

Health Information Exchange

Stage 3 Objective 7

Illinois Health Information Technology Regional Extension Center

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), is providing education, outreach, and EHR support to Medicaid providers for the Promoting Interoperability Program. Contact us at info@ILHITREC.org



Today's Speakers



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Disclaimers

- **The target audience of this presentation is Eligible Providers, but some references may 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 Medicaid Promoting Interoperability 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 **Stage 3 2019 Reporting Requirements**. The content applies to the Medicaid Promoting Interoperability program through CMS and the ONC.

Acronyms

- CEHRT-Certified Electronic Health Record Technology
- CQM-Clinical Quality Measure
- eCQM- Electronic Clinical Quality Measure
- EHR-Electronic Health Record
- EP- Eligible Professional
- MIPS- Merit Based Incentive Payment System
- MU-Meaningful Use
- NQF- National Quality Forum
- QPP-Quality Payment Program
- QRDA- Quality Reporting Document Architecture
- PI- Promoting Interoperability
- API-Application Programming Interface
- CDR- Clinical Data Registry
- PFAC-Patient and Family Advisory Council

[CMS Acronyms](#)

2019 Program Reminder

- ✓ Pre-approvals for 2019 patient volume will begin being accepted in June 2019.

✓ Contact HFS @ hfs.ehrincentive@Illinois.gov

Provide the following information:

TIN =

Group or individual numbers?

Provider type: (physician, hospital, dentist)

Date Range (either from the previous calendar year or previous 12 months from today's date)=

Straight Medicaid (only traditional Medicaid & All Kids) =

Medicaid Managed Care =

Total Encounters for all payees =

Patient Volume Pre-Approval Process

Incentive Payments

First Year	Total	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	\$63,750	21,250	8,500	8,500	8,500	8,500	8,500					
2012	\$63,750		21,250	8,500	8,500	8,500	8,500	8,500				
2013	\$63,750			21,250	8,500	8,500	8,500	8,500	8,500			
2014	\$63,750				21,250	8,500	8,500	8,500	8,500	8,500		
2015	\$63,750					21,250	8,500	8,500	8,500	8,500	8,500	
2016	\$63,750						21,250	8,500	8,500	8,500	8,500	8,500

There are still Incentive payments \$\$\$ available until 2021



Learning objectives



Review the changes to this objective in 2019 Stage 3



Examine the value of Health Information Exchange
















Discuss strategies and best practices to meet the measures



Understand the exclusions available for this objective

Changes from Stage 2 to Stage 3

	2018 Medicaid PI Modified Stage 2	2018 Medicaid PI Stage 3
 Security Risk Analysis	Required	Required
 E-Prescribing	Required more than 50% Exclusion if denom <100	Required more than 60% Exclusion if denom <100
 Clinical Decision Support	Required 5 alerts related to 4 CQMs + drug-drug & drug-allergy interactions	Required 5 alerts related to 4 CQMs + drug-drug & drug-allergy interactions
 CPOE – Med, Lab & Radiation Orders	Required Meds more than 60%, Labs/Rads, more than 30% Exclusion if denom <100	Required more than 60% Exclusion if denom <100
 Medication Reconciliation	Required more than 50%	Removed
 Patient Electronic Access	Required more than 50%	Required more than 80%
 Patient Education	Required more than 10%, does not have to be electronic	Required more than 35%, has to be electronic
 View, Download and/or Transmit	Required more than 5%	Required more than 5%
 Secure Messaging	Required more than 5%	Required more than 5%
 Patient-Generated Health Data	Not required	Required more than 5%
 Summary of Care	Required more than 10% send Exclusion if denom <100	Required more than 50% send and more than 40% receive Exclusion if denom <100
 Clinical Reconciliation	Not required	Required more than 80%
 Public Health Reporting	Required 2 of 3 options	Required 2 of 5 options

