

Older EHR Announcements

2018 Announcements

REC Hosted Webinar

Please join the Regional Extension Center (REC) on April 19th, 2018 to discuss “2018 Medicaid Meaningful Use and How To Reach Hard To Hit Objectives”. This webinar will also include a panel discussion on frequently asked questions. [REGISTER NOW](#) to learn more!

Attention Clinicians MIPS Countdown

- [MIPS COUNTDOWN - FINAL PHYSICIAN ADVISORY](#)
- [MIPS COUNTDOWN - Clinicians Advisory for Feb 26 2018](#)
- [MIPS COUNTDOWN - Clinicians Advisory for Feb 23 2018](#)

Program Year 2017 MU attestations accepted until March 31, 2018!

(February 1, 2018) The Kentucky Medicaid EHR Incentive Program is accepting attestations for Program Year 2017 Meaningful Use until 11:59 pm, March 31, 2018. The user manual is located on the EHR website under the Manuals section. Any attestation that is in process after the deadline will be closed out and not eligible for participation for that Program Year. In the event of any questions or concerns, you may contact the EHR team by sending an email or calling (502) 564-0105 extension 2463.

Stage 3 Attestations

The Kentucky Medicaid EHR Incentive Program will begin accepting Stage 3 attestations for Program Year 2017 Meaningful Use on March 7th, 2018. The EP User manual for Stage 3 Program Year 2017 is located on the [EHR website](#), under the Manuals section. The deadline to submit an attestation for Stage 3 Program Year 2017 is 11:59 pm, March 31, 2018. Any attestation that is in process after that time will be closed out and not eligible for participation. In the event of any questions or concerns, you may contact the [EHR team](#) by calling (502) 564-0105 extension 2463.

Due to the implementation of the Stage 3 screens, the attestation application will not be available Wednesday, March 7, 2018 from 10:00 am until approximately 1:00 pm. Your patience is appreciated!

Program Year 2017 Submission Deadline

The end date to attest for program year 2017 for the Kentucky Medicaid EHR Incentive program is quickly approaching. If you intend to attest for the 2017 program year, please ensure that your attestation is submitted before March 31, 2018 11:59 pm.

Complete your [attestation submission](#).

For questions, [Email](#), or check out the [KY Medicaid EHR website](#) and [Eligible Provider Meaningful Use Manual](#).

MIPS - Clinician Advisory

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To Avoid the Penalty, You Must Submit MIPS Data Before March 31, 2018. Just SIX weeks left to avoid the penalty. Please submit your data today.

(February 19, 2018) The deadline is fast approaching if you plan to submit data for the 2017 Merit-based Incentive Payment System (MIPS) performance period to CMS. Eligible clinicians must submit before March 31, 2018 to avoid the negative payment adjustment for each claim beginning January 1, 2019.

You are strongly encourage to submit your data prior to the deadline. There is no reason to accept a 4% decrease in Medicare reimbursement in 2019. Now is the time to act. MIPS Test Data Submission is easy, free and you have access to free assistance from the atom Alliance Quality Improvement Organization (QIO) and Qsource.

Not sure if you are required to participate in the MIPS?

Click [here](#) to link to the MIPS Eligibility Tool and enter your NPI. It is that easy.

MIPS Eligible Clinicians Can Now View Performance Scores for 2017 Claims Data on qpp.cms.gov.

If you're an eligible clinician who submitted 2017 Quality performance data for [MIPS](#) via claims, you'll now be able to view your performance scores through the MIPS data submission feature. Reminder: claims [data submission](#) is only an option if you're [participating in MIPS](#) as an individual (not as part of a group).

If you've already submitted quality data via claims, you don't have to take any additional action. Claims-based quality measures are calculated automatically by CMS based on the Quality Data Codes (G-codes) submitted on your 2017 claims. You can simply login at qpp.cms.gov and view your calculated individual measures' scores and category score for Program Year 2017. Please note, scoring of claims data is subject to change monthly based on the processing of any additional 2017 claims and adjustments up to 90 days after the end of 2017.

Still Time to Submit Claims for 2017

If you still have 2017 claims you'd like to submit for the Quality performance category, make sure to submit them now. Claims, which are processed by Medicare Administrative Contractors (MACs) (including claims adjustments, re-openings, or appeals), must get to the national Medicare claims system data warehouse (National Claims History file) by March 1, 2018 to be analyzed. The [MACs](#) can provide you with specific instructions on how to bill.

Submission Resources

To prepare for 2017 submission, review the following resources on the [Quality Payment Program website](#):

- [MIPS Claims Data Submission Fact Sheet](#)
- [MIPS Data Submission Video](#)
- [MIPS Data Submission Fact Sheet](#)

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If you still have questions or want to learn how you can report your MIPS data free of charge, don't delay. Call 1-844-205-5540 or email us at techassist@qsource.org.

Don't wait until the last minute to submit your data. Call for assistance today.

Merit-based Incentive Payment System (MIPS) deadlines are approaching!

(February 14, 2018) The 2017 MIPS submission period runs through March 31, 2018. There are two exceptions to this deadline: 1) Groups using the CMS Web Interface have until March 16, 2018 at 8:00 pm to submit data. 2) Individual eligible clinicians submitting quality data via claims must submit claims by March 1, 2018.

For more information contact the [Quality Payment Program Service Center](#) at 1-866-288-8292.

2017 Announcements

CAHs: Hardship Exception Deadline is November 30th!

(November 15, 2017) The deadline for Critical Access Hospitals (CAHs) to submit a [hardship exception application](#) to avoid the 2016 payment adjustment based on the 2016 reporting year is Thursday, November 30th. The application must be submitted electronically or postmarked by the November 30th deadline. CAHs can submit hardship exception applications by electronic submission: sent to ehrhardship@provider-resources.com or paper submission: submitted via fax to 814-456-7132. All hardship exception determinations will be returned via email from ehrhardship@provider-resources.com to the email address provided on the application. If approved, the hardship exception is valid for the 2016 payment year only. If the CAH claims a hardship exception for a following payment year, the CAH must submit a new application.

