

PROGRAM UPDATE



May 16, 2018

Pre- and Post-Payment Tips

To ensure appropriate and transparent payments to Medicaid EHR Incentive Program participants, the Department of Health Care Policy and Financing (the Department) completes pre-payment review and post-payment auditing activities. All Medicaid EHR Incentive Program attestations are reviewed prior to payment but only a percentage are audited post payment. The Department contracts with Myers and Stauffer LC (MSLC) to perform pre-payment reviews and post-payment audits. We offer the following recommendations for a successful review process:

- **Expect to be reviewed.** Every Eligible Professional (EP) or Eligible Hospital (EH) that attests will be subject to review before payment is made (the pre-payment review) and a random selection of EPs and EHs will be subject to an extended review after payment is received (the post-payment review).
- **Retain your documentation.** All documentation used during the attestation process should be retained for a minimum of six years from the date of attestation in preparation for post-payment review. It is much easier to generate patient encounters and screenshots of measures at the time of attestation rather than attempting to retrieve them in the event of an audit.
- **Know what documentation should be submitted.** All documentation submitted should be for the appropriate eligibility and reporting periods. The documentation submitted should be legible and complete.
- **Ensure you are HIPAA-compliant.** To ensure you are sending documentation to MSLC in a secure, HIPAA-compliant manner, use the following suggestions.
 - Establish a secure file transfer protocol account
 - Utilize a secure email server
 - Encrypt and password-protect electronic files on a storage device

Please contact MSLC (infosubmit@mslc.com) if you have questions regarding the appropriate transmission of protected health information. Please note that during the pre-payment review, all requested documentation should be uploaded to your attestation in the Colorado Registration and Attestation System (MAPIR).

EHR Incentive Program Name Change

The Centers for Medicare and Medicaid Services (CMS) has renamed the EHR Incentive Programs to the Promoting Interoperability (PI) Programs. The purpose of the name change is to emphasize CMS's goal of interoperability of healthcare data. Effective immediately, CMS materials and webpages now refer to PI Programs in place of EHR Incentive Programs. *Although CMS has renamed the EHR Incentive Programs, Colorado will continue to use the name Medicaid EHR Incentive*

Reaching Your Full Incentive Potential: Program Year 2017 Educational Breakfast Meeting

June 19, 6:45-10:00 am
Denver Tech Center

This free event is sponsored by the Colorado Department of Health Care Policy and Financing.

See page 4 of this newsletter for details



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Program until further notice. Please note that the name change does **not** merge or combine the MIPS program with the Medicaid EHR Incentive Program.

The Department understands the name change may be confusing and is working with CMS to align program terminology and minimize confusion. Until alignment strategy is complete, communications and materials from CORHIO and the Department will continue to use the Medicaid EHR Incentive Program terminology.

Program Year 2017- What is New and Where do I Begin?

With the closing of Program Year (PY) 2016, providers should begin to prepare for the next program year.

Returning participants and first-time Meaningful Use (MU) participants in PY 2017 will have an Electronic Health Record (EHR) reporting period of a minimum of any continuous 90 days between January 1 and December 31, 2017. Below we will outline what participants can expect in the different stages of MU.

Stage 3: Colorado participants now have the option for PY 2017 to select MU Stage 3. If the participant selects MU Stage 3, they must select a 90-day reporting period and have a 2015 Edition Certified Electronic Health Record Technology (CEHRT) or a combination of 2014 Edition and 2015 Edition CEHRT. If using a combination of 2014 Edition and 2015 Edition CEHRT, the combination must support the functionalities, objectives and measures for MU Stage 3.

Modified Stage 2: EPs, EHs, and CAHs have the option to attest to the Modified Stage 2 objectives and measures using the 2014 Edition CEHRT, 2015 Edition CEHRT or a combination of the two for PY 2017.

Clinical Quality Measures (CQMs): In preparation for CQM reporting, it is best to understand the CQM requirements beforehand. To find out the reporting period and how many CQMs need to be submitted, please see the information below.

