



ISSUE DATE February 1, 2013	EFFECTIVE DATE October 1, 2012	NUMBER 01-13-10
SUBJECT Medical Assistance Electronic Health Record (EHR) Incentive Program Year 2013 for Eligible Hospitals (EH)		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this Medical Assistance (MA) Bulletin (bulletin) is to inform hospitals about the Medicaid Electronic Health Record (EHR) Incentive Program and Program Year 2013 registration, attestation, and Meaningful Use (MU) requirements process and how these requirements relate to Payment Year 1 and subsequent payment years. This bulletin will also discuss changes to MU (MU Stage 2).

SCOPE:

This bulletin applies to all inpatient acute care hospitals, including critical access hospitals (CAHs) and children’s hospitals, eligible for participation in the EHR Incentive Program that are enrolled in the Pennsylvania MA Program.

BACKGROUND:

On December 2, 2011, the MA Program issued MA Bulletin 01-11-54, titled “Medical Assistance Electronic Health Record (EHR) Incentive Program Year 2012 for Eligible Hospitals (EH)” to inform hospitals about the application process involving 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 certified EHR systems within the healthcare system. Please refer to MA Bulletin 01-11-05 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 link titled Medicaid Changes to Patient Volume Calculations in the attachment section of this bulletin.

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>

DISCUSSION:

Pennsylvania's EHR Incentive Program launched on June 6, 2011 and runs through September 30, 2021 for eligible hospitals. Although eligible hospitals can receive payments in any year from federal fiscal year 2011 to federal fiscal year 2021, the last year an eligible hospital can begin to receive a Medicaid Incentive Program payment is federal fiscal year 2016.

As discussed in MA Bulletin 01-11-54, 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 second program year ended on September 30, 2012. Program Year 2013 began October 1, 2012, and runs through September 30, 2013 for all eligible hospitals.

Payment year defines the number of payments that have been made to an eligible hospital. Payment Year 1 is the first year an eligible hospital receives an incentive payment, regardless of what program year is in effect.

Eligible hospitals only 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 in their second payment year changed. Please refer to MA Bulletin 01-11-05 and/or the CMS R&A link in the attachment section of this bulletin for more information on Program registration and attestation.

Eligible hospitals (i.e. a children's hospital) that are applying only for Medicaid must apply directly through 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 hospitals 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 developed in three stages.

Stage 1 sets the baseline for electronic data capture and information sharing (See MA Bulletin 01-11-54). There will be three areas of MU that eligible hospitals must attest to; Core Measures, Menu Measures, and Clinical Quality Measures.

Beginning with Program Year 2013, there will be changes to Stage 1 objectives, measures, and exclusions for eligible hospitals (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 the eligible hospital (i.e. a children's hospital) would

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

Eligible hospitals will not need to attest to Stage 2 MU until Program Year 2014, which begins Federal Fiscal Year 2014 (Stage 2 measures described below). In Program year 2014 all eligible hospitals regardless of their stage of MU are only required to demonstrate MU for a 90-day EHR reporting period.

- Core Measures: Must meet requirements for all 16 Measures.
- Menu Measures: Must meet requirements for 3 of 6 Measures.
- Clinical Quality Measures (CQMs): Must report on 16 of the 29 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.

Stage 3 MU is yet to be defined.

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.

PROCEDURES AND DATES:

Medicaid only hospitals (i.e. a children's hospital) that have not received a payment:

- Eligible hospitals will be able to apply for the EHR Incentive Program Year 2013/Payment Year 1 starting October 1, 2012 for Adopt, Implement or Upgrade (AIU) only. The eligible hospital should select Program Year 2013 in the MAPIR application if they are applying for Program Year 2013.

Medicaid only hospitals (i.e. a children's hospital) that are applying for a second payment or third payment:

- If eligible hospitals attested to AIU in their first payment year, they must attest to MU for all subsequent payments.
- Eligible hospitals will be able to apply for Program Year 2013/Payment Year 2 incentive payment beginning December 31, 2012 by attesting to a 90-day EHR reporting period within Federal fiscal year 2013.

- Eligible hospitals will be able to apply for a Program Year 2013/Payment Year 3 incentive payment by attesting to a full federal fiscal year EHR reporting period beginning on 10/1/2013.

Dually eligible hospitals (acute care hospital including critical access hospitals) that have not received a payment:

- Eligible hospitals that did not apply for a Program Year 2012 incentive payment may apply for AIU and MU in the same fiscal year. However, they must attest to AIU through Medicaid prior to attesting to 90 days of MU through the Medicare program at the CMS R & A.

Dually eligible hospitals (acute care hospitals including critical access hospitals) that have only received (or will receive) a payment from Medicaid for AIU:

- The eligible hospital must attest to their Program Year 2013 90-day EHR reporting period through the Medicare program at the CMS R&A first.

Dually eligible hospitals (acute care hospitals including critical access hospitals) that have received (or will receive) a payment from Medicare for a 90-day EHR reporting period:

- If the eligible hospital attested through the CMS Medicare Program for a 90-day EHR reporting period in Program Year 2012, they will need to complete a full federal fiscal year reporting period and attest to Medicare at the CMS R&A in Program Year 2013.
- If the eligible hospital attested through the CMS Medicare Program for a full federal fiscal year EHR reporting period Program Year 2012, they will need to complete a full federal fiscal year EHR reporting period and attest to Medicare at the CMS R&A for Program Year 2013.

ATTACHMENTS:

Medicaid Changes to Patient Volume Calculations:

<https://questions.cms.gov/faq.php?id=5005&faqId=7535>

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/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

CMS Meaningful Use Attestation Calculator:

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

Eligible Hospital Timeline:

www.pamahealthit.org/