

2015-2017 Modification Rule Webinar

Date: 11/18/2015

Welcome



pennsylvania
DEPARTMENT OF HUMAN SERVICES

WELCOME

- ❖ Pre-Payment Documentation
- ❖ Revalidation
- ❖ Program Year 2016
- ❖ 2015-2017 Modification Rule
 - ❖ Overview of Changes & Requirements
 - ❖ Public Health Objective
 - ❖ Timeline
- ❖ MAPIR Screenshots
- ❖ Stage 3 Comments
- ❖ Q&A



Pre-Payment Documentation

- Documentation required pre-payment – Prior to Nov 1, 2015
 - CEHRT Validation
 - Patient Volume – with some exceptions
 - Meaningful Use – depending on the application
- Documentation required pre-payment now
 - CEHRT Validation
 - Patient Volume – will be on an as-needed basis
 - Meaningful Use
 - All Numerical
 - Non-Numerical (Clinical Decision Support, Patient List (de-identified), and Public Health Measures (if an exclusion is taken))
 - Clinical Quality Measures



DHS Revalidation Process

- Important Reminder: In accordance with the federally mandated changes resulting from the Affordable Care Act, the Department of Human Services (DHS) must revalidate all providers at least every five years; therefore, all providers (including all associated service locations - 13 digits) who enrolled on or before March 25, 2011 must revalidate their enrollment information no later than March 24, 2016.
- This may be accomplished by completing a new enrollment application including all revalidation requirements which may be found on the DHS home page under Provider Enrollment Applications on the right-hand side
http://www.dhs.state.pa.us/provider/promise/enrollmentinformation/S_001994

- Please send in your application(s) as soon as possible to ensure they are processed timely with no interruption in your participation with DHS or our partnered managed care plans.
- Providers who enrolled after March 25, 2011, will need to revalidate their enrollment information every five (5) years based on their initial date of enrollment and should check their revalidation date by logging into the provider portal for each service location at the following copy this link into your browser: <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>

- **Procedure:**
- Providers can determine their next re-enrollment/revalidation deadline by logging into the provider portal at www.promise.dhs.state.pa.us. for each service location. The re-enrollment/revalidation date will be displayed in the masthead of the provider portal for each service location.
- Prior to completing an application for participation for re-enrollment, or revalidation in the MA Program, providers should review enrollment requirements to determine which provider type they are eligible to enroll under in order to participate in the Medical Assistance Program.
- Applicants must complete the latest version of the PROMISE™ Provider Enrollment Application, including all required accompanying supplemental documentation.

DHS Revalidation Process (cont.)



- Providers may view enrollment requirements and applications by accessing the following website link:
<http://www.dhs.state.pa.us/provider/promise/enrollmentinformation/index.htm> or by calling the MA Provider Enrollment toll free number at 1-800-537-8862.
- Providers can submit their MA application in one of 3 ways, unless otherwise specified in the application instructions:

Email: Ra-ProvApp@pa.gov

Fax: 717-265-8284

Mail: DPW/OMAP/BFFSP
Attention: Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045

- Please allow adequate time for application processing and screening (at least 60-90 days) in meeting the March 24, 2016 and subsequent revalidation enrollment deadlines.
- Once a completed application has been submitted, the Department will conduct the required screening. Providers must undergo the revalidation/re-enrollment process at least every five (5) years.
- **NOTE:** Failure to complete your revalidation process prior to the deadline of March 24, 2016 will cause your PROMISe™ account to be closed. If your PROMISe™ account is closed, any current or new MAPIR applications will be stopped until the PROMISe™ account is reinstated.



