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Sent: Friday, August 25, 2017 1:29 PM
To: Vermont Medicaid EHRIP Email List
Subject: VT Medicaid EHRIP Update 8/25/17: PY2017 Changes; Understanding the Impact of PY2017 Requirements

To All Vermont Medicaid EHR Incentive Program participants:

NEW RULE FROM CMS INCLUDES CHANGES FOR PY2017 EHRIP REQUIREMENTS

(FY) 2018 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System Final Rule Issued

The new IPPS rule finalized by CMS on August 2nd, 2017 has implications for the Medicare and Medicaid Electronic Health Record Incentive Programs. The rule will be effective as of October 1st, 2017, and includes a number of changes to requirements for participants in the Medicaid EHRIP in 2017 and beyond:

- The reporting periods for Eligible Professionals have been ALIGNED so that all EPs may utilize a 90-day reporting period for both Clinical Quality Measures and Meaningful Use Objectives.
- CEHRT flexibility has been adopted for 2018: Providers will have the option to continue to attest to the Modified-MU2 objectives and measures using 2014 Edition CEHRT, 2015 Edition CEHRT, or a combination of 2014 and 2015 Edition CEHRT.
- Exceptions for Medicare payment adjustments for Eligible Hospitals and Eligible Professionals have been added for those whose CEHRT has been decertified by ONC.
- The total number of CQMs EPs must attest to in 2017 for the EHRIP has been reduced from 9 to 6, and there are no longer any domain requirements.
- To align CQMs between Quality Payment Programs for EPs, the total number of CQMs to select from has been reduced from 64 to 53. Below are the 11 CQMs that are no longer active for the 2017 EHRIP. A complete inventory of 2017 CQMs is available [here](#).

Eligible Professionals
•CMS61 Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed
•CMS62 HIV/AIDS: Medical Visit
•CMS64 Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)
•CMS77 HIV/AIDS: RNA Control for Patients with HIV
•CMS126 Use of Appropriate Medications for Asthma
•CMS140 Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
•CMS141 Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
•CMS148 Hemoglobin A1c Test for Pediatric Patients
•CMS163 Diabetes: Low Density Lipoprotein (LDL-C) Control (< 100 mg/dL)
•CMS179 ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range
•CMS182 Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (<100 mg/dL)

WHEN TO ATTEST FOR PROGRAM YEAR 2017

Because the changes outlined in the 8/2/17 IPPS rule impact our current MAPIR system, providers will not be able to start a Program Year 2017 application until MAPIR has been updated with the new requirements. We anticipate the updates to be complete by January 2018. Providers attesting to Stage 3 Meaningful Use requirements, which is an option for those who have upgraded their CEHRT, will await MAPIR enhancements required for Stage 3 MU changes that will be available in March 2018. Stay tuned for announcements about the availability of MAPIR for PY2017 applications.

NEW CHANGES AS WELL AS “OLD” CHANGES

The changes announced in the IPPS Final Rule add to the changes that are already established for Program Year 2017 measures and objectives, as compared to previous Program Year requirements.

- The Security Risk Assessment must be *conducted or reviewed* by the end of the Program Year: (by 12/31/17, instead of by the date of attestation, per previous years’ requirements).
- Thresholds for certain measures have increased.
- The Alternate Exclusion for Specialized Registry reporting is no longer available.
- A CMS final rule effective 1/1/2017 requires the EP to attest to cooperating with ONC’s EHR system surveillance and review activities. A new screen in MAPIR has been configured to assess those questions.

NEED HELP UNDERSTANDING THE IMPACT OF PY2017 CHANGES?

The EHRIP Team is offering consultation sessions with practices to help them understand how Program Year 2017 requirements will affect their providers. In a conference call with GoToMeeting screen sharing, we can step through changes and known challenges for the EPs you attest for, and review the list of your EPs that are eligible to continue the EHR Incentive Program through their maximum six years of payments. If you are interested in scheduling a consultation time, [contact the EHRIP Team](#).

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

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