To All Vermont Medicaid Promoting Interoperability/EHR Incentive Program participants:

REPORTING eCQMs IN PROGRAM YEAR 2019

All Clinical Quality Measures in the Promoting Interoperability/EHR Incentive Program are referred to as "eCQMS" because they must be **generated by** a provider's Certified Electronic Health Record system. Eligible Professionals participating in the Vermont Medicaid PIP/EHRIP are not required to submit eCQMs electronically. The 2019 eCQM reporting period is the full 2019 calendar year. (For EPs attesting to MU for the first time, the 2019 reporting period is any continuous 90-day period within CY 2019.) Important changes to Program Year 2019 Clinical Quality Measures for the Medicaid Promoting Interoperability Program:

- All participating EPs are required to report on any **six** eCQMs relevant to their scope of practice from the set of 50 available.
- In addition, EPs must report on at least **one outcome measure**.
- If no outcome measure is relevant to their scope of practice, they must report on **one high priority measure**.
- If no high priority measures are relevant to their scope of practice, they may report on any six relevant measures.

To review the screenshots from MAPIR illustrating the instructions and selection process for reporting on eCQMs for Program Year 2019, download this tipsheet:
CQM_Guidance_PY2019.pdf

REMINDER: PUBLIC HEALTH REPORTING OPTIONS ARE DIFFERENT IN PY2019

Check out the important new content at the Public Health/Clinical Data Registry Reporting Objective webpage. We have posted guidance specific to Vermont EPs and New Hampshire EPs, as the registries available for providers are different for each state's Public Health Agency. **There is also specific guidance for Vermont EPs who are at Blueprint practices.** Documentation Aids illustrating MAPIR screenshots and detailing recommended attestation responses are available for download.

ASSISTANCE WITH THE CMS REGISTRATION AND ATTESTATION SYSTEMS

If you have new providers at your organization, or if the preparer role at your practice has transitioned to a new staff member, you will need to update that information with CMS systems in order to proceed with attesting on behalf of providers. CMS has updated its support for these issues, and has included the information in their Frequently Asked Questions.

- What should I do if I am unable to login to the Registration System, or have forgotten my password?
- A surrogate user (agent/office manager) is unable to select a provider for update in the Registration System, in spite of having an association with the provider in the I&A system.
- How can I get guidance or assistance relating to the Registration System?

Review the FAQs to understand the steps to take to align provider and preparer information for PIP/EHRIP attestations, and contact the NLR Production Support Help Desk at Email: NLRProdSupport@cms.hhs.gov, Phone: 1-833-238-0203 (Toll free).

PROGRAM YEAR 2019 PARTICIPATION
The Vermont Medicaid PIP/EHRIP Team is ready to answer all your questions regarding ongoing participation in PY2019. We have guidance and documentation aids posted at our PY2019 webpage to help you understand the details of Meaningful Use Stage 3 criteria, as well as the other requirements for PY2019 applications. We encourage you to schedule a consultation with us, to step through the unique details of your organization, your Eligible Professionals' past attestation history, and to maximize the number EPs who are qualified to continue receiving payments through 2021. Send us an email at: ahs.dvhaEHRIP@vermont.gov

ACTIONS ALLOWABLE OUTSIDE THE 90-DAY EHR REPORTING PERIOD
Program Year 2019 Meaningful Use Stage 3 Objectives include measures for which actions can occur **before**, **during** or **after** the MU reporting period of 90 days, but within the calendar year of each Program Year. Including data from the entire calendar year helps providers meet the thresholds for these measures. Each objective's specification sheet lists the information under the '*Additional Information*' section of any objective that allows this. In order to provide the necessary documentation to support inclusion of the data, the PIP/EHRIP Team requests a data file that verifies that the action that occurred outside the EHR Reporting period during the calendar year is valid for a patient seen during the 90-day EHR reporting period. More information can be found in this tipsheet:
ActionsAllowableOutside90DayReportingPeriod.pdf

Reminder: Program Year 2018 applications are under review, and will be processed in the order that they were submitted. To facilitate resolution and payment, please respond promptly to any requests for additional information or documentation that you may receive from the PIP/EHRIP Team.

Don't hesitate to contact the Vermont Medicaid PIP/EHRIP Team with any questions, and be sure to check out the Vermont Medicaid PIP/EHRIP website for important information about the program.

Thank you,
Lorraine Siciliano

Promoting Interoperability Program/Vermont Medicaid EHR Incentive Program
Email: ahs.dvhaEHRIP@vermont.gov
Website: https://healthdata.vermont.gov/ehrip