Ohio | Medicaid Provider Incentive Program

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

This checklist provides a look into Ohio's Medicaid Provider Incentive Program (MPIP) system for eligible professionals and may be used as a guide to help eligible professionals 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 professional's CMS registration information (i.e. demographics, payee information) changed since the previous payment year?

If **Yes**, the eligible professional 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 professional to re-enroll.

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

To complete re-enrollment, eligible professionals 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 professionals 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 questions will be asked to help eligible professionals determine their program eligibility:

Are you a hospital based provider? *(Select **"Yes"** if you meet the following definition).*

- An eligible professional who furnishes 90% or more of their covered professional services in sites of service identified by the codes used in the HIPAA standard transaction as an inpatient hospital or ER setting in the year preceding the payment year is considered hospital based.

Hospital-based providers may still be eligible for MPIP if they meet both of the following requirements:

- Fund the acquisition, implementation, and maintenance of Certified EHR Technology (CEHRT), including supporting hardware and interfaces needed for MU without reimbursement from an eligible hospital **and**
- Use the CEHRT in the inpatient or emergency department (ED) of a hospital (instead of the eligible hospital's CEHRT).

The hospital-based exclusion does not apply to an eligible professional practicing predominantly through a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC).

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Are you attesting as a Pediatrician? *(If you have a Medicaid patient volume of at least 30%, select **"No"** to being a pediatrician).*

- For purposes of MPIP only, a pediatrician means a medical doctor, who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must hold a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree and hold a current, in good-standing board certification in pediatrics through the American Board of Pediatrics, the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics, or a current, in good standing, pediatric subspecialty certificate recognized by the American Board of Medical Specialties.

Do you practice predominantly in an FQHC/RHC? *(If you have a Medicaid patient volume of at least 30%, select **"No"** to practicing predominantly in an FQHC/RHC).*

- An eligible professional "practices predominantly" when the clinical location for over 50% of his or her total patient encounters over a period of 6 months within the most recent calendar year or, within the 12-month period preceding attestation, occurs at an FQHC or RHC.

Select your Patient Volume attestation method.
(See step Two: Patient Volume Status for Patient Volume requirements)

- Individual – You are attesting using your individual patient encounters
- Group/Clinic – You are attesting as a member of a group/clinic using group proxy patient volume. (*If attesting as a group, please refer to the **Group Proxy Patient Volume** tip sheet available on the MPIP website).*

Select Patient Volume Location.
Based on your Patient Volume attestation method, you will be required to select your Patient Volume Location.

- Individual attestation method – Select from a list of practice locations that are associated with you or your payee's TIN in the State MMIS including practices you may be associated with.
- Group attestation method – Select from a list of the group/clinic practice location(s) within the State MMIS that you are associated with to create a group or join an existing group.

Verify the payee information based on the NPI and TIN designated during CMS registration:
Payee Medicaid ID: _____

Eligible professionals have the opportunity to update point of contact information:
Email Address: _____
Phone Number: _____ Extension: _____

Step Two: Patient Volume Status

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

- A minimum patient volume of 30% attributable to individuals enrolled in a Medicaid program;
- A minimum patient volume of 20% attributable to individuals enrolled in a Medicaid program and be a Pediatrician; or
- A minimum patient volume of 30% attributable to needy individuals and practice predominantly through an FQHC/RHC.

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Did the eligible professional include at least one clinical location with CEHRT during the payment year for which the eligible professional attests to adopting, implementing or upgrading to or meaningful use?

- Eligible professionals may choose one (or more) clinical sites of practice in order to calculate their patient volume. This calculation does not need to be across all of an eligible professional's sites of practice. However, at least one of the locations where the eligible professional is adopting or meaningfully using CEHRT should be included in the patient volume.

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 calendar year (CY) 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 professional'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 professionals:

- Services rendered to an individual on any one day where Medicaid paid for part or all of the service;
- Services rendered to an individual on any one day where Medicaid paid for part or all of the individual's premiums, co-payments, and cost sharing; or
- Services rendered to an individual 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 professional's total count of:

Medicaid patient encounters: _____
Total Patient encounters: _____

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

Step Three: EHR Meaningful Use Information

To be a meaningful user, eligible professionals must identify their meaningful use reporting period, practice locations, CEHRT ID, unique patient encounters and meet meaningful use objectives.

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

Please note that in Payment Year 2015 ONLY, all eligible professionals, regardless of their stage of meaningful use, are only required to demonstrate meaningful use for a 90-day EHR reporting period.

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

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Start Date: _____
End Date: _____

Practice Locations
For each of the eligible professional's practice locations, he or she must provide the practice's address, phone number, and indicate if the practice is the eligible professional's primary practice location. Eligible professionals must also provide the following:

Does the practice location include EHR technology (Yes or No)
Number of the eligible professional's patient encounters: _____
CMS Certification ID: _____

Unique Patient(s): If a patient is seen by an eligible professional more than once during the EHR reporting period, then for purposes of meaningful use measurement that patient is only counted once in the denominator for the measure. If a patient is seen at more than one of the eligible professionals practice locations, that patient should only be reported at one of the practice locations. The eligible professional's unique patients should not be duplicated across multiple practice locations.

Note: Data elements for this section should be based on unique patients seen by the eligible professional during the meaningful use reporting period.

