Medicaid EHR Incentive Program

Certification Flexibility Options

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Program Updates

- Program Year 2014 Grace Period June 30, 2015
- CMS Proposed Rule Making
 - Shorten reporting period to 90 days for 2015
 - Align hospital reporting period to calendar year
 - Agency cannot make policy or program changes until final
- Stage 2 Patient Reminders
- Stage 3 Rule Released



Attestation Options

Certificatio	n Flexibility	Rule Attestat	ion Options
	You we	ould be able to attest fo	or MU:
If you were scheduled to demonstrate:	<u>Using 2011 Edition</u> <u>CEHRT to do:</u>	Using 2011 & 2014 Edition CEHRT to do:	Using 2014 Edition CEHRT to do:
<u>Stage 1 in 2014</u>	2013 Stage 1 objectives and measures*	2013 Stage 1 objectives and measures* -or- 2014 Stage 1 objectives and measures*	2014 Stage 1 objectives and measures
<u>Stage 2 in 2014</u>	2013 Stage 1 objectives and measures*	2013 Stage 1 objectives and measures* -or- 2014 Stage 1 objectives and measures* -or- Stage 2 objectives and measures*	2014 Stage 1 objectives and measures* -or- Stage 2 objectives and measures

 Only providers that could not fully implement 2014 Edition CEHRT for the EHR reporting periods in 2014 due to delays in 2014 Edition CEHRT availability.



Certification Flexibility Rule Eligibility

- An Eligible Professional (EP) *may be able* to attest to a flexibility option if they were unable to fully implement 2014 Certified Electronic Health Record Technology (CEHRT) due to:
 - Software development delays
 - Missing or delayed software updates
 - Being able to implement 2014 CEHRT for only part of the reporting period not the full reporting period
 - Unable to train staff, test the updated system, or put new work flows in place because of delays associated with installation of 2014 CEHRT
 - Unable to meet Stage 2 summary of care measures due to the recipient of transmittals impacted by 2014 CEHRT issues



Certification Flexibility Rule Eligibility

- EPs *may not be able* to attest to a flexibility option for delays in fully implementing 2014 CEHRT due to:
 - Financial issues
 - Inability to meet one or more measures
 - Staff turnover and changes
 - Provider waited too long to engage a vendor
 - Refusal to purchase the requisite software updates
- Providers who fully implemented 2014 edition CEHRT and can report in 2014 may not attest to a flexibility option.



Dashboard

						Saturday 04/12	/2014 12:44:
	Medicai	d EHR In	centive Prog	Jram Particip	ation Dashboa	rd	
NPI				TIN			
CCN							
(*) Red asteris	k indicates a re	equired field.					
	0	0	•	Ø	0		
*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions	
0	Stage 1 Meaningful Use Full Year	Completed	1	2013	\$14,167.00	Select the "Continue" button to view this application.	
۲	Stage 1	Incomplete	2	2014	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.	
0	Future	Future	3	Future	Unknown	None at this time	
0	Future	Future	4	Future	Unknown	None at this time	
	Future	Future	5	Future	Unknown	None at this time	
0							

Continue



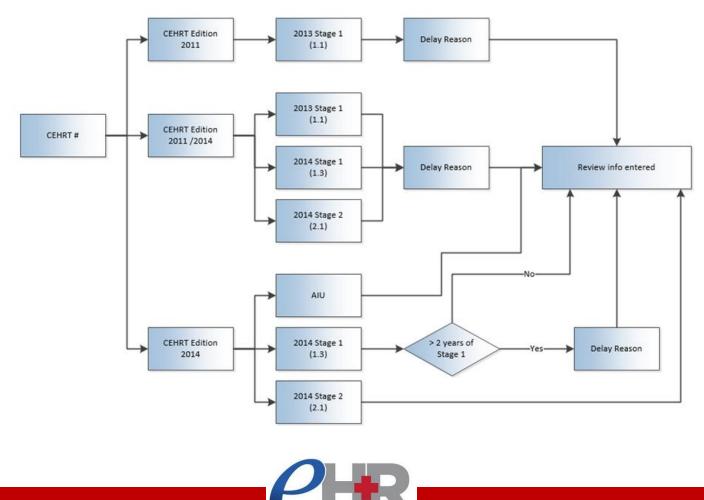
Numbering Scheme

	CMS EHR Certificatio produc	n ID is a 15-digit alp t or combination of		
	<u>2011</u>	<u>2013</u>		<u>2014</u>
CMS EHR CERT ID	E.g., A000001CFES9EAB	3 rd through 5 th the 15-digit alphanumeric s be denoted by "13" respective E.g., A0 <u>H13</u> 01C	tring will alp "H" and be ly "E"	through 5 th digit of 15-digit hanumeric string will denoted by "14" and respectively ., A0 <u>14E</u> 01CFES9EAB



Algorithm Based on Number Entered

2014 MU Flexibility Process Flow



Electronic Health Records

Florida Medicaid Incentive Program

Enter Certification Number

Payment Year	1	F	Program Year	2014
AFIR				
Name:				
Applicant NPI:				
Status:		Not Started	I	
attesting to Meaningful Use	e, please enter the c at Program requires t tified Health IT Prod	ertification number you had durin	ng your EHR reporting p r this program. Please e rre to access the CHPL w When ready click the Ne	nter the CMS EHR Certification ID that you have vebsite. You must enter a valid certification number.
		(*) Red asterisk indica	ates a required field.	
* Please enter the 15 char	acter CMS EHR Cert	ification ID for the Complete EHR	System:	
		(No dashes or spaces	should be entered.)	
		Exit Rese	Next	



Scheduled for Stage 1; Enters a 2011 Certification Number

Payn	nent Year	3		Program Year	2014
MAPIR					
Name:					
Applicant NPI:			1700879749		
Status:			Not Started		
_			(*) Red aste	risk indicates a required fie	ld.
	*Op (Select to)	Meaningful Use Rep	porting Option
	0	>		2013 Stage 1 objectives, m	easures, and CQM **
			Stage 2 objectives, me	ne or more delay reasons. 2014 easures, and CQMs may require Previous Next	Stage 1 objectives, measures, and CQMs may one or more delay reasons.



