Ohio | Medicaid Provider Incentive Program

Eligible Hospital Checklist – Meaningful Use

This checklist provides a look into Ohio's Medicaid Provider Incentive Program (MPIP) system for eligible hospitals and may be used as a guide to help eligible hospitals gather information that may be required to complete Meaningful Use (MU) attestation.

Re-Enroll in MPIP

Has any of the eligible hospital's registration information (i.e. demographics, payee information) changed since the previous payment year?

If **Yes**, the eligible hospital should first update their information at the CMS registration website at https://ehrincentives.cms.gov/hitech/loginCredentials.action. Once the information has been updated with CMS, MPIP will receive the updates and invite the eligible hospital to re-enroll.

If **No**, the eligible hospital may re-enroll in MPIP by going directly to the MPIP system, https://www.ohiompip.com/OHIO/enroll/logon.

To complete re-enrollment eligible hospitals will need to input the following information:

National Provider Identification Number (NPI): _____

MPIP password: _____

Centers for Medicare and Medicaid Services (CMS) Registration ID: _____

**If an applicant has lost or forgotten their password, please call the MPIP system Help desk at 1-855-639-7617.*

Eligible hospitals will be required to enroll with MPIP and attest to all program requirements (i.e. patient volume) each year they seek an incentive payment.

Step One: Registration Verification Status

The following definitions may help eligible hospitals to determine their program eligibility.

Acute Care Hospital: a hospital where the average length of stay is less than 25 days (calculated on the federal fiscal year (FFY)) and has a Centers for Medicare and Medicaid Services (CMS) Certification Number (CCN) with the last four digits in the series 0001-0879 or 1300-1399. Cancer hospitals and critical access hospitals (CAH) are included with the definition of an acute care hospital.

Children's Hospital: is separately certified and is either a freestanding hospital or a hospital-within-a hospital that has a CMS certification number (CCN) that has the last 4 digits in the series 3300-3399; or does not have a CCN but has been provided an alternative number by CMS for purposes of enrollment in the Medicaid EHR Incentive Program as a Children's Hospital; and predominantly treats individuals under 21 years of age.

Dually Eligible Hospital: a Subsection (d) hospital in the U.S. or District of Columbia and has a Centers for Medicare and Medicaid Services (CMS) Certification Number (CCN) ending in 0001-0879. Dually eligible hospitals may be eligible for **BOTH** MPIP and the Medicare EHR incentive payment program.

*****Dually eligible hospitals should attest to meaningful use for the Medicare EHR incentive payment program first; dually eligible hospitals that successfully attest to meaningful use in the Medicare EHR incentive program will be deemed meaningful users for MPIP, if they meet all other MPIP specific requirements.***

Ohio | Medicaid Provider Incentive Program

Eligible Hospital Checklist – Meaningful Use

Eligible hospitals will be asked to verify their payee information designated during CMS registration:

Payee Medicaid ID: _____

Step Two: Patient Volume Status

For each year of program participation, an eligible hospital must meet one of the following patient volume requirements:

- A minimum patient volume of 10% attributable to Medicaid eligible individuals whose services were reimbursed by Medicaid;
- Children's Hospitals are exempt from the patient volume requirement.

Select your patient volume reporting period.

The reporting period for calculating patient volume is any continuous 90-day period, beginning on the first day of the month, in the preceding federal fiscal year (FFY), or in the most recent 12-month period.

Start Date:_____

End Date: _____

Out-of-State Encounters.

Were out-of-state encounters included in the eligible hospital's patient volume calculation? (Yes or No)

If yes, from which states or territories?_____

Patient Volume Attestation.

The following are considered Medicaid encounters for eligible hospitals:

- Services rendered to an individual (per inpatient discharge or in the emergency department) on any one day where Medicaid paid for part or all of the service.
- Services rendered to an individual (per inpatient discharge or in the emergency department) on any one day where Medicaid paid all or part of the individual's premiums, co-payments, and/or cost-sharing.
- Services rendered to an individual (per inpatient discharge or in the emergency department) on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.

During the 90-day reporting period, what was the eligible hospital's amount of:

Medicaid patient encounters?_____

Total patient encounters? _____

Eligible hospitals will be asked to upload documentation supporting their patient volume calculation.

Step Three: EHR Meaningful Use Information

To be a meaningful user, eligible hospitals must identify their certified EHR technology, designate an Emergency Department (ED) Admissions Method, select an EHR Reporting Period, and determine the percentage of patient records maintained in the EHR solution.

Identify Certified EHR Technology

Eligible hospitals must verify their CMS EHR Certification Number and select if they are using the same EHR solution as attested in their previous payment year. If an eligible hospital is using a different EHR system, they must update their EHR solution to reflect the system they used during the current payment year and upload proper documentation. Supporting documentation must demonstrate that **the eligible hospital has a financially and/or legally binding agreement with the EHR vendor**.

This information is not intended to replace, change or obsolete any provisions of the published federal regulations at 42 CFR Part 495 or the Ohio Administrative Code department rules.