Identify Certified EHR Technology (CEHRT)
Eligible professionals must verify their CMS EHR Certification Number for each of their practice locations. If an eligible professional is using a different EHR system than used in the previous payment year, they must update their EHR solution to reflect the system they used during the current payment year and upload proper documentation to MPIP. Supporting documentation must demonstrate that the eligible professional 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.

Unique Patient Encounters
After completing the practice location and EHR solution details, MPIP will automatically calculate the eligible professional's percent of patient encounters that occurred at sites equipped with certified EHR technology and the percent of unique patients contained in the EHR. Please note that to meet some meaningful use measures, an eligible professional must have:

- At least 50% of their total patient encounters occur at sites equipped with certified EHR technology.
- At least 80% of their unique patient data in a certified EHR system during the EHR reporting period.

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Modified Stage 2 Meaningful Use Objectives

Modified Stage 2 Meaningful Use Objectives
Starting in 2015, eligible professionals 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 providers 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 providers to exclude Modified Stage 2 measures in 2015 for which there is no Stage 1 equivalent.

To be a meaningful user, an eligible professional is required to meet a total of 10 federally defined objectives, including one consolidated public health reporting objective. Eligible professionals are also required to attest to at least 9 out of the 64 Meaningful Use Clinical Quality Measures (CQM), and must select at least one measure in three of the six National Quality Strategy (NQS) domains.

Eligible professionals 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	Meaningful Use Measure	Alternate Exclusions and/or Specifications
Objective 1: Protect Patient Health Information	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 under 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 EP's risk management process.	**None**
Objective 2: Clinical Decision Support (CDS)	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's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. **Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug allergy	For an EHR reporting period in 2015 only, an EP 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 clinical priority, along with the ability to track compliance with that rule. **Measure:** Implement one clinical decision support rule.

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	interaction checks for the entire EHR reporting period. **Exclusion:** For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.	
Objective 3: Computerized Provider Order Entry (CPOE)	An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective. **Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. **Exclusion:** Any EP who writes fewer than 100 medication orders during the EHR reporting period. **Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. **Exclusion:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period. Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. **Exclusion:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.	**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 seen by the EP 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 EP 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.

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MPIP Objective Number	Meaningful Use Measure	Alternate Exclusions and/or Specifications
Objective 4: Electronic Prescribing (eRx)	**EP Measure:** More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. **Exclusions:** Any EP who: • Writes fewer than 100 permissible prescriptions during the EHR reporting period; or • Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.	**Alternate EP Measure:** For Stage 1 providers in 2015, more than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.
Objective 5: Health Information Exchange	**Measure:** The EP 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. **Exclusion:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.	**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 an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Objective 6: Patient Specific Education	**Measure:** Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period. **Exclusion:** Any EP who has no office visits during the EHR reporting period.	**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.
Objective 7: Medication Reconciliation	**Measure:** The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP. **Exclusion:** Any EP who was not the recipient of any transitions of care during the EHR reporting period.	**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.
Objective 8: Patient Electronic Access (VDT)	**Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health	**Alternate Exclusion:** Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled

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MPIP Objective Number	Meaningful Use Measure	Alternate Exclusions and/or Specifications
	information subject to the EP's discretion to withhold certain information. **Measure 2:** For an EHR reporting period in 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period. For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period. **Exclusions:** Any EP who: a. Neither orders nor creates any of the information listed for inclusion as part of the measures; or b. Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.	to demonstrate Stage 1, which does not have an equivalent measure.
Objective 9: Secure Messaging	**Measure:** For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. **Exclusion:** Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.	**Alternate Exclusion:** An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Objective 10: Public Health Reporting	An EP scheduled to be in Stage 2 in 2015 must meet 2 measures. All EPs must meet 2 measures in 2016 and 2017. **Measure Option 1 –** Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data. **Exclusions:** Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:	**Alternate Specification:** An EP scheduled to be in Stage 1 in 2015 may meet 1 measure.

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MPIP Objective Number	Meaningful Use Measure	Alternate Exclusions and/or Specifications
	• Does not administer any 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; • Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or • Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period. **Measure Option 2 –** Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data. **Exclusion:** Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP: • Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system; • Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or • Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period. **Measure Option 3 –** Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	

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MPIP Objective Number	Meaningful Use Measure	Alternate Exclusions and/or Specifications
	Exclusions: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP: • Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period; • Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or • Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.	

Step Four: Payment Schedule

The table below shows the Medicaid EHR Incentive Program payment amount you could receive based on your current payment year.

Payment Year	Eligible Professionals	Eligible Professionals Attesting as Pediatrician
1	$21,250.00	$14,167
2	$8,500.00	$5,667.00
3	$8,500.00	$5,667.00
4	$8,500.00	$5,667.00
5	$8,500.00	$5,667.00
6	$8,500.00	$5,667.00
Total	$63,750.00	$42,500.00

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.

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Enrollment Summary and MPIP Payment Status

Eligible professionals 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 professional should review the "Enrollment Summary" and then scroll down to select "Continue." Eligible professionals will be asked to review attestation statements and confirm by selecting "Agree & Continue". In order to complete the attestation, eligible professionals 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 professional to the "Submit Enrollment" screen. The eligible professional 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 professional's enrollment status will change from "In Progress" to "Submitted for Review." The eligible professional 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.