CHITREC
CHICAGO HEALTH INFORMATION TECHNOLOGY
REGIONAL EXTENSION CENTER

Avoid 2016 MU Rejection: Documents for Upload

Sam Ross, Program Lead
Illinois EHR Incentive Help Desk

Agenda

Sam Ross, Help Desk Lead

- Why is this required?
- Documents to collect
- Document samples
- Access eMIPP attestation through IMPACT
- Upload documents into attestation

Why is this required?

- Parts of your attestation require pre-payment validation
- IL Medicaid is collecting evidence of validation process
- Federal CMS can audit states for compliance
- You **will get rejected** without the following:
  - Evidence of adopt, implement, upgrade (AIU only)
  - Medicaid patient encounter volume (AIU, MU)
  - Public health reporting to IDPH or other registries (MU only)
- eMIPP application is designed to require public health documents
  - Demonstrate "active engagement" with non-state registry
  - Cannot finish attestation without upload (eMIPP error message)

Documents to collect

- Documents supporting eligibility
  - Medicaid patient encounter volume (AIU/MU)
  - UDS report table 4 (FQHC only, AIU/MU)
  - Proof of acquisition of EHR (AIU only)

- Documents supporting "active engagement" with public health registries (MU only)
  - Immunization registry (ICARE)
  - Syndromic surveillance (ISSS)
  - Specialized registries (ISCR, ILPMP, non-state sponsored)

- Additional evidence of compliance for future audit protection is *strongly recommended* (covered in detail in future webinar)
  - MU and CQM reports for numeric measures
  - Screenshots from EHR for yes/no measures
  - HIPAA risk analysis

Documents to collect

- Patient volume
  - Detailed claims report
  - Billing summary report
  - Hand count methodology (last resort)

- Proof of acquisition of EHR
  - Invoice, contract, license agreement, receipt
  - Other evidence you adopted, implemented or upgraded CEHRT

- Engagement with public health
  - Email the sponsoring entity with request for confirmation
  - Example: ICARE
    - Send email to DPH.HL7ICARE@Illinois.gov
    - Subject line: Passing MU
    - Body of Message: MU reporting period, clinic name, HL7 ID(s) (usually formatted as 777xxxx)
    - One email applies to all EPs using "777 number"

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Sample: Patient Volume

- Detailed claims report with individual encounters
- De-identified (patient ID or claim number instead of name)

	A	B	C	D
1	CLAIM NO	DOS	BILLING PROVIDER	INSURANCE
2	9999999	5/3/2016	JONES, JOHN	BCBS-IL
3	9999999	5/24/2016	JONES, JOHN	ILLINICARE HEALTH PLAN
4	9999999	6/6/2016	JONES, JOHN	FAMILY HEALTH NETWORK
5	9999999	6/30/2016	JONES, JOHN	BCBS-IL
6	9999999	7/19/2016	JONES, JOHN	BCBS-IL
7	9999999	7/18/2016	JONES, JOHN	HUMANA INC
8	9999999	7/28/2016	JONES, JOHN	BCBS-IL
9	9999999	5/9/2016	JONES, JOHN	MEDICAID-IL
10	9999999	5/9/2016	JONES, JOHN	BCBS-IL
11	9999999	5/10/2016	JONES, JOHN	MEDICARE-IL

Sample: Patient Volume

- Billing summary report for group volume (upload same file with every group member attestation)

	A	B	C	D	E	F
1	JANE JONES CLINIC					
2	BILLING SUMMARY					
3	MAY 03, 2016 - JULY 31, 2016					
4						
6	BILLING PROVIDER	INSURANCE	MAY	JUN	JUL	TOTAL
7	JANE JONES	BCBS-IL	30	29	35	94
8		MEDICARE-IL	9	8	7	24
9		AETNA US HEALTHCARE	6	9	7	22
10		UNITED HEALTH CARE	4	6	7	17
11		CIGNA	5	3	1	9
12		LAND OF LINCOLN HEALTH		3	2	5
13		HUMANA INC	2	3		5
14		ALLSAVERS UHC		1		1
15	JANE JONES Total		**56**	**62**	**59**	**177**
16	BOB SMITH	BCBS-IL	27	38	20	85
17		AETNA US HEALTHCARE	11	14	4	29
18		MEDICARE-IL	10	8	7	25
19		UNITED HEALTH CARE	7	3	5	15
20		CIGNA	2	3	4	9
21		HUMANA INC	1	1	1	3
22		BENEFIT ADMINISTRATIVE SYSTEMS	1		2	3
23		HARKEN HEALTH		1		1
24	BOB SMITH Total		**59**	**68**	**43**	**170**
25	MARIA LOPEZ	BCBS-IL	27	15	29	71
26		MEDICARE-IL	14	9	7	30
27		UMR	2	1	3	6
28		CIGNA	3	1	2	6
29		UNITED HEALTH CARE	3	1	1	5
30		HUMANA INC	2	2	1	5
31		AETNA US HEALTHCARE	1	2	1	4
32		COMBINED LIFE			1	1
33	MARIA LOPEZ Total		**52**	**31**	**45**	**128**

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Sample: Patient Volume

- Explanation of hand count methodology

Medicaid Encounter Volume Calculation Methodology

Our practice does not have a billing system capable of producing accurate reports for this purpose. As a result, we take the following steps to identify patient encounter details:

1) Print a report from EHR showing all encounters from the 90-day period
2) Manually reference patient insurance for each patient encounter
3) Calculate encounter totals for each payer

Totals for the period 5/1/16 – 7/31/16 resulted as follows:

Medicaid: 213

Total: 245

The Medicaid category (222 encounters) was broken down as follows:

Traditional Medicaid: 17

Medicaid All Kids: 9

Medicaid managed care (Harmony, Molina, BCBS, FHN): 187

Sample: Patient Volume

- UDS report for FQHC
- Table 4 – Patient characteristics

Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	5,799	16,460
8a.	Regular Medicaid (Title XIX)	20,084	13,970
8b.	CHIP Medicaid	0	0
8.	**Total Medicaid (Sum lines 8a+8b)**	**20,084**	**13,970**
9.	Medicare (Title XVIII)	1	1,560
10a.	Other Public Insurance non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	0	0
10.	**Total Public Insurance (Sum lines 10a+10b)**	**0**	**0**
11.	Private Insurance	1,133	2,853

Sample: EHR Acquisition

- Receipt for payments to EHR vendor (AIU)

[redacted]
CHICAGO, IL [redacted]

