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**Sent:** Monday, February 29, 2016 3:08 PM

**To:** Siciliano, Lorraine <Lorraine.Siciliano@vermont.gov>

**Subject:** VT Medicaid EHRIP Updates: CMS Allows New Exclusions for PY2016 PH Reporting and Extends Deadline for Streamlined Hardship Exception Applications; 3/11/16 Deadline for Alternate Attestations; Updated Important Dates

To All Vermont Medicaid EHR Incentive Program participants:

### **CMS RELENTS: ALLOWS ADDITIONAL EXCLUSIONS FOR PUBLIC HEALTH REPORTING FOR PROGRAM YEAR 2016**

The EHRIP Team has fielded many calls and emails in the past several weeks about the Program Year 2016 Public Health Objective, and what providers need to do in order to comply with the Specialty Registry reporting measure. CMS released updated guidance late last week, allowing providers **to claim an alternate exclusion from certain public health reporting measures in 2016 if they did not previously intend to report to the Stage 2 menu measure**. Previously, this was not permitted, so this may change your plans for reporting for 2016. This means that the effort involved in *registering intent to report*, or *demonstrating Active Engagement* for the Specialized Registry measure may be avoided by those providers who did not intend to report in 2016. Our website will be updated with the latest guidance shortly; in the meantime see the links to the full FAQs below.

### **DEADLINE FOR SUBMITTING STREAMLINED PY2015 HARDSHIP EXCEPTIONS HAS BEEN EXTENDED TO JULY 1, 2016**

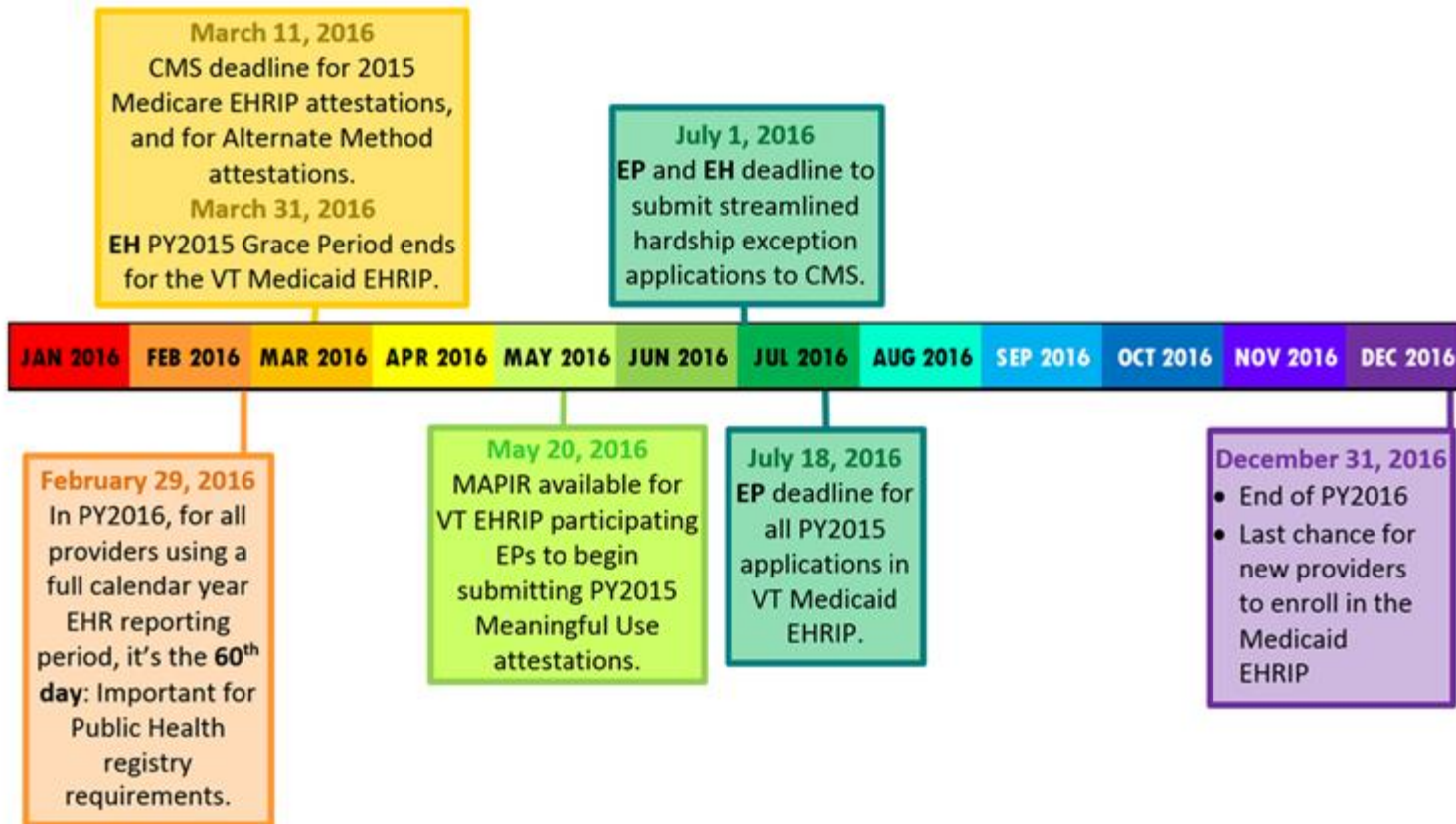
While CMS was in a magnanimous mood last Friday, they extended the deadline by which providers must submit streamlined hardship exception applications for Program Year 2015 EHRIP participation to **July 1<sup>st</sup>, 2016** (formerly 3/15/16). CMS is extending the deadline so providers have sufficient time to submit their applications to avoid potential adjustments to their Medicare payments in 2017. Find out more at the [CMS Payment Adjustments and Hardship Information website](#).

