Medicaid EHR Incentive Program

2017 Reporting Requirements
For Eligible Providers (EP)

ilhitrec
ILLINOIS HEALTH INFORMATION TECHNOLOGY
REGIONAL EXTENSION CENTER

Northern Illinois University
NIU

Illinois Health Information Technology Regional Extension Center (ILHITREC)

SUPPORT PROVIDED BY ILHITREC:

The Illinois Health Information Technology Regional Extension Center (ILHITREC), under contract with the Illinois Department of Health and Family Services (HFS), provides education, outreach and support to Medicaid providers for the Electronic Health Record Medical Incentive Payment Program (eMIPP). Northern Illinois University serves as the Illinois Health Information Technology Regional Extension Center providing EHR and Meaningful Use services to providers in Illinois.

For more information, e-mail info@ILHITRECorg

Speaker Biographies

Carrie Galbraith, FASPR

Carrie Galbraith is the Director of the Physician Recruitment Services for the Illinois Critical Access Hospital Network (ICAHN) and a Clinical Informatics Specialist for ILHITREC. Carrie works with participating healthcare organizations providing Meaningful Use support through a grant from ILHITREC. ICAHN provides resources, services, and efficiencies to Critical Access Hospitals in Illinois. Through our partnership with ILHITREC, ICAHN is able to continue its mission to strengthen Illinois critical access hospitals through collaboration. Carrie has actively worked with physicians, CEO, and physician practices for 15 years, 9 of those years with Critical Access Hospitals and Rural Health Clinic

Kerri Lanum, MS

Kerri Lanum is a Clinical Informatics Specialist at ILHITREC. She is an expert in the design and implementation of innovative technologies to support physician and nursing practice workflows. She is certified in eClinicalWorks, Epic Care Ambulatory and Healthy Planet EMR Products. She has been the lead for Quality programs including Meaningful Use, PQRS, HEDIS and ACO projects. She has a passion for educating providers and medical office staff on how to track their quality data to improve patient care.

Disclaimer

- **The target audience of this presentation is Eligible Providers, but some references will be made related to Eligible Hospitals.**

- This webinar is based on official guidance provided by the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC), experiences from ILHITREC, and other Regional Extension Centers.

- This presentation was prepared as a tool to assist providers enrolled in the EHR Incentive Program administered by CMS. The ultimate responsibility for compliance, submission and response to any remittance from CMS rests with the provider. Medicare policy changes frequently. It is highly recommended that providers and their designee review rules and regulations frequently.

- The focus of this presentation is **2017 Reporting Requirements of the Medicaid EHR Incentive Program for Eligible Providers.** The content applies to the Medicaid EHR Incentive Program through CMS and the ONC.

CMS Registration and Attestation Site

https://ehrincentives.cms.gov/hitech/login.action

EHR Information Center 888-734-6433 / TTY: 888-734-6563

*IMPORTANT

Attestation:

1. (AIU) Adopt, Implement or Upgrade – 1st Year of Participation- **No longer an option for 2017**

2. **Attesting to Meaningful Use Criteria – Remaining 5 Years**
   -Meet the Criteria of 10 Objectives
   -Meet 9 Clinical Quality Measures across a minimum of 3 NQF Domains

Learning Objectives

Review program participation requirements

Discuss changes from 2016 to 2017 requirements

Review program timeline and important dates

Share FAQs

Who is Eligible to participate?

The following are considered "eligible professionals" who can participate in the Medicaid EHR Incentive Program:

- **Physicians (primarily doctors of medicine and doctors of osteopathy)**
- **Nurse Practitioners**
- **Certified Nurse-Midwives**
- **Dentists**
- **Optometrists**
- **Physician assistants who furnish services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.**

Requirements for Participation

✓ Have a minimum 30% Medicaid patient volume*

✓ Have a minimum 20% Medicaid patient volume, and be a pediatrician*

✓ Practice predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) and have a minimum 30% patient volume attributable to needy individuals