CMS Finalizes Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Rule

The Centers for Medicare and Medicaid Services finalized updated payment rates and policy changes in the Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System for calendar year 2017. This rule includes changes to the EHR Incentive Program, as well. Changes include a 90-day meaningful use reporting period in program years 2016 and 2017, removal of clinical decision support and computerized provider order entry objectives and measures and reduction of a subset of the remaining objectives and measure for EHs, new participants in program year 2017 must attest to modified stage 2 objectives and measures, significant hardship exception for new participants transitioning to MIPS in 2017 and modifications to measure calculations for actions outside of the EHR reporting period.

For more information, read the:

- Press Release
- Fact Sheet

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The OPPS/ASC Final Rule with comment period and the IFC are available on the Federal Register.

Partners Commit to Helping Kentucky Clinicians Successfully Participate in the Quality Payment Program

The Kentucky Health Information Exchange (KHIE), Kentucky Department for Medicaid Services (DMS), Kentucky Department for Public Health (KDPH), Kentucky Rural Healthcare Information Organization (KRHIO), Qsource -- a member of atom Alliance, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) -- and the University of Kentucky's Regional Extension Center (KY REC) have made the bold commitment to helping 90 percent of eligible clinicians in the state successfully participate in the Quality Payment Program for performance year 2017. The [Quality Payment Program](#) is new federal legislation altering the way clinicians are reimbursed for their Medicare Part B encounters. Since 2017 is the transition year into the MIPS program, clinicians have multiple reporting options, known as "Pick Your Pace," to be successful and avoid a negative payment adjustment.

[Read the full announcement](#)

CMS Issues IPPS Final Rule

On August 2, 2017, the Centers for Medicare and Medicaid Services (CMS) issued the IPPS final rule, which has implications for the Medicare and Medicaid Electronic Health Record Incentive Programs.

Changes to Clinical Quality Measures (CQMs)

For Program Year 2017, EHs and CAHs reporting CQMs electronically, the reporting period will be one self selected quarter of CQM data in CY 2017. If an EH or CAH is only participating in the EHR Incentive Program or is participating in both the EHR Incentive Program and the Hospital IQR Program, the EH or CAH will report on at least four (self-selected) of the available CQMs.

For Program Year 2018, EHs and CAHs reporting CQMs electronically, the reporting period will be one self-selected quarter of CQM data in CY 2018. For the Medicare EHR Incentive Program, the submission period for reporting CQMs electronically will be the two months following the close of the calendar year, ending February 28, 2019. EHs and CAHs participating only in the EHR Incentive Program or participating in both the EHR Incentive Program and the Hospital IQR Program, the EH or CAH will report on at least four (self-selected) of the available CQMs. EHs and CAHs that report CQMs by attestation under the Medicare EHR Incentive Program, as a result of electronic reporting not being feasible, and EHs and CAHs that report CQMs by attestation under their state's Medicaid EHR Incentive Program are required to report on all 16 available CQMs for the full CY 2018 (consisting of four quarterly data reporting periods).

Additionally, CMS finalized for EPs in the Medicaid EHR Incentive Program for Program Year 2017, the CQM reporting period to be a minimum of a continuous 90-day period during CY 2017. Also for Program Year 2017, CMS aligned the specific CQMs available to EPs participating in the Medicaid EHR Incentive Program with those available to clinicians reporting eCQMs via their EHR for the Merit-based Incentive Payment System (MIPS).

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Changes to the Medicare and Medicaid EHR Incentive Programs

For 2018, CMS finalized the modification to the MU reporting period for participants attesting to CMS or their state Medicaid agency from the full year to a minimum of any continuous 90-day period during the calendar year.

CMS finalized the addition of a new exception from the Medicare payment adjustments for EPs, EOs, and CAHs, that demonstrate through an application process, that compliance with the requirement for being a meaningful EHR user is not possible because their CEHRT has been decertified under ONC's Health IT Certification Program. CMS also finalized an exception to the 2017 and 2018 Medicare payment adjustments for ambulatory surgical center (ASC)-based EPs and defining ASC-based EPs as those who furnish 75 percent or more of their covered professional services in an ASC, using Place of Service (POS) code 24 to identify services furnished in an ASC.

CMS also finalized policies to allow healthcare providers to use either 2014 Edition CEHRT, 2015 Edition CEHRT, or a combination of 2014 Edition and 2015 Edition CEHRT, for Program Year 2018. This policy is based on our ongoing monitoring of the deployment and implementation status of EHR technology certified to the 2015 Edition and feedback by stakeholders who requested more time for the transition process.

For more information:

[Fact Sheet](#)

[Press Release](#)

[Federal Register](#)

Kentucky REC hosts Healthcare Transformation Survival Seminars

(July 10, 2017) The Kentucky REC is hosting four seminars providing an in-depth look at the Medicare Access and CHIP Reauthorization Act (MACRA) legislation and the Quality Payment Program. Significant changes to physician payments now are tied to quality and value. This event will prepare healthcare providers for the changes under MACRA and Value-Based Payment. We will explore: QPP eligibility, QPP reporting metrics, improvement activities, ACI and meaningful use, HIPAA requirements and quality improvement. Lunch will be provided. This activity has been approved for AMA PRA Category 1 Credit.

