



THE KHIE CONNECTION

Volume 1, Issue 12 October 2014

Welcome to the Kentucky Health Information
Exchange Newsletter!



Special Points of Interest

As of October 8, 2014:

- ⇒ KHIE has 645 signed participation agreements (representing 2,369 locations)
- ⇒ A total of 1,013 provider locations, are submitting live data and exchanging information (see Page 8 for more details)
- ⇒ 80% of acute care hospitals in KY are live on KHIE
- ⇒ \$172,942,410.48 has been paid to Medicaid hospitals and providers in KY, through the KY Medicaid EHR Incentive Program
- ⇒ \$254,217,787.84 has been paid to Medicare hospitals and providers in KY through the EHR Incentive Program, June 2014
- ⇒ KHIE averages over 250,000 queries per week

Welcome to the Kentucky Health Information Exchange monthly newsletter! Here you will find valuable information about KHIE. KHIE is situated in the Cabinet for Health and Family Services and works with providers across the Commonwealth to build a state-wide health information highway where providers can access critical patient health information from various points of care. The strategic goals of KHIE are to: promote and increase the adoption and use of health information technology and health information exchange within and across state borders and the nation. KHIE also assists with and facilitates state-wide meaningful use initiatives and provides governance and oversight to the statewide health information exchange.

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Did You Know?

The Department of KY Medicaid published a [Revised](#) Policy for reporting MU public health measures? See page 3 for details!

A MESSAGE FROM THE STATE HEALTH IT COORDINATOR **POLLY MULLINS-BENTLEY**



Greetings from the Kentucky Health Information Exchange! This month I would like to focus on the recently revised KY Medicaid EHR Incentive Program policy regarding Meaningful Use and the KHIE attestation guidance for public health reporting in Stages 1 and 2.

On September 4, 2014, CMS published a final rule that permits 2014 EHR Incentive Program participants more options in the use of certified EHR technology (CEHRT) for the 2014 EHR reporting period. This rule, referred to as the CEHRT Flexibility Rule, became effective on October 1, 2014. As such, the Kentucky Medicaid Program has revised their policies to align with this rule.

Using the CEHRT Flexibility Rule, program participants who have not fully implemented 2014 CEHRT will have the option to attest to Program Year 2014 using 2013 or 2014 EHR Incentive Program objectives and measures.

In conjunction with the CMS CEHRT Flexibility Rule, Kentucky Medicaid has modified their EHR Incentive Program Rules to enable program participants to attest in Program Year 2014 while giving EHR vendors additional time to develop the requisite interfaces for public health reporting. The attestation guidance for Stages 1 and 2, supersedes all previous guidance issued by Kentucky. On page 3, you will find the official Kentucky Medicaid EHR Incentive Program policy changes regarding public health reporting.

Please note that this flexibility is short-term. EHR Incentive Program Year 2015 participants that administer immunizations and attest to Stage 2 will need to ensure their EHR vendor has established connectivity with KHIE prior to their attestation.

Thank you for your concerted effort toward achieving Meaningful Use, enabling EHR adoption, and improving HIT initiatives across the state.

Please refer to pages [4](#), [5](#), [6](#), and [7](#) of this newsletter to learn more about the attestation guidance for public health reporting. Thank you again for your hard work in these changing times!

Sincerely,

Polly

Polly Mullins-Bentley, RN, RHIT, CPHQ

REVISED POLICY FOR REPORTING MU PUBLIC HEALTH MEASURES



CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES

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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

September 25, 2014

Dear EHR Eligible Providers:

On September 4, 2014, CMS published a final rule that permits 2014 EHR Incentive Program participants more options in the use of certified EHR technology (CEHRT) for the 2014 EHR reporting period. This rule, referred to as the CMS CEHRT Flexibility Rule, becomes effective on October 1, 2014.

