



COLORADO MEDICAID EHR INCENTIVE PROGRAM

PROGRAM UPDATE



April 19, 2017

You're Invited: Tips to be Successful in 2017 – Medicaid Incentive Program, MACRA 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: Do eligible professionals (EPs) need to report Clinical Quality Measures (CQMs) for the Medicaid EHR Incentive Program?

A: Yes, to attest for Meaningful Use, EPs must include nine CQMs from three different strategy domains as required in previous program years. [More information from CMS on CQMs.](#)

Q: Are the Medicaid encounter thresholds for EPs the same as for eligible hospitals (EHs)?

A: No, the Medicaid encounter threshold for EPs is 30% (20% for pediatricians) opposed to EH requirement of 10% Medicaid encounters.

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Eligible professionals often fail to differentiate between Reporting Period and Representative Period. The Electronic Health Record (EHR) Reporting Period is the timeframe for which EHR Meaningful Use data is being reported – a continuous 90-day period in the first year of Meaningful Use (MU) and for all returning participants (previously attested to MU in prior program years) in program years (PY) 2016 and 2017. The Representative Period is the timeframe in which EPs will need to prove 30% Medicaid Patient Volume (20% for pediatricians).

In the midst of confusion regarding the Hospital Outpatient Prospective Payment System (OPPS) [Final Rule](#) published by CMS, many participants have wondered about the differences between reporting periods for PY 2016 and PY 2017. These differences are detailed below:

EHR Reporting Period for PY 2016

Returning participants to the Medicaid EHR Incentive Program and first time MU participants in calendar year (CY) 2016 will have an EHR reporting period of a minimum of any continuous 90-days between January 1 and December 31, 2016.

EHR Reporting Period for PY 2017

Returning participants to the Medicaid EHR Incentive Program and first time MU participants in CY 2017 will have an EHR reporting period of a minimum of any continuous 90-days between January 1 and December 31, 2017.

Keep in mind, 2016 Modified Stage 2 requirements allow for alternate exclusions and the 2017 Modified Stage 2 requirements do not allow for alternate exclusions.

Focus on a Measure

Often Clinical Quality Measures (CQMs) are overlooked compared to MU objectives and are a requirement to successfully demonstrate MU and attest to the Medicaid EHR Incentive Program. Historically, the reporting periods for objectives and CQMs coincided with each other, but this will change. CQMs fall into one of six National Quality Strategy (NQS) domains. EPs are required to report on nine CQMs that cover at least three NQS domains and EHs are required to report on 16 CQMs that cover at least three NQS domains.

CQM Reporting Periods for CY 2016

Medicaid EPs, EHs and CAHs who are attesting to their State Medicaid EHR Incentive program AND are first-time MU attestors in PY 2016 will have a reporting period for CQMs as any continuous 90-day period within CY 2016.

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CQM Reporting Periods for CY 2017

Starting in CY 2017, EPs, EHs and Critical Access Hospitals (CAHs) that are returning MU participants (providers who have attested to MU in a prior Program Year), will have a CQM reporting period of one full calendar year.

However, Medicaid EPs, Medicaid-only EHs (EHs that are not dually eligible), and CAHs who are attesting with their State Medicaid EHR Incentive programs AND are first-time MU participants in CY 2017 have different requirements. The reporting period for CQMs would be any continuous 90-day period within CY 2017. The 90-day CQM reporting period may differ from the dates of the 90-day MU objective reporting period for Medicaid incentive payment.

Flexibility Reporting CQMs Using 2014 or 2015 Edition Certified EHR Technology

For CY 2017, providers may electronically report CQMs using the updated version of [electronic Clinical Quality Measures](#) (eCQMs), or submit their attestation of CQMs using either EHR technology certified to the 2014 Edition or 2015 Edition.

Feature Article: Simple Steps in Creating an Audit Binder for Each Program Year

In the Medicaid EHR Incentive Program, pre- and post-payment audits are a normal practice and being prepared will help tremendously in the process. Myers and Stauffer LC, is contracted to assist the Colorado Department of Health Care Policy and Financing (HCPF) by performing pre-payment and post-payment reviews. Please make sure that you review any communication you receive from HCPF or Myers and Stauffer after you've submitted your attestation or even after an incentive payment has been issued.

The suggestions below will help EPs gather the proper information, all in one place, for future reference in the event of a pre- or post-payment audit. Some items to retain in your binder that may be requested by the auditors could include, but are not limited to:

- Detailed paper or electronic patient lists that support eligibility (include both the Medicaid encounter volume and total encounter volume for the time period selected)
- For PY 2016 and going forward, HCPF has determined that the Eligibility Workbook and Group Eligibility Workbook **will** be required for upload into the Colorado Registration and Attestation System during attestation. The workbooks will be posted on the CORHIO website (www.corhio.org) once they are available.
- The Medicaid Eligibility Verification De-Identified List **will** be required for either EPs or groups (these materials can be accessed on the CORHIO website this May)
- EHR-generated MU reports to validate attestation data (numerators, denominators, yes/no measures) for all Meaningful Use objectives and CQMs for MU Attestations
- Additional documentation (such as a screenshot) to support the functionalities for any measures which require a "Yes" attestation or exclusion (examples-clinical decision support and Drug/Drug-Drug/allergy)
- Documentation supporting the completion or yearly review of the Security Risk Assessment
- Signed Attestation Agreement

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We recommend that you do **not** rely on the State Level Registry/CO Registration and Attestation website to have past attestation information available for reference. It is best practice to expect an audit. EPs, EHs and CAHs are responsible for maintaining all documents and not having the proper documentation could result in a recoupment of payment. Workbooks will be required for upload via the Registration and Attestation website. If you do not comply, it will be requested by the auditors. It is strongly recommended to know what measures, exclusions and alternate exclusions were included in the attestations for each program year.

To prepare, participants are encouraged to gather the above information in a binder/notebook for easy access in the event of an audit. Please note these suggestions will not prevent an audit nor will it cover all information needed for pre- and post-payment audits. All participating EPs, EHs and CAHs are subject to audit up to six years post-payment for each program year a payment is received.

Please refer to the [CMS](#) website for more information on audits.

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 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.