Scheduled for Stage 2; Enters a 2011/2014 Combo Certification Number

Payment Yea	r 1		Program Year	2014	
IPIR .					
lame:		Provider Name			
Applicant NPI:		99999999999			
Status:	1	Not Started			
Place colort the et	tage of attestation that yo	u would like to come	plate for this application		
Please select the s	tage of attestation that yo	u would like to comp	plete for this application>		
Please select the s	-			revious to go back.	
Please select the s	-		plete for this application>	revious to go back.	
Please select the s	-	ready click the Next b	button to continue, or click Pr		
Please select the st	-	ready click the Next b			
Please select the s	When r	ready click the Next t	button to continue, or click Pr	ield.	
Please select the st	When r	ready click the Next b (*) Red asto	button to continue, or click Pr	ield. eporting Option	
Please select the st	*Option (Select to Contine	ready click the Next b (*) Red aste	button to continue, or click Pr erisk indicates a required f Meaningful Use Re	ield. porting Option measures, and CQM ⁼⁼	
Please select the st	*Option (Select to Continu	ready click the Next b (*) Red asto	erisk indicates a required f Meaningful Use Re 2013 Stage 1 objectives, s	ield. porting Option measures, and CQM ⁼⁼ measures, and CQM ⁼⁼	
Please select the s	*Option (Select to Continue)	ready click the Next b (*) Red asto	button to continue, or click Pr erisk indicates a required f Meaningful Use Re 2013 Stage 1 objectives, 1 2014 Stage 1 objectives, 1	ield. porting Option measures, and CQM ⁼⁼ measures, and CQM ⁼⁼	
** 2013 St	When r *Option (Select to Continu © © age 1 objectives, measure	ready click the Next b (*) Red aste ue)	erisk indicates a required f Meaningful Use Re 2013 Stage 1 objectives, 2014 Stage 1 objectives, 2014 Stage 2 objectives,	ield. porting Option measures, and CQM ⁼⁼ measures, and CQM ⁼⁼	ives, measures, and



Explanations

Payment Ye	ar 1 Program Year 2014	
lame:	Provider Name	 _
pplicant NPI:	9999999999	
status:	Not Started	
	ct one or more reasons for the delay in implementing 2014 CEHRT. At least one reason must be selected. stomer defined configurable item/text>	
	When ready click the Next button to continue, or click Previous to go back. Click Reset to restore this panel to the starting point.	
Sof	tware development delays	
Mis	sing or delayed software updates	
Bei	ng able to implement 2014 CEHRT for part of the reporting period (not the full reporting period)	
Un. of 3	able to train staff, test the updates system, or put new workflows in place due to delay with installation 1014 CEHRT	
bei the doc	not meet Stage 2 Summary of Care measures due to the recipient of their Summary of Care transmittal ng impacted by 2014 CEHRT issues. The sending provider may experience significant difficulty meeting 10% threshold for electronic transmissions, despite the referring provider's ability to send the electronic ument, if the intermediary or the recipient of the transition or referral is experiencing delays in the ability ully implement 2014 Edition CEHRT.	
If e	one of the reasons apply, describe the reason for the delay in the following box (up to 500 characters):	



Entries Confirmed

5:	Not Started
5.	Not Started
P	lease review the current information to verify what you have entered is correct.
5	When ready click the Next button to continue, or click Previous to go back.
С	MS EHR Certification ID:
	Ieaningful Use Reporting Option: 2014 Stage 1 objectives, measures, and CQM
R	teason for Delay:
9	Software development delays
1	Missing or delayed software updates
E	Being able to implement 2014 CEHRT for part of the reporting period (not the full reporting period)
	Unable to train staff, test the updates system, or put new workflows in place due to delay with installation of 2014 CEHRT
ii t	Cannot meet Stage 2 Summary of Care measures due to the recipient of their Summary of Care transmittal being mpacted by 2014 CEHRT issues. The sending provider may experience significant difficulty meeting the 10% threshold for electronic transmissions, despite the referring provider's ability to send the electronic document, if the ntermediary or the recipient of the transition or referral is experiencing delays in the ability to fully implement 2014 Edition CEHRT.
E	Becasue

Records

Florida Medicaid Incentive Program

Proceed to Application

anlisant NOT.	
Applicant NPI:	
Status:	Not Started
	IMPORTANT:
begin include file	
	ust be completed by the actual Provider or by an authorized preparer. In some cases, a provider may have more than one vailable for use. Once the MAPIR application has been started, it must be completed by the same Internet/Portal account.
To access MAPIR to ap	for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select Exit and log on with that account
	e current account, select Get Started. All applications for previous years will be re-associated with the current account and th I lose access to these applications.
end include file	



Things to Remember

- Dashboard indicates stage expected
- AIU requires 2014 CEHRT
- If started an application but need flex option abort existing application
- Certification Flexibility Option Documentation Form
 - Vendor letter supporting delay
- If additional information is needed, attach an explanation



Additional Contacts and Resources



www.ahca.myflorida.com/medicaid/ehr

EHR Incentive Program Call Center: (855) 231-5472

MedicaidHIT@AHCA.MyFlorida.com

Kim.davis@ahca.myflorida.com



www.Florida-HIE.net

Florida HIE Help Desk: 850-412-3752

FLHII@ahca.myflorida.com