In conjunction with the CMS CEHRT Flexibility Rule, Kentucky Medicaid is revising their public health reporting policies to align with CMS Meaningful Use. The alignment with CMS allows a broader range of EHR Program participants to successfully attest to the Kentucky Medicaid EHR Incentive Program. With the revised policy, program participants attesting to Stage 1 or Stage 2 Meaningful Use will be able to use a public health exclusion to meet the Kentucky public health reporting requirement. Note that CMS 2013 and 2014 EHR Incentive Program Rules will continue to determine whether program participants can count a public health exclusion toward their total Meaningful Use objectives required for attestation.

The effective start date for the revised policy aligns with the CMS CEHRT Flexibility Rule, which is scheduled to begin October 1, 2014. This policy will remain in effect until such time that the Kentucky Health Information Exchange (KHIE) achieves Office of the National Coordinator (ONC) 2014 modular certification of public health interfaces.

Sincerely,

A handwritten signature in black ink, appearing to read "Lawrence Kissner".

Lawrence Kissner
Commissioner, Department of Medicaid Services



PROGRAM YEAR 2014 MU GUIDANCE FOR KY PUBLIC HEALTH REPORTING & ATTESTATION: STAGE 1

Revised per CMS Flexibility Rule

On September 4, 2014, CMS published a final rule that permits 2014 EHR Incentive Program participants more options in the use of certified EHR technology (CEHRT) for the 2014 EHR reporting period. This rule, referred to as the CEHRT Flexibility Rule, becomes effective on October 1, 2014. As such, the Kentucky Medicaid Program has revised their policies to align with this rule.

Using the CEHRT Flexibility Rule, program participants who have not fully implemented 2014 CEHRT will have the option to attest to Program Year 2014 using 2013 or 2014 EHR Incentive Program objectives and measures.

2011 CEHRT

If you are scheduled to report Stage 1 or Stage 2:

- [2013 Stage 1 objectives](#) and [2013 CQMs](#)

Combination of 2011 & 2014 CEHRT

If you are scheduled to report Stage 1:

- [2013 Stage 1 objectives](#) and [2013 CQMs](#); or
- [2014 Stage 1 objectives](#) and [2014 CQMs](#)

If you are scheduled to report Stage 2:

- [2013 Stage 1 objectives](#) and [2013 CQMs](#); or
- [2014 Stage 1 objectives](#) and [2014 CQMs](#); or
- [Stage 2 objectives](#) and [2014 CQMs](#)

2014 CEHRT

If you are scheduled to report Stage 1:

- [2014 Stage 1 objectives](#) and [2014 CQMs](#)

If you are scheduled to report Stage 2:

- [Stage 2 objectives](#) and [2014 CQMs](#); or
- [2014 Stage 1 objectives](#) and [2014 CQMs](#)

Source: EHR Incentive Programs 2014 CEHRT Rule: Quick Guide

The Kentucky Health Information Exchange (KHIE) is the designated public health authority (PHA) for the state of Kentucky. KHIE provides support for the following Stage 1 meaningful use public health objectives:

- Capability to submit electronic data to the Kentucky Immunization Registry
- Capability to submit electronic data on reportable lab results to the Kentucky Department of Public Health (DPH)
- Capability to submit electronic syndromic surveillance data to CDC's cloud-based model, BioSense 2.0

In conjunction with the CMS CEHRT Flexibility Rule, Kentucky Medicaid has modified their EHR Incentive Program Rules to enable program participants to attest in Program Year 2014 while giving EHR vendors additional time to develop the requisite interfaces for public health reporting. The attestation guidance outlined below supersedes all previous guidance issued by Kentucky.



PROGRAM YEAR 2014 MU GUIDANCE FOR KY PUBLIC HEALTH REPORTING & ATTESTATION: STAGE 1

Revised per CMS Flexibility Rule

General Attestation Guidance

All eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) must have a signed Participation Agreement and signed addendum(s) on file with KHIE for each public health objective selected for attestation. This includes providers that attest YES to a public health measure and claim an exclusion. The addendums include: Immunization Registry Authorization, Syndromic Surveillance Authorization, and Disease Surveillance Authorization.

Your signed legal agreement(s) represent your registration of intent to submit electronic data and follow-up submission with the state of Kentucky, if the test is successful.

