



M-CEITA Call with NPO Practices 10/30/14

Bruce Maki from M-CEITA

Question: Should our Nurse Practitioner's visits be included for MU?

All of her visits were billed under physicians. Nothing was billed in her own name/NPI.

Answer: You don't have to count the Nurse Practitioner visits. You can count the visits, but, again, it isn't required. If the Nurse Practitioner is attesting under the Medicaid program, both the physician and the Nurse Practitioner can count the visits.

Question: We are attesting to Stage 1, we have custom education, but it does not populate into the note. Are we meeting the measure?

Answer: The topic of the education needs to be "suggested" by your EMR by what information you are putting into the patient's chart. You can self-report to meet this measure, creating a custom report.

Question: Is there a specific checklist that we are supposed follow for the security risk analysis, or a way to keep track of it?

Answer: M-CEITA has a tool that they use, they can come to your practice (there is a cost) and do a comprehensive Security Risk Analysis. CMS does have a free "checklist", see the attachment: Security Risk Analysis Tipsheet: Protecting Patients' Health Information

Question: The practice switched their EMR this year. The previous EMR was a version that was certified for Stage 1. They moved to a version that is certified for Stage 2, but they are not fully functional yet. They would like to file for a hardship exemption, what is the reason they should use on the form?

Answer: The reason on the form would be EMR/Vendor Complications. If you attested for Stage 1 in 2013, you have already prevented the penalty for 2015; that said, it is quite obvious that you will not be able to attest in 2014. To avoid the penalty in 2016 – which is applied if do not attest in 2014 – you will have to file for a hardship exception. The hardship exception that was published and extended until the end of November is for first time Meaningful Users and to avoid the penalty in 2015. If you attested in 2013, you have already avoided the 2015 penalty, but you will need to file a hardship exception in early 2015 for 2016. The actual form that you will need to complete won't be available until January 2015, and you will likely have until July 2015 to submit it. You do not need to complete the form that is due at the end of November, but you will need to complete the form that is made available in January 2015.



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Bruce discussed the following – this is an excerpt from the M-CEITA newsletter explaining.

Switching EHR Incentive Programs Ends December 31st

The ability to switch EHR Incentive Program participation (going from the Medicare EHR Incentive Program to the Medicaid EHR Incentive Program or vice versa) ends at the end of this calendar year. For any EP needing or wanting to change participation in their current program, that switch must be made in the [Federal Registration System](#) no later than 11:59p.m. EST on 12/31/14.

As of 2015, the option to change programs will no longer be available. There are many reasons why an EP may need to or want to switch which EHR Incentive Program s/he is participating in. One of the most compelling reasons to switch programs may be to recoup lost incentives in the Medicare EHR Incentive Program. If you previously attested to your first 90 days of MU in the Medicare program, but then missed a subsequent reporting year, staying in the Medicare program means you've lost the incentive payment for that missed year(s) as the Medicare program mandates participation in consecutive years. Since the Medicaid EHR Incentive Program does not mandate consecutive year participation, switching to the Medicaid program in this scenario allows you to essentially go back and attest to MU for that missed year(s) because in the Medicaid program, an EP picks up right where s/he left off. In this example, after switching from the Medicare program to the Medicaid program, the EP would be attesting to Stage 1 Year 2 of Meaningful Use.

Here are the rules regarding switching programs and skipping years:

- An EP can switch between programs only once after receiving his/her first incentive payment and the switch must occur in 2014 or earlier.
- When an EP switches programs, s/he is placed in the payment year s/he would have been in had s/he begun in—and remained in—the program to which s/he has switched.
- Medicare and Medicaid treat skipping years differently. Medicare incentives require that payment years be consecutive—so while an EP can skip a year, if s/he does, s/he forfeits that year's incentive. Medicaid incentive payments, on the other hand, can be non-consecutive with no adverse impact on total available revenue.
- The last year that payments will be available also differs between the two programs. Under Medicare, no payments will be made after 2016, whereas EPs have until 2021 to earn incentives under Medicaid.
- Although an EP who switches to or from the Medicare program could—under certain circumstances—earn more than the total Medicare incentives (\$44,000), in no case would any EP be paid more than the maximum available under Medicaid (\$63,750).

For more information regarding switching programs or skipping years, please contact M-CEITA at 888-MICH-EHR or mceita@altarum.org.



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