



Office of Medical Assistance Programs

Health IT Initiative Update

MAPIR Screen Walk-Thru

May 5, 2016

AGENDA

- EHR Incentive Program Update
 - Program Year 2016
 - Revalidation Process
 - CMS - Meaningful Use
 - Key Dates
 - Program Overview
 - 2015-2017 Modification Rule Highlights
- MAPIR Screen Walk-Thru
- Pre-Payment Supporting Documentation

Program Year 2016

- For the Medicaid EHR Incentive Program, Program Year 2016 is the last year EPs or EHRs 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
- So, if you are interested and able to participate, you will want to do this prior to March 31, 2017.

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 **September 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: Copy this link into your browser-
http://www.dhs.state.pa.us/provider/promise/enrollmentinformation/S_001994

CMS Update

Moving toward improved care through information

📅 APRIL 27

By: Andy Slavitt, Acting Administrator, Centers for Medicare & Medicaid Services
Dr. Karen DeSalvo, National Coordinator, Office of the National Coordinator for Health IT

Seven years ago, Congress passed a law to spur the country to digitize the health care experience for Americans and connect doctors' practices and hospitals, thereby modernizing patient care through the Electronic Health Records (EHRs) Incentive Programs, also known as "Meaningful Use." Before this shift began, many providers did not have the capital to invest in health information technology and patient information was siloed in paper records. Since then, we have made incredible progress, with nearly all hospitals and three-quarters of doctors using EHRs. Through the use of health information technology, we are seeing some of the benefits from early applications like safe and accurate prescriptions sent electronically to pharmacies and lab results available from home. But, as many doctors and patients will tell you (and have told us), we remain a long way from fully realizing the potential of these important tools to improve care and health.

That is why, [as we mentioned earlier this year](#), we have conducted a review of the Meaningful Use Program for Medicare physicians as part of our implementation of the Medicare Access and CHIP Reauthorization Act (MACRA), with the aim of reconsidering the program so we could move closer to achieving the full potential health IT offers.

Over the last several months, we have made an unprecedented commitment to listening to and learning from physicians and patients about their experience with health information technology – both the positive and negative. We spoke with over 6,000 stakeholders across the country, including clinicians and patients, in a variety of local communities. Today, based on that feedback, we are proposing to incorporate the program in to the Merit-based Payment System (MIPS) in a way that makes it more **patient-centric**, **practice-driven** and focused on **connectivity**. This new program within MIPS is named Advancing Care Information.

What We've Learned

<https://blog.cms.gov/2016/04/>



Key Dates

- **May 2, 2016** – MAPIR available to accept 2015 applications using the 2015-2017 Modification Rule changes
- **July 1, 2016** – This is the last day EPs and EHs can attest to the Hardship Exception (through CMS) for program year 2015 to avoid the Medicare payment adjustments in 2017
- **July 31, 2016** – This is the end of the grace period for EPs to attest to program year 2015
- **October 2016** – This is when Children's Hospitals will be able to attest to program year 2015

Program Summary

- First Year Attesters – Can still attest to Adopt, Implement or Upgrade (AIU)
- First & Second Year Meaningful Use (MU) attesters are eligible to complete the Modified Stage 2 Objectives with Alternate Measures because they are still eligible for Stage 1 MU
- Any provider who has already attested to 2 years of MU will be attesting to the Modified Stage 2 Objectives without Alternate Measures
- In 2015 **ALL** MU attestations will be for 90 days
- At this point, any provider who has attested to Meaningful Use prior to 2016 will need to complete a full year of MU for program year 2016

2015-2017 Modification Rule Highlights

- Changed the reporting period for Eligible Hospitals to a calendar year instead of the Federal Fiscal Year
- All Eligible Professionals and Eligible Hospitals will report on a 90 day reporting period regardless of what was done previously
- There are now 10 Objectives (with multiple measures) that replace Core & Menu measures and align the providers with Stage 3
- Instead of using Stage 1 and Stage 2, CMS is referring to the measures as Modified Stage 2. There are 'alternate' exclusions available for providers who are eligible for Stage 1.

Public Health Objective

Modified Stage 2 with Alternates

Must Pass 1 of the 3 Public Health Options

May claim an 'alternate' exclusion for Options 1, 2 or 3

An 'alternate' exclusion may be claimed for up to 2 Options – the provider must pass or meet the 'standard' exclusion for the third Option

If unable to meet 1 of the Public Health Options, then the EP must either take the 'alternate' exclusions or qualify for the standard exclusion for ALL 3 Public Health Options in order to pass the Public Health Objective

Modified Stage 2

Must Pass 2 of the 3 Public Health Options

May claim an 'alternate' exclusion for Options 2 or 3 or both

There is no 'alternate' exclusion available for Option 1

May attest to and meet the requirements for Option 3 twice in order to pass this Objective

If unable to meet 2 of the Public Health Options, then the EP must attest to ALL 3 Public Health Options with a combination of: passing the Option; taking the 'alternate' exclusion; or qualifying for the 'standard' exclusion

Option 1 – Immunizations
Option 2 – Syndromic Surveillance
Option 3 – Specialized Registry

MAPIR SCREEN WALK-THRU

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



Meaningful Use Supporting Documentation

Eligible Professional

Program Year 2015

Modification Rule Objectives

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General Instructions

- Documentation should support all information entered in the Meaningful Use (MU) section of the MAPIR application.
- Where measures allow, use of sample data from within your "live" system is appropriate.
- For percentage-based measures, your Certified EHR product will electronically record the numerator and denominator and generate a report including the numerator, denominator and percentage.

