

PROGRAM UPDATE



October 24, 2016

Program year 2016 is the last year to begin participation in the Medicaid EHR Incentive Program and still receive the maximum payments under the program. Eligible Professionals (EPs) can attest to Meaningful Use OR Adopt, Implement, Upgrade (AIU) in program year 2016.

As we approach the 2016 program year, Public Health Objectives continue to be area of concern. There are three measure options for EPs and four for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs).

For your reference, the Centers for Medicare and Medicaid Services (CMS) has published Specification Sheets for [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) that provide detailed information on public health reporting objectives for 2016.

Information on Public Health Measures

Immunization Registry Reporting

To meet the measure, the EP, EH or CAH must demonstrate active engagement with a public health agency to submit immunization data.

- Active Engagement as defined by CMS has three options:
 1. Completed registration to submit data
 2. Testing and validation
 3. Production
- If a practice or facility does not administer immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period, an exclusion may be claimed.

Syndromic Surveillance Reporting

To meet the measure, the EP, EH or CAH must demonstrate active engagement with a public health agency to submit syndromic surveillance data.

- Currently, no Colorado public health agency is currently accepting syndromic surveillance information for EPs.
- Tri-County Health Department (Adams, Arapahoe and Douglas counties) and Denver Health (Denver County) are accepting syndromic surveillance data from EHs and CAHs in their jurisdictions that have an emergency department or urgent care department.
- Please refer to the Declarations of Readiness for [Tri-County](#) and [Denver Public Health](#) for further information

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Syndromic Surveillance Reporting Exclusions

The following facilities will not be asked to report syndromic surveillance data this year:

- EHs and CAHs in Denver, Adams, Arapahoe or Douglas counties that don't have an ER or urgent care department
- All EHs and CAHs not in Denver, Adams, Arapahoe or Douglas counties
- All EPs
- All EPs, EHs and CAHs that meet the above exclusion criteria may obtain the [documentation letter](#) from CDPHE

Electronic Lab Reporting (EHs and CAHs only)

The facility should meet the criteria of demonstrating active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

- For more information, the Colorado Department of Public Health and Environment has [meaningful use guidance and resources](#).

Specialized Registry Reporting

To meet the specialized registry measure, EPs, EHs and CAHs must demonstrate active engagement to submit data to a specialized registry.

- If practices or facilities do not diagnose or treat any disease or condition associated, or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period, they may take an exclusion.
- EPs, EHs and CAHs may be eligible to take an exclusion if they operate in a jurisdiction where no specialized registry has declared readiness.

Exclusions

For all Meaningful Use measures, there are exclusions and alternate exclusions available. Please refer to the Alternate Exclusions and Specifications [Fact Sheet](#) for more information.

EHs/CAHs and EPs wishing to participate in electronic public health reporting must register their intent to do so with the Colorado Department of Public Health and Environment. To register intent to participate in the Public Health Reporting measures, refer to the [Meaningful Use Registration Form](#).

CMS FAQs on Public Health Reporting Objective

Below are some helpful FAQs published on the CMS website related to the Public Health Reporting Objective:

[FAQ #13653](#) – Defining specialized registry

[FAQ #13657](#) – Steps determining if specialized registry is available

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[FAQ # 3369](#) – Submitting data to the immunization registry

[FAQ #14401](#) – Guidance on intent to report

[FAQ #14397](#) – Changes to reporting options

More Information on Specialized Registries and EHRs

EPs and EHRs can contact their Electronic Health Record (EHR) vendor to see if they provide an existing interface with agencies or registries. EHR vendor workloads vary and may cause delays to begin any implementation process including interfacing with third-party vendors such as Integrated Data Network Services (IDNS) and the enrollment for Health Information Exchange (HIE).

The interface implementation process for EHR and third party vendors can be costly for organizations and it is strongly encouraged to find national or local groups, academies, societies and memberships your organization may currently associated with to inquire about availability of specialized registries.

The Office of the National Coordinator (ONC) suggests negotiating with EHR vendors to ensure continued interoperability. What is the definition of interoperability? It is the capability of a system to work with other systems effortlessly without undue stress on the consumer. The ONC Office for Health Information Technology created [EHR Contracts Untangled](#). This guide is set up to help look for key terms in contracts to help insure health care professionals choose the optimal EHR for specific needs and future requirements of their organization. Read the full article [here](#). CORHIO can also assist you with vendor negotiations and best practices for implementation. [Contact us](#) for more information.

Future Support on Locating Registries

Per CMS, EPs are not required to make an extensive search for possible registries but meet due diligence (see FAQ# 13657 above). The Centers for Medicare & Medicaid Services is developing a centralized repository for public health agency and clinical data registry reporting to help EPs, EHRs and CAHs find entities that accept electronic public health data.

The repository is anticipated to be finalized early 2017 and posted at CMS under the [Electronic Health Records \(EHR\) Incentive Programs](#).

Anticipated Timeline – Colorado Medicaid EHR Incentive Program

CO R&A System open for EPs to attest to 2016 Meaningful Use	Spring 2017
CO R&A System open for EHRs and CAHs to attest to 2016 Meaningful Use	Fall 2017



COLORADO MEDICAID EHR INCENTIVE PROGRAM

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For questions regarding program requirements, eligibility and Meaningful Use contact:

Medicaid EHR Incentive Program Coordinator

Kelly Hernandez

(720) 285-3232

MedicaidEHR@corhio.org

For system/technical questions and support contact:

ACS Help Desk

Phone: (866) 879-0109

SLRHelpdesk@acs-inc.com

Medicaid Program Point of Contact and Partnerships

The Department of Healthcare Policy and Finance (the Department) has partnered with CORHIO to provide program coordination and assist with provider communications and outreach regarding the Medicaid EHR Incentive Program. The Medicaid EHR Incentive Program Coordinator will be the central point of contact for EPs, EHs, partners and other interested parties on requirements and processes. Inquiries regarding the Medicaid EHR Incentive Program can be sent to MedicaidEHR@corhio.org or 720.285.3232.

Xerox has been contracted by the Department to manage the Provider Outreach Page and to provide the Colorado R&A System, including the web portal through which EPs and EHs can register and attest to receive the EHR incentive payments.