Dates/Locations

Aug. 18, 2017 - London, KY

London Community Center

Room AB

529 S Main St

London, KY 40741

9:30 a.m. - 3 p.m. Eastern time

Sept. 14, 2017 - Georgetown, KY

Georgetown College

Banquet Hall

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100 Crawford Drive
Georgetown, KY 40324
9:30 a.m. - 3 p.m. Eastern time

Sept. 28, 2017 - Paducah, KY

Baptist Health Paducah
Heart Center Auditorium
2501 Kentucky Avenue
Paducah, KY 42003
9:30 a.m. - 3 p.m. Central time

Oct. 5, 2017 - Ashland, KY

Ashland Community College
The Rocky Adkins Pavilion
902 Technology Drive
Grayson, KY 41143
9:30 a.m. - 3 p.m. Eastern time

Register Now

Registration Fee

Clinicians/practice representatives/non-profit organizations: \$25
Vendors and non-practice representatives: \$75

Quality Payment Program (QPP) Resources

(June 15, 2017) CMS recently has revamped the look of the Quality Payment Program [website](#) and also posted new resources to help clinicians successfully participate in the first year of the Quality Payment Program. CMS encourages clinicians to visit the website to review the following new resources:

- [MIPS Quick Start Guide](#): Outlines the steps MIPS clinicians need to take between now and March 2018 to prepare for and participate in MIPS, including [checking participation status](#), choosing to participate as [an individual or as part of a group](#), deciding how to submit data and selecting [measures and activities](#).
- [Medicare Shared Savings Program and Quality Payment Program Fact Sheet](#): Explains how the Shared Savings Program and the Quality Payment Program align reporting requirements for participating Accountable Care Organizations (ACOs) and MIPS clinicians, and how certain tracks in Shared Savings Program ACOs meet Advanced Alternative Payment Model (APM) criteria under the Quality Payment Program.
- [MIPS APM Fact Sheet](#): Provides an overview of a specific type of APM, called a MIPS APM, and the special APM scoring standard used for those in MIPS APMs.

To get the latest information, visit the [Quality Payment Program website](#).

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The Centers for Medicare and Medicaid Services finalized updated payment rates and policy changes in the Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System for calendar year 2017. This rule includes changes to the EHR Incentive Program, as well. Changes include a 90-day meaningful use reporting period in program years 2016 and 2017, removal of clinical decision support and computerized provider order entry objectives and measures and reduction of a subset of the remaining objectives and measure for EHs, new participants in program year 2017 must attest to modified stage 2 objectives and measures, significant hardship exception for new participants transitioning to MIPS in 2017 and modifications to measure calculations for actions outside of the EHR reporting period.

For more information, read the:

[Press Release](#)

[Fact Sheet](#)

The OPPTS/ASC Final Rule with comment period and the IFC are available on the [Federal Register](#).

CMS Finalizes MACRA

(Oct. 14, 2016) The Department of Health and Human Services finalized its policy implementing the Merit-Based Incentive Payment System (MIPS) and the Advanced Alternate Payment Model incentive payment provisions in the Medicare Access and CHIP Reauthorization Act of 2015. A Quality Payment Program [website](#) has been created to help explain the new program and help clinicians identify the measures most meaningful to their practice or specialty.

What does MIPS mean for the Medicaid EHR Incentive Program? MIPS applies to physicians and clinicians providing services under Medicare Part B. MIPS does not replace the Medicaid EHR Incentive Program, which will continue through program year 2021. Clinicians eligible for the Medicaid EHR Incentive Program will continue to attest to their respective State Medicaid Agencies to receive their incentive payments. If those clinicians are also Medicare Part B clinicians, they may also participate in MIPS.

MACRA/MIPS will sunset the Medicare meaningful use payment adjustment, and there will no longer be a separate Medicare EHR Incentive Program at the end of CY 2018. Medicaid EPs that fail to meet the eligibility criteria for the Medicaid EHR Incentive Program, or who fail to properly attest to meaningful use, will no longer be subject to any Medicare payment adjustments after the CY 2018 payment year. No changes were proposed to the objectives and measures previously established in rulemaking for the Medicaid EHR Incentive Program (for EPs). MIPS does not apply to hospitals or facilities – it only applies to clinicians.

Please read the

- [Press release](#)
- Learn more about the [rule](#)

[Payment Adjustments Tool for eHealth Programs](#)

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MIPS Lookup Tool

(May 12, 2017) Unsure of your participation status in the Merit-based Incentive Payment System (MIPS)? Clinicians now uses an interactive tool on the CMS Quality Payment Program website to determine if they should participate in the MIPS track of the Quality Payment Program in 2017. To determine your status, enter your national provider identifier in the entry field on the tool which can be found on the Quality Payment Program [website](#). Information then will be provided on whether or not you should participate in MIPS this year and where to find resources.

You will participate in MIPS in 2017 if you bill Medicare Part B more than \$30,000 a year AND see more than 100 Medicare patients a year. You must be a physician, physician assistant, nurse practitioner, clinical nurse specialist or certified nurse practitioner. If you are new to Medicare in 2017, you do not participate in MIPS. You also may be exempt if you qualify for one of the special rules for certain types of clinicians or are participating in an Advanced Alternative Payment Model. To learn more, review the [MIPS Participation Fact Sheet](#).

To get the latest information, visit the [Quality Payment Program website](#). The Quality Payment Program Service Center may be reached at 1-866-288-8292 (TTY 1-877-715- 6222), available Monday through Friday, 8 a.m. - 8 p.m. Eastern time or via [email](#).