Reporting Period EPs: A minimum of a continuous 90-day period during Calendar Year (CY) 2017.

Reporting Period EHs and CAHs: For EHs and CAHs reporting CQMs electronically, the reporting period will be one self-selected quarter of CQM data in CY 2017. If **not** reporting CQMs electronically, the reporting period is the full CY 2017. The exception will be for first-time Meaningful Users who may report a continuous 90-days period or one self-selected quarter of CQM data in CY 2017.

Number of CQMs/eCQMs for Hospital Reporting: If an EH or CAH is reporting CQMs electronically (eCQMs) and is only participating in the Medicaid EHR Incentive Program or participating in both the Medicaid EHR Incentive Program and the Hospital Inpatient Quality Reporting Program, the EH or CAH must report on at least four (self-selected) of the available eCQMs. If a hospital is not reporting eCQMs, the EHs or CAHs must report on 16 CQMs and will no longer be required to cover three of the National Quality Strategy (NQS) domains.

How to select CQMs: EPs must report on six CQMs that are relevant to the EP's scope of practice from any of the NQS domains.

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Hospital Inpatient Prospective Payment Systems (IPPS) Proposed Rule

CMS has released the Fiscal Year 2019 Hospital IPPS proposed rule (the Proposed Rule). CMS intends for the Proposed Rule to promote interoperability and reduced clinician burden by:

- Eliminating some hospital measures
- Reducing the eCQM reporting period for CY 2019
- Making PI reporting period a minimum of any continuous 90-day period for CY 2019 and CY 2020

CMS is accepting comments until 5:00 p.m. on June 25, 2018. If you would like to submit comments, please direct them to the following:

- *Electronically:* <http://www.regulations.gov>
- *Mail:* Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1694-P
P.O. Box 8011
Baltimore, MD 21244-1850

You may find the IPPS proposed rule here: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-08705.pdf>.

Save Time by Using the Medicaid EHR Incentive Program Checklists!

Program Year (PY) 2017 checklists are now available on the CORHIO website for EPs, EHs and CAHs. The checklists show participants what information you need for registration and attestation. They also provide resources that may be utilized during the attestation process.

Save precious time and begin preparing for PY 2017 by taking 30 minutes each week leading up to PY 2017 opening this summer to review the checklist and collect necessary information for attestation. To access these checklists, please click on the links below. If you have questions regarding these checklists, contact the Medicaid EHR Incentive Program Coordinator at medicaidEHR@corhio.org.

- [EP PY 2017 Attestation Checklist](#)
- [EH PY 2017 Attestation Checklist](#)



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Reaching Your Full Incentive Potential: Program Year 2017 Educational Breakfast Meeting

You are invited to an informative session to learn how to successfully attest and earn incentives in 2018. Over breakfast, we will show you how the Medicaid EHR Incentive Program attestation system has changed from last year, provide important deadlines and educate you on the new objective regarding CEHRT and Information Blocking. There will be informative sessions to help you participate in the Quality Payment Program and phase 2 of the Accountable Care Collaborative Program in Colorado. You will also hear updates from CORHIO and the Colorado Department of Health Care Policy and Financing.

Date: June 19 from 6:45-10 a.m.

Location: the Hilton Garden Inn Denver Tech Center

Event limited to 120 registrants. No vendors or recruiters will be admitted.

To register: <http://www2.corhio.org/l/5402/2012-09-25/h57zw>

Agenda:

6:45 -7:15 am – Registration and Breakfast

7:15 - 7:45 am – Update from the Colorado Department of Health Care Policy and Financing

7:45 - 8:45 am – Medicaid EHR Incentive Program – How to Successfully Attest for Program Year 2017

8:45 - 9:00 am – Quality Payment Program – Are you eligible?

9:00 – 9:20 am – Health Information Exchange Update

9:20-9:40 am – Accountable Care Collaborative Update

9:40-10:00 am – Wrap Up

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 Health Care 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.