Medicaid EHR Incentive Program Updates eHealth Services and Support

September 24, 2014

Today's presenter:
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Goals of today's session:

❑ Review important deadlines

❑ Provide updates about 2014 Supporting Documentation Requirements

❑ Provide information about the Reconsideration, Denial and Appeals Process

❑ Offer an opportunity for the provider community to ask questions

Program Overview | Medicaid

VISION

To improve the quality and coordination of care by connecting providers to patient information instantly through the use of certified EHR technology (CEHRT)

GOAL

To promote the adoption and meaningful use of interoperable CEHRT to Eligible Professionals (EPs) and Eligible Hospitals (EHs) across the Commonwealth

Medicaid EHR Incentive Payment Program

MeHI's role in administering the Program

- Support MassHealth with Program Planning and Administration

- Enrollment and Eligibility Verification

- Attestation and Pre-Payment Verification and Payment Authorization

- Reconsideration, Denial & Appeals

- Program Reporting and Analysis to State and Federal Government

Important Timelines

❑ Program Year 2014 began on January 1, 2014 and will end on December 31, 2014

- **Note:** The grace period will extend from January 1, 2015 to March 31, 2015

❑ 2016 is the last year EHs and EPs can **initiate** participation in the Medicaid EHR Incentive Payment Program

❑ 2021 is the last year to receive payments under the Medicaid EHR Incentive Payment Program

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Important Timelines

- Medicare EHR payment adjustments begin in 2015 for Eligible Hospitals (EHs) and Eligible Professionals (EPs) that are **not meaningful users** of certified EHR technology.

- Adopt, Implement, Upgrade (AIU) does not equal Meaningful Use

- In October 2014, MassHealth will be sending a file of the providers who have attested to Meaningful Use to Medicare

- **Note:** EHR payment adjustments and PQRS payment adjustments are distinct and separate

Important Timelines – CMS Final Rule regarding EHR Flexibility

CMS Program Year 2014 EHR Flexibility Final Rule was released August 29, 2014

Important Information:

- ❑ EPs attesting to AIU must demonstrate compliance with 2014 CEHRT
- ❑ EPs can submit their 2014 attestations now as long as they are not seeking an exception to use the new CMS EHR Flexibility rules
- ❑ MassHealth is working on enhancements to MAPIR that will allow providers the reporting flexibility as defined in the new CMS rules
- ❑ MeHI and MassHealth will notify providers when MAPIR has been updated to support the CMS EHR Flexibility rules

Supporting Documentation Requirements

❑ To minimize processing delays and improve operational efficiency, EPs or their Preparers will be required to upload supporting documentation prior to submitting their application

❑ If an application is submitted without the required supporting documentation, the EP or Preparer will be notified and the application will be set back to Incomplete

❑ All applications will be processed in the order received

❑ Within the next 2-3 weeks, MeHI will post specific supporting documentation forms to our website and in our member portal for EPs and their Preparers to access

❑ Additional supporting documentation may still be requested during the pre-audit process

> **Note:** According to state guidelines, all EPs must keep their MU supporting documentation for a minimum of **six years** for auditing purposes for each year of attestation

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Types of Supporting Documentation

- ❑ Group Roster and Group Patient Volume Documentation is required for all Hospital Ambulatory Group Practices

  - ▪ We strongly recommend that Hospital Administrators submit patient volume data prior to submitting their EP's applications for review and approval

- ❑ EPs and EHs attesting to 2014 Stage 1 objectives and measures or Stage 2 Meaningful Use must upload proof of 2014 CEHRT

- ❑ EPs and EHs that plan to take advantage of CMS EHR Flexibility options for Program Year 2014 may be required to complete a 2014 CEHRT Hardship Exception Form

  - ▪ **Note:** This requirement is still <u>under review</u>

- ❑ EPs that practice at a Rural Health Center (RHC) or Federally Qualified Health Center (FQHC) must upload an Employment Letter

Types of Supporting Documentation

❑ All EPs attesting to the **2013 Stage 1 Meaningful Use objectives and measures** must upload the following:

1. Confirmation of MU Aggregation Form
2. Immunization Acknowledgement (ACK)
3. Upon Request:
   - MU Dashboard or EHR Reports
   - Clinical Decision Support Rule
   - Copy of Security Risk Analysis

❑ All EPs attesting to the **2014 Stage 1 Meaningful Use objectives and measures** OR to **Stage 2 Meaningful Use** must upload the following:

1. Confirmation of MU Aggregation Form
2. MU Dashboard or EHR Reports
3. Immunization ACK (Stage 1) or DPH/MIIS Registration of Intent (Stage 2)
4. Clinical Decision Support Rules
5. Copy of Security Risk Analysis
6. Clinical Quality Measures (Stage 2 only)

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Reconsideration, Denials & Appeals

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Reconsideration & Denials

❑ MassHealth is in the process of promulgating the Denials and Appeals Regulations

❑ The Denial and Appeals Process is on schedule to be imposed starting in October 2014

❑ If there is a discrepancy or the required supporting documentation is not attached to the EPs application, an initial determination letter will be issued.

❑ If the EP disagrees with the determination they will have 30 days from the date of the initial notification to request reconsideration

❑ Upon reconsideration of the EP's application, a final (denial) determination may be made

Right to Appeals

❑ Applicants who have been denied participation in the Massachusetts Medicaid EHR Incentive Payment Program will have 30 calendar days from the date the Final Determination Notice was issued to file a claim for an Adjudicatory Hearing

Questions, Concerns, Feedback

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