Announcement

CMS has updated the [CMS EHR Incentive Programs website](#) and resources based on changes to the program. CMS encourages EPs, eligible hospitals and CAHs to visit the updated website to find official CMS resources and program information, including:

- [2017 Program Requirements webpage](#)
- Medicaid 2017 Specification Sheets for [EPs](#) and [hospitals](#)
- Medicaid Stage 3 Specification Sheets for [EPs](#) and [hospitals](#)
- Medicare 2017 Specification Sheets for [Eligible Hospitals, CAHs and Dual-Eligible hospitals](#) attesting to CMS
- Medicare Stage 3 Specification Sheets for [Eligible Hospitals, CAHs and Dual-Eligible hospitals](#) attesting to CMS
- The [2017 Program Requirements webpage](#) contains links to new webpages with informational Tip Sheets on Stage 2 and Stage 3 objectives and measures
- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#): What You Need to Know for 2016
- New [Centralized Repository webpage](#) to help EPs, eligible hospitals, and CAHs find entities that accept electronic public health data
- [Modified Stage 2](#) and [Stage 3](#) Measure Tables for Eligible Hospitals and CAHs Attesting to CMS

Since the Stage 2 Final Rule was released there have been numerous changes to the meaningful use (MU) objectives and measures. CMS has made available comparison tools for EPs and EHs. The tool highlights how the MU objectives have evolved from Stage 2 to Modified Stage 2 to Stage 3. In addition to describing the MU requirement changes, a timeline is presented that includes key dates and deadlines associated with the MU stages and associated program years.

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- [EP Stage 2 vs. Stage 3 Comparison Tool](#)
- [EH Stage 2 vs. Stage 3 Comparison Tool](#)

Hardship Exception Applications Now Accepted

(March 17, 2017) CMS Medicare is now accepting requests for Hardship Exceptions from 2018 Medicare payment adjustments. The CMS Medicare Program Year 2016 Meaningful Use attestation period ended on 3/13/2017. Medicaid EPs who were seeking to do the Alternate Medicare MU attestation and the Dual EHs who were seeking to attest for Program Year 2016 to the Medicare program must have registered for the 2016 Program Year at the CMS Registration & Attestation system on or before 3/13/2017 but could not proceed with the MU attestation while awaiting their Medicaid State to confirm/approve their registrations may submit a Hardship Exception request from 2018 Medicare payment adjustments.

The [2018 EP & EH Hardship instructions and application forms](#) are now available. For the Medicaid providers specified above, it is recommended Option 2.2.d 'EHR Certification/Vendor Issues (CEHRT Issues)' on the Hardship Application form is selected

Reconsideration Application deadline is Feb. 28, 2017

(Feb. 17, 2017) The deadline for Eligible Professionals (EPs) to submit reconsideration forms for the 2017 payment adjustment based on the 2015 EHR reporting period is Feb. 28, 2017. No applications will be accepted after the deadline. Please visit the CMS website to find the EP Reconsideration Application. Complete this application if you received a letter from CMS that said you are subject to the 2017 Medicare EHR payment adjustment and you believe this payment adjustment is in error.

For more guidance on completing the application, review the EP Reconsideration Instructions or [e-mail](#) them. For more information on Payment Adjustments and Hardship applications or for information on reporting requirements, please visit the EHR Incentive Programs [webpage](#)

Program Year 2016 MU attestations accepted Feb. 13

(Feb. 10, 2017) The application for the Kentucky Medicaid EHR Incentive program will be unavailable at 8:00 am on Monday, Feb. 13 so we can release the 2016 MU changes. The Kentucky Medicaid EHR Incentive Program will accept attestations for Program Year 2016 Meaningful Use beginning Monday, Feb. 13 at 1 p.m. User manuals for EPs and EHs for program year 2016 are located on the [EHR website](#) under the Manuals section. The deadline to submit an attestation for Program Year 2016 is 11:59 p.m., March 31, 2017. Any attestation in process after that time will be closed out and not eligible for participation. In the event of any questions or concerns, you may contact the EHR team by [emailing](#) or calling (502) 564-0105 extension 2463.

Review 2016 Reporting Requirements

For certain measures in the program, CMS changed the reporting requirements to increase flexibility. CMS provided alternative reporting options and exceptions for providers who are scheduled to be in an

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earlier stage of the programs, affected by a significant hardship, or implementing or upgrading certified EHR technology (CEHRT).

In 2016 there are changes to the Secure Electronic Messaging (EPs only) and Public Health Reporting objectives. For the Secure Electronic Messaging objective, the measure's threshold has a phased approach. While the Public Health Reporting objective requires EPs to meet two measures and EHs/CAHs to meet three measures or claim alternate exclusions.

Providers should visit the EHR Incentive Programs [website](#) and review the What You Need to Know for 2016 Tipsheets for [EPs](#) and [eligible hospitals and CAHs](#) in preparation for attestation.

2016 Announcements

Eligible Provider Meaningful Use Manual 2016 * Achieved Apr. 2018 *

2016 Public Health Guidance * Achieved Apr. 2018

(Oct. 14, 2016) The Kentucky Medicaid EHR Incentive Program is currently accepting attestations for Program Year 2016 AIU only. We are in the process of updating the system for the new meaningful use requirements. The release is tentatively scheduled to occur the beginning of December. Thank you for your patience

(Oct. 12, 2016) The U.S. Department of Health and Human Services Office of the National Coordinator for Health Information Technology recently released two tools to help health care providers get the most out of their health information technology, such as electronic health records (EHRs): an EHR contract guide and a newly expanded Health IT Playbook. The new contract guide, EHR Contracts Untangled: Selecting Wisely, Negotiating Terms, and Understanding the Fine Print, explains important concepts in EHR contracts and includes example contract language to help providers and health administrators in planning to acquire an EHR system and negotiating contract terms with vendors. The Health IT Playbook is a dynamic, web-based tool intended to make it easy for providers and their practices to find practical information and guidance on specific topics as they research, buy, use or switch EHRs. Both resources are available on the ONC [website](#). In addition, EHR contract guide can be accessed from the Electronic Health Record tab of the Health IT Playbook.