General Instructions

- Screenshots and other non-numerical supporting documentation should be dated.
- Documentation should be de-identified and HIPAA compliant.
- Groups may submit dashboards or reports containing individual data for multiple providers as long as the report is broken out by name or individual NPI numbers.

CMS Specification Sheets are updated frequently. The links in this document represent the documentation available at the time of publication and will be updated as new information becomes available. For the most up to date information use: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_TableofContents.pdf

Objective 1- Protect Patient Health Information

Required Documentation

A copy of the conducted or reviewed security risk analysis and corrective action plan (if negative findings are identified) that ensures that you are protecting private health information. Report should be dated or updated no earlier than the start of the EHR reporting year and no later than the date the provider submits their attestation for that EHR reporting period and should include evidence to support that it was generated for that provider's system (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), provider name, practice name, etc.) A single report submitted for a physician group of applying providers can be used. The report needs to identify all EP's by NPI for which it applies.

*Security Risk Assessment Tool can be found at:

<http://www.healthit.gov/providers-professionals/security-risk-assessment>.

Documentation to Support an Exclusion

No exclusion available for this measure.

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_1ProtectPatientHealthInfoObjective.pdf



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Objective 2 - Clinical Decision Support

Required Documentation

Measure 1 (Modified Stage 2): Screenshots of all five clinical decision support rules being implemented and what clinical quality measures (CQMs) they relate to. If choosing clinical decision support rules not related to CQMs, explain relation to the high-priority health conditions.

Measure 1 (Alternate Measure): Screenshot of one clinical decision support rule being implemented and how it relates to CQMs. If choosing a clinical decision support rule not related to CQMs, explain relation to high-priority health conditions.

Measure 2: Dashboard or screenshot showing when the drug-drug and drug-allergy interaction checks occurred. A single report submitted for a physician group of applying providers can be used. The report needs to identify all EP's by NPI for which it applies.

Documentation to Support Exclusion for Measure 2

Dashboard or report from the EHR system or from an external data source demonstrating fewer than 100 medication orders were written during the EHR reporting period.

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_2ClinicalDecisionSupportObjective.pdf

Objective 3 - CPOE

Required Documentation

Dashboard or report generated from the EHR system or from an external data source supporting each of the three numerators and denominators.

Documentation to Support an Exclusion

For each section of the measure being excluded, a dashboard or report from the EHR or from an external data source demonstrating fewer than 100 orders were written during the EHR reporting period.

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_3CPOEObjective.pdf



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Objective 4 - ePrescribing

Required Documentation

Dashboard or report from the EHR system showing the numerator and denominator.

Documentation to Support an Exclusion

Dashboard or report from the EHR or from an external data source demonstrating fewer than 100 prescriptions were written during the EHR reporting period.

-OR-

Documentation showing the provider does not have a pharmacy within the organization and there are no pharmacies accepting electronic prescriptions within 10 miles of the EP's practice location at the start of the EHR reporting period.

CMS Specification Sheet:

[https://www.cms.gov/Regulations-and-](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_4ePrescribingObjective.pdf)

[Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_4ePrescribingObjective.](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_4ePrescribingObjective.pdf)

[pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_4ePrescribingObjective.pdf)



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Objective 5 - Health Information Exchange

Required Documentation

Dashboard or report generated from the EHR system supporting numerator and denominator.

-AND-

Evidence of the successful electronic exchanges of summary of care documents according to standards identified in the specification sheet link below.

Documentation to Support an Exclusion

Dashboard or report generated from the EHR system supporting a denominator of less than 100.

If taking the alternate exclusion, no documentation is required.

CMS Specification Sheet:

[https://www.cms.gov/Regulations-and-](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_5HealthInformationExchangeObjective.pdf)

[Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_5HealthInformationExchangeObjective.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_5HealthInformationExchangeObjective.pdf)



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Objective 6 - Patient Specific Education

Required Documentation

Dashboard or report generated from the EHR system or from an external data source supporting the numerator and denominator.

Documentation to Support an Exclusion

An explanation supporting there were no office visits during the EHR reporting period.

If taking the alternate exclusion, no documentation is required.

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_6PatientSpecificEducationObjective.pdf



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Objective 7 - Medication Reconciliation

Required Documentation

Dashboard or report generated from the EHR system or from an external data source supporting the numerator and denominator reported.