### **BUT DON'T FORGET ABOUT THE MARCH 11, 2016 DEADLINE TO SUBMIT ALTERNATE ATTESTATIONS**

Providers who are attesting to the Medicare EHR Incentive Program now have until March 11, 2016 to complete their application. This is **ALSO** the deadline for providers participating in the Medicaid EHRIP who need to complete the **ALTERNATE ATTESTATION** to avoid the Medicare payment adjustment but not receive a payment. **IMPORTANT:** If you are or attest on behalf of a provider who has participated in the Medicaid EHR Incentive program in the past but you do not believe will be able to meet the required Medicaid patient volume for Program Year 2015, you can complete this alternate attestation in order to avoid the Medicare payment adjustment in 2017. But if this provider is then determined to be able to meet the Medicaid patient volume by July 18, 2016 (the Vermont Medicaid EHRIP deadline for PY2015 applications), you can still submit the application by July 31, 2016 to be considered for a payment. **ALSO**, for VT Medicaid EHRIP participants who are attesting to MU for the very first time, if you want to avoid the Medicare payment adjustments for Program Year **2016 as well as 2017**, you will need to complete the ALTERNATE ATTESTATION by March 11, 2016 but would then be able to come into MAPIR (before July 18, 2016) to attest to receive a payment. Here is the link to the Alternate Attestation application: [alternate attestation](#).

### **UPDATED TIMELINE OF IMPORTANT DATES**


Click the image below to open a document with details about each date and deadline event.



Don't hesitate to [contact the Vermont Medicaid EHRIP Team](#) with any questions. Be sure to check out the Vermont Medicaid EHRIP website for important information, and you can also follow us on [Twitter](#) for the latest updates about the program.

Scroll down for the CMS FAQ updates released last week.

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## FROM CMS: New and Updated FAQs Provide Guidance on Public Health Reporting Requirements for the EHR Incentive Programs

The Centers for Medicare & Medicaid Services (CMS) has published frequently asked questions (FAQs) about the public health reporting objective for the [Medicare and Medicaid Electronic Health Record \(EHR\) Incentive Programs](#). These include three new FAQs about when providers can register their intent to report to a registry, what a provider should do in 2016 if they did not previously intend to report to a public health reporting measure, and the alternate exclusions available for public health reporting in 2016. Review these FAQs below to learn more.

