October 14, 2019

Program Update

Congratulations to all the participants who successfully attested to Program Year 2018! The Department of Health Care Policy and Financing (the Department) has paid over $7,000,000 to eligible professionals (EPs) and $52,000 to eligible hospitals (EHs). We are pleased to report that 165 participants have reached payment year 6 and received their last and final incentive payment in the Medicaid EHR Incentive Program. Thank you for your hard work and dedication in helping Colorado achieve interoperability.

Program Year 2018 Lessons Learned

With Program Year (PY) 2019 approaching, here are some tips to ensure your success in the upcoming program year. We recommend referring to this information when attesting.

Clinical Quality Measure Reporting

The reporting period for Clinical Quality Measures (CQMs) had many participants wondering which is correct — a continuous 90-days or a full calendar year (365 days)? Although the CQM reporting period for PY 2018 and PY 2019 was and will be a full calendar year (CY), many participants forgot to upload two dashboard reports for documentation. A dashboard report is required for the continuous 90-day period for Meaningful Use (MU) and an additional dashboard report is required for the full calendar year (365 days) of CQM data. It is important to upload correct documentation to minimize any delays in the attestation process.

Payee Mistakes

Inside the MAPIR system (also known as the Colorado Registration and Attestation system), some participants don't realize that the payee address must match where participants want their payment sent. 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 interChange (iC) or with the Centers for Medicare and Medicaid Services (CMS) can take several days to process. All discrepancies must be fixed before submitting the attestation.

This link will guide you to a quick reference guide to help participants make necessary changes within iC.

Although the payee address is important to update in iC, don't forget all other pertinent information must be current and up to date such as license, location changes, email addresses and provider affiliations.

Keep in mind when changing any information such as payee address, Tax Identification Number (TIN), email address and payee National Provider Identifier (NPI), all of these must match what is listed at the CMS registration for participants. This User Guide will help participants update registration information at CMS.

Whenever you make any changes to your registration at CMS, please confirm the registration was approved by the Department. CMS changes generally take 24-48 hours to process. If the registration is not approved by the Department, 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. We recommend that you check that logins and passwords are working and accessible to staff members delegated to attest on behalf of providers. All passwords expire in the Medicaid portal every 60 days and require an email communication to be sent out before passwords can be updated.

Please keep in mind 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 us at MedicaidEHR@corhio.org.

Provider Type Tips for Pediatricians

The Medicaid EHR Incentive Program allows for Pediatricians to meet a 20% threshold for patient volume eligibility instead of the 30% threshold that other provider types are required to meet. Many Pediatrician clinics employ other provider types beside a Physician/Doctor such as Nurse Practitioners (NPs) and Physician Assistants (PAs).

The only provider type allowed to meet the 20% patient volume eligibility threshold is a medical doctor who holds a board certification in Pediatrics from the American Board of Pediatrics or Physician or a medical doctor who provides greater than 50% of services to patients who are 18 years of age or younger. If a NP or a PA want to meet eligibility requirements but work in a Pediatrician's office, they must meet the 30% patient volume threshold for a continuous 90-day period.

Provider Enrollment Bulletin

We also wanted to remind you that there is a Provider Enrollment Bulletin provided by the Department. The bulletin goes out monthly and will always have the most current information relevant to providers such as claims information, reprocessing, code updates, rate increases, audits and all information regarding the new Colorado NPI House Bill.

Please follow this link to sign up to receive the provider Enrollment Bulletin.

New PY 2019 check list, Stage 3 overview sheet, workbooks and tip sheets will be published on the CORHIO website soon. Please watch for email blasts to participants on resources for PY 2019 including open and close dates.

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.