Requirements for Participation

- ✓ Medicaid enrollment must be up-to-date
- ✓ Must be registered in the CMS registration and attestation site
- ✓ Must have a login to IMPACT with a role of EHR Domain Administrator

Requirements for Participation

https://impact.Illinois.gov

Requirements for Participation

✓ User must have the profile of EHR Domain Administrator in IMPACT to access the eMIPP attestation site to submit your attestation

Requirements for Participation

Link for educational materials about IMPACT

https://www.illinois.gov/hfs/impact/Pages/PresentationsAndMaterials.aspx

Requirements for Participation

EHR Certification

Reporting Year	Certified EHR Technology Edition
2016-**2017**	2014 or 2015 CEHRT (or Combination)
2018	2015 CEHRT

Note: Providers may upgrade early to technology certified to the 2015 Edition for EHR reporting period prior to 2018 as outlined in the rule

Requirements for Participation

EHR Certification

Link to ONC EHR Certified Product List
https://chpl.healthit.gov/#/search

Changes to Objectives Beginning in 2017- Modified Stage 2

2016 Requirements	2017 requirements
Patient Electronic Access, VDT- 1 patient	Patient Electronic Access, VDT- **>5%**
Secure electronic messaging- 1 patient	Secure electronic messaging- **>5%**
Alternate exclusions available	Alternate exclusions **NOT** available

Changes to Objectives Beginning in 2017-Modified Stage 2

- **OBJECTIVE 8 measure 2 – Patient Electronic Access, View, Download and Transmit:**

    For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period.

- **OBJECTIVE 9- Secure Electronic Messaging**

    For an EHR reporting period in 2017, for more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

Modified Stage 2 Objectives for Eligible Providers 2017

Objective Measures	Modified Stage 2
Objective 1: Protect Patient Information	Perform Security Risk Analysis
Objective 2: Clinical Decision Support	5 rules related to 4 CQM's
Objective 3: CPOE meds/labs/rads	60%/30%/30%
Objective 4: E-Prescribing	50%
Objective 5: Health Information Exchange	10% < 100 referrals per reporting period exclusion
Objective 6: Patient Education	10%
Objective 7: Medication Reconciliation	50%
Objective 8: Patient Electronic Access	50% Access >5% VDT
Objective 9: Secure Electronic Messaging	>5%
Objective 10: Public Health Reporting	Report on 2 options

Link to Objective Measure specifications
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_ModifiedStage2.pdf

18

Objective 10: Public Health Reporting

Measure 3: Specialized Registry Reporting: There are no certification and standards criteria specified in the ONC 2014 Edition EHR Technology Criteria objective:
To meet the measure, the EPs would need to electronically submit data specifications, and vocabularies required by the specialized registry. This is maintained by Public Health Agencies or other national organizations like the CDC/NCHS.

Potential Suggestions:

Suggestion 1: Electronic submission to Prescription Drug Monitoring Program (PMP)

Suggestion 2: Illinois Cancer Registry if the provider treats or diagnose cancer conditions

Suggestion 3: Electronic submissions to CDC/Nations Center for Health Statistics (NCHS) Specifically
    The National Ambulatory Medical Care Survey.
    The National Hospital Medical Care Survey.

Suggestion 4: Professional Organizations EPs are members of and submit data to electronically.

CMS FAQ: https://questions.cms.gov/faq.php?faqId=11988

CMS: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/CentralizedRepository-.html

Stage 3 Meaningful Use

Objective Measures	Modified Stage 2	Stage 3
Objective 1: Protect Patient Information	Perform Security Risk Analysis	No change
Objective 2: Clinical Decision Support	5 rules related to 4 CQM's	No change
Objective 3: CPOE meds/labs/rads	60%/30%/30%	60%/60%/60%
Objective 4: E-Prescribing	50%	60%
Objective 5: Health Information Exchange	10% < 100 referrals per reporting period exclusion	50% send summary of care/40% receive summary of care for new patients/Clinical info reconciliation for new patients 80%
Objective 6: Patient Education	10%	Removed and Incorporated into the electronic access
Objective 7: Medication Reconciliation	50%	removed
Objective 8: Patient Electronic Access	50% Access >5% VDT	85%/ Patient electronic access to pt. education material 35%
Objective 9: Secure Electronic Messaging	>5%	Changed to Coordination of care 5% messaging, 5% VDT, 5% patient entered info incorporated into CEHRT
Objective 10: Public Health Reporting	Report on 2 out of 3 options	Report on 2 out of 5 measures

[Stage 3 measure specifications](#)

Clinical Quality Measures

- EP's must select 9 approved Clinical Quality measures across 3 of the 6 domains to report.

