To All Vermont Medicaid EHR Incentive Program participants: This edition of our *EHRIP Update* focuses on information about Program Year 2017, so be sure to save it for future reference, and watch for updates in your email and at our [EHRIP website](#).

EHRIP TEAM ACTIVITIES – APPLICATION APPROVALS AND PY2017 GUIDANCE

Program Year 2016 Application Processing: The Vermont EHRIP Team has been very busy actively reviewing Program Year 2016 applications and following up with providers and preparers to confirm that all information is correct and that required documentation is received. As of this week, over 70% of PY2016 attestations have been reviewed, and over 55% have been approved for payment. If you have any questions about the status of your PY2016 application, do not hesitate to contact us at ahs.dvhaEHRIP@vermont.gov.

Program Year 2017 Outreach and Education: Program Year 2017 EHRIP requirements bring just a *few* changes: The optional availability of Stage 3 of Meaningful Use, changes to certain Modified-MU2 measures, MU and CQM reporting periods, and more. In order to ensure providers are able to leverage their maximum six years of incentive payments, the EHRIP Team is engaged in a range of outreach and education efforts for 2017 participation. We will also be offering individual phone consultation with screen sharing to step through questions particular to your providers, and the guidance available to target Meaningful Use measures. You can contact the EHRIP Team with your questions, and to schedule a consultation: ahs.dvhaEHRIP@vermont.gov

PY2017 ATTESTATION AVAILABILITY AND DEADLINES

MAPIR will be upgraded to accommodate changes to the EHRIP attestation requirements for Program Year 2017. We anticipate that providers will be able to start Program Year 2017 applications in December 2017. The deadline to submit a PY2017 application will be March 31st, 2018.

Alternate Attestations: EPs who *first* demonstrate meaningful use in PY2017 must demonstrate Meaningful Use for a 90-day reporting period in 2017 to avoid payment adjustments in 2018. This reporting period must occur in the first 9 months of calendar year 2017, and EP must attest to Meaningful Use no later than October 1, 2017, in order to avoid the payment adjustments in calendar year 2018. Since the MAPIR upgrade will not be available by this date to accommodate Program Year 2017 attestations, EPs needing to avoid Payment Adjustments can submit an Alternate Attestation at the Medicare R&A Site. This Alternate Attestation method will NOT issue an incentive payment, but EPs may subsequently attest for a Vermont Medicaid EHRIP payment when MAPIR is ready to accept 2017 applications. The EHRIP Team will engage in targeted outreach with the providers who may wish to take advantage of the Alternate Attestation in Program Year 2017.

PY2017 REPORTING PERIODS

Meaningful Use EHR Reporting Period - 90 Days: For all returning participants, the EHR reporting period is a minimum of any continuous 90-days between January 1 and December 31, 2017.

CQM Reporting Period: Full Calendar Year: Starting in Program Year 2017, Eligible Professionals (EPs) and Eligible Hospitals (EHs) who are returning Meaningful Use (i.e., EPs or EHs who have attested to MU in a prior Program Year), the CQM reporting period is the full calendar year, January 1 – December 31, 2017.

> **CQM Reporting Period Exceptions:** EPs who are first-time Meaningful Use attesters in Program Year 2017 (i.e., they are in their second payment year, and they attested to Adopt/Implement/Upgrade in payment year 1.)
> **NOTE for exceptions:**
> A. The reporting period for CQMs would be any continuous 90-day period within Calendar Year 2017; and
> B. The dates of the 90-day CQM reporting period may differ from the dates of the 90-day EHR reporting period.

CHANGES TO MEANINGFUL USE MEASURES IN PY2017

Stage 3 of Meaningful Use is an option for the first time in 2017, for those providers who have upgraded their Certified EHR Systems to the 2015 Edition, or are using a combination of 2014 and 20115 CEHRT. More information about Stage 3 criteria can be found at the CMS Website: MU3 Guidance for Medicaid EHRIP

Most providers will still be attesting to the Modified-MU2 criteria in Program Year 2017. However, please keep in mind that certain measures and requirements have evolved for PY2017:

