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Subject: VT Medicaid PIP/EHRIP Update 11/08/18: Schedule Consultation; PY2018 SRA Deadline; Finalized

CMS Rule; Audit Tip Sheet; PY2019 Sneak Peek; Farewell to Casey!

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

# SCHEDULE A CONSULTATION WITH THE VT MEDICAID PIP/EHRIP TEAM

To help program participants keep track of Program Year 2018 requirements, as well as upcoming changes for Program Year 2019, schedule a consultation with the PIP/EHRIP Team. We can step through the unique details of your organization, your Eligible Professionals' past attestation history, and maximize the list of EPs who are qualified to continue receiving payments through 2021: <a href="mailto:ahs.dvhaEHRIP@vermont.gov">ahs.dvhaEHRIP@vermont.gov</a>

## PY2018 DEADLINE: CONDUCT OR REVIEW YOUR SRA BEFORE 12/31/2018

Conducting or reviewing a security risk analysis (SRA) to meet the standards of Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule is included in the meaningful use requirements of the Medicaid PIP/EHR Incentive Program every year.

The Security Risk Analysis must be conducted **or reviewed** for each Program Year an Eligible Provider applies for a PIP/EHR Incentive Program payment. It is acceptable for the SRA to be conducted or reviewed outside the 90-Day PIP/EHR reporting period; however, the SRA or review:

- Must be unique for each PIP/EHR reporting period;
- The scope must include the full PIP/EHR reporting period, and;
- Must be conducted within the calendar year of the PIP/EHR reporting period: January 1st December 31st.

The HHS Office of the National Coordinator for Health Information Technology (ONC) and the HHS Office for Civil Rights (OCR) have updated the popular Security Risk Assessment Tool to make it easier to use and apply more broadly to the risks to health information. The tool is designed for use by small to medium sized health care practices – those with one to 10 health care providers – covered entities, and business associates to help them identify risks and vulnerabilities to ePHI. The updated tool provides enhanced functionality to document how such organizations can implement or plan to implement appropriate security measures to protect ePHI. Here is a link to the updated tool: https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool

The Vermont Medicaid PIP/EHRIP website has guidance and a documentation template for creating Security Risk Assessment based on version 2.0 of the ONC tool: https://healthdata.vermont.gov/ehrip/SRA

SRA references, definitions, Myths and Facts, and more information are contained in the CMS SRA Tip Sheet.

### PROGRAM UPDATES WITH FINALIZED CMS RULE

On November 1, 2018, the Centers for Medicare & Medicaid Services released the Medicare Physician Fee Schedule (PFS) Final Rule. Although most of the rule does not impact our program, this rule does include some changes to the Medicaid Promoting Interoperability/EHR Incentive Program (PIP/EHRIP). There are also changes for the Medicare Quality Payment Program (QPP) and Merit-based Incentive Payment System (MIPS). Here are some updates you should know about:

#### **CQM Policies for Program Year 2019**

- The list of available eCQMs for EPs in 2019 was aligned with the list of eCQMs available for Eligible Clinicians under MIPS in 2019. Those eCQMs can be found at <a href="https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms">https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms</a>.
- In 2019, EPs who are returning meaningful users must report on a one-year eCQM reporting period, and first-time meaningful users must report on a 90-day eCQM reporting period.
- EPs are required to report on any six eCQMs related to their scope of practice.

In addition, Medicaid EPs are required to report on at least one outcome or high-priority measure. If there are
no outcome or high priority measures relevant to an EP's scope of practice, they may report on any six relevant
measures.

## **Meaningful Use Policies**

• The threshold for Stage 3 Objective 6, Measure 1 (View, Download, Transmit) and Measure 2 (Secure Messaging) will remain "greater than 5%" for Program Year 2019 and for the remainder of the Medicaid PIP/EHR Incentive Program.

# **Program Year 2021 Policies**

• In 2021 all EPs will have 90-day reporting periods for Meaningful Use and CQM reporting to allow states to meet the statutory deadline of December 31, 2021 for all incentives to be paid.

For more information on the QPP and MIPS policies for Medicare Eligible Clinicians, see the CMS press release.

#### **UPDATED AUDIT TIP SHEET**

The VT EHRIP Audit Team has updated the Eligible Professional Audit Tip Sheet, available here: https://healthdata.vermont.gov/ehrip/Audits

Remember, the best time to prepare for an audit is during the attestation process. Download and consult this guidance as you prepare and submit your PIP/EHRIP attestation.

If you are contacted about a PIP/EHRIP post-payment audit, please be sure to read your audit notification thoroughly, as it contains specific instructions, requirements, and samples regarding content and formatting to help you supply sufficient supportive documentation. Make sure you are staying in contact with your auditor. Notify them of any reason if you need more time and any data elements you are having trouble collecting. If your auditor has not heard anything within the timeframe specified in the communications, a recoupment may be initiated. Keeping in contact with your auditor is very important.

#### **LOOKING AHEAD TO PROGRAM YEAR 2019**

Program Year 2019 is quickly approaching. Here are some important requirements to know:

- You MUST be using a 2015 Certified EHR System.
  - **IMPORTANT**: For your 90-day Meaningful Use Reporting Period, you must be using a 2015 CEHRT for the entire 90-day reporting period...BUT for the Clinical Quality Measures, you do **NOT** need to have a 2015 CEHRT for the entire 2019 calendar year. For example, if you move to a 2015 Certified EHR System on July 1, 2019 and your MU reporting period is Oct. 3, 2019 Dec. 31, 2019, that would meet both the MU and CQM requirements.
- Stage 3 is the only Meaningful Use Stage option. Guidance in the form of a Stage 2/Stage 3 comparison will be issued to help providers understand the differences between the two stages.
- The Meaningful Use Reporting Period is 90 days in 2019 and the Clinical Quality Measure reporting is the entire calendar year 2019 (unless this is the first time you are attesting to MU).
- The threshold for Stage 3 Objective 6, Measure 1 (View, Download, Transmit) and Measure 2 (Secure Messaging) will remain "more than 5 percent" for 2019 and all remaining years of the program.

#### **FAREWELL TO CASEY!**

Casey O'Hara has accepted a position with the Vermont Department of Taxes, and his last day as PIP/EHRIP Chief Data Guru and co-administrator will be tomorrow, Friday 11/9/18. We will miss him, but wish him well in his new endeavors, and are happy that he will remain in touch. He will be within easy striking distance right down the road in Montpelier if we have occasion to call upon his institutional memory and data analytics skills. We are working to fill his position as soon as possible, and hope to have a new person on board the EHRIP Team quickly.

If you are aware of anyone who would like to receive our PIP/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 <u>Vermont Medicaid EHRIP website</u> for important information about the program.

Thank you, Lorraine

**Lorraine Siciliano** 

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