Program Year 2016

- As you are aware, Program Year 2014 was the last year EPs or EHS could 'begin' their participation in the Medicare EHR Incentive program.
- For the Medicaid EHR Incentive Program, Program Year 2016 is the last year EPs or EHS will be able to attest for the very first year.
- As long as a provider attests for the first time in Program Year 2016, the provider would still have the opportunity to receive all 6 payments or could still skip years and just not receive all 6 payments



pennsylvania
DEPARTMENT OF HUMAN SERVICES

2015-2017 Modification Rule



- ❖ Overview of Changes & Requirements
- ❖ Public Health Objective
- ❖ Timeline

2015-2017 Modification Rule



- Explanation of Stage 1 and Stage 2 with new 2015 – 2017 Modification Rule
- This presentation will focus on the changes required for Program Year 2015 applications
- Next section includes slides from a CMS presentation regarding the 2015 – 2017 Modification Rule

Goals of MU Modifications

- Change the Medicare and Medicaid EHR Incentive program reporting period to a 90-day period to align with the calendar year (CY) in 2015 and a full calendar-year reporting period, starting in 2016, in order to be synchronized with Stage 3 reporting period.
- Streamline the program by condensing the core and menu Objectives structure into a single set of Objectives and composite Measures. This will be done by removing reporting requirements, which have become redundant, duplicate, or topped-out through advancements in EHR functions and provider performance for Stages 1 and 2 of the program.
- Modify the patient action measures in Stage 2 Objectives related to patient engagement.
- Improve outcomes for patients through health information exchange enabled by advancements in Health Information Technology (HIT).

Summary of MU Modifications: EHR Reporting period

- Beginning in 2015, Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) will change their reporting period from the fiscal year (FY) to the calendar year (CY) in order to align with the provision in the Stage 3 proposed rule.
- For 2015, EHs/CAHs (regardless of their prior participation in the program) are to attest to an EHR reporting period of any continuous 90-day period within the period beginning October 1, 2014 to December 31, 2015.
- Medicaid Providers attesting to MU for the 1st time in 2016 or 2017 can attest to an EHR reporting period of any continuous 90-day period within the calendar year.
- All returning MU providers would use an EHR reporting period of a full calendar year from January 1, 2016 through December 31, 2016.
- Providers opting to attest to Stage 3 in 2017 can use a reporting of any 90-day period within the reporting year.

Summary of MU Modifications: MU Objectives and Measures

- Stage 1 & 2 Core and menu objectives structure broken down into a single set of mandatory objectives, with a reduced number of objectives.
- In addition, there are changes to individual Objectives and Measures for Stage 2 of MU to improve patient engagement, as follows:
 - Changing the threshold from the Stage 2 Objective for Patient Electronic Access Measure number 2 from “5 percent” to “equal to or greater than 1” in 2015 and 2016. However, the threshold changes back to 5% in 2017.
 - Changing the threshold from the Stage 2 Objective Secure Electronic Messaging from being a percentage-based measure, to yes-no measure stating the “functionality fully enabled”.

Summary of MU Modifications: MU Objectives and Measures

- Consolidating all Public Health reporting objectives into one objective with measure options:
 - 3 measures for Eligible Professionals (EPs) with an option to report a combination of 2 measures
 - 4 measures for Eligible Hospitals (EHs) with an option to report a combination of 3 measures.

Medicaid MU Path

The chart below illustrates the Medicaid MU path providers must follow from Stage 1 through Stage 3, depending on the year they began participating.

Program Year	2011	2012	2013	2014	2015	2016	2017	2018
2011	AIU	1	1	1 or 2*	2*	2*	2* or 3	3
2012		AIU	1	1 or 2*	2*	2*	2* or 3	3
2013			AIU	1*	2*	2*	2* or 3	3
2014				AIU	2*	2*	2* or 3	3
2015					AIU	2*	2* or 3	3
2016						AIU	2* or 3	3

STAGE OF MEANINGFUL USE CRITERIA BY PROGRAM YEAR

* The Modifications to Stage 2 include alternate exclusions and specifications for certain Objectives and measures for providers that were scheduled to demonstrate Stage 1 of MU in 2015.

Discontinued Objectives

The core and menu objectives in Stage 1 and 2 were evaluated to determine if they should be modified for the EHR Incentive program, beginning in 2015 and subsequent years. Objectives under the following criteria were discontinued;

- **Redundant:** Objectives where a viable health Information Technology (IT)-based solution could replace paper actions (e.g. Clinical Summary).
- **Duplicative:** Objectives where some aspect is also captured in the course of meeting another objective or measure (e.g. Recording Vital Signs).
- **Topped out:** Measures that have achieved widespread adoption at a high rate of performance and no longer represent a basis upon which provider performance may be differentiated (e.g. Smoking Status).