2014 EHR Incentive Program participants that attest using 2011 CEHRT or a combination of 2011 and 2014 CEHRT and/or claim an exclusion for public health reporting are responsible for ensuring they meet the qualifications and retain documentation that fully supports their attestation choice.

CMS EHR Incentive Program policies require participants to select at least one public health objective from the Meaningful Use menu set. Public health exclusions do not prevent participants from achieving Meaningful Use.

Program participants that administer immunizations and plan to attest to Stage 2 in Program Year 2015 will need to notify their regional outreach coordinator (OC) when they have fully implemented their 2014 CEHRT so that KHIE onboarding can be scheduled. *Do not wait until the last minute to start the onboarding process for public health reporting.*

Attestations using 2011 or a combination of 2011 and 2014 CEHRT

Program participants that administer immunizations can select the immunization public health reporting objective and claim YES to exclusion 2, as the 2011 and combination of 2011 and 2014 CEHRT do not adhere to the HL7 version supported by the Kentucky Immunization Registry. In accordance with CMS FAQ 8910, program participants in subsequent years of Stage 1 will not be required to submit a test message because additional action by the provider toward follow-up submission is not deemed beneficial.

Attestations using 2014 CEHRT

Participants who are live on KHIE for public health data submission at the time of attestation must select YES to the public health reporting objective and upload the Go-Live Approval form to the Kentucky Medicaid EHR Incentive Program attestation website as proof for status. Do not claim any exclusions associated with the objective.



PROGRAM YEAR 2014 MU GUIDANCE FOR KY PUBLIC HEALTH REPORTING & ATTESTATION: STAGE 2

Revised per CMS Flexibility Rule

The Kentucky Health Information Exchange (KHIE) is the designated public health authority (PHA) for the state of Kentucky. KHIE provides support for the following Stage 2 meaningful use public health objectives:

- Capability to submit electronic data to the Kentucky Immunization Registry
- Capability to submit electronic data on reportable lab results to the Kentucky Department of Public Health (DPH)
- Capability to submit electronic syndromic surveillance data to CDC's cloud-based model, BioSense 2.0
- Capability to submit electronic cancer reports to the Kentucky Cancer Registry

In conjunction with the CMS CEHRT Flexibility Rule, Kentucky Medicaid has modified their EHR Incentive Program Rules to enable program participants to attest in 2014 while giving EHR vendors additional time to develop the requisite interfaces for public health reporting. The attestation guidance outlined below supersedes all previous guidance issued by Kentucky.

General Attestation Guidance

All Eligible Professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) must have a signed Participation Agreement and signed addendum(s) on file with KHIE for each public health objective selected for attestation. This includes providers that attest YES to a public health measure and claim an exclusion. The addendums include: Immunization Registry Authorization, Syndromic Surveillance Authorization, Disease Surveillance Authorization, and Participating Provider Authorization Kentucky Cancer Registry.

2014 EHR Incentive Program participants that attest using 2011 CEHRT or a combination of 2011 and 2014 CEHRT and/or claim an exclusion for public health reporting are responsible for ensuring they meet the qualifications and retain documentation that fully supports their attestation choice.

CMS EHR Incentive Program policies require participants to attest to all public health objectives in the Meaningful Use core set. EPs that claim an exclusion for a core public health objective are not required to select a public health objective from the menu set.

Attestations using 2011 or a combination of 2011 and 2014 CEHRT

Program participants that attest using 2013 or 2014 Stage 1 objectives and measures must abide by the attestation guidance published in "Program Year 2014 Meaningful Use Guidance for Kentucky Public Health Reporting and Attestation: Stage 1, Revised per CMS Flexibility Rule."



PROGRAM YEAR 2014 MU GUIDANCE FOR KY PUBLIC HEALTH REPORTING & ATTESTATION: STAGE 2

Revised per CMS Flexibility Rule

Attestations using 2014 CEHRT

Participants who are live on KHIE for a selected public health measure will receive a signed Go-Live Approval form when their data feed transitions from test to production. The form itself indicates the type of feed (immunizations, syndromic surveillance, reportable diseases, cancer registry) that is live with ongoing submission. At the time of attestation, participants must select YES to the public health measure and upload the Go-Live Approval form as proof of status. Note that if you attest to more than one public health objective and the data feeds go live on different dates, you will receive more than one Go-Live approval form from KHIE. Each form will need to be uploaded to the attestation as proof for status. Do not claim any exclusions associated with the objective.

