**To**: All Vermont Medicaid PIP/EHRIP participants
**From:** Troche, Heriberto
**Sent:** Friday, April 24, 2020 12:11 PM
**Subject:** Program Update/COVID-19 Response; Meaningful Use Assistance; MAPIR User Guide; Telehealth Encounter Guidance

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

**Update on Program Year 2019/Response to COVID-19: PY2019 submission window Extended** *(Posted 04/15/2020)*
In response to the COVID-19 emergency declarations the Promoting Interoperability Program has reopened the PY2019 application submission window in MAPIR. **The application submission window for PY2019 will be open through May 31, 2020.**

We appreciate your patience as we continue to process applications. Please note you will be unable to begin your Program Year 2020 application until your Program Year 2019 application has been finalized.

**Meaningful Use Assistance Service (Posted 04/15/2020)**

The PIP/EHRIP team is standing by to answer questions and support providers with their attestations. Please email us at AHS.DVHAEHRIP@vermont.gov with any questions and be sure to check out the Vermont Medicaid PIP/EHRIP website at https://healthdata.vermont.gov/ehrip for important information about the program.

Alternatively, you may reach out to our VITL Meaningful Use Assistance service provider, at Mdonati@vitl.net for assistance with understanding the Meaningful Use requirements and submitting incentive payment applications. This service is paid for directly by our program at no charge to program participants, however, there are other services your practice may want to utilize for a fee at your own discretion.

**MAPIR USER GUIDES (re-Posted 04/15/2020)**

Before proceeding with an application in MAPIR, download and review the helpful User Guides. As you step through the screens in the MAPIR system, the User Guides provide additional explanation, illustrated hints, navigation tips, and documentation forms. Reviewing the User Guide will help you organize the reports and data needed for attestation. Assembling this information ahead of time will maximize your productivity when you are logged into the MAPIR system.

The MAPIR 6.2 User Guides for Eligible Professionals are separated into four files:

Part 1 - Getting Started, Confirm R&A and Contact Info, Eligibility, Patient Volumes (PDF 2.4 MB)

Part 2D - Attestation Phase, MU General Requirements, MU Objectives, CQMs (PDF 4.8 MB)

Part 3 - Review; Optional Questionnaire; File Uploads; Required Documentation; Submission; Status information; Adjustments (PDF 1.2 MB)

Part 4 - Additional User Information, Appendices (PDF 460 KB)

Also, please do not hesitate to reach out to the VT PIP team at ahs.dvhaEHRIP@vermont.gov if you have any questions, comments, or concerns.

**Telehealth Guidance/FAQ:**

CMS has made it clear that telehealth encounters are counted just as any in-office encounter for purposes of meeting stage 3 Meaningful Use Requirements. Please see the response to the similar question asked in the past:

FAQ #7535
**Q.** The Promoting Interoperability Programs Stage 1 Rule stated that, in order for a Medicaid encounter to count towards the patient volume of an eligible provider, Medicaid had to either pay for all or part of the service, or pay all or part of the premium, deductible or coinsurance for that encounter. The Stage 2 Rule now states that the Medicaid encounter can be counted towards patient volume if the patient is enrolled in the state's Medicaid program (either through the state's fee-for-service programs or the state's Medicaid managed care programs) at the time of service without the requirement of Medicaid payment liability. How will this change affect patient volume calculations for Medicaid eligible providers?

**A.** Importantly, this change affecting the Medicaid patient volume calculation is applicable to all eligible providers, regardless of the stage of the Medicaid Promoting Interoperability Program they are participating in. Billable services provided by an eligible provider to a patient enrolled in Medicaid would count toward meeting the minimum Medicaid patient volume thresholds. Examples of Medicaid encounters under this expanded definition that could be newly eligible might include: behavioral health services, HIV/AIDS treatment, or other services that might not be billed to Medicaid/managed care for privacy reasons, but where the provider has a mechanism to verify eligibility. Also, **services to a Medicaid-enrolled patient that might not have been reimbursed by Medicaid (or a Medicaid managed care organization) may now be included in the Medicaid patient volume calculation (e.g., oral health services, immunization, vaccination and women's health services, , telemedicine/telehealth, etc.).** Providers who are not currently enrolled with their state Medicaid agency who might be newly eligible for the incentive payments due to these changes should note that they are not necessarily required to fully enroll with Medicaid in order to receive the payment. In some instances, it may now be appropriate to include services denied by Medicaid in calculating patient volume. It will be appropriate to review denial reasons. If Medicaid denied the service for timely filing or because another payer's payment exceeded the potential Medicaid payment, it would be appropriate to include that encounter in the calculation. If Medicaid denied payment for the service because the beneficiary has exceeded service limits established by the Medicaid program, it would be appropriate to include that encounter in the calculation. If Medicaid denied the service because the patient was ineligible for Medicaid at the time of service, it would not be appropriate to include that encounter in the calculation. Further guidance regarding this change will be distributed to the states as appropriate.

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Thank you,
Heriberto Troche

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