Although the individual reporting of these objectives were discontinued, many are still conducted through other retained objectives.

Providers are highly encouraged to continue to conduct these activities as best suits their practice and patient population preferences because of their value.

Discontinued Objectives and Measures - EPs

Provider Type	Objectives and Measures
Eligible Professionals	Record Demographics
	Record Vital Signs
	Record Smoking Status
	Clinical Summaries
	Structured Lab Results
	Patient List
	Patient Reminders
	Summary of Care
	Measure 1 - Any Method
	Measure 3 - Test
	Electronic Notes
	Imaging Results
	Family Health History

Discontinued Objectives and Measures - EHs

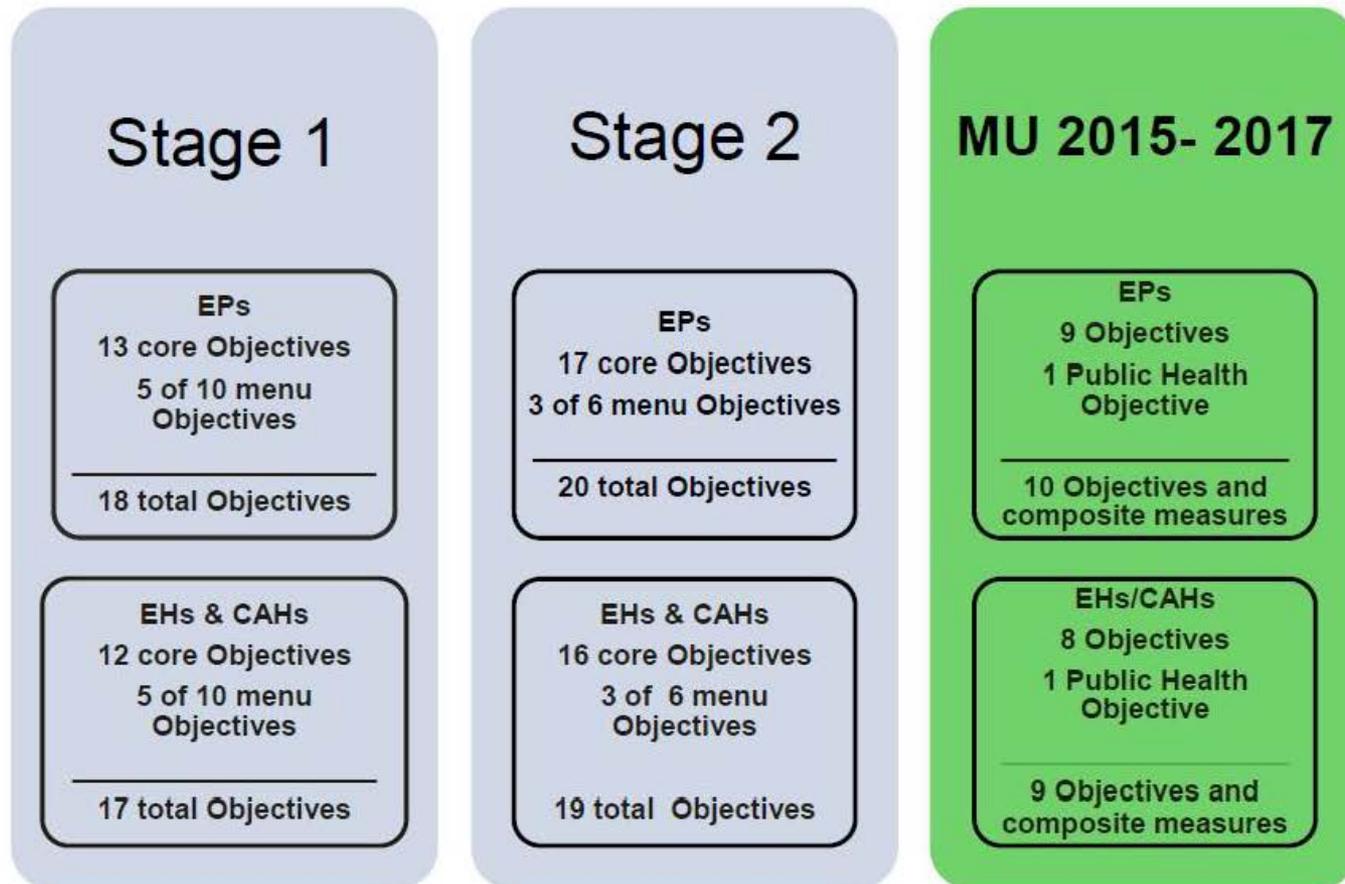
Provider Type	Objectives and Measures
Eligible Hospitals/CAH	Record Demographics
	Record Vital Signs
	Record Smoking Status
	Structured Lab Results
	Patient List
	Summary of Care
	Measure 1 - Any Method
	Measure 3 - Test
	Electronic Medication Administration Record (eMAR)
	Advanced Directives
	Electronic Notes
	Imaging Results
	Family Health History
Structure Labs to Ambulatory Providers	

