

Pennsylvania Medical Assistance Promoting Interoperability Program

Program Years
2020 & 2021

Disclaimer

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- The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulation.
- We encourage readers to retrieve the specific statutes, regulations, and other interpretive materials or full and accurate statement of their contents.

Topics

- Program Year 2020 and 2021 Requirements
- New MAPIR Features
- Medical Assistance Promoting Interoperability Program Timeline
- Required Supporting Documentation
- Audit
- Q&A
- Resources Available

Program Year 2020 and 2021 Requirements

- **Certified Electronic Health Record Technology (CEHRT)**
 - 2015 Edition CEHRT is required for Program Years 2020 and 2021
- **Meaningful Use**
 - All Eligible Providers (EPs) are required to complete Stage 3 Meaningful Use
 - Program Years 2020 and 2021 MU specification sheets can be accessed by clicking [here](#).
 - MU Requirements for **both** Program Years are the Same with exception to Security Risk Analysis (SRA) for 2021.

eCQM 2020/2021 Key Changes

- Data structure and transmission via HIO/PHG remains the same
- Reporting period for 2020 and 2021 is any 90-day period
- Must have at least one of the following:
 - **Priority:**
2, 50, 56, 66, 68, 90, 125, 128, 129, 136, 137, 139, 142, 146, 153, 154, 155, 156, 157, 177, 249
 - **Outcome:**
75, 122, 133, 159, 165, 771
- May send 2021 QRDA 111 Files as early as 4/1/2021, assuming Jan-Mar reporting period
- CMS Measure changes
 - **2020:** Add measure 771 and remove measures 52, 82, 132 and 160.
 - **2021:** State will not require agencies to make measure title changes in data
- **All 2021 data must be sent by 10/31/2021**

New MAPIR Features

- MAPIR will allow you to submit your PY2021 attestation **prior** to your PY2020 application being finalized
- MAPIR will require you to enter your CQM Reporting Period
- Another new MAPIR resource is the Provider On-Demand Resource.

New MAPIR Features (continued)

MAPIR will require you to enter your CQM Reporting Period

Clinical Quality Measures Reporting Period

Please enter both the **Start Date** and **End Date** of your Clinical Quality Measures (CQMs) Reporting Period. You must enter a minimum of any continuous 90-day period within the application's program year.

*Click **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

***Clinical Quality Measures Reporting Period Start Date:** 

***Clinical Quality Measures Reporting Period End Date:** 
mm/dd/yyyy

Check this box if due to a change in employment, leave of absence, or other circumstance you do not have Clinical Quality Measures data for the full Clinical Quality Measures reporting period you have indicated above. If this applies to you, please provide the time span in which you do have data below:

Actual Clinical Quality Measures Reporting Period Start Date: 

Actual Clinical Quality Measures Reporting Period End Date: 
mm/dd/yyyy

UI 895-

New MAPIR Features – Provider on Demand Resource

- The new provider on-demand resource allows provider groups to track current program status for all their current providers. The new report displays a list of providers actively registered at the CMS Registration & Attestation site (R&A) under a given Payee taxpayer ID number (TIN). Each provider's most recent program participation information is displayed. The report can also be exported into a CSV file for easy data use.
- To access this new resource, log into PROMISe using any EP Medicaid Provider ID and Location ID who is actively linked to your Payee TIN in both PROMISe and the CMS R&A. Once logged in, then click on the 'Link to MAPIR' hyperlink that is located to the left. You will be directed to the EP's MAPIR dashboard.

Please see next slide for a screenshot of what this Resource looks like.

New MAPIR Resources – Provider On Demand Screenshots

pennsylvania
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Logout

PROMISe™ Internet

My Home | Claims | Eligibility | Trade Files | Reports | Outpatient Fee Schedule | ePEAP | Hospital Assessment | Help

Enrolled Provider Search | EFT and ERA Enrollment

My Home Wednesday 02/01/2017 04:53 PM EST

Provider

Name

Provider ID

Location ID

- ▶ My Profile
- ▶ Manage Alternates
- ▶ Manage Billing Agents

Broadcast Messages

Attention providers who support the Pennsylvania Medical Assistance Fee-For-Service Delivery System
If one of the following scenarios applies to you:

- A newly enrolled provider in the Pennsylvania Medical Assistance Program.
- A provider who has new billing personnel with limited or no medical assistance billing experience,
- A provider experiencing an unusually high denial rate on your medical assistance claims, The Department of Human Services offers training at no cost to you.