Reportable Disease Surveillance regulation

(Sept. 29, 2016) As the Oct. 1, 2016 deadline for compliance with 902 KAR 2:020 (Section 8 and 9 of the Reportable Disease Surveillance regulation) nears, the Kentucky Department for Public Health (KDPH) is aware of concerns of timely compliance across the state. Those decisions require medical laboratories defined by KRS 333.020(3) in a health facility defined by KRS 216B.015 to report certain diseases to KDPH through the Kentucky Health Information Exchange (KHIE) by Oct. 1, 2016. **KDPH is aware of the difficulties for some facilities to meet this timeline.** Therefore, KDPH is requesting:

- All medical laboratories that qualify as needing to meet this regulation are asked to contact Rhonda Scott with KHIE at (502) 564-0105, ext. 2690 or by [email](#), where they can report their

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readiness to transmit the electronic laboratory reporting (ELR)-required data by Oct. 1 or to supply a timetable for projected completion of your ELR connections through KHIE.

- Rhonda can validate your engagement, readiness and detail your compliance plan if your facility cannot meet the deadline.
- This documentation will be submitted to KDPH by KHIE on your behalf.
- If your facility cannot meet the Oct. 1 deadline for these designated diseases in Section 8 and 9, please continue to report as you have historically and voluntarily been reporting for Section 8 and 9. On or after Oct. 1, a health facility or medical laboratory should not start-up reporting by fax or mail in lieu of ELR reporting of diseases and laboratory test results listed in Section 8 and 9. Reporting of all other diseases in the other sections of the regulation (902 KAR 2:020) remain unchanged. Reporting of outbreaks is required for any disease or condition listed in the regulation, including those listed in Section 8 and Section 9.

This transition to electronic laboratory reporting will be challenging. We do look forward to your successful outcome to establish ELR connections through KHIE.

Connie Gayle White, MD, MS, FACOG
Senior Deputy Commissioner
Kentucky Department for Public Health

Program Year 2016 (June 14, 2016) The Kentucky Medicaid EHR Incentive Program is currently accepting attestations for Program Year 2016 AIU only. We are in the process of updating the system for the new requirements. A release date has not yet been determined. Thank you for your patience.

Hardship Application Deadline (June 10, 2016) Hardship exception applications are due by July 1, 2016. All providers must take action by July 1 to avoid payment adjustments. More information is located on the [CMS Payment Adjustments and Hardship Information website](#).

Program Year 2015 deadline approaching! - (April 27, 2016) The last day to attest to receive an incentive payment for the Kentucky Medicaid EHR Incentive Program in Calendar Year (CY) 2015 is approaching! Eligible Hospitals (EHs), Critical Access Hospitals (CAHs), and Eligible Professionals (EPs) must submit their attestations by 11:59pm on May 31, 2016.

Last Year to Initiate Participation (April 13, 2016) The last year that an Eligible Professional (EP) can initiate participation in the Kentucky Medicaid EHR Incentive Program is 2016! Participation is voluntary however, you can receive up to \$63,750 over a period of six years. The Kentucky Medicaid Electronic Health Record (EHR) Incentive Program provides incentive payments to eligible professionals as they adopt, implement, upgrade (AIU) or demonstrate meaningful use (MU) of certified EHR technology. Get more information [online](#).

The Kentucky Medicaid EHR Incentive Program team may be contacted in the event of questions or issues. Office hours are Monday through Friday 8:00 am to 5:00 pm. [Email us](#) or call us at 502-564-0105 extension 2480.

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Hardship Application Deadline Extended -(Feb. 29, 2016) CMS is extending the application deadline for the Medicare EHR Incentive Program hardship exception process that reduces burden on clinicians, hospitals, and critical access hospitals (CAHs). The new deadline for Eligible Professionals, Eligible Hospitals and Critical Access Hospitals is July 1, 2016. CMS is extending the deadline so providers have sufficient time to submit their applications to avoid adjustments to their Medicare payments in 2017.

In January, CMS posted new, streamlined hardship exception application forms that reduce the amount of information that eligible professionals (EPs), eligible hospitals, and CAHs must submit to apply for an exception. The new applications and instructions for providers seeking a hardship exception are [available here](#).

Hardship Exception Process - (Jan. 27, 2016) As a result of recent legislation and ongoing efforts to improve the program, CMS has made important changes to the Medicare EHR Incentive Program hardship exception process. CMS has posted new, streamlined hardship applications, reducing the amount of information that eligible professionals (EPs), eligible hospitals and CAHs must submit to apply for an exception. EPs, eligible hospitals and CAHs that wish to use the streamlined application must submit their application according to the timeline established in PAMPA: Eligible Professionals: March 15, 2016 and Eligible Hospitals and CAHs: April 1, 2016. For more information, refer to CMS's [Payment Adjustments and Hardship Information website](#).

Where We Go Next - (Jan. 20, 2016) Last week acting administrator Andy Slavitt spoke at a conference which resulted in a media frenzy of the end of meaningful use. CMS has released a follow-up to that speech to provide more information on Slavitt's comments and the direction of meaningful use. Please read the [article](#) in its entirety

To all providers participating in the Kentucky Medicaid EHR Incentive Program - The Kentucky Medicaid EHR Incentive Program will accept program year 2015 meaningful use attestations beginning at 8 a.m. Eastern time Thursday, April 7. The system will not be available beginning at 4 p.m. Eastern time April 6. Please keep in mind all attestations must be submitted for program year 2015 by 11:59 p.m. Eastern time May 31, 2016. Please [contact us](#) if you have questions.

Alternate Attestation Option No Longer Required - (March 10, 2016) For Program Year 2015, Medicaid Eligible Professionals (EPs) no longer have to utilize the alternate attestation option to attest to Meaningful Use (MU) on or before March 11, 2016, in order to avoid 2016 or 2017 Medicare payment adjustments. Medicaid EPs may wait until their respective Medicaid State can accept attestations, and then attest to Program Year 2015 MU through their Medicaid State EHR Incentive program. Several Medicaid EPs have already successfully completed the Alternate Medicare MU attestation for Program Year 2015. These EPs face no extra difficulties whatsoever. In fact, this group of providers have already avoided Medicare payment adjustments in 2016 and 2017. Further, these EPs can proceed with completing their Medicaid MU attestation for Program Year 2015 with their respective Medicaid State in order to obtain Medicaid Incentive payment. It is important to note, Medicaid EPs who obtain an AIU incentive payment for Program Year 2015 have not achieved MU, and are thus subject to Medicare payment adjustments.