Participants who are not yet live for a selected public health objective can request a Meaningful Use Confirmation form provided they meet the following criteria:

- i) Signed Participation Agreement and associated addendum(s) on file with KHIE
- ii) Completed intake call with the KHIE team
- iii) Confirmation that the participant's EHR vendor is 2014 certified for the selected public health objective
- iv) Confirmation that the participant's EHR vendor has established connectivity with KHIE for the selected public health objective

At the time of attestation, participants who receive a Meaningful Use Confirmation form must select YES to the public health objective and upload the form as proof for status.

KY DIRECT EMAIL CATALOG

In an effort to create an interim solution to a national healthcare provider directory, the Kentucky Health Information Exchange has created a statewide Direct Email Catalog in which providers can register and search for providers across the state.

Providers across the Commonwealth of Kentucky now have access to search and enter Direct addresses into the Kentucky Direct Email Catalog. The Direct Email Catalog is a tool to support care coordination across a broad spectrum of services, including long-term care/post-acute care, specialty, hospital and ambulatory care.

All providers now can publish their Direct email addresses in the catalog and search for other provider Direct email addresses.

To enter individual addresses into the catalog, first create a Kentucky Online Gateway (KOG) account. Click [here](#) to access the instructions to create a KOG account. You do not need to create a new account if you already have a KOG account.

Please refer to the [Kentucky Direct Email Catalog User Guide](#) for instructions to enter Direct addresses, complete a bulk upload, search the catalog and update your Direct email addresses.

To search the catalog, please click [here](#). You must be first registered with the Kentucky Direct Email Catalog (please refer to user guide for instructions) in order to search the catalog.

Please refer to www.khie.ky.gov for more information.

The screenshot shows the top navigation bar of the KHIE website. The bar is dark blue with the KHIE logo on the left. The navigation items are: CONNECT WITH KHIE, MEANINGFUL USE, NEWS AND RESOURCES, FAQs, ABOUT KHIE, KHIE ALERTS, and MYHEALTHNOW. A dropdown menu is open under 'MEANINGFUL USE', listing: ELIGIBILITY, INCENTIVES, CONTACT AND RESOURCES, CERTIFIED EHR TECHNOLOGY, DIRECT EMAIL CATALOG (highlighted with a red arrow), EHR VENDOR STATUS, MEANINGFUL USE GUIDANCE, PUBLIC HEALTH REPORTING, and TRANSITIONS OF CARE. The page content below the menu is partially visible, showing the beginning of the 'Kentucky Direct Email Catalog' section.

The Kentucky Health Information Exchange encourages all to enter their Direct addresses into the catalog to build a comprehensive record of addresses in and beyond the Commonwealth of Kentucky.



CONNECT WITH KHIE ▼ MEANINGFUL USE ▼ NEWS AND RESOURCES ▼ FAQs ABOUT KHIE KHIE ALERTS



Connect with KHIE
Offering a safe and secure connection for the exchange of electronic health data .
[Learn More](#)



EHR Incentive Program
Eligible providers and hospitals may qualify for monetary incentives.
[Learn More](#)



Meaningful Use
Learn more about how KHIE can support your Meaningful Use efforts.
[Learn More](#)



News and Resources
Read recent press releases, view a provider map and more.
[Learn More](#)

Hot Topics

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2 of 5
[Kentucky's NPRM Comments](#)
Monday, July 21, 2014
View the collective NPRM comments from providers and key meaningful use stakeholders

2014 eHealth Summit

The 2014 eHealth Summit location information is available.
[Read all about it.](#)

KHIE History

[Read about the history of the Kentucky Health Information Exchange.](#)

Connected Providers



[Select a county from the map to find out who is connected.](#)

Contact Us

Are you a health care provider, hospital or other organization ready to connect to KHIE? Do you have questions, comments or need more information about the program? [Fill out this form to contact KHIE.](#)



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