

State-Regulated Payor Electronic Health Record Adoption Incentive Program Supporting Documentation Guidance

Background

The State-Regulated Payor Electronic Health Record (EHR) Adoption Incentive Program (State incentive program) requires State-regulated payors (payors) to provide incentives to primary care practices to promote the adoption of electronic health records (EHRs). In order to qualify for the State incentive, the primary care practice must, among other things, demonstrate that the practice has either:

1. Attested to the current Meaningful Use requirements under the Medicare or Medicaid EHR Incentive Program (federal incentive programs); or
2. Participates in any MHCC-approved patient centered medical home (PCMH) program and has achieved recognition from the National Committee for Quality Assurance (NCQA) for meeting NCQA's 2011 or later standards for at least level two PCMH recognition

In order to demonstrate the above practices are asked to submit copy of:

1. The confirmation received from the Center for Medicare and Medicaid Services (CMS) or the Maryland Medical Assistance Program (Medicaid) of acceptance of attestation to Meaningful Use by at least one physician or nurse practitioner within the practice; or
2. The PCMH recognition letter received from NCQA, which indicates level two status and is not expired.¹

Meaningful Use attestation may occur at various times throughout the year due to the reporting periods and deadlines established under the federal incentive programs. Typically, an eligible provider will attest between April 1st and March 31st. For example, providers could attest as early as April 1, 2013, and as late as March 31, 2014 to receive an incentive for the 2013 program year under the federal incentive programs.

Purpose

In an effort to provide more specific guidance on what is acceptable supporting documentation, the Maryland Health Care Commission (MHCC) is providing the below attached samples of each type of documentation, which includes 1) Medicare attestation confirmation, 2) Medicaid attestation confirmation, and 3) PCMH recognition letter.

Additionally, in an effort to provide more specific guidance regarding what qualifies as a "current" Meaningful Use attestation given the various attestation timeframes, MHCC is providing information that practices may use to help guide their submission of their most current Meaningful Use attestation documentation and payors may use in their review of the supporting documentation provided.

Recommendation

It is recommended that payors and other stakeholders supporting practices in qualifying and requesting payment under the incentive program share these attached samples with practices who inquire as to what type of supporting documentation should be submitted with their payment request. In addition, practices may be directed to the incentive program website for complete information, which is available at:

http://mhcc.maryland.gov/mhcc/Pages/hit/hit_ehr/hit_ehr_state_incentive.aspx

As it relates to current Meaningful Use attestation documentation, it is recommended that practices submit the most recent attestation, which may be in the current calendar year they are requesting a State incentive

¹ The expiration date within the sample attached template letter is highlighted for reference purposes of this guidance document.

payment or the previous calendar year. The below chart details the attestation program year that should be submitted based on the date the practice is submitting a State incentive payment request.

Date of State incentive payment request	Program year of Meaningful Use attestation
Between October 7, 2014 – April 1, 2015	2013 or 2014
Between April 2, 2015 – April 1, 2016	2014 or 2015
Between April 2, 2016 – April 1, 2017	2015 or 2016
Between April 2, 2017 – April 1, 2018	2016 or 2017
Between April 2, 2018 – December 31, 2018	2017 or 2018

Within each sample Meaningful Use attestation below, the *program year* of the attestation is highlighted for references purpose of this guidance document.

Further Information

For detailed information regarding the State incentive program, please visit:
http://mhcc.maryland.gov/mhcc/Pages/hit/hit_ehr/hit_ehr_state_incentive.aspx

For information regarding the federal incentive programs, please visit Maryland's Meaningful Use Resource Center at: <https://meaningfuluse.crisphealth.org>.



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Submission Receipt

Accepted Attestation

The EP demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.

- The meaningful use core measures are accepted and meet MU minimum standards.
- The meaningful use menu measures are accepted and meet MU minimum standards.
- All clinical quality measures were completed with data sufficient to meet the minimum standards.

Note: Please print this page for your records. You will receive an e-mail confirmation of your attestation.

Attestation Tracking Information

Attestation Confirmation Number: [REDACTED]

Name: [REDACTED]

TIN: XXX-XX-[REDACTED] (SSN)

NPI: 1669400784

EHR Certification Number: 30000001SVJQEA0

EHR Reporting Period: 02/10/2012 - 05/09/2012

Attestation Submission Date: 01/16/2013

Reason for Attestation: You are a Medicare Eligible Professional completing an attestation for the EHR Incentive Program.

Please select the **Print Receipt** button to print this page. Select the **Review Results** button to view all measures. Select the **Status** tab above for additional information about your EHR incentive program participation.

