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Subject: VT Medicaid EHRIP Update: All PY2016 Applications May Proceed; Required Documentation for PY2016; Alternate Method to Attest; PY2017 is Underway

To All Vermont Medicaid EHR Incentive Program participants:

ALL PY2016 APPLICATIONS MAY PROCEED: DEADLINE TO SUBMIT IS MARCH 31ST, 2017

We are pleased to announce that the MAPIR system has been updated and is now ready to accept all Program Year 2016 applications using the latest rule changes from CMS. The following applications are now being accepted:

- PY2016 First-Year Adopt/Implement/Upgrade
- PY2016 First-through-Sixth-Year Meaningful Use, with a 90-day EHR Reporting Period

New User Guides for Eligible Professionals for all PY2016 applications are available [here](#).

Documentation to support Public Health Measures **attested to AND excluded from** is REQUIRED. Guidance for required documentation on the Public Health Objective is available [here](#).

Important: All PY2016 EHRIP applications must be submitted by midnight on Friday, March 31st, 2017.

If you have any trouble accessing MAPIR or proceeding with your attestations, please contact the Vermont Medicaid EHRIP Team: ahs.dvhaEHRIP@vermont.gov

REQUIRED DOCUMENTATION FOR ALL PROGRAM YEAR 2016 VT MEDICAID EHRIP APPLICATIONS

You must upload at least one document to support your attestation. Depending on the attestation type, more than one file may need to be uploaded, but MAPIR will not allow you to proceed with submitting your application unless at least one file upload is included. The following is a list of Required items and Recommended uploads.

REQUIRED:

- For each provider attesting to **Adopt/Implement/Upgrade**, you must upload a copy of an invoice, contract, purchase order, license agreement or similar document demonstrating proof of ownership related to your EHR system.
- For each provider attesting with **Group Patient Volume**, you must upload the set of billing NPIs defining the group, and a complete list of individual provider names and individual NPIs for all attending or rendering providers associated with the group, regardless of whether they are Eligible Professionals attesting for an incentive payment.
- For each provider attesting to **Meaningful Use**, you must upload:
 - A copy of the MU report from your EHR system, to include CQMs; AND
 - A complete copy of the Security Risk Assessment or documentation of the SRA Review
 - Documentation for Public Health Objectives attested to AND excluded from: See the *Public Health Documentation Aid* (link below).

RECOMMENDED:

The following documentation may be requested during pre-payment review, or in the event of a post-payment audit. It is highly recommended that you upload them at the time of attestation, when it is easiest to gather and submit all information related to an attestation for the current Program Year.

- For all providers, the **Patient Volume Data Tool**, available at our website: <http://healthdata.vermont.gov/ehrip/PatientVolume/Datatool>
- For each provider demonstrating Meaningful Use, the **Public Health Objective Documentation Aid**, available at our website: <http://healthdata.vermont.gov/ehrip/2015/PH> or <http://healthdata.vermont.gov/ehrip/2016/PH>
- For all providers, any **other supplemental documentation** supporting your volume, attestation, validation of certified EHR or information to support your Meaningful Use attestation.

ALTERNATE METHOD TO ATTEST AND AVOID MEDICARE PAYMENT ADJUSTMENTS BY 2/28/17

Are you an Eligible Professional who didn't meet patient volume in Program Year 2016 but still need to avoid Medicare Payment Adjustments? CMS rules allows certain Medicaid EPs the option of attesting to Meaningful Use through the **Medicare** EHR Incentive Program Registration and Attestation system for the purpose of avoiding the Medicare payment adjustment. This *Alternate Attestation* Method will NOT issue an incentive payment, but it does permit EPs who have previously received an incentive payment under the Medicaid EHRIP (for either AIU or Meaningful Use) to demonstrate that they are meaningful EHR users, even if they fail to meet the patient volume eligibility criteria in a subsequent year. For Program Year 2016, EPs can report their Meaningful Use criteria for a 90-day period from within calendar year 2016 at the [CMS Medicare R&A site](#). **The deadline to attest using Alternate Method is February 28, 2017.** More information is available at [our website](#).

PROGRAM YEAR 2017 IS UNDERWAY

CMS rule updates changed the reporting period for the Meaningful Use Objectives for Program Year 2017 to 90 days, BUT the Clinical Quality Measures need to be reported for a full year. Providers who have already attested to MU in prior program years are required to attest to a FULL Year for the Clinical Quality Measures. Therefore, tracking PY2017 CQM data should be underway as of 1/1/17. NOTE: For those who are switching EHR systems during 2017, please plan to download, save or otherwise have access to data housed previously within your old CEHRT systems, as you will need to report data from both systems in order to meet the year-long reporting requirement for CQMs. More information about Program Year 2017 requirements is at our [website](#).

If you are aware of anyone who would like to receive our EHRIP email updates, or if you would like to be removed from this distribution list, please forward the updated information to ahs.dvhaEHRIP@vermont.gov.

Don't hesitate to [contact the Vermont Medicaid EHRIP Team](#) with any questions, and be sure to check out the [Vermont Medicaid EHRIP website](#) for important information about the program.

Happy New Year!
Lorraine

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