MediSoft

Customer ID	Customer PO	Payment Terms
STAN003ED	ASSURANCE	Net Due

Quantity	Item	Description	Unit Price	Extension
1.00	CLINICAL 1	[redacted] 01/01/2016 thru 12/31/2016 Annual Medisoft Clinical Assurance - 1 year option up to 115 users Physician Center - 25 concurrent users (65 Providers & 30 Staff) [redacted] - 1 unit up to 5 users [redacted] - 3 units up to 15 users [redacted] - 1 unit up to 5 users [redacted] - 2 unit up to 10 users [redacted] - 1 unit up to 5 users [redacted] - 2 units up to 10 users - Temp Closed [redacted] - 1 unit up to 5 users - Temp Closed [redacted] - 1 unit up to 5 users - Closed [redacted] - 3 units up to 15 users - Closed [redacted] - 2 units up to 10 uses - Closed Future Use - 1 unit up to 5 users	139,610.00	139,610.00

PAID 1-26-16 CK

Phone Support, Videos, Codes on Disk, Trainings, and Custom Formats are non returnable or

Check No

Sales Tax	
Amount Received	0.00
TOTAL	139,610.00

Amount Due upon receipt. Delinquent accounts will be charged a finance charge of 2% per month. Thank you for keeping your account current.

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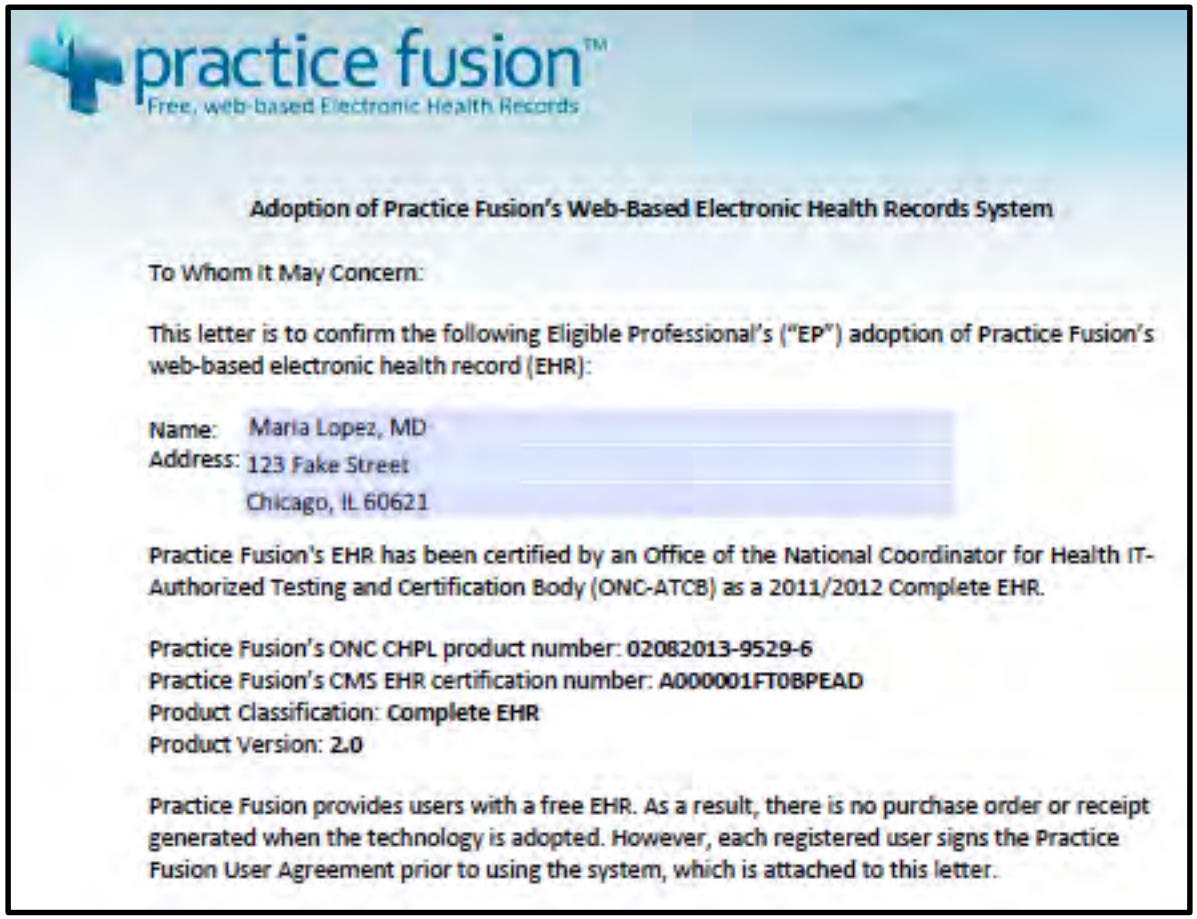
Sample: EHR Acquisition

- User agreement (AIU)



practice fusion™
Free, web-based Electronic Health Records

Adoption of Practice Fusion's Web-Based Electronic Health Records System

To Whom It May Concern:

This letter is to confirm the following Eligible Professional's ("EP") adoption of Practice Fusion's web-based electronic health record (EHR):