Eligible Hospital Checklist – Meaningful Use

Emergency Department (ED) Admissions Method
Eligible hospitals must choose an ED Admissions Method. An eligible hospital may select the Observation Service Method or the All ED Visit Method and the selected method will apply to all applicable measures.

Observation Service Method:

- The patient is admitted to the inpatient setting (POS 21) through the ED. In this situation, the orders in the ED using certified EHR technology would count for purposes of determining the computerized provider order entry (CPOE) Meaningful Use measure. Similarly, other actions taken within the ED would count for purposes of determining Meaningful Use.
- The patient initially presented to the ED and is treated in the ED's observation unit or otherwise receives observation services. Details on observation services can be found in the Medicare Benefit Policy Manual, Chapter 6, Section 20.6. Patients who receive observation services under both POS 22 and POS 23 should be included in the denominator.

All ED Visit Method:

- An alternate method for computing admissions to the ED is to include all ED visits (POS 23 only) in the denominator for all measures requiring inclusion of ED admissions.

Meaningful Use EHR Reporting Period
For the first year of meaningful use, eligible hospitals will select any 90-day EHR reporting period within the payment year. For all subsequent years, eligible hospitals will select a 12-month EHR reporting period, which is the entire payment year.

Please note that in Payment Year 2014 ONLY, all eligible hospitals, regardless of their stage of meaningful use, are only required to demonstrate meaningful use for a 90-day EHR reporting period.

Meaningful Use Reporting Period:
Start Date:_____
End Date:_____

Payment Year 2014 Only: any 90-day EHR reporting period within the payment year.
Start Date:_____
End Date: _____

Patient Records Maintained in EHR Solution
An eligible hospital must attest to the percentage of patient records maintained in the EHR solution.

- *Numerator:* the number of patients in the denominator that have a patient record in the EHR solution: _____
- *Denominator:* the number of unique patients seen by the eligible hospital during the EHR reporting period: _____

Unique Patient(s): If a patient is admitted to an eligible hospital's inpatient or emergency department (POS 21 or 23) more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure.

Step Three: Meaningful Use Objectives

To be a meaningful user, eligible hospitals must meet a total of 19 meaningful use (MU) objectives: 14 core objectives and 5 menu set objectives. In addition, eligible hospitals must meet all 15 clinical quality measures (CQMs).

Ohio | Medicaid Provider Incentive Program

Eligible Hospital Checklist – Meaningful Use

Dually Eligible Hospitals
Dually eligible hospitals should attest to meaningful use for the Medicare EHR incentive payment program first; dually eligible hospitals that successfully attest to meaningful use in the Medicare EHR incentive program will be deemed meaningful users for MPIP, and will be directed to step four in the MPIP system (for more information on step four please see page five of this document).

Medicaid Only Hospitals
Eligible hospitals may be asked to submit additional information for some of the meaningful use core and menu objectives. The following table provides a list of objectives in the MPIP system that may require additional, supporting information.

MPIP Objective Number	Meaningful Use Objective	Meaningful Use Measure	Information Requested
MUCH010	Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule.	Implement one clinical decision support rule.	Name and describe one CDS rule implemented.
MUMC001	Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice, except where prohibited.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital submits such information has the capacity to receive the information electronically).	Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test was successful (unless none of the immunization registers to which the eligible hospital submits such information has the capacity to receive the information electronically)? Was the test successful? Date of the test. Was a follow-up submission performed?
MUMC003	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice, except where prohibited.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	Select/name the public health agency for at least one test was performed. Was the test successful? Date of the test. Was a follow-up submission performed?
MUMC006	Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Lab-test result entry method.
MUMC007	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	List one (or more) of the specific conditions for which reports were created.

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Eligible Hospital Checklist – Meaningful Use

Step Four: MPIP Payment Status

In order to complete attestation, eligible hospitals will be asked to sign the legal notice (enter name and re-enter their CMS Registration ID), verify their information, and "Confirm and Submit" their application.

After signing the Legal Notice and selecting "Agree and Continue," MPIP will take the eligible hospital to the "Enrollment Summary" screen. The eligible hospital should review the "Enrollment Summary" and then scroll down to select "Confirm & Submit" to send the application for processing.

Congratulations! Attestation in the MPIP system is complete.

Once the MPIP application is successfully submitted, the eligible hospital's enrollment status will change from "In-Progress" to "Payment Pending." The eligible hospital cannot modify any data entered when the enrollment status is "Payment Pending."

Check Your Email

MPIP will be sending you e-mails throughout the enrollment process indicating your current status in the program (e.g., registration received from CMS, confirming enrollment in MPIP and payment pending, etc.). These notifications are sent from an unmonitored mailbox from MPIP with the address: "do-not-reply@mail.ohiompip.com." Please do not respond to this mail box. All e-mails should be sent to MPIP@jfs.ohio.gov. Just as important, please add the "do-not-reply@mail.ohiompip.com" e-mail address to your address book and/or add it to your "trusted sender" list in your spam filter or software that places messages from unrecognized senders in your junk mail folder. This will ensure that you get these messages from MPIP.

Resources

Additional resources can be found on the MPIP website at http://www.jfs.ohio.gov/ohp/HIT%20Program.stm.