Medicaid Stage 2 MU Requirements Changes

- Pre-2015 Stage 1 and 2 Medicaid MU requirements consist of the following:
 - Core Objectives: Eligible providers must meet each core objective or meet an exclusion criteria.
 - Menu Objectives: Eligible providers must select and meet three menu objectives.
- Meaningful Use Objectives and Measures for 2015 through 2017:
 - Objectives: Eligible providers must meet each objective or alternate exclusions and specifications.
 - Single Public Health Objective with multiple Measures.



Changes to the Core and Menu Objectives



Stage 2 Meaningful Use: Objectives for EPs

Eligible Professionals – (EPs must meet *all* Objectives.)

- 1 **CPOE: Use a computerized physician order entry (CPOE) for more than 60% of medication, 30% of laboratory, and 30% of radiology orders**
 - **Measure 1:** *More than 60% of medication orders created by the EP or by authorized providers of the EH's or CAH's inpatient or emergency department during the EHR reporting period are recorded using CPOE.*

Stage 2 Meaningful Use: Objectives for EPs

Eligible Professionals – (EPs must meet *all* Objectives.)

- 1 **CPOE: Use a CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology orders**
- **Measure 2:** *More than 30% of laboratory orders created by the EP or by authorized providers of the EH's or CAH's inpatient or emergency department during the EHR reporting period are recorded using CPOE.*
 - **Measure 3:** *More than 30% of radiology orders created by the EP or by authorized providers of the EH's or CAH's inpatient or emergency department during the EHR reporting period are recorded using CPOE.*

Stage 2 Meaningful Use: Objectives for EPs

Eligible Professionals – (EPs must meet *all* Objectives.)

- 1 **Alternate Exclusion & Measure:** *For a provider scheduled to demonstrate Stage 1 in 2015 only.*
 - **Alternate Measure 1:** *More than 30% of all unique patients with at least one medication in their medication list during the EHR reporting period have at least one medication order entered using CPOE, or more than 30% of medication order created are recorded using CPOE.*
 - **Alternate Exclusion for Measure 2:** *Provider scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 of the Stage 2 CPOE objective for an EHR reporting period in 2015 and 2016.*
 - **Alternate Exclusion for Measure 3:** *Provider scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 of the Stage 2 CPOE objective for an EHR reporting period in 2015 and 2016.*

Stage 2 Meaningful Use: Objectives for EPs

Eligible Professionals – (EPs must meet *all* Objectives.)

2 **Electronic Prescribing (eRx): Generate and transmit permissible prescriptions electronically**

- *More than 50% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.*

Alternate Exclusion & Measure:

If the provider is scheduled to demonstrate Stage 1 in 2015 only:

Alternate EP Measure: *More than 40% of all permissible prescriptions written by the EP are transmitted electronically using Certified EHR Technology.*

Stage 2 Meaningful Use: Objectives for EPs

Eligible Professionals – (EPs must meet *all* Objectives.)

