

Pennsylvania Medical Assistance Promoting Interoperability Program

Program Year 2021

Disclaimer

- This webinar was prepared as a service to the public and is not intended to grant rights or obligations. It may contain references or links to statutes, regulations, or other policy materials.
- 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

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Program Year 2021 Requirements

- **Certified Electronic Health Record Technology (CEHRT)**
 - 2015 Edition CEHRT is required
- **Meaningful Use**
 - All Eligible Professionals (EPs) are required to complete Stage 3 Meaningful Use
 - CMS MU specification sheets can be accessed by clicking [here](#).
 - Flexibility for Security Risk Analysis (SRA) to be completed after attestation but not later than December 31, 2021

Public Health and Clinical Data Registry Reporting

- When you submit your Program Year 2021 application, it is important you submit all supporting documentation, including documentation to support active engagement and exclusions for public health measures.
- Failure to complete this process **WILL** result in a delay to your application being processed.
- This is considered Stage 3 Objective 8 and you must attest for two (2) out of five (5) registries.
- If you cannot successfully attest to two (2) Measures, then you must complete the remaining Measures with a combination of either successfully attesting to the measure or qualifying for the Exclusion in order to pass the Public Health Objective.
- For more information, [click here](#).

Prescription Drug Monitoring Program (PDMP)

- For the purpose of Stage 3 Meaningful Use in the MA PI Program, the EP must meet the following requirements in order to utilize PDMP as a Public Health Registry (Objective 8, Option 4):
 - PDMP must be integrated into the EHR
 - Must have achieved Active Engagement Option 3 (Production) prior to 2019
- Supporting documentation required:
 - Report showing the EP was registered and actively submitting data to and/or querying the PDMP prior to 2019
 - Report showing the EP was actively submitting data to and/or querying the PDMP during the 90-day attestation period in 2021
 - Reports can be pulled directly by logging into the PDMP system and clicking ‘Menu’ and then ‘Requests History.’ Here, EPs will be able to download a report showing all their inquiries.

eCQM 2021 Key Changes

- Data structure and transmission via HIO/PHG remains the same
- Reporting period for 2021 is any 90-day period
- Must have at least one of the following:
 - **Priority:**
CMS #: 2, 50, 56, 66, 68, 90, 125, 128, 129, 136, 137, 139, 142, 146, 153, 154, 155, 156, 157, 177, 249
 - **Outcome:**
CMS #: 75, 122, 133, 159, 165, 771
- May send 2021 QRDA III Files prior to submitting MAPIR application if EP has a completed 90-day reporting period
- CMS Measure changes
 - **2021:** State will not require agencies to make measure title changes in data
- MAPIR will require you to enter your CQM Reporting Period if you are entering the CQMs manually.
- **All 2021 data must be sent by 10/31/2021**

MAPIR 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.

Fee Assignment in PROMISe™/Pay-To in MAPIR

- To prevent the MAPIR application from being delayed for processing, please check before submitting the application that the EP is fee assigned in PROMISe™ to the 13-digit MA provider ID of the group that is being attested to as the Pay-To on the MAPIR application.
- If the fee assignment in PROMISe™ does not match the provider ID as the Pay-To, this will result in an outreach from the PI (Promoting Interoperability) Program Team which will cause a delay in processing the application.
- Due to the shorten timeframes for Program Year (PY) 2021 we request that you thoroughly review the Pay-To before submitting your application.