Documentation to Support an Exclusion

Dashboard or report from the EHR system or from an external data source showing no incoming transitions of care during the EHR reporting period. This could be a dashboard or a report generated from the EHR system showing a denominator of zero.

If taking the alternate exclusion, no documentation is required.

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_7MedicationReconciliationObjective.pdf



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Objective 8 - Patient Electronic Access

Required Documentation

Measure 1: Dashboard or report generated from the EHR system or from an external data source supporting the numerator and denominator.

Measure 2: Dashboard or report generated from the EHR system showing a numerator and denominator greater than zero.

Documentation to Support an Exclusion

Exclusion 1 and 2: Explanation demonstrating the exclusion was met based on the criteria on the specification sheet. Check the criteria on the specification sheet link below.

Exclusion 2 Only: Screenshot showing less than 50% of the housing units in the county having 4 MBPs broadband availability as of the 1st day of the reporting period. Check this site to see if you qualify:

<http://www.broadbandmap.gov/>

If taking the alternate exclusion, no documentation is required.

CMS Specification Sheet:

[https://www.cms.gov/Regulations-and-](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_8PatientElectronicAccessObjective.pdf)

[Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_8PatientElectronicAccessObjective.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_8PatientElectronicAccessObjective.pdf)



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Objective 9 - Secure Electronic Messaging

Required Documentation

Dashboard or report generated from the EHR system or from an external data source showing a numerator and denominator greater than zero.

-OR-

A screen shot demonstrating the function was enabled in the EHR system during the EHR reporting period.

Documentation to Support an Exclusion

Exclusion 1: Documentation supporting there were no office visits during the report period.

-OR-

Exclusion 2: Screenshot showing less than 50% of the housing units in the county having 4 MBPs broadband availability as of the 1st day of the EHR reporting period.

Check this site to see if you qualify: <http://www.broadbandmap.gov/>

If taking the alternate exclusion, no documentation is required.

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_9SecureElectronicMessagingObjective.pdf



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Objective 10 - Public Health

Modified Stage 2 with Alternates

Must Pass 1 of the 3 Public Health Options

May claim an 'alternate' exclusion for Options 1, 2 or 3

An 'alternate' exclusion may be claimed for up to 2 Options – the provider must pass or meet the 'standard' exclusion for the third Option

If unable to meet 1 of the Public Health Options, then the EP must either take the 'alternate' exclusions or qualify for the standard exclusion for ALL 3 Public Health Options in order to pass the Public Health Objective

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_10PublicHealthObjective.pdf

Option 1 – Immunizations
Option 2 – Syndromic Surveillance
Option 3 – Specialized Registry

Modified Stage 2

Must Pass 2 of the 3 Public Health Options

May claim an 'alternate' exclusion for Options 2 or 3 or both

There is no 'alternate' exclusion available for Option 1

May attest to and meet the requirements for Option 3 twice in order to pass this Objective

If unable to meet 2 of the Public Health Options, then the EP must attest to ALL 3 Public Health Options with a combination of: passing the Option; taking the 'alternate' exclusion; or qualifying for the 'standard' exclusion



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Objective 10a - Public Health - Immunization

Required Documentation

Confirmation/acknowledgement from the immunization registry indicating registration of intent or ongoing submission during the EHR reporting period, with provider group indicated.

Documentation to Support an Exclusion

Exclusion 1: Signed letter or email indicating no immunizations were done during the reporting period.

-OR-

Exclusion 2: Documentation showing no immunization registry or immunization information system is capable of accepting specific standards required to meet the CEHRT definition at the start of the reporting period.

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_10PublicHealthObjective.pdf

▶ Objective 10b - Public Health – Syndromic Surveillance

Required Documentation

Confirmation/acknowledgement from the Syndromic Surveillance registry indicating registration of intent or ongoing submission during the reporting period, with provider group indicated.

Documentation to Support an Exclusion

Exclusion 1: Signed letter or email indicating no ambulatory syndromic surveillance data is collected.

-OR-

Exclusion 2: Screenshot of the Department of Health's Declaration of Readiness indicating the syndromic surveillance registry request for data from Emergency Departments only.

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_10PublicHealthObjective.pdf

Objective 10c - Public Health – Specialized Registry

Required Documentation

Confirmation/acknowledgement from the Specialized registry indicating registration of intent or ongoing submission during the reporting period, with provider group indicated.

Documentation to Support an Exclusion

Exclusion 1: Signed letter or email indicating that the EP does not diagnose or treat patients for which they would need to submit data to the Department of Health's Cancer registry.

-AND-

Exclusion 2: Signed letter or email indicating that the EP does not participate in any other Specialized Registry.

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_10PublicHealthObjective.pdf

Clinical Quality Measures

Required Documentation

Dashboard or report generated from the EHR system or from an external data source supporting the numerator, denominator, exclusions and exceptions for each measure attested to in the application.

CMS Specification Sheet:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html



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