- 3 **Clinical Decision Support: Use Clinical Decision Support to improve performance on high-priority health conditions**
- *Implement five clinical decision support interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire EHR reporting period.*
 - *Enable and implement the functionality for drug-drug and drug allergy interaction checks.*

Alternate Exclusion & Measure: *For a provider scheduled to demonstrate Stage 1 in 2015:*

- **Alternate Measure 1: Implement** *one clinical decision support rule relevant to specialty or high clinical priority , along with the ability to track compliance with the rule.*
- **Alternate Measure 2:** *Implement one clinical decision support rule.*

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet *all* Objectives)

- 4 **Patient Electronic Access (View, Download, or Transmit - VDT): Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.**
- **Measure 1:** *More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.*

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet *all* Objectives)

- 4 **Patient Electronic Access (VDT): Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.**
- **Measure 2** - *For 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or their authorized representatives) views, downloads, or transmits his or her health information to a third party.*
 - **Measure 2** - *For 2017, more than 5% of unique patients seen by the EP during the EHR reporting (or their authorized representatives) views, downloads, or transmits his or her health information to a third party.*

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet *all* Objectives)

- 4 **Patient Electronic Access (VDT):** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

Alternate Exclusion & Measure: *Any EP who -*

- (a) Neither orders nor creates any of the information listed for inclusion as part of the measures; or*
- (b) Conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability, according to the latest information available from the Federal Communications Commission (FCC) on the first day of the EHR reporting period.*
 - Provider may also claim exclusion if he or she was scheduled to demonstrate Stage 1 in 2015 because it does not have an equivalent measure.*

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet *all* Objectives)

- 5 **Protect electronic health information created or maintained by CEHRT through the implementation of appropriate technical capabilities.**
- *Conduct or review security analysis and incorporate in risk management process (implement security updates as necessary and correct identified Security deficiencies).*

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet *all* Objectives)

6 **Patient Specific Education: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.**

- *Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.*

Alternate Exclusion & Measure:

For 2015, Providers may claim exclusion for the for Stage 2 measure if they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective.

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet *all* Objectives)

- 7 **Medication Reconciliation: EP who receives a patient from another setting of care or provider of care, or believes an encounter is relevant, should perform medication reconciliation.**
- *The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.*

Alternate Exclusion & Measure:

For 2015, Providers may claim exclusion for Stage 2 objective if they were scheduled to demonstrate Stage 1 but did not intend to select Stage 1 Medication Reconciliation menu objective.

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet *all* Objectives)

- 8 **Health Information Exchange: Provide summary of care document for more than 10% of transitions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with the CMS-designated test EHR during the reporting period.**
- *Provider would be required to electronically create the summary of care record using CEHRT and transmit the summary of care record electronically.*

Alternate Exclusion & Measure:

For 2015, Providers may claim exclusion for measure 2 of Stage 2 if they were scheduled to demonstrate Stage 1 because it does not have an equivalent measure.

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet all core Objectives.)

- 9 **Secure Electronic Messaging - Use secure electronic messaging to communicate with patients on relevant health information**
- *For 2015 - The capability for patients to send and receive a secure electronic message with the provider was fully enabled.*
 - *For 2016 - At least 1 Patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or patient authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative) during the EHR reporting period.*

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet *all* core Objectives.)

- 9 **Secure Electronic Messaging- Use secure electronic messaging to communicate with patients on relevant health information**
- *For 2017 - For more than 5% of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.*

Alternate Exclusion:

Providers can claim an exclusion if they were scheduled in 2015 to demonstrate Stage 1, which does not have an equivalent measure.

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet *all* core Objectives.)

- 10 **Public Health: The EP is in active engagement with a Public Health Agency (PHA) or Clinical Data Registry (CDR) to submit electronic public health data in a meaningful way using CEHRT, except where prohibited and in accordance with applicable law and practice**
- **Measure 1** —*Immunization Registry (IR) Reporting*: The EP is in active engagement with a PHA to submit immunization data.
 - **Measure 2** —*Syndromic Surveillance Reporting*: The EP is in active engagement with a PHA to submit syndromic surveillance data.