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Alternate Attestation Option Clarification - (Feb. 26, 2016) CMS has received several questions about how Medicaid providers can avoid the 2015 program year Medicare payment adjustments and would like to provide clarification: In order to avoid payment adjustments, first time providers (i.e. EPs who have not previously attested to Meaningful Use (MU)) must attest through CMS's registration & attestation (RNA) system using the alternate Medicare attestation method on/before the March 11th deadline to avoid Medicare payment adjustments in 2016 (and, this alternate Medicare attestation would also avoid 2017 payment adjustments). If they wish to earn their Medicaid incentive, they must also attest through their respective State Medicaid attestation system before the State deadline. Returning providers do not have to attest through the CMS attestation system as long as they will be able to successfully attest to program year 2015 MU with their State and the State successfully compiles and uploads to the NLR the State's MU Data batch file before October 2016.

Alternate Attestation Option Deadline Extended (Feb. 12, 2016) CMS has extended the attestation deadline for the Medicare and Medicaid EHR Incentive Program to Friday, March 11, 2016 at 11:59 pm ET. Eligible professionals, eligible hospitals, and critical access hospitals (CAHs) participating in the Medicare EHR Incentive Program can attest through the [CMS Registration and Attestation System](#). Providers participating in the Medicaid EHR Incentive Program should refer to their respective states for attestation information and deadlines. Certain Medicaid eligible professionals may use the [Registration and Attestation System](#) as an alternate attestation method to avoid the Medicare payment adjustment ([80 FR 62900 through 62901](#)). Visit the [Registration and Attestation](#) and the [2015 Program Requirements](#) pages on the [CMS EHR Incentive Programs website](#). For attestation questions, please contact the EHR Information Center Help Desk at 888-734-6433/ TTY: 888-734-6563. The hours of operation are Monday to Friday between 7:30 a.m. and 6:30 p.m. EST.

Alternate Attestation Option - (Jan. 12, 2016) CMS has established an alternate attestation option through the Medicare EHR Incentive Program website for providers attesting to the Medicaid EHR Incentive Program and subject to payment adjustments through Medicare. This is for providers whose state SLR systems are not available for attestation submissions and/or for providers unsure if they will meet the patient volume thresholds. This applies to providers attesting to meaningful use and with an attestation still in review for program year 2014, as well as meaningful use providers waiting to submit an attestation for program year 2015. Attesting to this alternate option is only to avoid a Medicare payment adjustment and must be submitted no later than Feb. 29, 2016. Providers still will need to submit attestations through the Medicaid EHR Incentive Program to receive incentive payments.

2015 Announcements and Resources

- [Adopt Implement Upgrade Attestation Manual](#) (Updated)
- [Eligible Hospital Meaningful Use Manual 2015](#)
- [Eligible Provider Meaningful Use Manual 2015](#)

(Nov. 17, 2015) The Centers for Medicare and Medicaid Services recently released a finalized rule for Modified Stage 2 Meaningful Use (MU) from 2015-2017. Providers who would like to become actively engaged and register their intent to submit data (option 1) per CMS, to KHIE as the public health authority for MU in Kentucky, must sign a participation agreement and addendum associated with the public health measure selected for attestation, by Dec. 1, 2015 for program year 2015. All agreements and addenda must be signed by this date, including providers that attest to public health measure

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exclusions. KHIE supports the following public health measures for MU: immunization, syndromic surveillance, electronic reportable laboratory results and cancer case reporting (specialized registry). To learn more about KHIE, or to contact your local outreach coordinator, please visit the KHIE [website](#). We look forward to connecting with you.

(November 4, 2015) **Public Health Guidance** - KHIE is currently working with the Kentucky Medicaid EHR Incentive Program team and CMS to understand the Modified Stage 2 and Stage 3 Final Rule released Oct. 6, 2015.

KHIE understands that October-December 2015 is the last quarter to attest for program year 2015 and is working diligently to have new guidance published as quickly as possible. [2015 Public Health Guidance](#)

However at this point in time we can confirm that your signed KHIE participation agreement and associated public health addendum(s) are sufficient to meet option 1 (register intent to submit data to a public health agency) of active engagement for immunization, syndromic surveillance, electronic laboratory reporting, and cancer registry measures (which falls under specialized registry reporting). KHIE and the KY Medicaid EHR Incentive Program will be providing further clarification and guidance on public health reporting through KY's HIE. Thank you for your participation with the Kentucky Health Information Exchange and Medicaid EHR Incentive Program.

(Oct. 7, 2015) CMS released the Stage 3 and Modifications to Meaningful Use(MU) in 2015-2017 Final Rule late yesterday afternoon. The Kentucky Medicaid EHR team is reviewing the final rule and is in process of making system changes. However, we do not have a date the application will be available to attest for Program Year 2015 MU. More information will be coming as its available.

(Sept. 23, 2015) – **2016 Payment Adjustment Fact Sheet for Hospitals now available** - CMS has posted a new Medicare EHR Incentive Program [fact sheet](#) on the 2016 payment adjustments for Medicare eligible hospitals. Visit the [Payment Adjustments and Hardship Exceptions page](#) on the CMS EHR Incentive Programs website to review the fact sheet and additional information about how Medicare eligible hospitals could be affected by payment adjustments and how to avoid them. For the EHs who received a Medicare payment adjustment letter for 2016, the application submission period for reconsiderations is Oct. 1, 2015 - Nov. 30, 2015. The application will be posted on Oct. 1, 2015.