Name: Maria Lopez, MD
Address: 123 Fake Street
Chicago, IL 60621

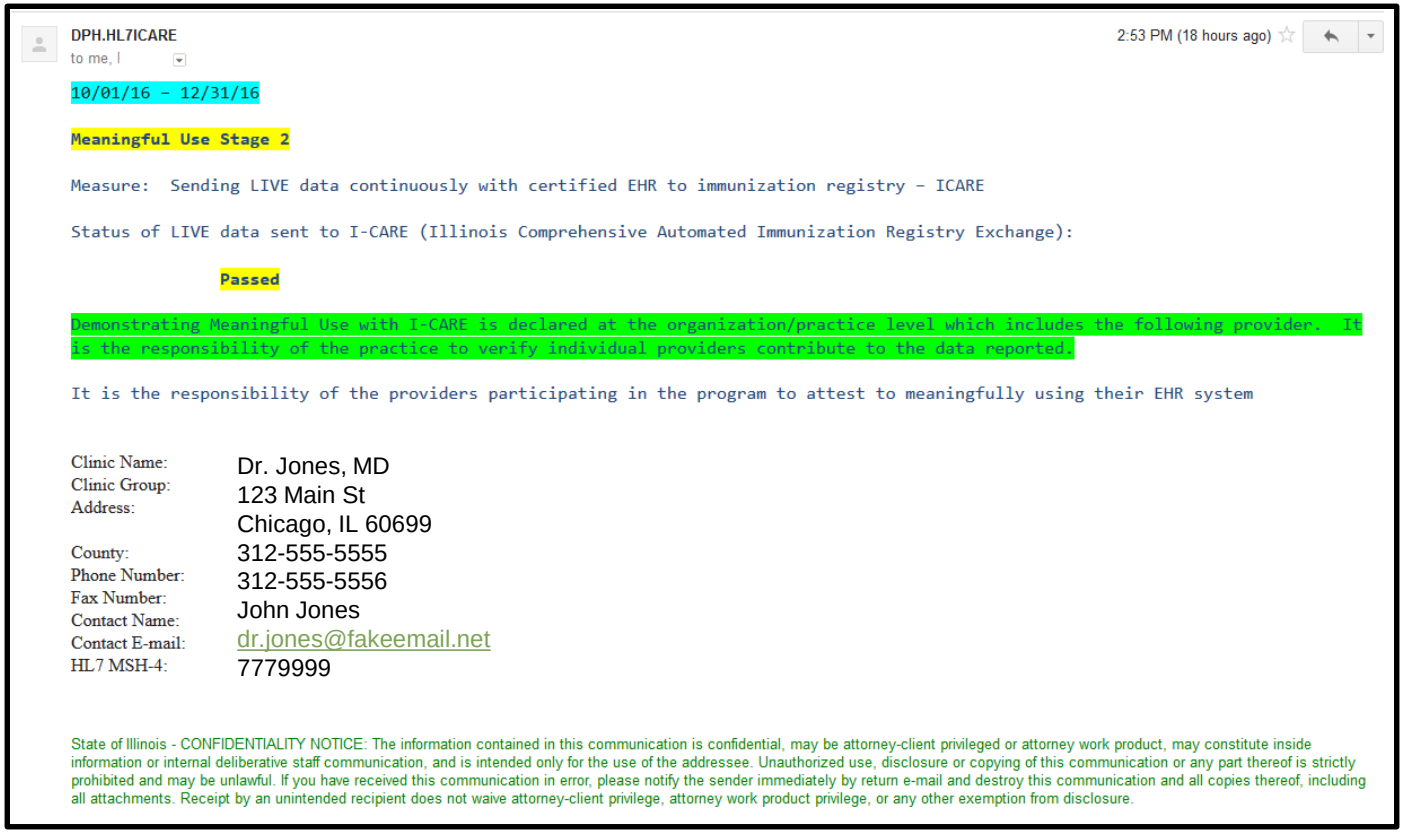
Practice Fusion's EHR has been certified by an Office of the National Coordinator for Health IT-Authorized Testing and Certification Body (ONC-ATCB) as a 2011/2012 Complete EHR.

Practice Fusion's ONC CHPL product number: **02082013-9529-6**
Practice Fusion's CMS EHR certification number: **A000001FT0BPEAD**
Product Classification: **Complete EHR**
Product Version: **2.0**

Practice Fusion provides users with a free EHR. As a result, there is no purchase order or receipt generated when the technology is adopted. However, each registered user signs the Practice Fusion User Agreement prior to using the system, which is attached to this letter.

Sample: Public Health

- Confirmation letter from ICARE



DPH.HL7ICARE
to me, I
2:53 PM (18 hours ago)

10/01/16 – 12/31/16

Meaningful Use Stage 2

Measure: Sending LIVE data continuously with certified EHR to immunization registry – ICARE

Status of LIVE data sent to I-CARE (Illinois Comprehensive Automated Immunization Registry Exchange):

Passed

Demonstrating Meaningful Use with I-CARE is declared at the organization/practice level which includes the following provider. It is the responsibility of the practice to verify individual providers contribute to the data reported.

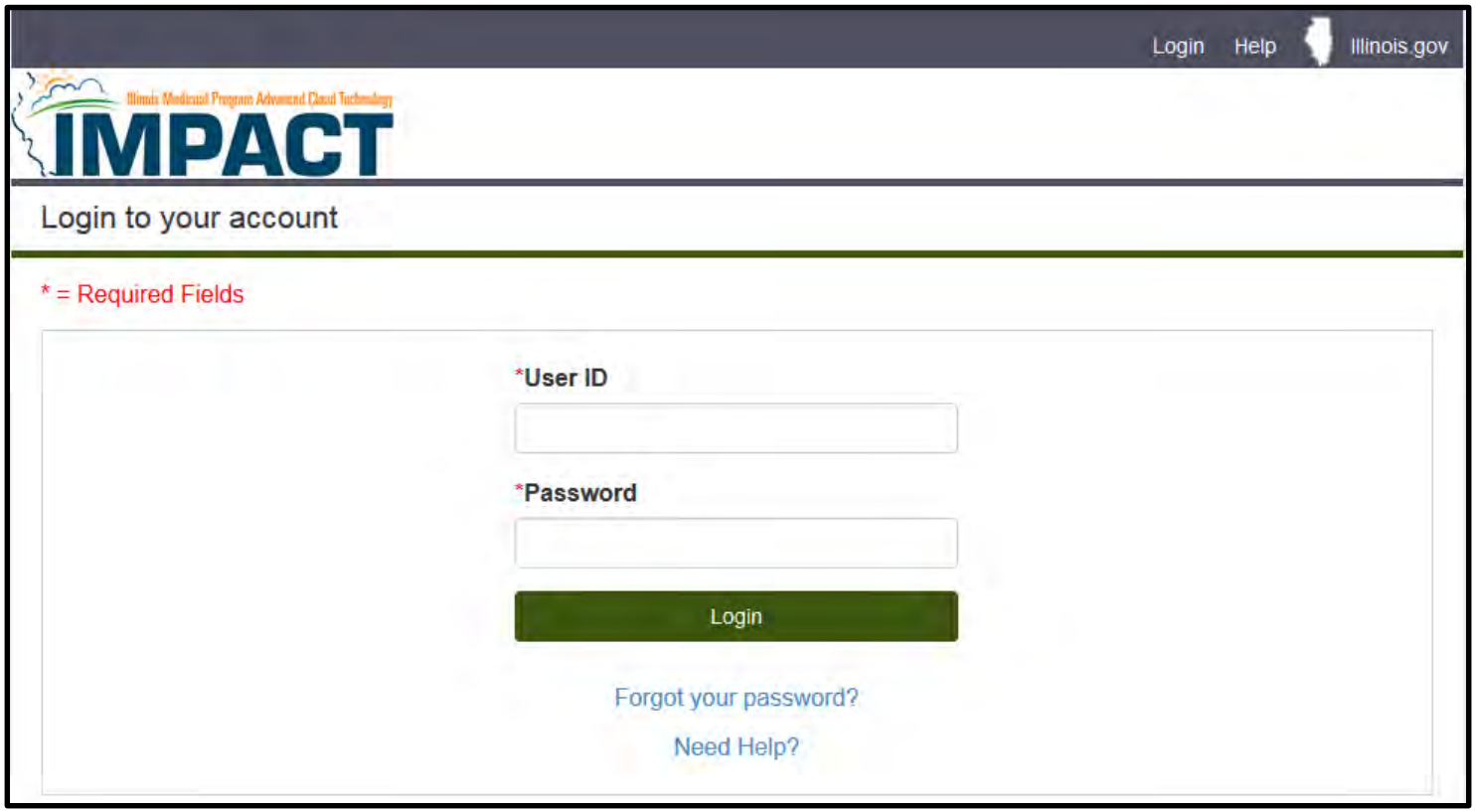
It is the responsibility of the providers participating in the program to attest to meaningfully using their EHR system