Stage 2 Meaningful Use: Objectives for EPs (continued)

Eligible Professionals – (EPs must meet *all* core Objectives.)

- 10 **Public Health: The EP is in active engagement with a PHA or CDR to submit electronic public health data in a meaningful way using CEHRT, except where prohibited and in accordance with applicable law and practice**
- **Measure 3 - Specialized Registry Reporting:** The EP is in active engagement to submit data to a specialized registry.

- *Stage 1 EPs must meet at least 1 measure in 2015*
- *Stage 2 EPs must meet at least 2 measures in 2015, and*
- *All EPs must meet at least 2 measures in 2016 and 2017*

Public Health Reporting

In line with the efforts to streamline the EHR Incentive program and support flexibility for Providers, Public Health core and menu Objectives were consolidated into a single Objective with multiple measure options for 2015 – 2017 MU.

- The current reporting requirement stipulates that a provider is in “active engagement” with a Public Health Agency (PHA) or Clinical Data Registry (CDR), as opposed to “ongoing submission of test data requirement.”
- Active engagement means that a provider is in the process of moving towards sending “production data” (data generated through actual clinical process involving patient care) to a PHA or CDR.

Public Health Reporting – Active Engagement Options 1 and 2 (of 3)

Active Engagement may be demonstrated by any of the following:

- **Active Engagement Option 1 - Completed Registration to Submit Data:** The EP, EH or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, EH, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.
- **Active Engagement Option 2 - Testing and Validation:** The EP, EH, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR, within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

Public Health Reporting – Active Engagement Option 3 (of 3)

Active Engagement may be demonstrated by any of the following:

- **Active Engagement Option 3** - The EP, EH, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Active engagement requirements are similar with Stage 1 and 2 requirements. The change in definition is intended to better capture the activities a provider conducts in order to engage with a PHA or CDR.

Any prior action taken to meet the non-consolidated public health reporting objectives of MU Stages 1 and 2 would count toward meeting the active engagement requirement of this objective.

Public Health Reporting - Measures

- **Measure 1 – Immunization Registry Reporting:** The EP, EH, or CAH is in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).
- **Measure 2– Syndromic Surveillance Reporting:** The EP, EH or CAH is in active engagement with a PHA to submit syndromic surveillance data from a non-urgent care ambulatory setting where the jurisdiction accepts syndromic data from such settings, and the standards are clearly defined for EPs, or an emergency or urgent care department for EH and CAHs.

Public Health Reporting - Measures

- **Measure 3- Specialized Registry Reporting:** The EP, EH, or CAH is in active engagement with a PHA to submit data to a specialized registry.
- **Measure 4 - Electronic Reportable Laboratory Result Reporting:** The EH or CAH is in active engagement with a PHA to submit electronic reportable laboratory (ELR) results. *This measure is for EHS and CAHS only.*



Learn more about the CMS Stage 1 and 2 MU modifications, published October 2015, by visiting: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf>

Payment Adjustment

- Medicaid EPs who do not meet the eligibility criteria to attest to the Medicaid EHR Incentive program and want to avoid Medicare payment adjustment, would have the option of attesting through the EHR Incentive program Registration and Attestation system for the purpose of avoiding the Medicare payment adjustment.
- This alternate method would allow EPs who have previously received an incentive payment under the Medicaid EHR Incentive program (for either Adopt, Integrate, Upgrade [AIU] or Meaningful Use [MU]) to demonstrate that they are meaningful EHR users in situations where they fail to meet the eligibility criteria for the Medicaid EHR Incentive program in a subsequent year.

