Nebraska Medicaid EHR Incentive Program

Attesting: Common Questions Explained

June 20, 2017

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Governor Pete Ricketts

Vision:

Grow Nebraska

Mission:

Create opportunity through more effective, more efficient, and customer focused state government

Priorities:

- Efficiency and Effectiveness
- Customer Service
- Growth
- Public Safety
- Reduced Regulatory Burden

We Value:

- The Taxpayer
- Our Team
- Simplicity
- Transparency
- Accountability
- Integrity
- Respect

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Overview

Presenters:

- Diane Rolfsmeyer, Program Specialist
- Karen Moran, Program Specialist
- LaVonna Moslander, Assistant
- Stacy Zoucha, Ruth Anne Brott, Angela Wolken, Panelists

Questions Discussed:

- How can I best organize for attesting?
- What documents need to be attached to my attestation?
- Can you explain how the calculation of patient volume is done?
- How do I obtain my Certified Electronic Health Record Technology (CEHRT) Number?
- How do I get the Meaningful Use data I use to attest with?
- What is Nebraska's review process and how long does the review process take?

Webinar Survey

Questions and Wrap Up

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How can I best organize for attesting?

TIP: Electronically keep *attestation* data

- If attesting for yourself or if you are assisting multiple providers with attesting, electronically keep a file for each provider that contains all the needed information and documentation for each attestation
- This helps make attesting more organized and efficient
- This type of preparation will assist with the current attestation as well as attestations for subsequent years
- Include documents that you will be attaching to the attestation (see separate slides in this presentation for what to attach)

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How can I best organize for attesting? (con't)

TIP: Electronically keep *patient encounter* data

- This will assist in keeping documents related to patient volume all together
- During attestation, the provider will attach verification of their Medicaid patient encounters to the Patient Volume Questions page
- Nebraska Medicaid EHR team would like the Medicaid patient encounter documentation to be in an excel document-this will help us review the data more quickly, thus expediting the review/approval process

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What documents need to be attached to my attestation?

TIP: Keep these documents electronic so that you can easily upload these documents to the attestation

- Verification of Medicaid patient encounters over a 90 day period within the last year preceding attestation
  - While not required at the time of attestation, EHR staff often need to request it when completing the review process
  - Attaching it during attestation will save time and speed up the review process
- Verification of your certified EHR system if you have had a change in systems/vendors
- If you are a Physician Assistant, you will be prompted to upload verification of the following:
  - Being primary provider in a clinic
  - Being a clinical or medical director at a clinical site of practice
  - Being an owner of an Rural Health Center (RHC)

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What documents need to be attached to my attestation? (con't)

If attesting to Meaningful Use (MU) include:

- Letter from Public Health- if attesting to meeting a Public Health measure
- Specialized Registry documentation-if attesting to meeting a Specialized Registry measure
- An inventory list, this is the list used when completing your Security Risk Analysis, for Objective 1-Protect Patient Health Information
- Reports from your EHR that show MU verification. If needing to capture a moment in time, be sure to take a screen shot and then file in electronic file. Highlight provider's name/MU measures on all attached documents
- Reports from your EHR that show Clinical Quality Measure (CQM) verification. Your EHR must track nine CQMs even if the result is zero
- If assisting multiple providers, the same verification (such as a letter from Public Health) could be attached to more than one attestation
- If a document is missing or Nebraska Medicaid EHR staff require additional documentation, you will be contacted

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Can you explain how the calculation of patient volume is done?

Out of all of your patient encounters during a 90 day consecutive period within 12 months from attesting, you must meet or exceed a required percentage of Medicaid encounters:

- Hospitals: 10%
- Eligible Professionals: 30%
- Pediatricians: 20% (for a reduced incentive payment amount)

How is ‘an encounter’ defined?