Clinic Name:	Dr. Jones, MD
Clinic Group:	123 Main St
Address:	Chicago, IL 60699
County:	312-555-5555
Phone Number:	312-555-5556
Fax Number:	John Jones
Contact Name:	dr.jones@fakeemail.net
Contact E-mail:	7779999
HL7 MSH-4:	

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

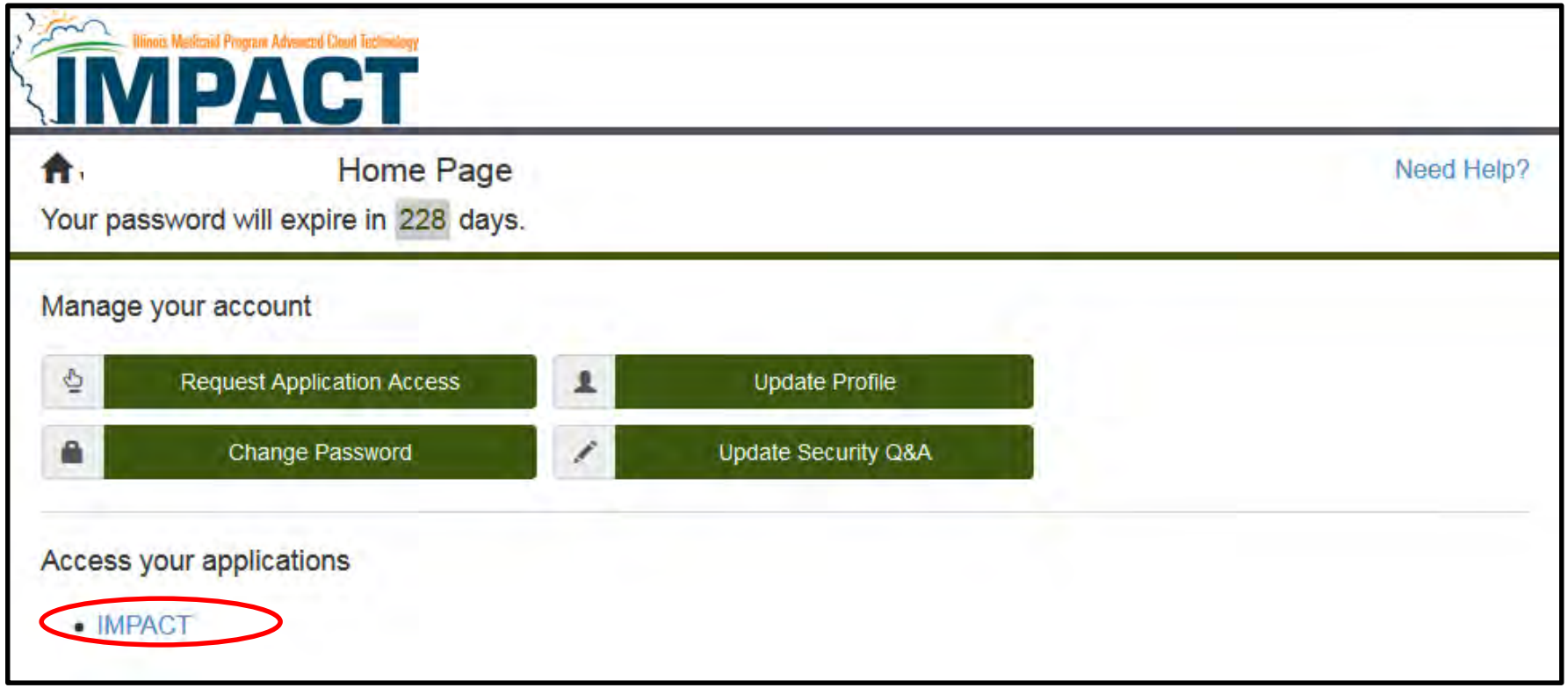
IMPACT Login

- Log in at https://impact.illinois.gov
- Enter user ID and password, click Login