[Print Receipt](#)

[Review Results](#)

Tax Identifier: XXX-XX-[REDACTED] (SSN)
NPI: [REDACTED]
Program Year: 2012



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Medicaid Attestation Sample



MU Attestation Summary Report

Provider Name	[REDACTED]			Confirmation Number	[REDACTED]
NPI	[REDACTED]	Payment Year	2	Program Year	2013
Attestation Date	03/31/2014	Start Date	10/01/2013	End Date	12/29/2013

#	Objective Name	Yes/No	Num	Den	Excl1	Excl2	Excl3	Excl4	Calculated %	Status
Meaningful Use Core Measures										
1	CPOE for Medication Orders				0					✓
2	Drug Interaction Checks	YES								✓
3	Maintain Problem List		374	449					83.3	✓
4	Transmit Permissible Prescriptions		21	21					100	✓
5	Active Medication List		398	449					88.64	✓
6	Medication Allergy List		415	449					92.43	✓
7	Record Demographics		253	449					56.35	✓
8	Record Vital Signs		236	449	NO	NO	NO	NO	52.56	✓
9	Record Smoking Status		369	448					82.37	✓
10	Clinical Decision Support Rule	YES								✓
11	Electronic Copy of Health Information		1	1					100	✓
12	Provide Clinical Summaries				0					✓
13	Protect Electronic Health Information	YES								✓
Meaningful Use Menu Measures										
1	Drug Formulary Checks	YES								✓
2	Patient Lists	YES								✓
3	Reminders to Patients		450	631	NO				71.32	✓

4	Medication Reconciliation		229	431	NO				53.13	✓
5	Immunization Registries Data Submission	YES			NO					✓
Core Clinical Quality Measures										
1	Adult Weight Screening and Follow-Up		103	237	0					✓
1.1	Adult Weight Screening and Follow-Up (Sub-Measure)		163	339	0					✓
2	Hypertension: Blood Pressure Measurement		231	271						✓
3	Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention		27	271						✓
3.1	Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention (Sub-Measure)		0	3						✓
Menu Clinical Quality Measures										
1	Diabetes: Hemoglobin A1c Poor Control		0	1	0					✓
2	Diabetes: Low Density Lipoprotein (LDL) Management and Control		0	1	0					✓
2.1	Diabetes: Low Density Lipoprotein (LDL) Management and Control (Sub-Measure)		0	1	0					✓
3	Diabetes: Blood Pressure Management		0	1	0					✓

SAMPLE NCQA PCMH RECOGNITION LETTER



September 30, 2010

«Admin_First_Name» «Admin_Last_Name»
«Site_Name»
«Mail_Address1»
«Mail_Address2»
«Mail_Address3»
«Mail_City», «Mail_State» «Mail_Zip_Code»

Dear Customer,

We are pleased to inform you that «Site_Name» has achieved the following NCQA recognition status for Physician Practice Connections-Patient Centered Medical Home (PPC-PCMH):

- Recognized – Level 2

The effective date of Recognition begins on «Begin_Recognition» and expires on «End_Recognition». NCQA will list your practice and its clinicians on our Web site with a recognition seal for Physician Practice Connections-Patient Centered Medical Home.

Enclosed is your recognition packet, including a Certificate of Recognition and Media Kit. Earning PPC-PCMH recognition is a distinction in which you and your practice can take pride. We encourage you to promote your status as a PPC-PCMH- recognized practice, and incorporate the seal into your advertising and marketing efforts. You will find the program Seals and Advertising Guidelines on the NCQA Web site at www.ncqa.org/recognition.

Six months prior to the Recognition expiration date indicated above, you will receive information on re-application to the program. If you should have any questions about the status you received or about the enclosed documents, please contact the Physician Practice Connections-Patient-Centered Medical Home program at ppc-pcmh@ncqa.org.

Congratulations on your success and thank you for doing your part to advance quality in health care.

Sincerely,

A handwritten signature in black ink, appearing to read "Margaret S. O'Kane".

Margaret O'Kane
President
National Committee for Quality Assurance

Maryland Medicaid EHR Incentive Program
Attestation Form for Eligible Providers to
Meet Program Requirements Under the
Certified Electronic Health Record (CEHRT) Flexibility Rule for Program Year 2014

BACKGROUND

On August 29, 2014 the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC) released a Final Rule that allows providers participating in the EHR Incentive Programs to use certain Certified Electronic Health Record Technology (CEHRT) Editions for Program Year 2014, only.

The Final Rule grants flexibility to providers who are unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 CEHRT availability.

For Program Year 2014, providers may now use EHRs that have been certified under the 2011 Edition, a combination of the 2011 and 2014 Editions, or the 2014 Edition.

WHO SHOULD FILL OUT THIS FORM?

Only those providers that have been pre-approved by the Maryland Department of Health and Mental Hygiene (DHMH) may fill out this form.