(Sept. 22, 2015) **This is a very important notice to all providers who are participating in Meaningful Use.** As the Public Health Authority for the state of Kentucky for public health measures within the CMS EHR Incentive Program, the Kentucky Health Information Exchange (KHIE) would like to remind you that a provider must have a signed Participation Agreement and signed addendum(a) on file with KHIE for each public health objective selected for attestation.

In an effort to assist you in meeting the CMS EHR Incentive Program Year 2015 deadline and be deemed a Meaningful User, KHIE is providing the following notice:

- All requests to connect to the Kentucky Health Information Exchange (KHIE) must be received no later than Dec. 11, 2015.

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- To meet the deadline and be placed on the schedule for connection, KHIE must receive a completed KHIE intake form from you. This form is available on our website or from the Outreach Coordinator assigned to your region of the state. To view this information, please visit our [website](#).
- Providers who complete and return the KHIE Intake Form by the Dec, 11 deadline will be processed into our system. We will forward the KHIE Participation Agreement and addendums to you for signature. **The Participation Agreement and applicable addendums must be returned to us by Dec. 30** (state offices are closed Dec. 31). It is your responsibility to ensure that we have received these agreements.
- Requests received after Dec. 11, 2015, will be processed after Jan. 4, 2016.

If you are already connected to KHIE, please ensure that all of your public health addendums have been signed and returned by December 30, 2015. View the [complete KHIE notice](#).

(Aug. 12, 2015) – **Program Year 2014 Attestations** - The Kentucky Medicaid EHR Incentive Program team is reviewing program year 2014 attestations as quickly as possible to identify errors requiring corrections from the provider. The review staff is reaching out to providers via the email address submitted with CMS registration without receiving a response. In the near future, CMS will require the program year 2014 attestation reviews be completed. To provide every opportunity to make the necessary corrections and avoid attestations being rejected, please verify your email address at the [CMS Registration site](#). If your email address is not correct, please correct and re-submit your registration.

You also may log on to the attestation website and view the attestation status in the provider status flow section on the home screen. If you see your program year 2014 attestation has been put on hold, this may indicate that an issue has been identified or supporting documentation is needed. If you have not received an email notification requesting action please contact our [office](#).

(July 29, 2015) - **Electronic Laboratory Reporting** - Kentucky recently passed legislation that requires laboratory results to be reported electronically to the Kentucky Health Information Exchange (KHIE). To get into the queue and be onboarded to KHIE for electronic laboratory reporting, providers must meet the following prerequisites:

1. Providers must have a signed participation agreement and a signed disease surveillance addendum with KHIE
2. Laboratory feeds and reference lab orders and results must be fully mapped to logical observation identifiers names and codes and Systematized Nomenclature of Medicine, with the exception of HIV- and AIDS-associated laboratory reports
3. The established all-inclusive laboratory data feed must contain HL7 2.5.1 ELR Standard Unsolicited Observation or Unsolicited Lab Observation messages from a 2014 certified electronic health record system
4. An established all-inclusive admit, discharge and transfer feed

The aforementioned requirements aim to simplify hospital responsibilities, ensure ongoing compliance with state regulations on meaningful use, adhere to KHIE methodological framework and prevent inadvertent submission of conditions prohibited from being delivered to Kentucky's National Electronic Disease Surveillance System (NEDSS). KHIE will monitor the all-inclusive laboratory feed and

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automatically forward disease surveillance data to Kentucky NEDSS in accordance with state regulation.

2015 Kentucky eHealth Summit - Join the Kentucky Health Information Exchange (KHIE) for the 8th Annual eHealth Summit on Wednesday, Sept. 30 at the Sloan Convention Center in Bowling Green. Don't miss this opportunity to network with hundreds of healthcare professionals including health care CEOs and administrators, IT management, providers, attorneys, privacy and security experts. [Register now](#) to attend the 2015 Kentucky eHealth Summit.

2014 Announcements

Dec. 22, 2014 - **Submission deadlines have been extended** -Submission deadlines for attestations for Program Year 2014 have been extended. **Eligible hospitals and critical access hospitals** have until **Jan. 30, 2015** to submit attestations. **Eligible professionals** have until **Apr. 30, 2015** to submit their attestations.

Oct. 7, 2014 - **Hardship Exception Applications - Important for any provider participating in the EHR Incentive Program that bills Medicare** CMS has announcing its intent to reopen the submission period for hardship exception applications for eligible professionals and eligible hospitals to avoid the 2015 Medicare payment adjustments for not demonstrating meaningful use of certified electronic health record technology (CEHRT). The new deadline is Nov. 30, 2014. Previously, the hardship exception application deadline was April 1, 2014, for eligible hospitals and July 1, 2014 for eligible professionals. This reopened the [hardship exception application](#) submission period for eligible professionals and eligible hospitals that:

- Have been unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability; **and**
- Eligible professionals who were unable to attest by Oct. 1, 2014 and eligible hospitals that were unable to attest by July 1, 2014, using the flexibility options provided in the [CMS 2014 CEHRT Flexibility Rule](#).

These are the only circumstances that will be considered for this reopened hardship exception application submission period. [Applications](#) must be submitted by **11:59 p.m. Eastern time, Nov. 30, 2014**. Visit the [Payment Adjustments and Hardship Exceptions webpage](#) for more information about Medicare EHR Incentive Program payment adjustments.

Oct. 2, 2014 -**Meaningful Use Application and Instructions** - Medicaid providers who cannot switch back to Medicare (in the event they do not meet patient volume for Medicaid) may complete a [meaningful use \(MU\) application](#) to attest for MU to avoid payment adjustments. [Instructions](#) are provided.