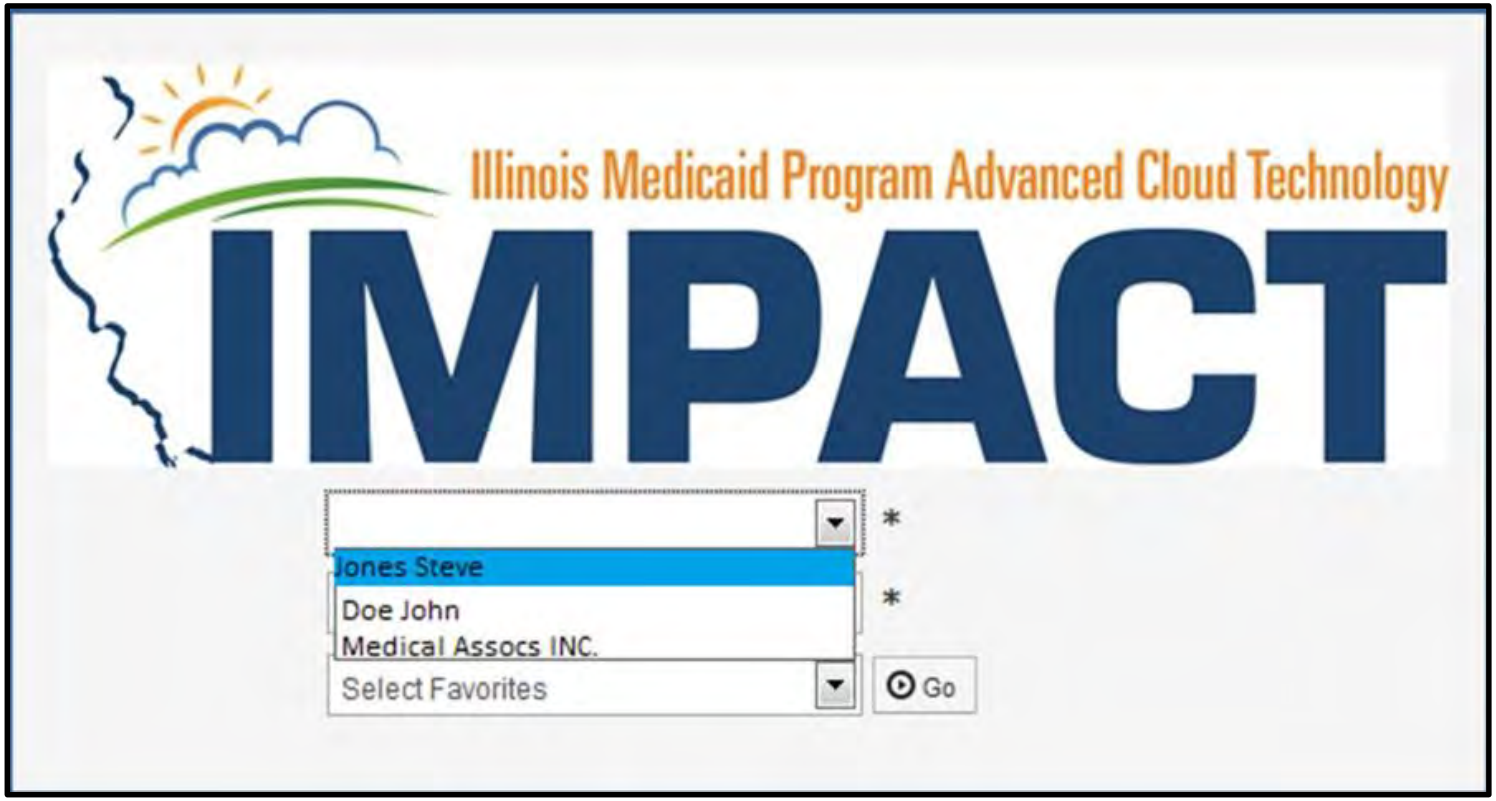
IMPACT Login

- Click "IMPACT"



IMPACT Login

- Select the individual provider whose attestation you are accessing from the first drop-down list

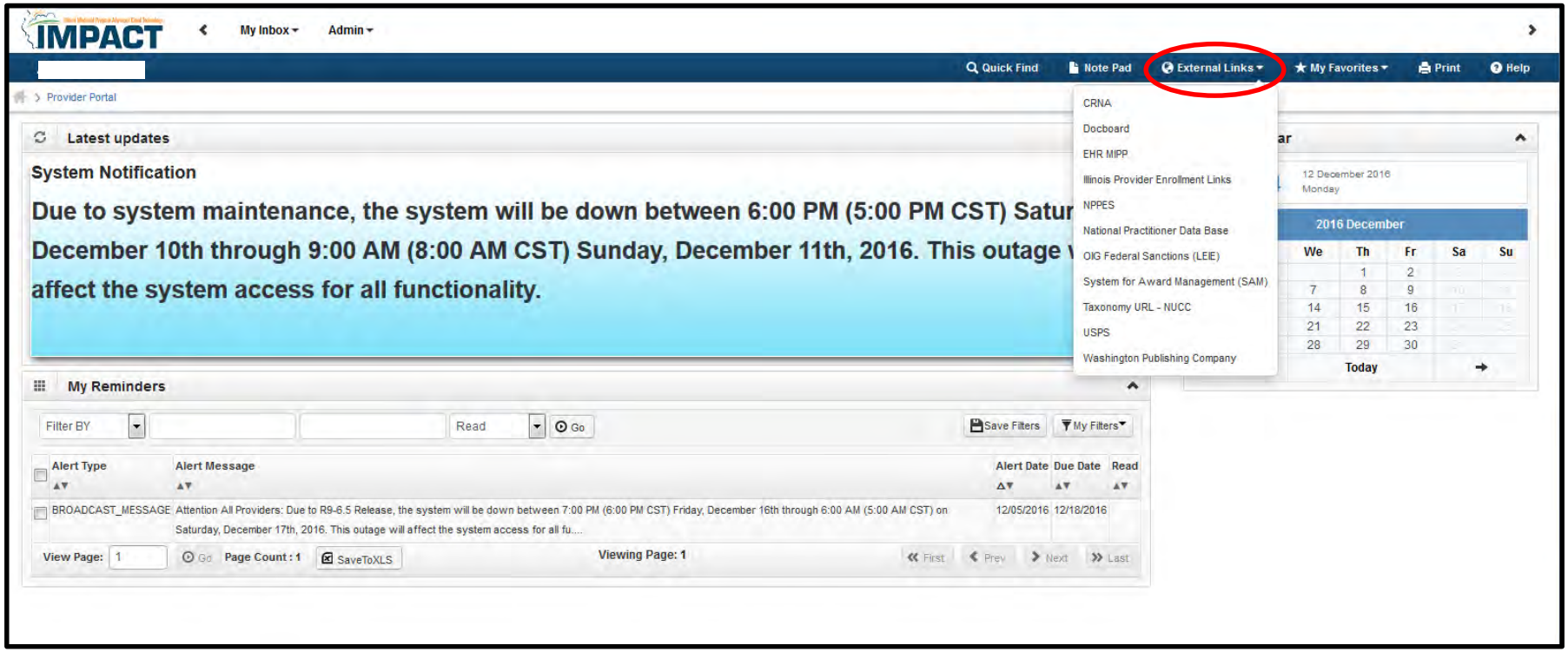


IMPACT Login

- Select Domain Administrator (or EHR Domain Administrator) profile from the second drop-down list and click "Go"