- For the EHR reporting period in 2017, providers in their first year of MU reporting will attest to any continuous 90-day period of CQM data

- Providers who have attested to MU in a prior Calendar Year, the CQM reporting period is one full calendar year.

  - Proposed Rule could change this to 90 days

Information Blocking Attestation Beginning 2017 Attestation Year

Item	Statement
Statement 1 **Information Blocking**	A health care provider must attest that it did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.
Statement 2 **Information Blocking**	A health care provider must attest that it implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times: (1) Connected in accordance with applicable law; (2) compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (3) implemented in a manner that allowed for timely access by patients to their electronic health information (including the ability to view, download, and transmit this information); (4) implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated health care providers, and with disparate certified EHR technology and vendors.
Statement 3 **Information Blocking**	A health care provider must attest that it responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.
Statement 4 **SPPC**	A health care provider must attest that it acknowledges the requirement to cooperate in good faith with ONC direct review of its' health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received.
Statement 5 **SPPC**	A health care provider must attest that if requested, it cooperated in good faith with ONC direct review of its' health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the health care provider in the field.
Statement 6 **SPPC OPTIONAL**	A health care provider must attest that it acknowledges the option to cooperate in good faith with ONC-ACB surveillance of its' health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received.
Statement 7 **SPPC** **OPTIONAL**	A health care provider must attest that if requested, it cooperated in good faith with ONC-ACB surveillance of its' health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by the health care provider in the field.

Reporting Periods

2016
- **First-time participants** may use any 90-day period
- **Returning participants** must report the full calendar year

2017
- **All participants** may use any 90-day period

2017
- **MACRA/MIPS** Medicaid participants that bill Medicare "Fee for Service" while in the Medicaid Incentive Program will participate in both programs

2018
- **All participants** must report the full calendar year
*proposed rule to change this to 90 days

Participation Timeline

2015 — Attest to Modified Stage 2
(with accommodations for Stage 1 providers)

2016 — Attest to Modified Stage 2
(Some alternate exclusions remain for providers)
Last Year to Register and Attest to Begin Medicaid Participation in the program and receive an incentive.

2017 — Attest to either Modified Stage 2
or full version of Stage 3

2018 — Attest to full version of Stage 3

ilhitrec
ILLINOIS HEALTH INFORMATION TECHNOLOGY
REGIONAL EXTENSION CENTER

Northern Illinois University
NIU

Payment Adjustment and Hardship Exceptions

The EHR reporting periods for the payment adjustment will begin and end prior to the year of the payment adjustment

- Attestation Deadline for CY 2017
    - Medicare = March 13, 2017
    - Medicaid = April 30, 2017
- *__July 1, 2017__ - Hardship Exemption Deadline to avoid payment adjustments for Attestation Year 2016 beginning in 2018.*

Providers may apply for a hardship exception to avoid the payment adjustments.
Hardship exceptions are granted on a case-by-case basis.
Information on how to apply is posted on the CMS EHR Incentive Program Website
https://www.cms.gov/Regulations-and-guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

Do I have to attest to Modified Stage 2 or Stage 3 in 2017?

Providers have the **option** to attest to either Modified Stage 2 or Stage 3 in 2017. If they choose to attest to Stage 3 their EHR has to meet the 2015 certification standards or a combination of 2014 and 2015 standards that would not prohibit them from meeting the stage 3 measures. Stage 3 will be required for everyone in 2018.