Changes to Specific Objectives in Modified-MU2 in PY2017

- **Objective 0, ONC Questions**: A CMS final rule effective 1/1/2017 requires the EP to attest to cooperating with ONC's EHR system surveillance and review activities. *Objective 0* in the MAPIR Meaningful Use Objective array has been added to capture this requirement. For a screenshot of the attestation questions, click here.
- **Objective 1, Protect ePHI**: It is acceptable for the security risk analysis (or review of the SRA) to be conducted outside the EHR reporting period; however, the analysis must be unique for each EHR reporting period, the scope must include the full EHR reporting period, and must be conducted within the calendar year of the EHR reporting period (January 1st – December 31st).
- **Objective 8, Measure 2, Patient Electronic Access**: For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period.
- **Objective 9, Secure Messaging:** For an EHR reporting period in 2017, for more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.
- **Objective 10, Public Health Reporting**: For an EHR reporting period in 2017, all EPs must attest to at least two measures, or document exclusions if they cannot meet one or more measures. The Alternate Exclusion for Specialty Registry reporting is no longer available ("*the EP did not plan to report on special registry data, therefore the EP is able to claim an exclusion*").

PUBLIC HEALTH OBJECTIVE FOR MODIFIED-MU2 IN PY2017

- As indicated above, all EPs must attest to at least two measures, or document exclusions if they cannot meet one or more measures.
- Providers in Active Engagement to report immunization data to the Vermont Department of Health can request documentation for the measure from AHS.VDHPHMeaningfulUse@vermont.gov.
- Syndromic Surveillance data is not accepted electronically by Vermont or New Hampshire, and providers will exclude to that measure.
- Reporting to a Specialized Registry cannot be automatically excluded in 2017. Providers reporting data to the Vermont Blueprint for Health Clinical Data Registry, and New Hampshire providers engaged with the NH Cancer Registry can meet the measure by documenting their Active Engagement status.
- EPs must ensure they are following the guidance of CMS FAQ 13657 to determine if there is a specialized registry available for them, or if they should instead claim an exclusion.
- CMS has developed a Centralized Repository for Public Health Agency and Clinical Data Registry Reporting, which is one tool providers can utilize to confirm available reporting options.

Please review the detailed guidance, screenshots and Documentation Aids available at our webpage: Public Health Reporting in PY2017 for Modified-MU2.

CMS RESOURCES FOR PY2017 REQUIREMENTS
- Health Information Exchange Fact Sheet
- Security Risk Analysis Tip Sheet
- Patient Electronic Access Tip Sheet
- Public Health Reporting in 2017 for Medicaid EHRIP EPs
- 2017 Payment Adjustment Fact Sheet for EPs

PROVIDERS CONCLUDING THE VERMONT MEDICAID EHRIP: WHAT'S NEXT?
Congratulations to the 62 providers scheduled to complete all six years of their eligibility with the Medicaid EHR Incentive Program as of their Program Year 2016 payment! Providers finishing their incentive payments for meeting Meaningful Use in the EHRIP, please keep in mind that other quality programs still exist. For 2017 and beyond, if providers also see Medicare patients, the Merit-based Incentive Payment System will replace Medicare reporting for the Medicare EHR program, Physician Quality Reporting System and the Value-Based Payment Modifier. The Quality Payment Program is part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and includes two tracks — Advanced Alternative Payment Models (APMs) and the Merit-based Incentive Payment System (MIPS).   If you have questions or need assistance with determining eligibility or requirements, visit the Quality Payment Program to find out if providers should participate in MIPS at https://qpp.cms.gov

VERMONT MEDICAID EHRIP REPORTS
At the EHRIP Reports webpage, you will find reports that track the perfomance progress of the Vermont Medicaid EHR Incentive Program.
Payments to Eligible Providers: Lists all Eligible Hospitals and Eligible Professionals that received a Vermont Medicaid EHR Incentive Program payment for each Program Year. Each month's update is a cumulative, full replacement for all previously posted files.
The 2016 Annual Report: A CMS-prescribed format for Federally-defined annual reporting requirements for EHR Incentive Program payments. It contains aggregate Meaningful Use (MU) and Clinical Quality Measure (CQM) data for all Medicaid EHR incentive payments made by the State of Vermont to **Eligible Professionals** from the program's inception through March 31, 2017.
Cumulative Payment Report: Illustrates the cumulative dollar amount of payments made to date for all Eligible Hospitals and Eligible Professionals.

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.
Thank you,
Lorraine

Lorraine Siciliano
Medicaid Operations Administrator | EHR Incentive Program | Department of Vermont Health Access
☎802.363-4652 **|** ✉ Lorraine.siciliano@vermont.gov
NOB 1 South, 280 State Drive, Waterbury VT 05671-1010
(4R) http://healthdata.vermont.gov/ehrip | 🐦 https://twitter.com/VT_EHRIP