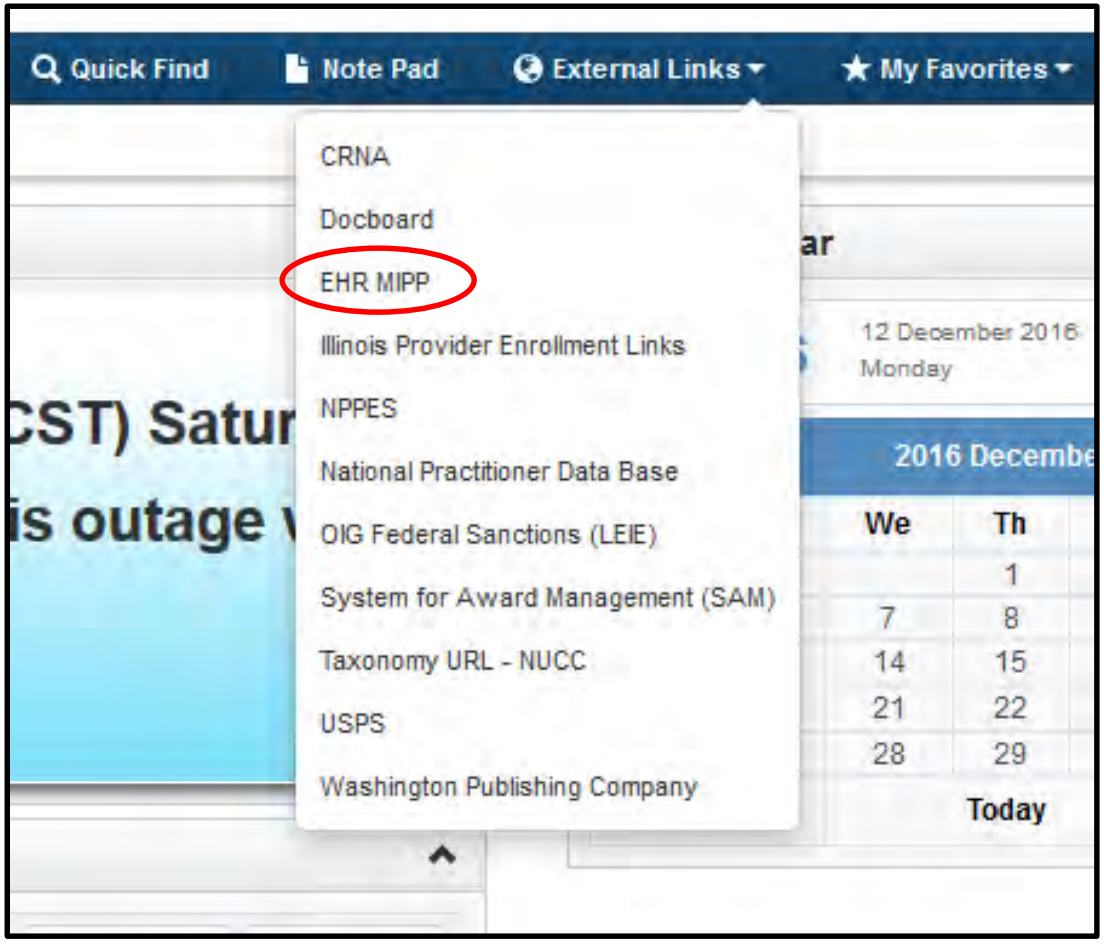
IMPACT Home

- Click "External Links" from the main IMPACT screen



IMPACT Home

- Click "EHR MIPP"



eMIPP Home

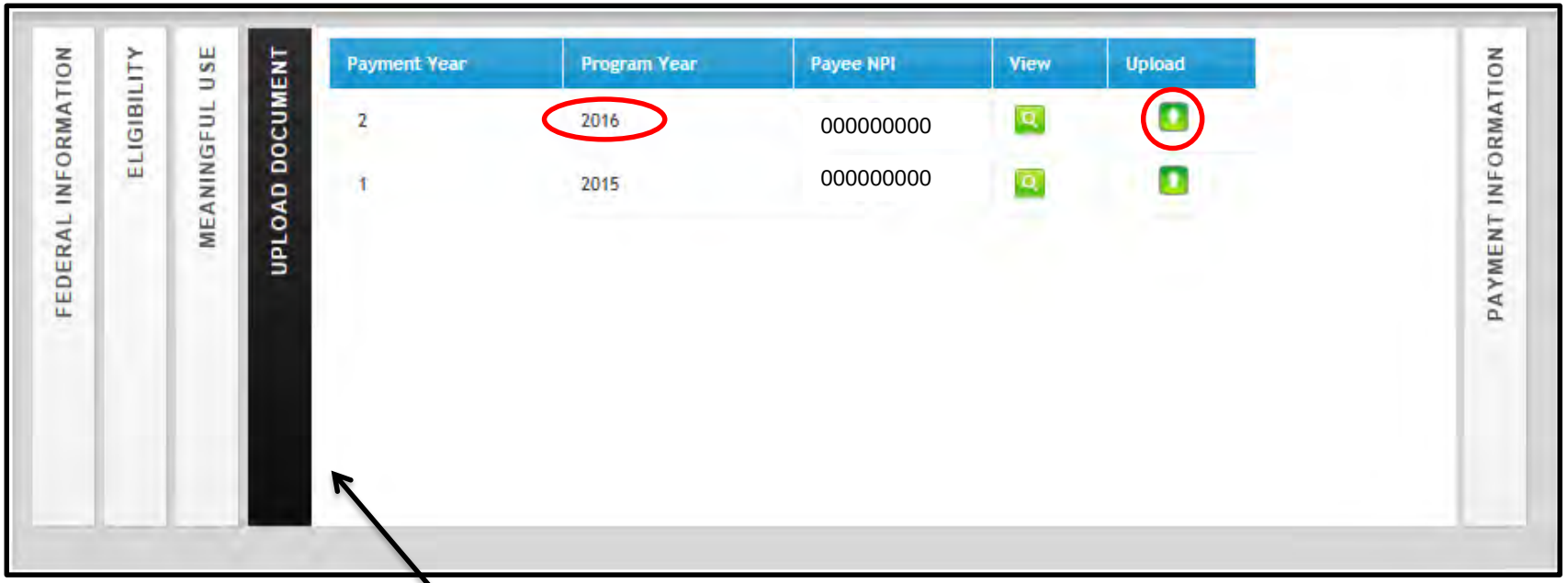
- You are now at the usual eMIPP home page
- Click “Start” for new attestation
- Click “Track” to upload to a submitted attestation

eMIPP Search

- Enter provider's CMS ID and click "Search"