To accommodate your busy schedule, training is available by appointment on-site at your office, via HP MyRoom, or teleconference.
To request training e-mail promiseprovidertraining@hpe.com.

Provider Services

- ▶ [Link to MAPIR](#)

DHS Resources

DHS Home

DHS Provider Information

New MAPIR Resources – Provider On Demand Screenshots (Continued)

Once at the dashboard page, click on the hyperlink for the Payee TIN. The Payee TIN report will appear on your screen that includes the list of EPs currently registered under your Payee TIN at the CMS R&A.

Medicaid EHR Incentive Program Participation Dashboard

NPI TIN

CCN

Payee TIN [Click here](#)

Click the 'Payee TIN' link to obtain a report containing the most recent program participation for all Eligible Professionals currently registered under this Payee TIN.

NOTE: If the Payee TIN field is blank, that means this field was not completed at the CMS R&A site and this functionality is not available.

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Upgrade	Completed	1	2012	\$14,167.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 1 Meaningful Use	Completed	2	2014	\$8,500.00	Select the "Continue" button to view this application.

New MAPIR Resources – Provider On Demand Screenshots (Continued)

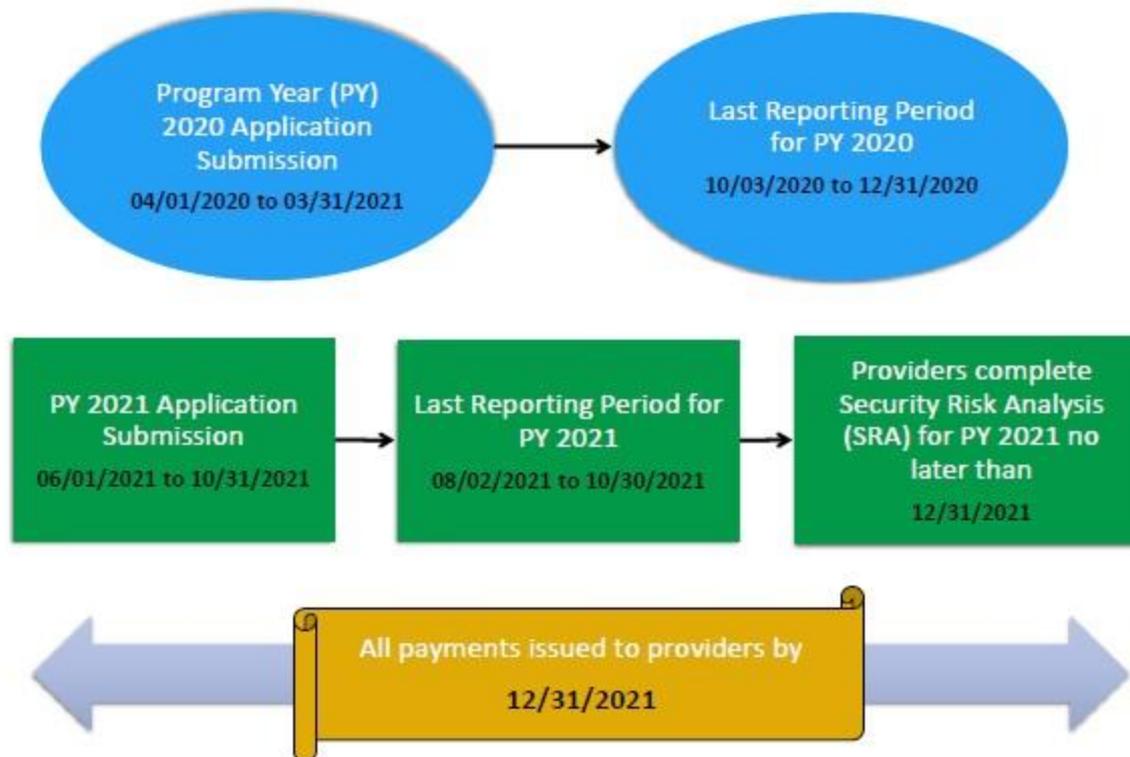
The report includes each provider’s name, NPI and most recent Medicaid Promoting Interoperability Program (PIP) participation information. This information can be helpful in determining each provider’s eligibility for the current Program Year. The Report may be exported into Excel on the bottom of the page, allowing you to sort as needed.