To start the pre-approval process, providers must fill out a short online survey, available at: <https://www.surveymonkey.com/s/HRSZFT2>.

After you have received approval from DHMH to use the CEHRT Flexibility Rule for your Program Year 2014 attestation, fill out this form and the appropriate Meaningful Use fillable PDF and email them to dhmh.MarylandEHR@maryland.gov. Within 24 hours, we will respond with a confirmation receipt of your attestation documents.

DHMH will associate your information with your attestation record in the State's Registration and Attestation System, eMIPP. We will also use eMIPP to facilitate your attestation and record your payment. Within three (3) weeks of your receipt of our email confirming your attestation submission to our email box, you should be able to log into eMIPP and monitor the status of your attestation.

INSTRUCTIONS

This document mirrors the attestation process required to submit an attestation in eMIPP.

I. Provider Information

First, fill out the provider information, including the provider's first and last name, provider NPI, and Registration ID. If you are submitting this attestation on behalf of a provider, please fill in your first and last name, phone number, and e-mail.

II. Reporting Period

Fill out your eligibility information, including your 90-day patient volume period. For providers, this period must be a consecutive 90 days.

III. Pay To Provider

DHMH can only direct an EHR Incentive Payment to a Medical Assistance (MA) number with which the EHR Incentive Program participant has a financial relationship recognized by DHMH. If you are not sure which MA numbers DHMH has associated with the EHR Incentive Program participant, check the "Eligibility Tab" for Program Year 2013 in eMIPP.

IV. Eligible Patient Volume

Answer all applicable questions. The "Total Encounters" and "Medicaid Encounters" are the two numbers used to determine "patient volume." If you divide "Medicaid Encounters" by "Total Encounters," you should arrive at your Medicaid patient volume.

Practice as a Pediatrician: Pediatricians are physicians who see qualifying patients and are enrolled with Maryland Medicaid as a Fee-For-Service provider with designated specialty of pediatrics. If you are unsure of your designation, please call Provider Enrollment at (410) 767-5340.

Hospital-Based Provider: Hospital based eligible professionals must provide less than 90% of their services as inpatient hospital discharging physician or emergency room physician to be eligible for the Medicaid EHR Incentive Program Payment. For Maryland Medicaid, the percentage determination is made based on the total number of paid Medicaid encounters (Fee for Service (FFS) claims or Managed Care encounters) during the full calendar year preceding the payment year. However, if the EPs can demonstrate that the EP funds the acquisition, implementation, and maintenance of Certified EHR Technology, including supporting hardware and any interfaces necessary to meet meaningful use without reimbursement from an eligible hospital or CAH and uses such Certified EHR Technology in the inpatient or emergency

department of a hospital (instead of the hospital's CEHRT), they would be deemed non-hospital based.

Include Organization Encounters: Select this option to use your clinic or group's eligible patient volume encounters to qualify (optional).

Render care in FQHC: If you provide 50% or more of all your services in a FQHC, then you can include needy individuals in your patient volume.

Total Encounters: Total number of patient encounters in all service settings for all payers you provided during the reporting period.

Medicaid Encounters: Total number of encounters and no-cost encounters for Medicaid enrolled beneficiaries provided during the reporting period. Medicaid encounters include encounters for patients enrolled in a Medicaid program even if the Medicaid program did not pay for the service (because, for example, a third party payer paid for the item or service, or the service is not covered under Medicaid).

V. EHR Certification Information

Identify whether you are attesting with a 2011 CEHRT, 2011 and 2014 combination CEHRT, or a 2014 CEHRT. The CMS EHR Certification ID is made up of 15 alphanumeric, case sensitive characters.

VI. CEHRT Flexibility Rule Attestation

Providers must attest and provide evidence supporting their eligibility for using the CEHRT Flexibility Rule. The free-text box should be filled in with a description of your particular situation as it relates to your inability to fully implement 2014 Edition CEHRT because of issues related to delays in 2014 CEHRT availability.

In the rare case that you cannot meet Stage 2 Meaningful Use because the recipients of the transitions or referrals were impacted by issues related to 2014 Edition CEHRT availability delays, you may claim use of the CEHRT Flexibility Rule. The free-text box should be filled in with a description of your particular situation as it relates to this particular circumstance.

VII. Meaningful Use Measures

Fill out all Meaningful Use (MU) Measures applicable for Stage 1 in Program Year 2014, including MU Core Measures, MU Menu Measures, and MU Clinical Quality Measures.

At the top of the MU PDF, please disregard the note that “pdf upload will overwrite all saved meaningful use information.” It is only applicable for users who submit attestations through eMIPP.