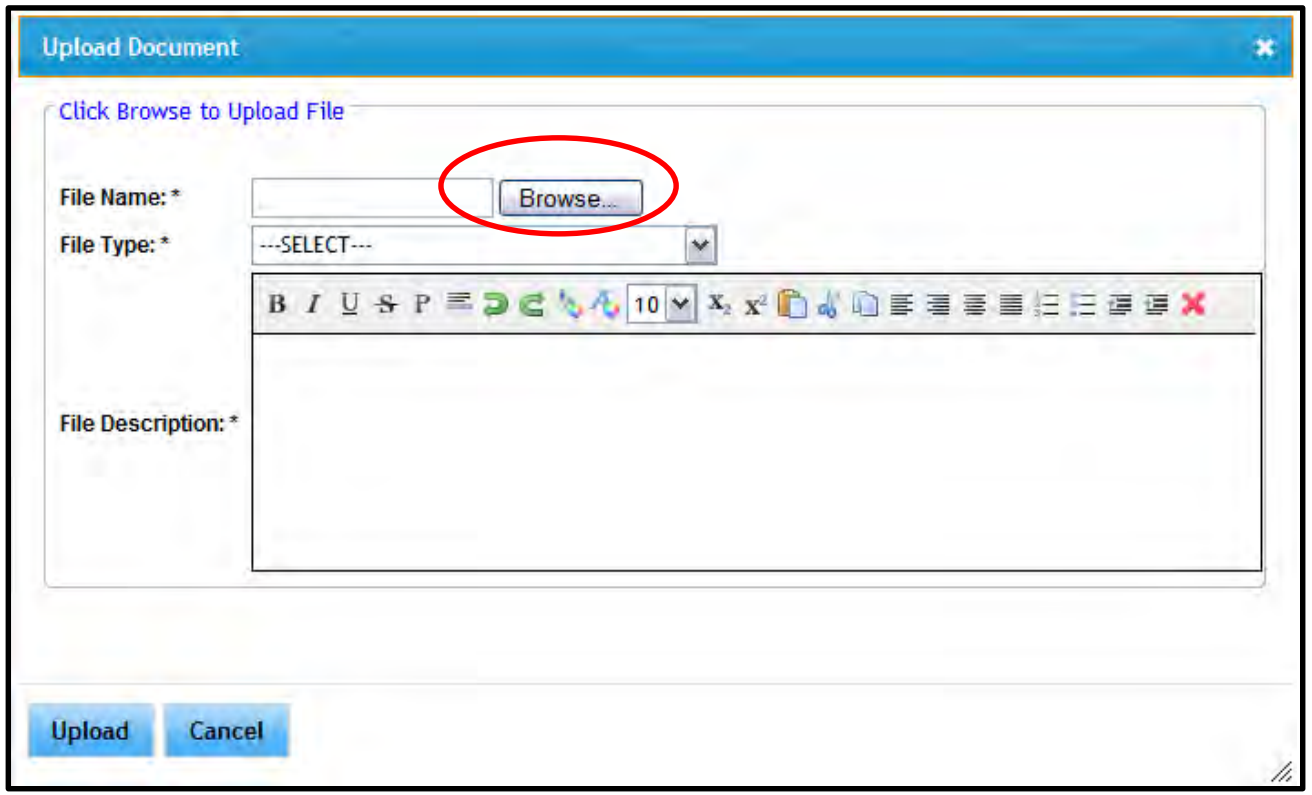
Upload Document

- Click the “Upload Document” tab
- Click the green arrow in the upload column for 2016



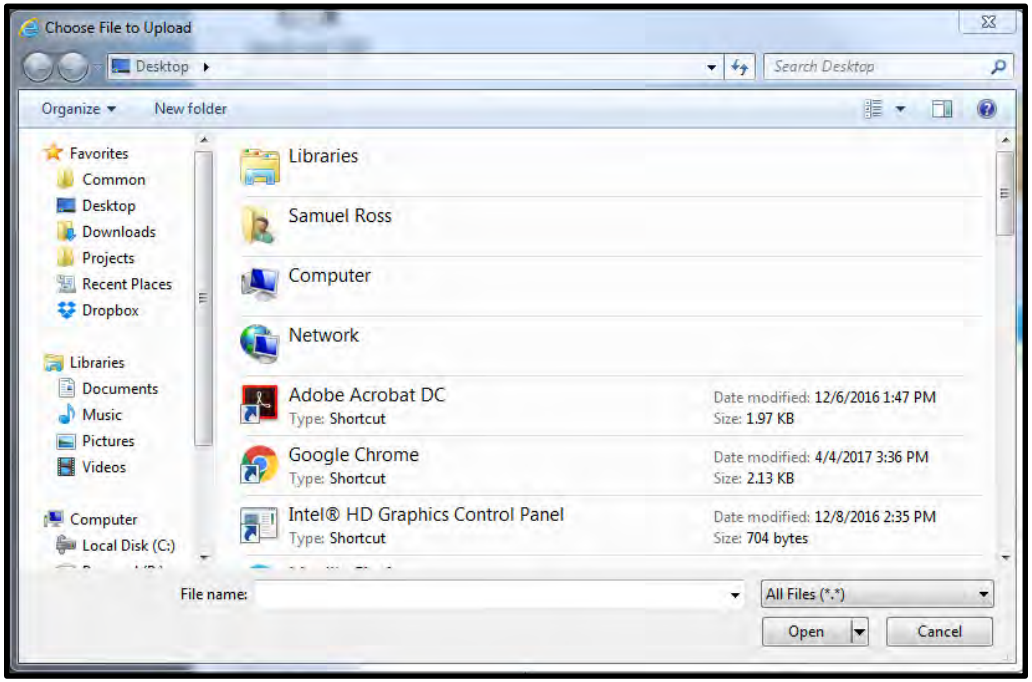
Upload Document

- The "Upload Document" window appears within eMIPP
- Click "Browse" (or "Choose File")



Upload Document

- "Choose File to Upload" window appears on your computer
- Navigate to the location of the file (i.e. Desktop, Documents)
- Double click or click "Open" (Word, Excel or PDF only)



