

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH CARE SERVICES



STATE MEDICAID HIT PLAN
ADDENDUM FOR 2015 –
2017/STAGE 3 RULE

VERSION 1.0

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1 EXECUTIVE OVERVIEW

1.1 Background

On October 15, 2015, the Centers for Medicare & Medicaid Services (CMS) released the final rule that defines the rules for the EHR Provider Incentive Program for the years 2015 through 2017, and outlining the Stage 3 rules. The final rule was effective December 15, 2015; all attestations on or after that date will be governed by the new rule's requirements.

The new rule requires extensive modifications to the program, and subsequently requires significant changes to the Alaska State Level Registry (SLR). The rule requires all providers to attest to modified Stage 2 Meaningful Use (MU) measures for 2015 – 2017, regardless of the MU Stage a provider was scheduled for in those years. It further defines the requirements for Stage 3; which providers may optionally attest to in 2017, but all providers will attest to Stage 3 beginning in 2018. The number of MU objectives has been reduced from Stage 2, resulting in 10 MU Objectives for Eligible Providers (EPs) and 9 for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs). There are no longer Menu Measures; all the Objectives and measures need to be either met or, if exclusions are offered, the exclusions must be met. As there are measures that did not exist in Stage 1; alternative measures are offered for those providers scheduled to attest for Stage 1 in 2015. The alternatives are only available for first time MU attestations; all non-first year MU providers will attest to the modified Stage 2 in 2016. As noted above, in 2017 providers may attest to the modified Stage 2 objectives, or optionally attest to Stage 3.

Given the magnitude of the changes needed for 2015 and 2016 and more changes in 2017, Alaska has opted to implement the modifications for 2015 – 2016 in this initial phase. The 2017 changes, primarily the implementation of the optional Stage 3, will be addressed in a future SMHP update.

2 SYSTEM CHANGES RELATED TO 2015 AND 2016

2.1 Changes at Login/Attestation Creation

At login for PY2015, the SLR will determine the stage of MU the provider would have been attesting to prior to this rule change to determine if the alternate objectives or exclusions should display for the provider. There will be a workflow for 2015 Stage 1 vs. 2015 Stage 2. The same workflow will be enabled for providers that would have attested for Stage 1 in 2016 (e.g. those providers who attested to AIU in 2015 or skipped the 2015 attestation).

The workflow will also be modified for EPs to allow reporting of any consecutive 90 day EHR reporting period in 2015, despite their stage of MU. In 2016, EPs who are attesting to MU for the first time will be allowed to attest with any consecutive 90 day period; those not attesting for the first time will be required to report for a full calendar year.



Also, changes will be made to allow a different CQM reporting period in 2015 or any subsequent program year if the EP is attesting to MU for the first time.

Changes will be made for EHs/CAHs to allow a 90 day reporting period for 2015, despite their stage or year of reporting. EHs/CAHs are moving to calendar year reporting (vs. FFY reporting) in 2015, so, EHs/CAHs can select a consecutive 90 day period within the timeframe of 10/1/2014 through 12/31/2015. The patient volume will be changed to allow a look back for the prior year. The change to calendar year will also require changes to the C5 editing for Dually Eligible providers.

Changes will be made to accommodate modified requirements for certified technology. In 2014, providers are required to use technology certified to the 2014 Edition. In 2016, providers can either choose technology certified to the 2014 Edition or the 2015 Edition, or a combination of the 2 Editions as long as the modules are calculating the MU measure according to the to the MU measures that is being attested.

2.1.1 State Changes

Alaska is further modifying the attestation by requiring the following documentation:

- Validate the EP/EH has met the Registration of Intent process by submitting Intent form by deadline within the first 60 days of the EHR Reporting Period or by meeting the Public Health measures through another valid qualifier.
- Validate the EP/EH has attached a copy of their security risk analysis (SRA) that was completed in the program year to their attestation submission.
- Validate the EP/EH has Secure Electronic Messaging by requesting a copy of their login page or a copy of their contract/agreement with the organization supplying the secure messaging system.

2.2 Changes to MU Processing

The Alaska SLR MU screens will be modified for program year 2015 and 2016 to consolidate the core and menu changes objectives into a single list of objectives (accommodating the 2015 Stage 1 alternative measures/exclusions) and to remove the objectives that have been eliminated under the new definition of MU.

Alaska granted CMS representatives access to our SLR prototype and screenshots on November 20, 2015 allowing CMS to review and approve the SLR changes for 2015. Alaska can attach the screenshots to this addendum if necessary, but the prototype is easier to review.

All changes to the SLR, including the login/attestation creation and the changes to MU processing will be initially tested by our SLR vendor, then the Alaska instance of the modified SLR will be tested to ensure it conforms to the approved CMS version and meets Alaska requirements prior to implementation.



