

FY 2019 IPPS/LTCH Rule Finalized

On August 2, CMS issued updates to Fiscal Year 2019 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System final rule. The final rule changes the following aspects of the Promoting Interoperability (PI) Programs (formerly known as the EHR Incentive Programs):

- Sets a new performance-based scoring methodology that has a smaller set of objectives that will provide a more flexible, less-burdensome structure.
- Requires the use of 2015 Edition CEHRT for EHS/CAHs beginning in Calendar Year (CY) 2019.
- Finalizes an EHR reporting period of any consecutive 90-day period for all participants in CYs 2019 and 2020.
- Finalizes changes to Medicare hospital measures and removes certain measures that do not emphasize interoperability and the electronic exchange of health information beginning in CY 2020.
- Requires EHS/CAHs to select one quarter of CY 2019 data during the EHR reporting period and choose at least four self-selected electronic clinical quality measures (eCQMs) from a set of 16 for eCQM reporting.

To learn more about these and other finalized changes, review the final rule, [press release](#), and the [fact sheet](#). For more information on the PI Programs, visit the [PI Programs landing page](#)

Important Dates:

- **January 1, 2018**
Reporting period begins for Program Year 2018.
- **February 28, 2018**
EHS and CAHs attesting to CMS must submit 2017 MU attestations to the QNet.
- **March 31, 2018**
Deadline to submit Program Year 2017 attestations.
- **July 1, 2018**
Deadline for EHS to submit hardship exception application.
- **August 2018**
Tentative go live date for Program Year 2018 Mod Stage 2
- **September 2018**
Tentative go live date for Program Year 2018 Stage 3
- **November 30, 2018**
Deadline for CAHs to submit hardship exception application.

Important Dates (continued):

- **December 31, 2018**
Reporting period ends for Program Year 2018.
- **March 31, 2019**
Deadline to submit Program Year 2018 attestations.
- **2021**
Last year to receive Medicaid EHR incentive payment.

KHIE Connection

Kentucky Health Information Exchange (KHIE) is the Public Health Authority in the Commonwealth for the public health measures within the EHR Incentive Program (now known as Promoting Interoperability). In order to be deemed a Meaningful User the provider must have a signed Participation Agreement and signed addendum(s) on file with KHIE for each public health objective selected for attestation. Public Health guidance is available on the EHR website as well as the KHIE website.

Office of Health and Data Analytics
Kentucky Health Information Exchange
8 Mill Creek Park, Frankfort, KY 40621
Email: khie@ky.gov Phone: 502-564-7992 Web: <http://khie.ky.gov>
Office Hours: Monday – Friday 8 a.m. – 4:30 p.m.

Kentucky Medicaid EHR Incentive Program (Promoting Interoperability) Status, August 6, 2018

	Registrations	Completed Attestations	Total Paid	Amount Paid
Hospitals	95	302	272	\$133,849,825.36
Providers	5,251	10,539	8,791	\$125,903,417.95
Totals	5,346	10,841	9,063	\$259,753,243.31

For Assistance with Meaningful Use

Regional Extension Centers (REC)

- Kentucky REC at the University of Kentucky: <http://kentuckyrec.com/>
- Kentucky Rural Health Information Organization: <https://krhio.org/>

Kentucky Medicaid EHR Incentive Program (Promoting Interoperability)

- Medicaid EHR website <https://chfs.ky.gov/agencies/dms/Pages/ehr.aspx>
- Send an email to EHRIncentives@ky.gov
- Send an email from Send E-mail function at <https://prdweb.chfs.ky.gov/KYSLR/Login.aspx>
- Submit an Issue/Concern through attestation website