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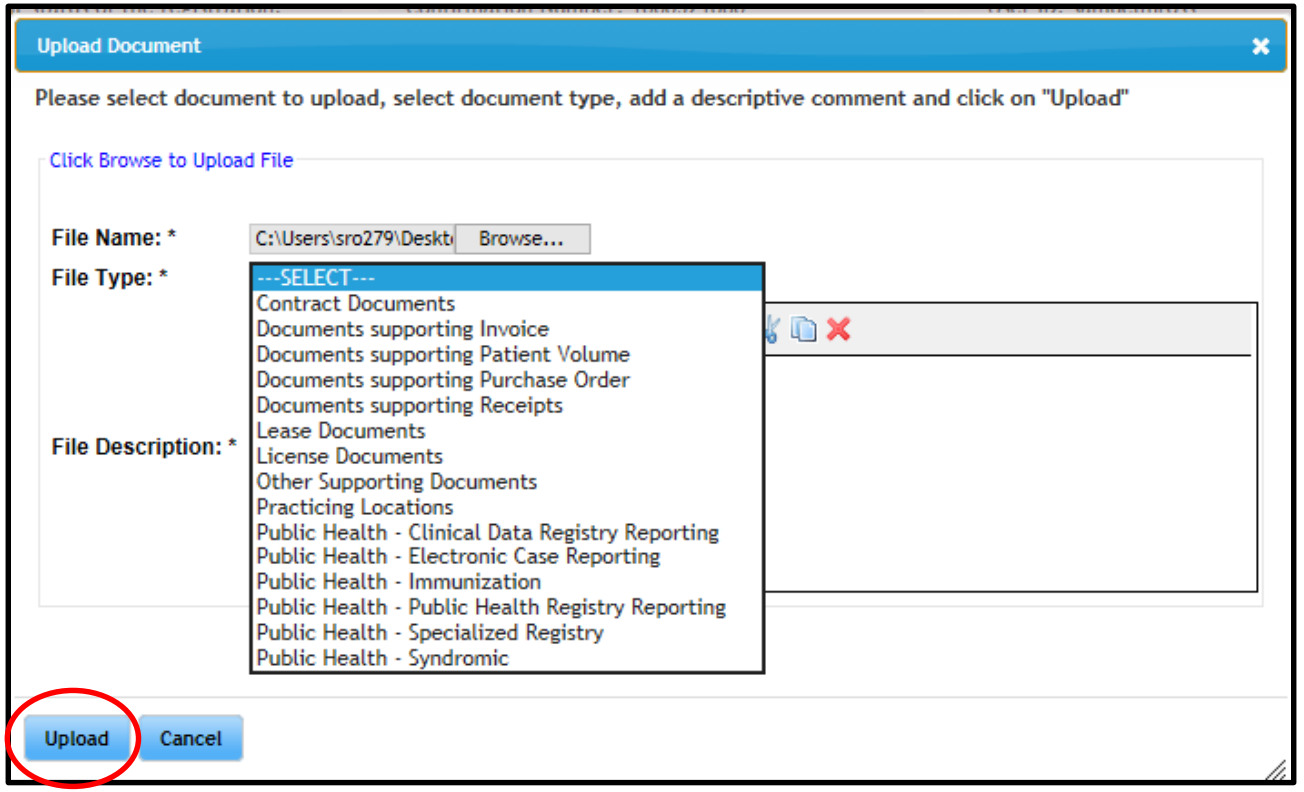
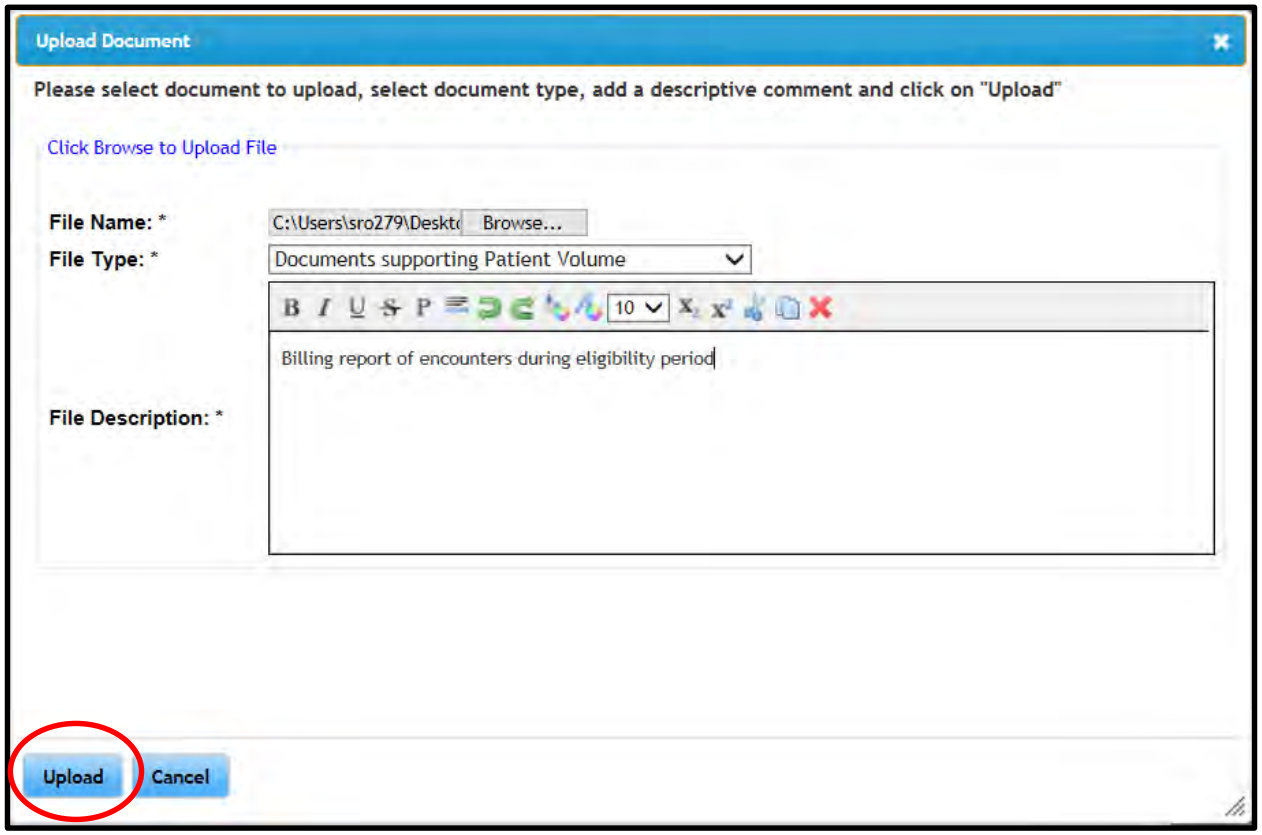
Upload Document

- Click "---SELECT---" to choose File Type
- Select option that best corresponds to the file upload



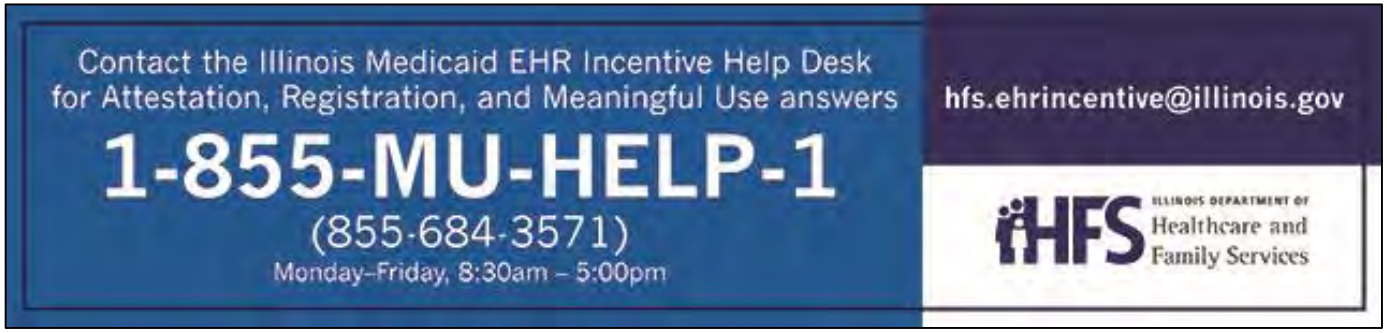
Upload Document

- Enter a brief file description (i.e. EHR receipt)
- Click "Upload"



Help Desk Information

- For general EHR Incentive and Meaningful Use inquiries, contact us by phone or email



- Chicago providers: visit www.chitrec.org for more information on services and support

- Providers outside of Chicago: visit www.ilhitrec.org

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