3 PROGRAM CHANGES RELATED TO 2015 – 2017/STAGE 3 RULE

3.1 Extension of Grace Period

Due to the new 2015 – 2017/Stage 3 rule changes Alaska will not be able to implement all the necessary system changes to our State Level Registry until April 30, 2016 for EPs and September 30, 2016 for EHs. As a result of this delay Alaska will be extending the grace period 181 days for EPs and 334 days for EHs.

The Program Year 2015 Grace Period for EPs will be June 30, 2016. The Program Year 2015 Grace Period for EHs will be November 30, 2016.

Alaska will open Program Year 2016 shortly after the grace period for Program Year 2015 closes for EPs and EHs. We intend to have a normal 60-day grace period (closing March 1, 2017) for both EPs and EHs.

3.2 Program Changes Required by State Regulations

The following changes will be implemented with the 2015 – 2017 changes, effect for program year 2015:

- Removing the need to have a hard copy of the signed attestation mailed to the program office. The uploaded signed document will be sufficient
- Requiring the EPs/EHs participating in the Medicaid EHR Incentive Program to onboard to the Alaska Health Information Exchange in order to support meaningful use including transmitting their Public Health data to the state via the HIE.

4 OUTREACH AND MARKETING

Alaska recognizes that the significant amount of changes will necessitate specific outreach activities to assist providers and marketing efforts to ensure providers are aware of the changes. Additionally, 2016 is the last year a provider can begin the program; efforts will be taken to identify eligible providers and make them aware of the program.

4.1 Outreach and Marketing strategies:

- DHSS began sharing information for program year 2015 with an email list of EPs, EHs, and organization representatives shortly after the NPRM for 2015-2017/Stage 3 was announced. The current plan is to send out quarterly email updates to providers and organization representatives regarding the Medicaid EHR Incentive Program.
- Alaska's provider manual will be updated and posted on our State HIT website (<http://dhss.alaska.gov/hit/Pages/Default.aspx>) and the Provider Outreach Portal (<http://ak.rraincentive.com/>) in February 2016)



- Create and update job aids for the EPs/EHs to use in preparation for their attestations.
 - Documentation to save in case of an audit.
 - FAQ's
 - Meaningful Use Measures
 - Program Changes
 - Tip Sheets for AK SLR
- Attend health related and EHR related CMS conferences and seminars representing the EHR Incentive program
- Update our presentation materials and program brochure for exhibit tables at local health related conferences and for presentations at health related organizational meetings.
- Contact potential eligible providers for the incentive program before the end of program year 2016.
 - Identify and contact potential providers by securing list of all eligible provider types and their contact information from Alaska's Medicaid Fiscal Agent
 - Review and contact providers on the NLR and AK SLR who have not completed the registration or attestation process
- Create stand-alone slide shows and live webinars for EPs/EHs to provide program information such as:
 - Meaningful Use Measures
 - Program Changes
 - General Program Overview
 - Information for Specialists
 - Medicaid Encounter Volume
 - Completing the attestation process
- Create radio, TV, and social media spots for the Medicaid EHR Incentive Program
- Contact relevant provider associations to develop partnerships and to link our information on their webpages
 - Send Introductory email from EHR program staff
 - Ask to submit EHR related articles to their newsletters
 - Request to have a link to our EHR information on their websites
 - Once partnership is created, add the association to the EP/EH Outreach email list
 - Attend association annual meetings and events
- Sponsor workshops and presentations for EPs/EHs to provide program information such as:
 - Attestation documentation to save for Audit
 - How to successfully conduct or review a Security Risk Analysis



5 SMHP AND IAPD UPDATES

5.1 SMHP

The updates included in this SMHP addendum will be incorporated in the subsequent update of the full SMHP.

5.2 IAPD

The following funding topics will be included in an IAPDU to be submitted early calendar year 2016 (anticipated at the end of the first calendar quarter or the beginning of the second calendar year quarter):

5.2.1 Outreach funding

- In-house for EP/EH outreach
 - Public Information Team – brochures, radio/TV spots, webinars – have tentative meeting scheduled with Clay Butcher to brainstorm opportunities.
 - Contract with organization via RFP to conduct targeted outreach and marketing to include:
 - Project management with state
 - Plan development
 - Outreach Management and Reporting
 - Meaningful Use training
 - Creation of documents
 - Planning presentations and workshops
 - Travel in and outside of Anchorage
 - Conferences in Anchorage:
 - Alaska Academy of Family Physicians Winter Update – March 11-13, 2016 event
website: http://www.alaskaafp.org/Winter_Update.htm
 - Northwest Regional Primary Care Assn – May 14-17, 2016 <http://www.nwrpca.org/event/id/643011/2016-Spring-Primary-Care-Conference-and-Annual-Membership-Meeting.htm>
 - Conference/Meetings outside of Alaska
 - HIMSS, February 29-March 4, 2016, Las Vegas, NV
(<http://www.himssconference.org/>)
- CMS Regional HITECH meeting
- Identify additional funding for implementation