- The patient must have been enrolled in an allowable Medicaid program at the time the service was rendered, regardless of whether or not Medicaid paid anything on the bill
- Medicaid as primary, secondary, and tertiary insurer can be counted toward the encounters
- This can be for any type of service
- Only one service rendered per day per patient per provider can be counted
- Medicaid encounters for patients eligible for other programs, such as state-only funded programs cannot be included, example is 599 CHIP

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Can you explain how the calculation of patient volume is done? (con't)

You can report patient encounters by either group or individual

Group

- Using the encounters of the whole clinic or group to reach the required Medicaid patient encounter threshold.
- Example: Dr. A sees very few Medicaid patients. Dr. B sees mostly Medicaid patients. Dr. A and Dr. B combine their encounters so that they both meet the required threshold.

Individual

- Using only the attesting provider's encounters to reach the required Medicaid patient encounter threshold
- Example: Dr. A sees enough Medicaid patients to reach the required threshold. Dr. B sees enough Medicaid patients to reach the required threshold. They both attest using only their own encounters and do not add in each other's encounters.

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Can you explain how the calculation of patient volume is done? (con't)

Managed Care Patient Panel Methodology

- This is another option for reporting patient volume
- It is an option to use only if you are a Medicaid Managed Care Primary Care Physician (PCP)
- This method requires the provider to maintain a record from the Managed Care plan which shows the number of patients assigned to them during the specified 90-day period, as well as proof of the encounters over the past year
- Please email the Nebraska Medicaid EHR Incentive team at DHHS.EHRIncentives@Nebraska.gov prior to using this method

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How do I obtain my Certified Electronic Health Record Technology (CEHRT) Number?

- This number comes from your EHR system vendor

- You can also obtain it through the Certified Health IT Product List (CHPL): https://chpl.healthit.gov/#/search
  1. On this website, type in the name of your EHR system
  2. You will receive back a list of products
  3. Identify your specific system from the list of products
  4. Click on ‘Cert ID’ next to the product to obtain the number-this is typically 15 digit alphanumeric

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How do I get the Meaningful Use (MU) data I use to attest with?

- The MU data comes directly from your certified EHR system
- For Objective 2 Clinical Decision Support (CDS) rules, you will need to type in the rules used
  - These 5 rules must be unduplicated from each other and the drug-drug/drug-allergy interaction checks requirement

2 Clinical Decision Support § 495.22 (e)(2)(i)	**Objective:** Use clinical decision support to improve performance on high-priority health conditions. In order for EPs to meet the objective they must satisfy both of the following measures: **Measure 1:** Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital's or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. **Did you achieve this objective by meeting the measure?** ◉ Yes ○ No **Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period. **Exclusion:** An EP who writes fewer than 100 medication orders during the EHR reporting period may be excluded from measure 2 of this objective. **Does the Exclusion to Measure 2 of this objective apply to you?** ◉ Yes ○ No **CDS Rule 1:** **CDS Rule 2:** **CDS Rule 3:** **CDS Rule 4:** **CDS Rule 5:**

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What is Nebraska's review process and how long does it take?

- The attestation review process includes two separate and complete reviews of every attestation by Nebraska Medicaid EHR staff
- Nebraska Medicaid EHR staff will contact the provider for clarification regarding information submitted
- Attestation reviews are done on a first come/first served basis
- Processing time depends on the number of attestations to review and the completeness of the attestations received
- Providers can check the status of their attestation on the Nebraska Medicaid EHR Incentive portal at https://www.nebraskaehrincentives.com/Default.aspx. The first page after logging in will show the provider dashboard with attestation status
- Once approved, an email will be sent to the provider

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Webinar Poll

What topic would you like to have discussed in future webinars with the Nebraska Medicaid EHR Incentive Program team?

a. Meaningful Use-step by step screen shots of attesting

b. Patient Volume-deep dive discussion

c. Attestation Review process-more detail

d. Another webinar topic-please be specific

dhhs.ehrincentives@nebraska.gov

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