



**To:** All Vermont Medicaid PIP/EHRIP participants  
**From:** Troche, Heriberto  
**Sent:** Monday, February 3, 2020 12:12 PM  
**Subject:** Note to Preparers: Multiple Locations/Employers; MAPIR Accepting Applications; PY2020 Spec Sheets; Practice Fusion Update (Posted 2/3/2020)

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To All Vermont Medicaid Promoting Interoperability/EHR Incentive Program Application Preparers:

**Note to Preparers: Multiple Locations/Employers** (Posted 02/03/2020)

Those preparing and submitting applications for incentive payments in the Medicaid Promoting Interoperability Program **MUST** be cognizant of whether the providers they are preparing applications for practice at other locations or have other employers.

We recommend that preparers flag any provider who either:

- **Practices at another location** (in most instances when it is the same employer that has multiple practice sites, the CEHRT automatically combines the data, so there will likely be no extra steps needed).
- or
- **Has more than one employer.**

For each of these providers, you should confirm **that at least 50% of their total outpatient encounters during their EHR reporting period took place at a location, or a combination of locations, with certified EHR technology (CEHRT).**

Meaningful use measures can be calculated across locations and employers by adding the numerators and denominators from each CEHRT.

Please be advised that you will be putting your organization at risk of recoupment during post-payment audit if you do not consider all of the locations and employers of your attesting Providers. Furthermore, please be aware of the dates you are entering in your applications. The EHR Reporting Period should be used when completing the MU General Requirements section of the MAPIR attestation, not the Patient Volume dates.

Please refer to CMS guidance on multiple locations for further information: [Guide for Eligible Professionals in the Medicaid Promoting Interoperability Program Practicing in Multiple Locations](#).

Reach out to the PIP team at [ahs.dvhaEHRIP@vermont.gov](mailto:ahs.dvhaEHRIP@vermont.gov) if you have any other questions, comments, or concerns.

**Reminder MAPIR IS READY TO ACCEPT PY2019 APPLICATIONS** (Posted 02/03/2020)

The MAPIR system upgrade is complete, and providers may start submitting their Program Year 2019 PIP/EHR Incentive Program applications. The deadline to submit applications is **February 29, 2020**. More information here: <https://healthdata.vermont.gov/ehrip/PY2019>

Please refer to the website announcement from **January 3, 2020** for information on **MAPIR User Guides** and resolving **Problems Logging Into MAPIR**.

**PROGRAM YEAR 2020 IS UNDERWAY FOR TRACKING ELIGIBILITY AND MU MEASURES** (Posted 02/03/2020)

CMS has posted the [Specification Sheets](#) for 2020 Medicaid Promoting Interoperability Program requirements at their [PY2020 webpage](#). Highlights:

- 2015 Certified EHR System is required.
- All providers will be attesting to Meaningful Use Stage 3 Objectives and Measures.
- 90-Day EHR Reporting Period for MU Objectives and Measures.
- **90-Day** Reporting Period for Clinical Quality Measures.

- Changes to Public Health Reporting Options.

More information and guidance will be posted at our [website](#) as it becomes available.

### **Electronic Health Records Vendor to Pay \$145 Million to Resolve Criminal and Civil Investigations** *(Posted 02/03/2020)*

On January 27, 2020, the U.S. Department of Justice announced that Practice Fusion Inc. (Practice Fusion), a San Francisco-based health information technology developer, will pay \$145 million to resolve criminal and civil investigations relating to its electronic health records (EHR) software.

States may receive questions from providers regarding flawed Meaningful Use reports that have come to light. States and providers do not need to take any actions. CMS has a public-facing FAQ (#6097) stating that providers should not be penalized for problems with their CEHRT that are discovered after attestation. If an EP provided attestations that they believed to be accurate at the time, and their documentation was sufficient at the time of payment, then they should not be under further scrutiny.

#### **CMS FAQ #6097**

Q: I entered numerator and denominator information during my Medicare Electronic Health Record (EHR) Incentive Program attestation from my certified EHR technology, but subsequently discovered that the method of calculation included in the software was flawed. The software vendor has updated the reports. If CMS audits me, will I be held responsible for the difference between what I reported and what the updated software calculates?

A: CMS does not plan to conduct an audit to find providers who relied on flawed software for their attestation information. We realize that providers relied on the software they used for accuracy of reporting, and we believe that most providers who were improperly deemed meaningful users would have met the requirements of the EHR Incentive Programs using the updated certified EHR technology.

For more information: [DOJ Press Release](#)

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Thank you,  
Heriberto Troche



**Promoting Interoperability Program/Vermont Medicaid EHR Incentive Program**

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