- The Public Health Objective has Alternate Exclusions
- For providers eligible for Stage 1, EPs must successfully attest to 1 of the Public Health Measures and may take 2 ‘alternate’ exclusions
- For Stage 2, EPs must attest to 2 of the Public Health Measures – and may take 1 ‘alternate’ exclusion (either Syndromic Surveillance or Specialized Registries)
- Syndromic Surveillance
 - For 2015 applications, if you haven’t done so already, we encourage you to register your intent with Syndromic Surveillance which would allow you to meet this measure
 - For 2016 applications, you can either register your intent by Feb. 29, 2016 or based on some updates being made, it is likely you will be able to take an exclusion
- Specialized Registry
 - PA does have the Cancer Registry that counts toward this measure
 - PedsNet is an example of a specialized registry

Key Dates



- **October 3, 2015** – This is the last day you can ‘start’ to collect data in order to get a full 90 day MU reporting period for program year 2015
- **December 1, 2015** – Providers should register their intent to participate in a Public Health Registry prior to this date in order to meet the requirements for Program Year 2015 if they are using a reporting period starting October 3, 2015
- **December 14, 2015** – This is the last day to submit a Program Year 2015 Meaningful Use (MU) application using the current rule requirements (not the new 2015-2017 Modification Rule requirements)
- **December 14, 2015** – This is the last day to submit comments to CMS regarding certain sections in the Rule regarding Stage 2 Meaningful Use
- **December 15, 2015** – Starting on this day, providers may still attest to Adopt, Implement, or Upgrade (AIU) in the MAPIR system, if this is their first year participating in the EHR Incentive program. Providers will NOT be able to attest to MU until MAPIR is updated to include the 2015-2017 Modification Rule measures in late first quarter 2016

Key Dates



- **January 4, 2016** – CMS system will be open to accept 2015 applications using the measures from the 2015-2017 Modification Rule
- **February 29, 2016** – This is the last day to register your intent to participate in a Public Health Registry in order to meet this measure for a full year of MU for program year 2016
- **February 29, 2016** – This is the end of the grace period for the **CMS Medicare EHR Incentive** program
- **Late 1st Quarter/Early 2nd Quarter 2016** – MAPIR will be available to accept applications using the 2015-2017 Modification Rule measures – this date has not been finalized yet. We will keep you informed as we move forward
- **June 30, 2016** (or later *pending MAPIR release and CMS approval*) – We will be requesting a 90 day grace period after MAPIR is available to accept applications using the 2015-2017 Modification. Pending CMS approval of this request, it is likely that June 30, 2016 will be the earliest date for our grace period to end

IMPORTANT

- If you already **started (not submitted)** a program year 2015 application but want to take advantage of the proposed 2015-2017 modification rule, you will need to cancel the current application and begin a new application whenever MAPIR is updated in early 2016. If you already **submitted** a program year 2015 application and would like to take advantage of the 2015-2017 modification rule, please let us know and we will let you know what needs to be done.
- Reminder: Starting Dec. 15, 2015, you will not be able to successfully submit an application for MU until MAPIR is update in first quarter 2016

MAPIR Screenshots

- We are in the process of updating the screens in MAPIR to accommodate the 2015-2017 Modification Rule
- As we are continuing to finalize these screens, we do not have any at this point we are able to share with you
- Some changes to expect:
 - If you are scheduled to attest to Stage 1 Meaningful Use (MU) you will see the ‘alternate options’ and if you are scheduled to attest to Stage 2 you will not see these ‘alternate options’
 - The format of the Meaningful Use objectives will be modified per the requirements of the finalized rule
- Once the screens are finalized we will share them



Stage 3 Comments

- CMS is requesting comments on the following topics related to Stage 3 that are in the 2015-2017 Modification Rule
 - EHR Reporting Period in 2017 and subsequent years
 - Considerations in Review and Analysis of the Objectives and Measures for Meaningful Use
 - Objectives and Measures for Stage 3 of the EHR Incentive Programs
 - Methods for Demonstration of the Stage 3 Criteria of Meaningful Use for 2017 and Subsequent Years
 - EHR Reporting Period and EHR Reporting Period for a Payment Adjustment Year for First Time Meaningful EHR Users in Medicaid
 - The definition of an EHR reporting period for a payment adjustment year

Q & A



Contact: Pamela Zemaitis
c-pzemaiti@pa.gov