### **[FAQ #14393 \(New\): Can a provider register their intent after the first 60 days of the reporting period in order to meet the measures if a registry becomes available after that date?](#)**

If a registry declares readiness at any point in the calendar year after the initial 60 days, a provider may still register their intent to report with that registry to meet the measure under Active Engagement Option 1. However, a provider who could report to that registry may still exclude for that calendar year if they had already planned to exclude based on the registry not being ready to allow for registrations of intent within the first 60 days of the reporting period.

### **[FAQ #14397 \(New\): What should a provider do in 2016 if they did not previously intend to report to a public health reporting measure that was previously a menu measure in Stage 2 and they do not have the necessary software in CEHRT or the interface the registry requires available in their health IT systems? What if the software is potentially available but there is a significant cost to connect to the interface?](#)**

In the 2015 EHR Incentive Programs Final Rule, we stated that we did not intend for providers to be inadvertently penalized for changes to their systems or reporting made necessary by the provisions of that regulation. This included alternate exclusions for providers for certain measures in 2016, which might require the acquisition of additional technologies they did not previously have for measures they did not previously intend to include in their activities for meaningful use (80 FR 62945). Therefore, in order that providers are not held accountable to obtain and implement new or additional systems, we will allow providers to claim an alternate exclusion from certain public health reporting measures in 2016 if they did not previously intend to report to the Stage 2 menu measure.

#### **LIST OF MEASURES FOR EPs WHICH WOULD ALLOW AN ALTERNATE EXCLUSION:**

- Public Health Reporting measure 2 - syndromic surveillance
- Public Health Reporting measure 3 - specialized registry

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- Public Health Reporting measure 3 - specialized registry

### **[FAQ #14401 \(New\): For 2016, what alternate exclusions are available for the public health reporting objective? Is there an alternate exclusion available to accommodate the changes to how the measures are counted?](#)**

We do not intend to inadvertently penalize providers for changes to their systems or reporting made necessary by the provisions of the 2015 EHR Incentive Programs Final Rule. This includes alternate exclusions for providers for certain measures in 2016, which might require the acquisition of additional technologies they did not previously have or did not previously intend to include in their activities for meaningful use (80 FR 62945). For 2016, EPs scheduled to be in Stage 1 or Stage 2 must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3 and eligible hospitals or CAHs scheduled to be in Stage 1 or Stage 2 must attest to at least 3 public health measures from the Public Health Reporting Objective Measures 1-4

We will allow providers to claim an alternate exclusion for the Public Health Reporting measure(s) which might require the acquisition of additional technologies providers did not previously have or did not previously intend to include in their activities for meaningful use.

We will allow Alternate Exclusions for the Public Health Reporting Objective in 2016 as follows:

**EPs scheduled to be in Stage 1 and Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3**

- **May claim an Alternate Exclusion for Measure 2 and Measure 3 (Syndromic Surveillance and Specialized Registry Reporting).**
- **An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).**

Eligible hospitals/CAHs scheduled to be in Stage 1 and Stage 2: Must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4

- May claim an Alternate Exclusion for Measure 3 (Specialized Registry Reporting)
- An Alternate Exclusion may only be claimed for one measure, then the provider must either attest to or meet the exclusion requirements for the remaining measures described in 495.22 (e)(10)(ii)(C).

**[FAQ #13657](#) (Updated): What steps does a provider have to take to determine if there is a specialized registry available for them, or if they should instead claim an exclusion? [Read the full FAQ.](#)**

**[FAQ #14117](#) (Updated): What steps do eligible hospitals and Critical Access Hospitals need to take to meet the specialized registry objective? Is it different from EPs? [Read the full FAQ.](#)**

**[FAQ #13653](#) (Updated): What can count as a specialized registry? [Read the full FAQ.](#)**