Please note the below corrections for Meaningful Use Core Measures and Menu Measures for Stage 1, 2013 Definition:

CORE MEASURES

#	Measure Information
5	Objective: Maintain active medication list. Measure: More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.
7	Objective 7: Record all of the following demographics: (A) Preferred language (B) Gender (C) Race (D) Ethnicity (E) Date of birth Measure: More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data.

MENU MEASURES

#	Measure Information
9	Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice. If you are not excluded from this measure, you will be asked to enter an MCIR Site ID. The ID is not applicable to Maryland, so please enter “ 12345678901 ” for the ID box.
10	Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice. If you are not excluded from this measure, you will be asked to enter an MSSS Organizational OID. The OID is not applicable to Maryland, so please enter “ 888.888.8.88.1 ” in the box.

FEDERAL INFORMATION

I. Provider Information

First Name: _____

Last Name: _____

Provider NPI: _____

Registration ID: _____

Are you submitting this attestation on behalf of the provider?

If yes, please complete the following:

First Name: _____

Last Name: _____

Phone: _____

E-Mail: _____

ELIGIBILITY INFORMATION

II. Reporting Period

Patient Volume (90 Day Period in CY 2013)

Meaningful Use (90 Day Period in CY 2014)

Start Date: _____

Start Date: _____

End Date: _____

End Date: _____

III. Pay To Provider

What is the Medical Assistance (MA) Number to whom you would like to direct your incentive payment?: _____ (9 digits)

IV. Eligible Patient Volume

Practice as Pediatrician?	
Hospital-Based Provider?	
If Yes, please complete the following:	
Total Inpatient Discharges:	
Medicaid Inpatient Discharges:	
Medicaid ER Encounters:	
Total ER Encounters:	
Include Organization Encounters?	
If Yes, please complete the following:	
Organization NPI:	
Render Care in an FQHC?	
Include Encounters Outside of Maryland?	
If Yes, please list the State(s):	

Total Encounters:	
Medicaid Encounters:	

V. EHR Certification Information

I am using a:

EHR Certification Number: _____ (15 digits)

VI. CEHRT Flexibility Rule Attestation

By clicking this box, I attest that I am unable to fully implement 2014 Edition Certified Electronic Health Record Technology (CEHRT) because of issues related to 2014 CEHRT availability delays.

Please describe the reason why you were unable to fully implement 2014 Edition CEHRT.

The Centers for Medicare and Medicaid Services (CMS) allows providers or hospitals to use the CEHRT Flexibility Rule if they could not meet the threshold for the Stage 2 summary of care measure because the recipients of the transitions or referrals were impacted by issues related to delays in 2014 Edition CEHRT availability.

By clicking this box, I attest that I could not meet the Stage 2 summary of care measure because the recipients of the transitions or referrals were impacted by issues related to delays in 2014 Edition CEHRT availability.

Please describe the evidence that proves that you could not meet the summary of care measure for Stage 2 because the recipients of the transitions or referrals were impacted by issues related to delays in 2014 Edition CEHRT availability.

Signature

I certify that the foregoing information is true, accurate and complete. I understand that the HITECH incentive payment I requested will be paid from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws. I hereby agree to keep such records as are necessary to demonstrate that I met all HITECH requirements and to furnish those records to the Maryland Department of Health and Mental Hygiene. No HITECH payment may be paid unless this registration form is completed as required by existing law and regulations (42 CFR Parts 412, 413, 422). NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws. ROUTINE USE(S): Information from this HITECH registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the HITECH Program. DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of HITECH payment. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information on this registration form will prevent HITECH payment from being issued. Failure to furnish subsequently requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures. It is mandatory that you tell us if you believe you have been overpaid under the HITECH program. You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

Date

By clicking this box, you confirm that you have read the above terms and conditions, that you understand them and that you agree to be bound by them.



DHMH MarylandEHR -DHMH- <dhmh.marylandehr@maryland.gov>

Re: CEHRT Flexibility Rule Attestation ()

1 message

DHMH MarylandEHR -DHMH- <dhmh.marylandehr@maryland.gov>

Thu, Mar 26, 2015 at 3:40 PM

To:

Cc:

Thank you for your message. We have received all of the required attestation materials for Dr. . We will let you know if anything else is needed.

Best,
Paloma

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Maryland EHR Incentive Program Team

The CRISP Meaningful Use Resource Center and Hotline is now Live!Visit the **Resource Center** to understand how to use your EHR to reach Meaningful UseCall CRISP at **1-877-952-7477** or e-mail: support@crisphealth.org for support with Meaningful Use

On Wed, Mar 25, 2015 at 7:27 PM,

wrote:

Please process this Flexibility Rule Attestation for:

Practice Contact Information:

PRACTICE NAME:

PROVIDER NAME:

NPI:

ADDRESS:

PHONE:

FAX:

EMAIL: