Ohio | Medicaid Provider Incentive Program

Eligible Hospital's Checklist – 2015 Modified Stage 2 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 their program year 2015 Modified Stage 2 Meaningful Use (MU) attestation. Additional resources can be found on the MPIP website at http://medicaid.ohio.gov/PROVIDERS/MedicaidProviderIncentiveProgram.aspx.

Re-Enroll in MPIP

Has any of the eligible hospital's CMS 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/login.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 (***If an applicant has lost or forgotten their password, please select the Reset Password button from the MPIP login screen)*
- Centers for Medicare and Medicaid Services (CMS) Registration ID.

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's Checklist – 2015 Modified Stage 2 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 a Medicaid program;
- 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: _____

Supporting Documentation: Eligible hospitals will be directed to the **Document Upload** page after completing Step 4.

Step Three: EHR Meaningful Use Information

To be a meaningful user, eligible hospitals must identify their meaningful use reporting period, designate an Emergency Department (ED) Admissions Method, CEHRT ID and determine the percentage of patient records maintained in the EHR solution. In 2015 eligible hospitals are required to use technology certified to the 2014 Edition.

Ohio | Medicaid Provider Incentive Program

Eligible Hospital's Checklist – 2015 Modified Stage 2 Meaningful Use

Meaningful Use EHR Reporting Period
For the first year of meaningful use, eligible hospitals will select any 90-day EHR reporting period within the program year. Beginning in 2015, for all subsequent years, eligible hospitals will select a 12-month EHR reporting period, which will be based on the calendar year.

*Please note that in **Payment Year 2015 ONLY**, all eligible hospitals and CAHs, regardless of their stage of meaningful use, are only required to demonstrate meaningful use for a 90-day EHR reporting period. Eligible hospitals and CAHs may select an EHR reporting period of any continuous 90 day period from October 1, 2014 to December 31, 2015.*

Payment Year 2015 Only: any 90-day EHR reporting period within the payment year.
Start Date: _____
End Date: _____

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.

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

Numerator: number of patients in the denominator that have a patient record in the EHR solution during the EHR reporting period:_____

Denominator: number of unique patients seen by the EH 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.

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 program year. If an eligible hospital is using a different EHR system, they must update their

Eligible Hospital's Checklist – 2015 Modified Stage 2 Meaningful Use

EHR solution to reflect the system they used during the current program 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**.

To obtain the CMS EHR Certification ID specific to your EHR software, please see the Certified Health IT Product List available at: http://oncchpl.force.com/ehrcert. If the CMS EHR Certification has changed as a result of upgrade or vendor change, eligible hospitals will be asked to upload supporting documentation after completing Step 4.

Modified Stage 2 Meaningful Use Objectives

Modified Stage 2 Meaningful Use Objectives

Beginning in 2015, EHs will be required to attest to a single set of objectives and measures, referred to as "Modified Stage 2 Meaningful Use." This single set of objectives replaces the core and menu structure of previous stages. For eligible hospitals previously scheduled to be in Stage 1 of meaningful use, there are alternate exclusions and specifications within individual measures, including attesting to a lower threshold for certain measures and allowing eligible hospitals to exclude Modified Stage 2 measures in 2015 for which there is no Stage 1 equivalent.

To be a meaningful user, eligible hospitals must meet a total of 9 federally defined objectives, including one consolidated public health objective. Eligible hospitals are also required to attest to 16 out of the 29 Meaningful Use Clinical Quality Measures (CQM).

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 eight of this document).

Medicaid Only Hospitals

Eligible hospitals may be asked to submit additional information to support their meaningful use attestation. The table below lists Modified Stage 2 Meaningful Use Objectives and Measures for eligible hospitals.

MPIP Objective Number	Measure	Alternate Exclusions and/or Specifications
Objective 1: Protect Electronic Health Information	**Measure**: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	None

Eligible Hospital's Checklist – 2015 Modified Stage 2 Meaningful Use

Objective 2: Clinical Decision Support	**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 eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. **Measure 2:** The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.	*For an EHR reporting period in 2015 only, an eligible hospital who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of measure 1:* **Alternate Objective and Measure** **Objective:** Implement one clinical decision support rule relevant to specialty or high priority hospital condition, along with the ability to track compliance with that rule. **Measure:** Implement one clinical decision support rule.
Objective 3: CPOE	*Eligible hospitals must meet the thresholds of all three measures.* **Measure 1**: More than 60 percent of medication orders created by authorized providers of the eligible hospitals or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. **Measure 2**: More than 30 percent of laboratory orders created by authorized providers of the eligible hospitals or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. **Measure 3**: More than 30 percent of radiology orders created by authorized providers of the eligible hospitals or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	**Alternate Measure 1:** For Stage 1 providers in 2015, more than 30 percent of all unique patients with at least one medication in their medication list admitted to the eligible hospitals or CAH's inpatient or emergency department (POS 21 of 23) during the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period, are recorded using computerized provider order entry. **Alternate Exclusion for Measure 2**: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the

		Stage 2 CPOE objective for an EHR reporting period in 2016. **Alternate Exclusion for Measure 3:** Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.
Electronic Prescribing	**Measure:** More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.	**Alternate Eligible Hospital/CAH Exclusion:** The eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 if they were either scheduled to demonstrate Stage 1, which does not have an equivalent measure, or if they are scheduled to demonstrate Stage 2 but do not select the Stage 2 eRx objective for an EHR reporting period in 2015
HIE	**Measure:** The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	**Alternate Exclusion:** Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for and EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Patient Specific Education	**Measure:** More than 10 percent of all unique patients admitted to the eligible hospitals or CAH's inpatient or emergency department (POS 21 or 23) are provided patient specific education resources identified by CEHRT.	**Alternate Exclusion:** Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 patient Specific Education menu objective.

Eligible Hospital's Checklist – 2015 Modified Stage 2 Meaningful Use

Medication Reconciliation	**Measure:** The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospitals or CAH's inpatient or emergency department (POS 21 or 23).	**Alternate Exclusion:** Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.
Patient Electronic Access (VDT)	**Measure 1:** More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information. **Measure 2:** For an EHR reporting period in 2015, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or (or patient authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.	**Alternate Exclusion:** Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Public Health	*Eligible Hospitals and CAHs scheduled to be in Stage 2 in 2015 must meet three measures.* **Measure Option 1—Immunization Registry Reporting:** The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data. **Measure Option 2—Syndromic Surveillance Reporting:** The eligible hospital is in active engagement with a public health agency to submit syndromic surveillance data. **Measure Option 3—Specialized Registry Reporting:** The eligible hospital or CAH is in active engagement to submit data to a specialized registry. **Measure Option 4 – Electronic Reportable Laboratory Result Reporting:** The eligible	**Alternate Specification:** An Eligible Hospital scheduled to be in Stage 1 in 2015 may meet two measures.

	hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results	

Step 4: Verify Incentive Payment Status

Eligible hospitals will be able to review their payment schedule as determined during the first payment year.

Document Upload

The MPIP System will determine the supporting documentation you will be required to upload in order to submit your attestation. You may also choose to upload additional documentation to support your attestation during this step. The **Completing Your MPIP Attestation: Supporting Documentation** tip sheet (available on the MPIP website) may also be helpful in completing this step.

Document Upload Policy: Please ensure that documents you are uploading do not contain protected health information (PHI) unless specifically requested as part of the document requirements.

Enrollment Summary And MPIP Payment Status

Eligible hospitals will have the opportunity to review their enrollment prior to submitting as well as the option to download enrollment data to a PDF. The eligible hospital should review the "Enrollment Summary" and then scroll down to select "Continue." Eligible hospitals will be asked to review attestation statements and confirm by selecting "Agree & Continue". In order to complete the attestation, eligible hospitals must sign the legal notice by entering the full name of Authorizing Official and re-enter their CMS Registration ID.

After signing the Legal Notice and selecting "Agree and Continue," MPIP will take the eligible hospital to the "Submit Enrollment" screen. The eligible hospital should review the enrollment summary and then 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 enrollment status will change from "In-Progress" to "Submitted for Review." The eligible hospital cannot modify any data entered when the enrollment status is "Submitted for Review" or "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@medicaid.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.