

PROGRAM UPDATE

November 8, 2018

Program Year 2017 Lessons Learned

Congratulations to all the practices, providers and hospitals that successfully attested to Program Year 2017! The system is now closed for attestations and we are looking forward to preparing for Program Year 2018.

To that end, we want to remind you that assistance is always available to you via phone or email. If you need guidance on program requirements or help attesting to the Medicaid EHR Incentive Program, please contact the Medicaid EHR Incentive Program Coordinator at MedicaidEHR@corhio.org.

With the PY 2018 reporting period now underway, below are some tips to keep in mind to help you be successful in the upcoming program year. We recommend you hold on to this information and refer it when attesting.

Reporting Clinical Quality Measures (CQMs)

When reporting CQMs, domains are no longer a requirement. Although eliminating domain requirements allowed participants more flexibility in selecting CQMs, it did create confusion because previous program years required domain selections when categorizing CQMs. This program year there will be no domain selection but please make sure that prior to attesting, to check with your Electronic Health Record (EHR) vendor on which CQMs your system supports.

Payee Address

Inside the MAPIR system (also known as the Colorado Registration and Attestation system), your payee address must match where you want your payment sent.

- The payee information such as address, Tax Identification Number (TIN) and National Provider Identifier (NPI) must match what is listed at CMS and interChange (iC - Medicaid claims system). If the payee address is wrong inside MAPIR, you must fix the discrepancy before submitting your attestation. The following link will guide you to a quick reference guide to help participants make necessary changes within iC:
<https://www.colorado.gov/pacific/sites/default/files/Provider%20Maintenance%20021318.pdf>

Use the following User Guides to help participants update registration information at CMS.

- User Guide for EPs: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf

Preparing for Program Year 2018

The information below will help you better prepare for PY 2018.

- Update your registration at CMS and confirm the registration was approved by the Department.
- Check that logins and passwords are working and accessible to staff members delegated to attest on behalf of participants.
- Update payee addresses at CMS and iC (see links mentioned in this newsletter).
- Review and double check requirements for PY 2018 on the [CMS](#) and [CORHIO](#) websites.
- Take screenshots within the calendar year you are attesting to understand what stages you have the option to attest to.

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- User Guide for EHs: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRHospital_RegistrationUserGuide.pdf

Reporting Period

Please remember, your reporting period does not have to match your eligibility period.

- The reporting period (part reporting objectives and CQMs) is often confused with eligibility period (part of patient volume). As a reminder, the two periods do *not* need to match. The reporting period must be within the calendar year participants are attesting to. For example, a PY 2018 reporting period needs to be within calendar year 2018.

Location Information Relating to Patient Volume

Select each yes/no radio button that corresponds with the location used for patient volume.

- All locations will be listed for participants to select 'yes' or 'no' in the MAPIR system for patient volume. The MAPIR system will not allow participants to move forward if *all* radio buttons are not selected with either a yes or no.

Attestation Timing

Waiting until the closing day to attest can cause participants to miss the deadline and not receive incentive payments. All updates or changes to address or payee information can take several days to complete.

Listed below are some of the reasons why participants need to attest earlier rather than later.

- CMS changes take 24-48 hours
 - Any updates, such as address or payee changes, will take 24-48 hours to be processed.
 - Some participants did not ensure their registration at CMS was approved by the state. If the registration is not approved by the state, there could be a problem with mis-matched information from CMS to the iC and this issue could take an undetermined amount of time to resolve.
- Login issues
 - The number one reason why participants/delegates/admins were not able to login to attest was because of a lost User ID or Password. Although it is the participants/organizations responsibility to securely keep User IDs or Passwords many were lost, and it took some time to recover the information and, in some cases, participants never knew an account needed to be made.
- Address changes within iC
 - The MAPIR system is designed to pay the incentive payment to the payee listed in the system (payee address is listed before the electronic signature in MAPIR). If the MAPIR system has the wrong payee address listed, making changes in the iC can take several days process.
- System Delays
 - Many participants can be locked out of an account after several failed login in attempts.
 - Connectivity issues can occur due to a poor internet connection and waiting until the last day to attest will not help solve this issue.
 - Any possible error that can occur in the MAPIR system may take hours or days to fix.

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The Department encourages all participants to start an attestation within the first two weeks of the opening of the program year. If all participants follow the practice of logging in to the MAPIR early, many delays in attesting can be fixed before the closing of the program year.

Stages Available for Program Year 2018

Participants have the option to attest to Meaningful Use (MU) with modified stage 2 or stage 3 requirements. The following stages are the only stage options available to participants for PY 2018. Please check with your EHR vendor to find out which stage your Certified EHR Technology (CEHRT) can support.

Modified Stage 2

- Eligible Professionals (EPs), Eligible Hospitals (EHs) and Critical Access Hospitals (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 2018.

Stage 3

- Colorado participants have the option for PY 2018 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 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.

New Requirements for 2018

With a new program year comes new requirements that participants must follow to attest to MU successfully.

Returning participants and first-time MU participants in PY 2018 will have an EHR reporting period of a minimum of any continuous 90-days between January 1 and December 31, 2018.

Clinical Quality Measures

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 full Calendar Year (CY) 2018

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 2018. 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 2018.

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.



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If a hospital is not reporting eQMs, 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.

Incentive Payments

Now that Program Year 2017 is closed, many participants are anticipating their final determination. Please look for communications from the Department, Meyers & Stauffer and/or CORHIO. Participants need to be diligent and check for email communications and do not forget to check junk and clutter folders as some communications are time sensitive.

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.