Oct. 1, 2014 - **Dear EHR Providers** - On Sept. 4, 2014, CMS published a final rule giving 2014 EHR Incentive Program participants more options in the use of certified EHR technology (CEHRT) for the 2014 EHR reporting period. The CEHRT Flexibility Rule was effective Oct. 1, 2014, and the Kentucky Medicaid Program has revised its policies to comply. The CEHRT Flexibility Rule gives program participants who have not fully implemented 2014 CEHRT the option to attest to Program Year 2014

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using 2013 or 2014 EHR Incentive Program objectives and measures. In conjunction with the CMS CEHRT Flexibility Rule, Kentucky Medicaid has modified its EHR Incentive Program Rules to allow program participants to attest in Program Year 2014 and gives EHR vendors additional time to develop the needed interfaces for public health reporting. The attestation guidance for Stages 1 and 2 supersedes all previous guidance issued by Kentucky. Please note that this flexibility is short-term. EHR Incentive Program Year 2015 participants who administer immunizations and attest to Stage 2 will need to be sure their EHR vendors have established connectivity with KHIE prior to their attestation.

Thank you for your concerted effort to achieve meaningful use, enable EHR adoption and improve HIT initiatives across the state.

- [2014 Meaningful Use Guidance-Stage 2-Flex Guidance](#)
- [Revised Policy for Reporting MU Public Health Measures](#)
- [2014 Meaningful Use Guidance-Stage 1-Flex Guidance](#)

Sept. 11, 2014 - **Do you need assistance with meeting measure #3 of the Transitions of Care core objective?** There is a new tool available to providers that can assist on how to use the NIST EHR Randomizer. The [Randomizer tool](#) enables providers to exchange data with a test EHR in order to meet measure #3 of the stage 2 transition of care objective

May 2, 2014 - **Are you a Medicare provider who was unable to successfully demonstrate meaningful use for 2013 due to circumstances beyond your control?** CMS is accepting applications for hardship exceptions to avoid the upcoming Medicare payment adjustment for the 2013 reporting year. Payment adjustments for the Medicare EHR Incentive Program will begin on January 1, 2015 for eligible professionals. However, you can avoid the adjustment by completing a hardship exception application and providing supporting documentation that proves demonstrating meaningful use would be a significant hardship for you. CMS will review applications to determine whether or not you are granted a hardship exception. Please click [here](#) for more information.

April 22, 2014 - **Eligible Professionals: Hardship Exception Applications due July 1, 2014** - refer to the [CMS Payment Adjustments and Hardship Exceptions website](#) for more information.

- April 11, 2014 - **Payment Reassignment** - Read the [Payment Reassignment Process](#)

Mar. 20, 2014 - Please join the Kentucky REC and KHIE for a new series of Meaningful Use Survival Seminars. This new series will be hosted at several different locations around Kentucky this spring and summer. Please see the [KREC Event Flyer 2014](#) for the details.

Mar. 7, 2014 - Attestation guidance for Stage 1 and Stage 2 is revised. Please review the guidance documents for [Stage 1](#) and [Stage 2](#). The attestation guides outline the processes to be completed prior to submitting your attestation for the EHR Incentive Program. If you have any questions regarding these processes please contact your KHIE Outreach Coordinator.

Jan. 1, 2014 - Stage 2 Meaningful Use - On Sept. 4, 2012, CMS published a final rule that specifies the State 2 criteria that eligible professionals (EPs), eligible hospitals (EHs) and critical access hospitals (CAHs) must meet in order to continue to participate in the Medicaid EHR incentive program. All providers must achieve meaningful use under [Stage 1](#) criteria before moving to [Stage 2](#) meaningful use requirements or Stage 2 Timeline for EPs, EHs and CAHs.

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2013 Announcements

Dec. 10, 2013 - Learn How to Conduct a Security Risk Analysis for Your Practice. What's required? CMS has a [tip sheet](#) that will help you understand:

- Steps for conducting a security risk analysis
- How to create an action plan
- Security areas to be considered and their corresponding security measures
- Myths and facts about conducting a security risk analysis

Nov. 7, 2013 - [Stage 2 Meaningful Use Public Health Measures - Connection to KHIE required.](#)

During the Stage 2 meaningful use, ongoing electronic submission of data in all three core objective public health areas is required, **if** the respective KDPH programs are ready. The Stage 2 public health meaningful use objectives only can be met by electronic submission of messages through the Kentucky Health Information Network (KHIE). To begin the reporting process, providers/hospitals must sign a participation agreement with KHIE. The agreement can be obtained by contacting [KHIE](#).

June 4, 2013 - [What's new for Stage 1 in 2013.](#)

April 11, 2013 - **Mandated Sequestration Payment Reductions Beginning for Medicare Electronic Health Record Incentive Program.** Incentive payments made through the Medicare EHR Incentive Program are subject to the mandatory reductions in federal spending known as sequestration, required by the Budget Control Act of 2011.

- **Incentive Payment Reduction** - The American Taxpayer Relief Act of 2012 postponed sequestration for two months. As required by law, President Obama issued a sequestration order on March 1, 2013. Under these mandatory reductions, Medicare EHR incentive payments made to eligible professionals and eligible hospitals will be reduced by 2 percent.
- **Reduction Timing** - This 2 percent reduction will be applied to any Medicare EHR incentive payment for a reporting period that ends on or after April 1, 2013. If the final day of the reporting period occurs before April 1, 2013, those incentive payments will not be subject to the reduction. **Please note:** This reduction **does not apply to Medicaid EHR incentive payments**, which are exempt from the mandatory reductions.
- **The Kentucky REC and the Kentucky Health Information Exchange are proud to announce a series of Meaningful Use Survival Seminars coming to a location near you.** Please refer to the [KY REC KHIE Roadshow Brochure](#) for more information regarding the locations, dates, registration, meeting agenda, CME Credit Information and other important details.
- **Important Information for Hospitals Attesting to Meaningful Use.** Read [Hospital MU Attestation Information](#).

2012 Announcement

1,925 Providers In Kentucky Receive \$115,567,468 Under EHR Incentive Programs. (June 19, 2012) - Read the [Kentucky EHR Incentive Program News Release](#).