



POLICY UPDATE REGARDING EH ATTESTING in 2014

Pursuant to CMS clarifications and Alabama Medicaid program requirements, all Dual Eligible hospitals *must* have an approved Medicare attestation from CMS on file before the state may accept and process the hospital's Medicaid attestation. In 2014, a dually eligible hospital attesting to the second year of Stage 1 Meaningful Use may use a 90-day EHR Reporting Period instead of a 1 Year EHR Reporting Period for Meaningful Use Core and Menu measures, however, it ***must*** coordinate CQM reporting with PQRI reporting requirements and electronically submit CQM data for the entire year.

Although CMS will be accepting attestations for Program Year 2014 as early as January 2014, they will hold the application and only when the EH submits the CQM data will the attestation be considered complete and reviewed for payment purposes. Alabama opened the application period for 2014 AIU attestations on October 1, 2013 and 1st Year-Stage 1 attestations can be submitted on January 1, 2014 but will not accept 2nd Year-Stage 1 attestations until October 2014.

Since the state must receive the approved Medicare attestation *prior* to the hospital submitting an attestation for a Medicaid incentive payment, the State Level Registry is in the process of being modified to prevent submission of a Medicaid Meaningful Use attestation from a dual-eligible hospital without a confirmed Medicare attestation on file with Medicaid. Significant processing time is required to correct the SLR if the EH applies for the Medicaid incentive payment before the Medicare payment and can result in a lengthy payment delay.

CMS released the "Flexibility Rule" at the close of the EH 2014 program year. Prior to release of this rule, all EPs and EHs were required to attest in Program Year 2014 with 2014 Edition CEHRT. Those without 2014 Edition CEHRT systems would have been precluded from attesting in 2014 and thus, ineligible to receive an incentive payment. The Flexibility Rule allows those providers who could not attest with 2014 CEHRT systems in 2014 alternative attestation options.

What does this mean to you?

- You must submit your Medicare Meaningful Use attestation to CMS first and wait at least 72 hours before submitting your Medicaid attestation.
- If you have a fully implemented 2014 Edition CEHRT, there is no impact to submissions for the 2014 Program Year if you are:
 - Submitting an attestation for AIU (No Core or Menu or CQM Reporting Required)
 - Submitting an attestation for 1st Year-Stage 1 (90-day EHR Reporting Period)
 - Submitting an attestation for 2nd Year-Stage 1 (90-day EHR Reporting Period)

If you plan to attest to the Stage 2 of Meaningful Use in Program Year 2014, Alabama will begin accepting attestations after the Medicare period, approximately 11/1/2014. Check our website for further details.

If you do NOT have a fully implemented 2014 Edition CEHRT and have satisfied the requirements for attesting under the Flexibility Rule, then you may submit a 2014 MU attestation pursuant to the alternative attesting allowed under the rule. There is preliminary information about the Flexibility



Rule on the Meaningful Use website and more detailed information will be issued shortly. Medicaid's vendor projects that the system will be ready to accept attestations under the Flexibility Rule at the end of December, 2014. The grace period for EHs will be extended to accommodate this change.

Updated Process for Attesting in Years 2 and 3 for the EHR incentive payment:

Establishing Eligibility in Years 2 and 3 (SLR Step 2)

Medicaid eligibility is established by the EH showing that the EH has a Medicaid patient volume of at least 10% and has an "average length of stay" of not more than 25 days. An EH must establish Medicaid eligibility each year it applies for an incentive payment. In Year-1, the EH reports a variety of demographic data that is used for two purposes:

- a. Computing the amount of the incentive payment. The Medicaid EH incentive payment is calculated in Payment Year-1 and is done only once. The Total EHR incentive payment is apportioned over 3 payment years as follows:
 - Year 1 – 50% of Total Payment
 - Year 2 – 30% of Total Payment
 - Year 3 – 20% of Total Payment
- b. In Years 2 & 3, it is only necessary to submit data to determine Medicaid eligibility.

The relevant data used to determine eligibility (number of discharges and number of inpatient bed days) are obtained from an acceptable "representative period". The representative period may be:

- The period covered by the cost report with its covered period ending anytime during the prior federal fiscal year (FFY).
- Any continuous 90-day period during *the prior FFY*. Alabama has approval to use 3 consecutive calendar months rather than 90-days.
- Effective Program Year 2013, any continuous 90-day period during *the 12 months preceding the date of application*, not counting the grace period. Alabama has approval to use 3 consecutive calendar months rather than 90-days.

All data reported must be supported by documentation that represents an auditable data source. Alabama requires EHs to use cost report data unless using a 90-day/ 3 month period is the only way to establish Medicaid eligibility. (See Alabama's "Confirming Medicaid Eligibility for Eligible Hospitals" for assistance.) In addition, if an EH's discharge numbers are insufficient to establish the 10% minimum, emergency room encounters may be added to discharge data to increase the totals to achieve the required 10%. You must attach the following for Years 2 and 3:

- i) A completed copy of the "EH Workbook for Years 2 & 3"



- ii) Copies of the pages from the cost report that contain the numbers you are reporting.
- iii) A copy of any other hospital reports, business records or documentation that support any data being reported that is not identifiable in the cost report.

Demonstrating Meaningful Use in Years 2 and 3 (SLR Step 3)

Dual-eligible EHs, eligible for incentive payments from both Medicare and Medicaid, ***MUST attest FIRST to Medicare***, then Medicaid. After Medicare has accepted the EH's MU attestation, CMS will forward the accepted Meaningful Use data file to Medicaid. After the file is received by the State, the EH may apply to Medicaid. When applying to Medicaid, the ***EH must NOT alter any of the prepopulated data in Step 3*** in the SLR.

It will only be necessary to review and confirm that the pre-populated data in Step 3 was the same data submitted to Medicare, then "Save and Continue" and complete Steps 4 and 5. If any discrepancies are noted, contact Medicaid for assistance and DO NOT attempt to make any corrections without direction from Medicaid.

Completing the Attestation (SLR Steps 4 and 5)

After completing the steps above, print, review and sign the Attestation Agreement (an authorized representative of the EH must sign the Agreement). Scan the signed and dated Agreement and upload it to the SLR.

You must complete Step 5 by clicking on the "Submit" button in order for your application to be complete and ready for review by Medicaid. You will receive an acknowledgement of the submission upon completion of Step 5.