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SUBJECT Medical Assistance Electronic Health Record (EHR) Incentive Program Year 2013 for Eligible Professionals (EP)	BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purposes of this Medical Assistance (MA) Bulletin (bulletin) are to inform eligible professionals of:

- the Medicaid Electronic Health Record (EHR) Incentive Program changes to Stage 1 Meaningful Use (MU) and Stage 2 MU;
- participation requirements that are effective for attestations submitted for Program Year 2013; and
- how these requirements relate to Payment Years 1, 2, and 3.

SCOPE:

This bulletin applies to professionals eligible for participation in the EHR Incentive Program. Eligible professionals include physicians, dentists, pediatricians, nurse practitioners, certified nurse midwives, and physician assistants who practice predominately in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is so led by a physician assistant. All eligible professionals must be enrolled in the Pennsylvania MA Program.

BACKGROUND:

On December 2, 2011, the MA Program issued MA Bulletin 08-11-56 titled “Medical Assistance Electronic Health Record (EHR) Incentive Program Year 2 for Eligible Professionals”, to inform healthcare professionals about the Medicaid EHR Incentive Program Year 2012 registration, attestation, and MU requirements and how these requirements relate to Payment Year 1 and Payment Year 2.

The goal of the EHR Incentive Program is to promote the adoption and MU of federally certified EHR systems within the healthcare system. Please refer to MA Bulletin 08-11-07 for more information on program eligibility requirements. Program Year 2013 provides changes to patient volume calculations. For specifics on the new patient volume requirements, see the

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

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Visit the Office of Medical Assistance Programs Web site at
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

link titled Medicaid Changes to Patient Volume Calculations in the attachment section of this bulletin.

DISCUSSION:

Pennsylvania's EHR Incentive Program began on June 6, 2011, and runs through December 31, 2021. Eligible professionals can receive up to six payments throughout the duration of the Program. The EHR Incentive Program has two timeframes that are used in the administration of the Program; program year and payment year. The program year is used to define timeframes for submission of data used to determine eligibility. The program year for eligible professionals is the calendar year. Program Year 2012, the second program year, ended on December 31, 2012. Program Year 2013, the third program year, began on January 1, 2013.

Payment year refers to the number of payments that have been made to an eligible professional. Payment Year 1 is the first year an eligible professional successfully attests and receives an incentive payment, and other payment years following suit, regardless of what program year is in effect. Eligible professionals can participate in Program Year 2012, Payment Year 1 or Payment Year 2 through March 30, 2013. This 90-day period from the official end of Program Year 2012 is considered the "grace period". Payment Years 2 – 6 are the subsequent payment years in which eligible professionals can receive incentive payments. Payment years do not have to be consecutive.

Eligible professionals will need to register with the Centers for Medicare & Medicaid Services (CMS) Registration and Attestation (R&A) if they are registering for their first payment year or if any of the information they submitted to the R&A has changed for their second payment year. Please refer to MA Bulletin 08-11-07 and/or the CMS R&A information link in the attachment section of this bulletin for more information on program registration and attestation.

Eligible professionals that are applying for their second payment year, or subsequent payment years, must apply directly at the PROMISe™ Provider Portal. Please refer to the PROMISe™ Provider Portal link in the attachment section of this bulletin for further information on applying for the EHR Incentive Program payment using the PROMISe™ Provider Portal.

Eligible professionals will need to attest that they are using federally certified EHR technology in ways that can be measured significantly in quality and in quantity. Dependent on Final Rule updates, the criteria for MU will be staged in three steps. Stage 1 sets the baseline for electronic data capture and information sharing. There will be three separate areas of MU that eligible professionals must attest to for Stage 1 MU: Core Measures, Menu Measures, and Clinical Quality Measures (description found in MA Bulletin 08-11-56).

Beginning with Program Year 2013 there will be changes to Stage 1 MU objectives, measures, and exclusions for eligible professionals (see Stage 1 Changes Tipsheet in attachment). The changes to Stage 1 will not be available in the Medical Assistance Provider Incentive Repository (MAPIR) until April 1, 2013. If an eligible professional would prefer to use

the Stage 1 changed objectives, measures, and exclusions, they should wait to attest to MU until April 1, 2013.

Other Stage 1 MU changes will not take effect until Program Year 2014. Beginning with Program Year 2014 for Stage 1 or Stage 2 MU, eligible professionals will no longer be permitted to count an exclusion toward the minimum number of menu objectives on which they must report if there are other menu objectives which they can select. See Stage 2 requirements below:

- Core Measures: Must meet requirements for all 17 measures.
- Menu Measures: Must meet requirements for 3 of 6 Measures.
- Clinical Quality Measures (CQMs): Must report on 9 of the 64 clinical quality measures. Providers must select CQMs from at least 3 of the 6 key health care policy domains recommended by the Department of Health and Human Services' National Quality Strategy.

Please note that CMS MU requirements are the same for both Medicaid and Medicare. For additional information on this subject, please refer to the corresponding CMS MU link in the attachment section of this bulletin.

The earliest that eligible professionals will attest to Stage 2 MU is Program Year 2014. All eligible professionals regardless of their stage of MU are only required to demonstrate MU for a 90-day EHR reporting period in Program Year 2014.

Stage 3 MU is yet to be defined.

PROCEDURES AND DATES:

All eligible professionals:

- Are allowed to receive only one payment per program year.
- Can only meet Stage 1 criteria of MU for 2 years before moving to Stage 2.

Eligible professionals that have not received a payment:

- Eligible professionals that did not apply for a Program Year 2012 incentive payment by December 31, 2012, may participate in Program Year 2012 during the attestation grace period (January 1, 2013 to March 30, 2013). If an eligible professional is applying after December 31, 2012, the eligible professional should select the appropriate radio button associated with Program Year 2012 in the MAPIR application if their intention is to apply for Program Year 2012.

- Eligible professionals will be able to apply for the EHR Incentive Program Year 2013/ Payment Year 1 incentive payment starting January 1, 2013 for Adopt, Implement, or Upgrade (AIU) only. The eligible professional should select the appropriate radio button associated with Program Year 2013 in the MAPIR application if they are applying for Program Year 2013.

Eligible professionals that are applying for a second payment:

- If the eligible professional attested to AIU in their first payment year, they must attest to MU for all subsequent payments.
- If the eligible professional is attesting to a 90 day EHR reporting period for program year 2013 the earliest they could apply is April 1, 2013. If the eligible professional is attesting to a full year EHR reporting period for program year 2013, the earliest they could apply is January 1, 2014.

Eligible professionals that are applying for a third payment:

- Eligible professionals attesting to a full year EHR reporting period for Program Year 2013 can apply January 1, 2014.

Eligible professionals paid by Medicare:

- Eligible professionals may switch between the Medicare and Medicaid Programs one time after an EHR incentive payment is received.
- If an eligible professional opts for a one-time switch between Medicare and Medicaid and was paid in Program Year 2011 or Program Year 2012 by Medicare, the eligible professional must attest to a full year EHR reporting period for Program Year 2013, respectively. The earliest date an eligible professional could attest would be January 1, 2014.

ATTACHMENTS:

Medicaid Changes to Patient Volume Calculations:

http://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/stage_2.html

CMS Registration and Attestation Information:

https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp#TopOfPage

PROMISe™ Provider Portal

<https://promise.dpw.state.pa.us/>

Stage 1 Changes Tipsheet:

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1ChangesTipsheet.pdf>

CMS MU Information:

https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage

CMS MU Attestation Calculator:

<http://www.cms.gov/apps/ehr/>

Eligible Professional Timeline:

www.pamahealthit.org/