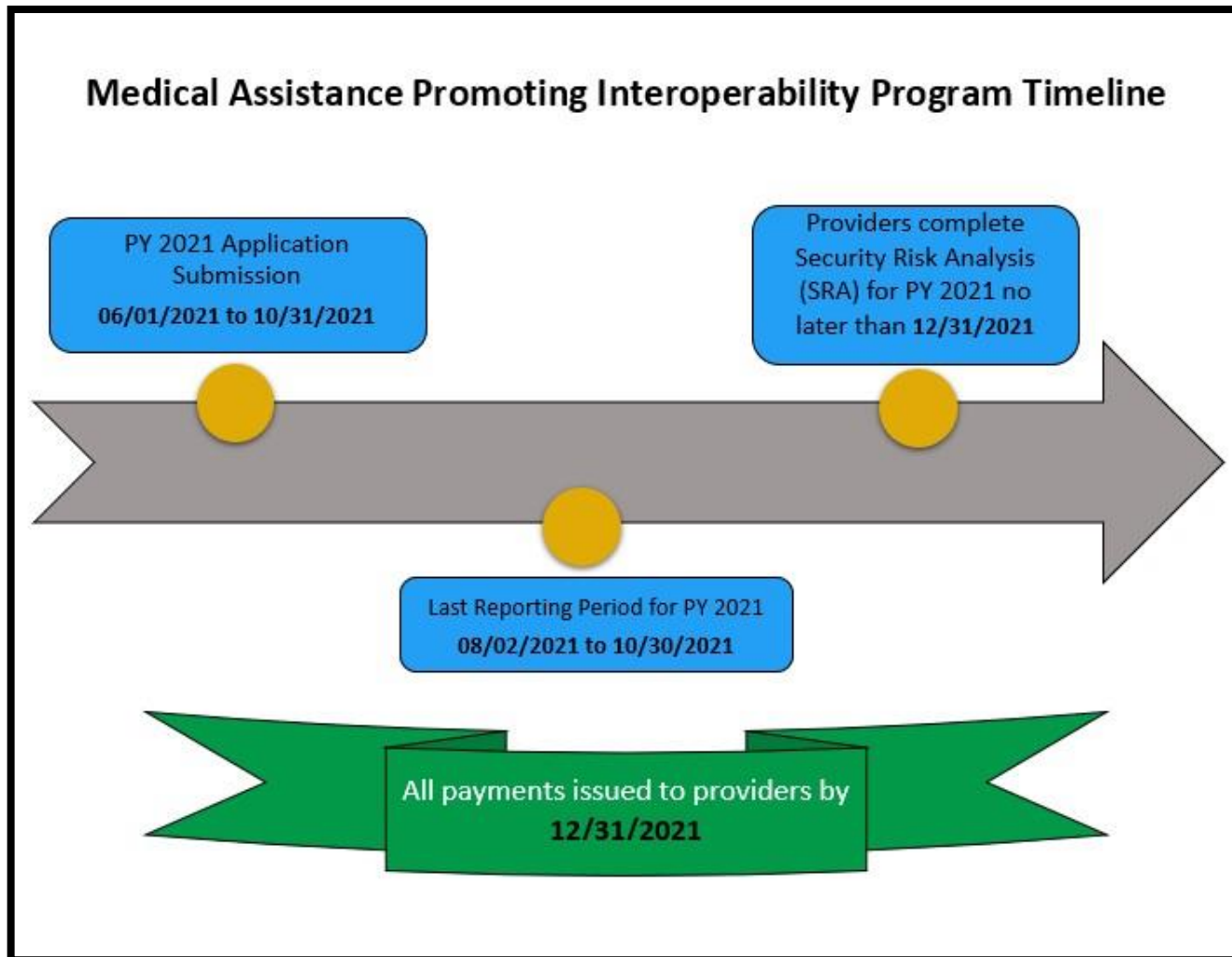
Fee Assignment in PROMISe™/Pay-To in MAPIR (continued)

- If the EP is not correctly fee assigned in PROMISe™ to the provider ID that should be the Pay-To, then a fee assignment can be completed either by using ePEAP or by calling Provider Enrollment at **1-800-537-8862**.
 - Completing in ePEAP is usually real time
 - Requesting a change by Provider Enrollment could possibly take up to **60 days** to complete.
- Keep in mind we cannot complete a fee assignment in PROMISe™.
- If you have any questions, please email RA-mahealthit@pa.gov.

Eligible Professional (EP) Eligibility for PY 2021

- An Eligible Professional (EP) must maintain Medical Assistance (MA) eligibility during the attestation period of **June 01, 2021, to October 31, 2021**, and until the incentive payment is issued to the provider.
- If an EP's MA eligibility is closed or becomes inactive prior to payment issuance, the incentive application will auto abort.
- All eligibility issues such as revalidation, license renewal, etc. completed prior to **October 31, 2021**, should allow the EP to have time to submit their incentive application by **October 31, 2021**.
- Any eligibility issue that extends past or occurs after **October 31, 2021**, will cause the provider from being unable to attest for the last program year.

Promoting Interoperability Program Timeline PY2021



Medical Assistance Promoting Interoperability Timeline

- 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.

Security Risk Analysis (SRA)

- When providers attest for PY2021, they will be asked if the measure (completing an SRA) has been completed prior to the date of attestation. If the response is "no", then they will be asked to attest that the SRA will be completed no later than December 31, 2021, and that they understand that their incentive payment will be subject to recoupment for failure to do so.
- Providers responding “No” must upload a copy of their completed 2021 SRA to MAPIR or send it to our RA mailbox as soon as possible after 12/31/21. We will begin reaching out on January 3, 2022, to those providers that have not uploaded or submitted their completed 2021 SRA.

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.
- Providers also need to submit Public Health supporting documentation for active engagement and exclusions.

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	<input type="button" value="Browse..."/>
	<input type="button" value="Upload File"/>	

Optional selection of the type of documentation being uploaded

* 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.

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

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.

COVID-19 and Meaningful Use Objectives

Question: If an Eligible Professional (EP) provides COVID-19 testing or vaccination only visits, is the EP required to include in the denominator for Meaningful Use Objectives?

Answer: The EP can include or not include those patients in their denominator at their discretion as long as the decision applies universally to all patients seen only for a COVID-19 test or vaccination for the entire EHR reporting period and the EP is consistent across meaningful use measures. For more information, please [click here](#).

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 PI Program Attestation for six (6) 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.
- If you have any questions, please contact 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, please email us at RA-mahealthit@pa.gov.
- For more information about program, please visit our [website](#).
- We also have several [MAPIR resources](#) available on our website you might find useful.
- To receive important updates, [please subscribe](#) to our listserv.
- **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.

▶ Thank you!

- We wanted to take a moment to thank all of you for participating in the MA PI Program! We hope you find this webinar, and other communications helpful in being successful in the final year of the program.
- Some Program statistics:

	Number of Payments	Total Paid
EP's	21,068	\$273,411,236.00
EH's	584	\$215,675,561.83
	21,652	\$489,086,797.83