

**Pennsylvania Medical Assistance
Electronic Health Record Incentive Program
Helpful Tips Program Year 2017**

Program Year 2017 is underway! Because we often receive questions about program requirements and supporting documentation, here are some of our most common tips to help you prepare to submit your Program Year 2017 MAPIR applications. We are always here to help. Remember that all correspondence with the program is via email. You can reach us at RA-mahealthit@pa.gov.

Required Supporting Documentation

- Security Risk Analysis (SRA)
- Screenshots of all five Clinical Decision Support (CDS) rules with enable date prior to the start of the reporting period
- Dashboard or Screenshot showing when drug-drug and drug-allergy interaction checks occurred
- Dashboard or report generated from the EHR system or from an external data source supporting your Meaningful Use and Clinical Quality Measure numerators, denominators, exclusions and exceptions for each measure attested to in the application
- Further details on specific requirements for each of the required supporting documentation listed above is available on our website at:
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>
- You will also find details regarding acceptable documentation to support Meaningful Use and any exclusions you may be reporting at the link listed in the bullet above
- If you are not sure about your supporting documentation, contact us at our resource email account at RA-mahealthit@pa.gov

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Important Dates-Meaningful Use and Clinical Quality Measures

- The EHR MU and CQM reporting period is a minimum of any continuous 90 days between January 1 and December 31, 2017
- The last reporting period for Program Year 2017 is October 3 – December 31, 2017

Program Year 2017 Attestation Deadlines for Pennsylvania

- Dually Eligible Hospitals (EHs) March 31, 2018
- Eligible Professionals (EPs) May 15, 2018

Eligible Hospitals

- Dually eligible hospitals must submit 2017 MU attestations on the CMS QualityNet secure portal beginning January 1, 2018
- Visit <https://www.qualitynet.org> to register.
- The deadline for EHs to attest at CMS is February 28, 2018

Registration Issues

- If your PROMISE™ account is closed for any reason, any pending MAPIR applications will be canceled automatically. Your service location must be connected to your PROMISE™ account until the payment is issued AND the CMS R&A must match what is in PROMISE™
- Make sure to save your registration anytime you go into the CMS R&A even if you don't change anything to avoid processing delays

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Certified Electronic Health Record Technology Edition

- If a practice has the 2014 edition of CEHRT then they can only attest to Modified Stage 2
- If a practice has a combination 2014/2015 CEHRT- then they can attest to Modified Stage 2 or Stage 3 (if they have the capability for stage 3)
- If a practice has the 2015 CEHRT they can attest to Modified Stage 2 or Stage 3

Patient Volume Reporting

- Make sure that you are submitting encounters for the correct patient volume period
- The report must
 - Be sent **SECURE** in Excel format to RA-mahealthit@pa.gov
 - Include the date of service and 2-digit place of service code
 - Include the eligible professional name
 - Include the primary and secondary insurance carrier name
 - Include the **Medicaid Access ID**, patient(s) full name and date of birth, or social security number
 - Have Y (for yes) indicating that the encounter is medical assistance

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EP Modified Stage 2 Meaningful Use Changes

- Patient Electronic Access (Objective 8)- The threshold for Measure 2 has changed to more than 5% of unique patients seen during the EHR reporting period
- Secure Electronic Messaging (Objective 9) – The threshold for this measure has changed to more than 5% percent of unique patients seen by the EP during the EHR reporting period

EP Modified Stage 2 Public Health Reporting

- You must Pass 2 of the 3 Public Health Measures.
- You may attest to and meet the requirements for Specialized Registry Reporting twice and pass this Objective
- If you are unable to meet 2 of the Public Health Measures, then the EP must attest to **ALL 3** Public Health Measures with a combination of passing the Measure; or qualifying for the exclusion
- In MAPIR you will see the term ‘Public Health Options’ instead of ‘Public Health Measures’

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EP Stage 3 Meaningful Use Changes

- Electronic Prescribing (Objective 2) – The threshold has increased to more than 60% of all prescriptions are queried and transmitted electronically using CEHRT
- CPOE (Objective 4) – The threshold increased to more than 60% of medication orders are recorded using CPOE
- Patient Electronic Access (Objective 5) – Now includes Patient-Specific Education and includes some updated measure requirements and thresholds
- Coordination of Care through Patient (Objective 6 – NEW) – Comprised of Secure Electronic Messaging, Patient Electronic Access and Patient Generated Health Data
- Health Information Exchange (Objective 7) – Now includes Medication Reconciliation and includes some updated measures and exclusions
- Find details on the updated objectives here:
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_Stage3.pdf