FAQ

If I attest successfully for Medicaid Meaningful use in 2017 will I avoid the Medicare penalty for 2019?

NO, If you bill Medicare Fee for Service and meet the eligibility requirements you now must participate in the new Quality Payment Program either through the MIPS or Advanced APM tracks to avoid the Medicare payment penalties.

FAQ

Are we allowed to participate in both the Medicaid EHR Incentive program and the new Quality Payment program?

If you bill both Medicare and Medicaid, and meet the minimum eligibility requirements for each program then Yes you can participate in both programs.

FAQ

If I have a new provider join our practice, how do I register them for the program?

Unless your provider has already registered for the program in prior years, they are not eligible to participate in the program. 2016 was the last year to register to be eligible to participate in the Medicaid EHR Incentive program
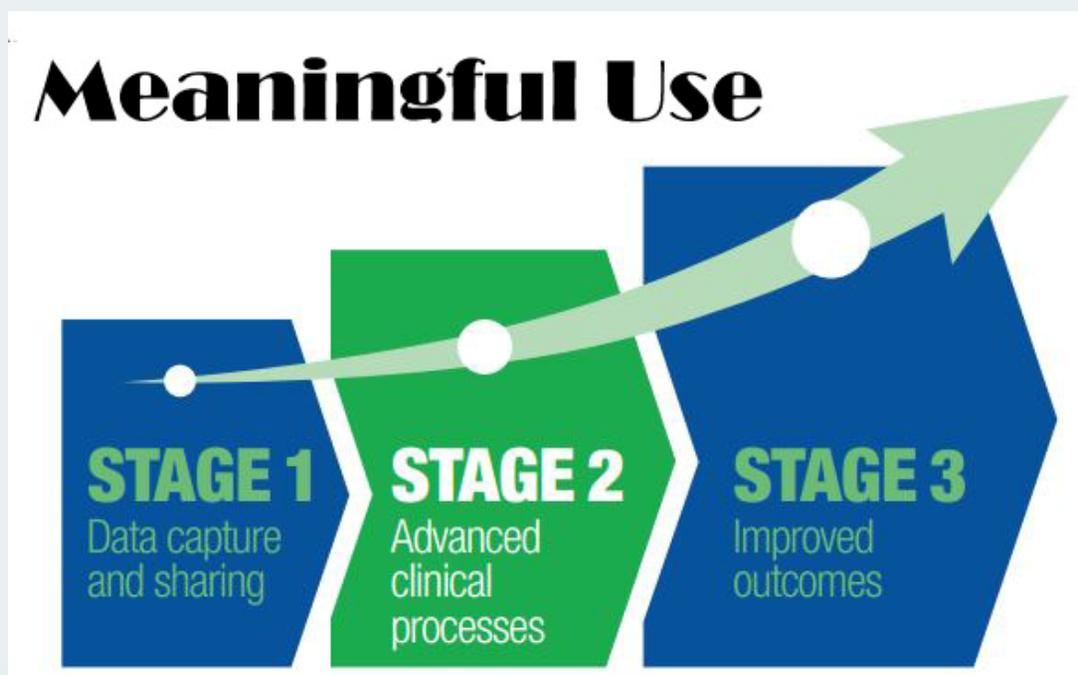
Additional References

- Quality Payment Program

  - https://qpp.cms.gov/

- Final Rule – Modification 2015 -2017

  - https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf

- CMS EHR Incentive Program

  - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html

- CMS FAQs

  - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/FAQ.html

- 2017 Requirements

  - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2017ProgramRequirements.html

- IDPH Public Health Objectives

  - https://murs.illinois.gov/

  - https://questions.cms.gov/faq.php?faqId=11988

Questions?

ilhitrec
ILLINOIS HEALTH INFORMATION TECHNOLOGY
REGIONAL EXTENSION CENTER

Contact Information:

Carrie Galbraith
cgalbraith@icahn.org

Kerri Lanum
klanum@niu.edu

Others
http://www.ILHITREC.org
info@ILHITREC.org
(815) 753-5900