail:** _____
Payee NPI: _____ **Contractor ID:** _____
EHR Certification Indicators: Yes **FI/Carrier/MAC:** _____
EHR Certification Number: A014E01FUNT2EA1
Eligible Professional Type: Doctor of Medicine or Osteopathy
Current Hospital Based Status: _____
Deemed Hospital Based in 2015: No
Hospital Based Percentage in 2015: 0%

Tax Identifier: _____
NPI: _____
Registration Status: _____
Medicare: Active
Attestation Status: Passed

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Additional Information

Program year 2016 is the final year to begin participation in the Medicaid EHR Incentive Program and payments will continue through PY 2021. Participants who begin the Medicaid EHR Incentive Program for PY 2016 include first time attestors who Adopt, Implement or Upgrade an Electronic Health Record and returning EPs, EHs and CAHs attesting to Meaningful Use.

Focus on a Measure

In this section, EPs and EHs will find information relating to objectives and measures required to meet Meaningful Use. The following paragraphs describe the immunization reporting option for modified stage 2 and stage 3 due to changes for Public Health Registry reporting.

Colorado Immunization Information System (CIIS) Registry Reporting for Modified Stage 2

MEASURE: The EP, EH or CAH must demonstrate active engagement with a public health agency to submit immunization data. Active engagement is defined by CMS with these three options:

1. Completed registration to submit data (registration completed with CDPHE for CIIS) - please follow link to register with [CIIS](#).
2. Testing and validation (EP is actively working with CDPHE on data transfer to CIIS but in testing and validation mode).
3. Production: Production data refers to data generated through clinical processes involving patient care, and is used to distinguish between data and “test data” which may be submitted for the purposes of enrolling in and testing electronic data transfers. (For example, an EP is currently sending immunization data from their EHR via a direct interface to CIIS or through an interface to CIIS using a Health Information Exchange (HIE) such as CORHIO. Currently this is a uni-directional exchange only.

Please review the specification sheet from CMS for modified stage 2 [EP](#) and [EH](#) for definitions of Active Engagement options.

Exclusions:

Measure 1 Exclusions: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:

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- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

No alternate exclusions are available for modified stage 2 for measure 1.

Public Health and Clinical Data Registry Reporting Measure 1 for Stage 3

(Note the Objective name change from Registry Reporting for Modified Stage 2 to Public Health and Clinical Data Registry Reporting for Stage 3)

EPs, EHs and CAHs can meet this measure without an immunization registry interface to CIIS. The EPs, EHs and CAHs can meet this measure by interfacing their EHR directly to two other public health registries. This measure states that an EP, EH or CAH must demonstrate active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Exclusions Stage 3

Measure 1: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:

- Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.

What This Means in Colorado

The Colorado Immunization Information System (CIIS) has the means to support a bi-directional exchange between CIIS and your electronic health record system (EHR). There are several phases, including preparation and implementation, which need to be completed before this is possible. This [link](#) will give you further details on the process.

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“[CIIS declared readiness](#) for Stage 3 requirements, but you may need to wait for the functionality to be available within your EHR,” states Kim Gulliver, Interoperability Coordinator for Colorado Immunization Information System. “They will be the best resources to give you a timeline of when they will be ready to meet all Stage 3 requirements.”

Please review the specification sheet from CMS for stage 3 [EP](#) and [EH](#) Public Health and Clinical Data Registry Reporting.

The End of Medicare EHR Incentive Program—What does that mean for Medicaid Providers?

2017 will be a year of transition as CMS concludes the Medicare EHR Incentive Program and Merit-based Incentive Payment System (MIPS) begins. With new information coming out daily, it can be challenging to keep up. Below are a few noteworthy points of interest.

- EPs that participate in the Medicaid EHR Incentive Program AND also bill Medicare AND meet MIPS requirements will be required to participate in MIPS. Therefore, EPs will receive a Medicaid incentive payment and be subject to a positive or negative payment adjustment on Medicare Part B charges.
- If a provider is dually eligible for both programs and does not submit to MIPS for 2017, a negative payment adjustment on Medicare Part B allowable charges will be assessed in 2019.
- There are three exclusions from MIPS eligibility.
 1. Clinician’s first year of participation in Medicare
 2. Participation in an advanced alternative payment model
 3. Meeting the low volume threshold for Medicare billing charges (under \$30,000) and Medicare patient volume (under 100 patients)

This transition can be both confusing and frustrating. We ask that you please refer to the [Quality Payment Program](#) site for detailed information on eligibility requirements, resources and tools.

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*

*Business as usual, please remember to register for the Medicaid EHR Incentive Program at [CMS](#). The state will continue to give more information as it becomes available.

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



COLORADO MEDICAID EHR INCENTIVE PROGRAM

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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 (the Department) 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 will be the central point of contact for EPs, EOs, partners and other interested parties on requirements and processes. Inquiries regarding the Medicaid EHR Incentive Program can be sent to MedicaidEHR@corhio.org or 720.285.3232.