Payee TIN Application Report

Applicant Last Name	Applicant First Name	Applicant NPI	Most Recent Program Year	Most Recent Payment Year	Most Recent MU Stage	Most Recent Application Status
[REDACTED]	[REDACTED]	[REDACTED]	2019	4	3	Incomplete
[REDACTED]	[REDACTED]	[REDACTED]	2018	2	2	Incomplete
[REDACTED]	[REDACTED]	[REDACTED]	2014	1	1	Completed
[REDACTED]	[REDACTED]	[REDACTED]	2016	3	1	Submitted
[REDACTED]	[REDACTED]	[REDACTED]	2016	3	1	Submitted
[REDACTED]	[REDACTED]	[REDACTED]	2015	3	1	Completed
[REDACTED]	[REDACTED]	[REDACTED]	2016	3	1	Submitted
[REDACTED]	[REDACTED]	[REDACTED]	2016	3	1	Submitted

Promoting Interoperability Program Timeline PY 2020 and 2021

Medical Assistance Promoting Interoperability Program Timeline



Medical Assistance Promoting Interoperability Timeline

- Last Day to submit Program Year 2020 Attestations:
 - **March 31, 2021**
- MAPIR will begin accepting Program Year 2021 Attestations:
 - **June 01, 2021**
- Last day to submit Program Year 2021 Attestations:
 - **October 31, 2021**
- We encourage you to submit your final **PY2021** attestation as soon as possible due to the **shortened** timeline for the **final** year of the program. As mentioned, we have programmed MAPIR to allow you to attest to **PY2021** prior to your **PY2020** attestation being finalized; we have done so to ensure your continued participation in the program is successful!

Medical Assistance Promoting Interoperability Timeline



Required Prepayment Documentation Screen

- The Required Prepayment Documentation screen includes details regarding supporting documentation requirements. In addition to uploading documents here, providers can also identify the type of supporting document.
- At the bottom of the screen, providers will check the acknowledgement statement to indicate they are aware of application processing delays that will occur in the absence of all required documentation.
- The Required Prepayment Documentation screen replaces the Application Submission screen from previous program years. Providers can still upload their supporting documentation, but this new screen provides more details about documentation requirements.

Please see next slide for screenshots of the Required Prepayment Documentation Screens

Required MU Supporting Documentation

Required Prepayment Documentation Screen

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

1. **Certified Electronic Health Recrd Technology (CEHRT)** - Must provide one of the following: a signed contract or user agreement between you and the vendor; a signed lease between you and the vendor; or a receipt of purchase/paid invoice.
2. **Signed Vendor Letter** - a signed vendor letter from your EHR vendor identifying the current CMS EHR certification ID number. (If a new CEHRT ID was obtained since you last participated in the program)
3. **Security Risk Analysis (SRA)**- A complete copy of the conducted or reviewed Security Risk Analysis and corrective action plan (if negative finding is identified). A list of the EPs name(s) and NPI number(s) for which the analysis applies must accompany the report. It is acceptable that the SRA be conducted outside of the EHR reporting period; however, the analysis must be unique for each reporting period, the scope must include the full EHR reporting period, and must be conducted within the calendar year of the reporting period. (Jan 1st-December 31st)
4. **Meaningful Use/Clinical Quality Measures** - Dashboard or Report from your EHR system supporting numerators and denominators attested to within the application.
5. **Clinical Decision Support (CDS)** -
Measure 1: Screenshots, log or report for all five-implemented clinical decision support rules from your EHR system showing the date the rule was enabled or when the rule was triggered prior to the reporting period. If submitting for more than one provider, each screenshot, log or report may be used for all members of your group and a list of provider names and NPI numbers for which each CDS applies should be indicated.
Measure 2: Dashboard or screenshot showing the date when the drug-drug AND drug-allergy interaction was enabled or triggered prior to the reporting period. If submitting for more than one provider, each screenshot, log or report may be used for all members of your group and a list of provider names and NPI numbers for which the (1) Drug-Drug/Drug-Allergy applies.
6. **Public Health Measures** - Must pass at least 2 of the 5 Public Health Measures. Confirmation/Acknowledgement from the Public Health Registry indicating registration of intent, completion of testing or ongoing submission during the EHR reporting period, with the provider group indicated.
Documentation to Support a Public Health Exclusion:
Exclusion 1: Signed letter or email indicating you did not collect data that is reportable to the public health registry.
Exclusion 2: Documentation showing the Public Health Registry you excluded was not capable of accepting specific standards required to meet CEHRT definition at the start of the reporting period.
Exclusion 3: Screenshot of the chosen Public Health Registry Declaration of Readiness indicating it is unable to receive data as of 6 months prior to the start of the EHR Reporting period.