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EP Stage 3 Public Health Reporting

- You must Pass 2 of the 5 Public Health Measures.
- The 5 Public Health Measures include: Immunization Registry, Syndromic Surveillance, Electronic Case Reporting, Public Health Registry, and Clinical Data Registry
- The Public Health Registry includes registries administered by the State; Clinical Data Registry is a registry not administered by the state
- You may attest to and meet the requirements for Public Health Registry or Clinical Data Registry twice and pass this Objective
- If you are unable to meet 2 of the Public Health Measures, then the EP must attest to **ALL 5** Public Health Measures with a combination of passing the Measure; or qualifying for the exclusion
- In MAPIR you will see the term 'Public Health Options' instead of 'Public Health Measures'

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EH Modified Stage 2 Meaningful Use Changes

- EHs need to complete 8 Meaningful Use Objectives
- Alternate Exclusions no longer available for CPOE (Objective 3) and eRx (Objective 4)
- Patient Electronic Access (Objective 8) – The threshold for Measure 2 increased to more than 5% discharged patients view, download or transmit health information to a third party

EH Modified Stage 2 Public Health Reporting

- EHs must attest to active engagement for at least 3 Measures from Public Health options 1-4
- EHs may attest to and meet the requirements for Specialized Registry reporting up to three times
- If unable to meet 3 of the Public Health Measures, then the EH must attest to all 4 Public Health Measures with a combination of passing the Measure or qualifying for the exclusion

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EH Stage 3 Meaningful Use Changes

- EHs need to complete 7 Meaningful Use Objectives.
- Electronic Prescribing (eRx) (Objective 2) – The threshold increased to more than 25% medication orders are queried for a drug formulary using CERHT
- CPOE (Objective 4) – Measure 2 and Measure 3 threshold increase to more than 60%
- Patient Electronic Access (Objective 5) – Thresholds for both measures increase to more than 80% for Measure 1 and more than 35% for measure 2
- Coordination of Care (Objective 6) – New objective that includes view, download & transmit, secure messaging and patient generated data entry into CEHRT
- Health Information Exchange (Objective 7) – This objective now includes 3 separate measures

EH Stage 3 Public Health Reporting

- EHs must attest to active engagement for at least 4 measures from Public Health options 1-5
- EHs may attest to and meet the requirements for Specialized Registry reporting and/or Clinical Data Registry reporting up to four times
- If unable to meet 4 of the Public Health measures, then the EH must attest to all 5 Public Health measures and attest to active engagement where applicable and qualify for the exclusions for the remaining measures

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Program Year 2017 Changes to the Number of Clinical Quality Measures

- There are no domain requirements. CQMs do not need to fall within three (3) different domains

Eligible Professionals

- There will now be 53 CQMs instead of 64 CQMs
- EPs only need to attest to six (6) CQMs
- Finally, the CQM reporting period has changed to any continuous 90-day period for all EPs

Eligible Hospitals

- EHs must attest to ALL 16 CQMs
- The CQM reporting period is any continuous 90-day period for hospitals attesting to MU for the first time
- For EHs in their second or higher year of MU, the CQM reporting period is a full year

Required Meaningful Use Documentation

- Be mindful when entering MU and CQM data. Analysts review each to make sure that they match the documentation submitted from your EHR system
- Information about what is acceptable supporting documentation is available on our website at:
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovinentiverepos/index.htm>
- If you are not sure about your supporting documentation, contact us at our resource email account at
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Protected Health Information (PHI)

- HIPAA/HITECH privacy regulations mandate that all patient identifying information (PHI) be sent securely. DHS is required to report all suspected breaches of PHI. To ensure that documentation and information is protected, send all supporting documentation that contains PHI with secure messaging

Methods of Sending Protected Health Information

- DIRECT Messaging Account (if you have a DIRECT account): PADPW-OMAP-MAHEALTHIT@directaddress.net
- MAPIR Application Upload: Upload your supporting documentation (.pdf only) directly into the MAPIR application. NOTE: Patient Volume reports should be submitted in an Excel format through either DIRECT Messaging or a secure/encrypted email
- Email: You must use secure/encrypted email if you choose to submit documents containing private health information to RA-mahealthit@pa.gov

Communicating with the Program

- If you have received a message from us there should have been an inquiry number in the subject line —please include the inquiry number in your response
- If you are contacting us, please include the provider name, NPI number and a screenshot of the issue/error message
- Keep a hard copy of your MAPIR application in a file—just in case something goes wrong you'll at least have a copy of what you entered