To upload a file, type the full path or click the **Browse...** button.

All files must be in **PDF** file format and must be no larger than **10 MB** each in size.

The file name must be less than or equal to 100 characters and can only have letters and/or numbers (Aa-Zz and/or 0-9) and the special characters of space, underscore (_) & hyphen (-). The file name can only have one dot (.) to separate the name of the file from the application type (or extension).

Document:

-- select a document --

File Location:

CEHRT
Vendor Letter
SRA
MU/CQM Dashboard
CDS
Drug- Drug/Drug-Allergy
Public Health Measures
Other

Upload File

Browse...

Optional selection of the type of documentation being uploaded

Must check here to acknowledge you have read and understand the information regarding supporting documentation requirements

Click here to indicate that you have read the information above and understand that failure to provide all of the required documentation will delay the processing of your application.

Meaningful Use Supporting Documentation for PY 2019-2021

Patient Encounter Volume (PV) Report

- **Question:** We are pulling Patient Encounter Volumes for our providers in advance of beginning our MU attestations. Because of COVID-19, many of our providers have transitioned to telehealth visits. Can we include these visits types when determining the MA Encounter percentage?
- **Answer:** According to [CMS FAQ #7535](#) (scroll to page 6), telehealth visits can be included in your patient volume calculations for attesting to the PI Program. All telehealth visits should be included in the denominator and telehealth visits for Medicaid patients can be included in the numerator.

Audit Best Practices

- Records should be kept in one designated area and can be easily accessed by authorized staff in the event of being chosen for a post-payment audit
- Have all passwords and log in data accessible to authorized staff
- Retain ALL supporting documentation used in the completion of your PIP Attestation for six years post-attestation. This includes documentation to support data for Meaningful Use Objectives and Clinical Quality Measures (CQMs), any exclusions that were taken, and a Patient Volume Report in an Excel Spreadsheet
- Retain documentation that's in either paper or electronic format, to include screenshots
- Download and/or print a copy of your MAPIR application **at the time of attestation** and retain for your records. The reporting dates on your MU report should match the dates in your attestation.

Audit Best Practices – Deadline for Completion

- **Deadline for Audit Completion**

- The Commonwealth requires all audits to be completed no later than **March 30, 2022**
- We encourage all providers to work with our Audit Team and be diligent in sending in any requested information as audits should be completed timely
- We will continue to assist and answer any questions you may have. You can reach the Audit Team at RA-MAPIRaudit@pa.gov

Website: Audit Information

- Audit information on the [website](#) has been updated to include the following information:
 - [Supporting Documentation Requirements](#) for EP and EH by Program Year
 - [Best Practices](#) for retaining audit documentation in the event you're chosen for a post-pay audit
 - How to send your information securely
 - Examples of Supporting Documentation such as [Patient Volume Report](#), [Vendor Letter](#), and [CEHRT Documentation](#)

Questions?



Resources

- If you have any questions about the Medicaid Interoperability Program, please email us at RA-mahealthit@pa.gov.
- For more information about the [Medicaid Promoting Interoperability Program](#) please visit our website.
- We also have several [MAPIR resources](#) available on our website you might find useful.
- [Join our Listserv](#) to receive important updates
- Quality Insights (QI) offers training, technical assistance, and outreach to provider groups and other eligible professionals in Pennsylvania to continue their participation in the PI Program and meaningfully using their EHR systems. If you have a question for the QI team, please email pweiss@qualityinsights.org.
- Questions related to MAPIR, the PI Program or a provider's program eligibility should still be sent to RA-mahealthit@pa.gov.