Stage 3

Objective Measures	Stage 3
Objective 1: Protect Patient Information	Perform Security Risk Analysis
Objective 2: E-Prescribing	>60%
Objective 3: Clinical Decision Support (CDS)	5 interventions related to 4 or more CQMs drug-drug + drug-allergy alerts
Objective 4: CPOE Meds/Labs/Rads	>60%/>60%/>60%
Objective 5: Patient Electronic Access with Patient Education	>80% /> 35%
Objective 6: Coordination of Care	>5% VDT/>5% Messaging/>5% pt. generated health info
Objective 7: Health Information Exchange	>50% send summary of care/>40% receive summary of care/> 80% clinical reconciliation for new patients
Objective 8: Public Health Reporting	Report on 2 out of 5 measures

[Stage 3 measure specifications](#)

The Value of Health Information Exchange



Filling gaps in patient health information for more comprehensive patient records



Providing real-time access to patient information for better clinical coordination and decisions



Improving the quality, safety, efficiency and reliability of care

Multiple Point of Care = Fragmented Care



Specialty Care



Home healthcare



Primary Care



Long Term Care

Objective 7

The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.

EPs must attest to all three measures and must meet the threshold for at least two measures to meet the objective:

Transitions of care

The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes all transitions of care and referrals that are ordered by the EP.

In cases where the providers share access to an EHR, a transition or referral may still count toward the measure if the referring provider creates the summary of care document using CEHRT and sends the summary of care document electronically. If an EP chooses to include such transitions to providers where access to the EHR is shared, they must do so universally for all patient and all transitions or referrals.

Measure 1

For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care:

- (1) Creates a summary of care record using CEHRT; and
- (2) Electronically exchanges the summary of care record

Denominator: # of transitions of care or referrals during the reporting period

Numerator: # of transition of care or referrals where a SOC was created and exchanged electronically

Threshold: >50%

Exclusions

An eligible provider transfers a patient to another setting or makes a referral fewer than 100 times during the EHR reporting period

An eligible provider conducts 50% or more of patient encounters in a county that does not have 50% of its housing units with 4MPs of broadband availability

Measure 2

For more than 40 percent of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she incorporates into the patient's EHR an electronic summary of care document.

Denominator: # of patient encounters where the EP received a transition or referral or **has never before encountered the patient** AND for which an electronic SOC is available

Numerator: Number of patient encounters in the denominator where an **electronic SOC record received** is incorporated by the provider into the CEHRT

Threshold: >40%

Exclusions

For the purposes of defining the cases in the denominator for measure 2, “unavailable” and therefore excluded from the denominator will be that an EP:

- Requested an electronic SOC to be sent and did not receive it
- Queried at least one external source via HIE functionality and did not locate a SOC or the EP does not have access to HIE functionality to support such a query **OR**
- Confirmed that HIE functionality supporting query for SOC was not operational in the providers geographic region and not available within the EP’s EHR network as of the start of the EHR reporting period

Measure 3

For more than 80 percent of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she performs a clinical information reconciliation. The EP must implement clinical information reconciliation for the following three clinical information sets:

- (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
- (2) Medication allergy. Review of the patient's known medication allergies.
- (3) Current Problem list. Review of the patient's current and active diagnoses.

Exclusions

An eligible provider transfers a patient to another setting or makes a referral fewer than 100 times during the EHR reporting period

An eligible provider conducts 50% or more of patient encounters in a county that does not have 50% of its housing units with 4MPs of broadband availability

Create your strategy

Technical

- How does your CEHRT vendor count the denominator? The numerator?
- Does your CEHRT have HIE functionality?

Clinical

- Do your providers and staff understand the value?
- Do your providers and staff understand their contribution?
- Are you monitoring and sharing Medicaid PI reports?

Best Practices

01

Understand your
referral patterns

02

Engage with
referral partners

03

Work with your
vendor

- CommonWell
- Carequality



Success story

CommonWell – Carequality

Clinical Reconciliation

Resources

- [Medicaid PI Toolkit](#)
- [2019 IPPS Final Rule](#)
- [CMS Promoting Interoperability Program](#)
- [Comparing Stage 2 and Stage 3 Infographic](#)
- [IDPH Public Health Objectives Registration](#)
- [ICARE- Illinois Immunization Registry](#)
- [ONC](#)
- [CMS](#)
- [HIMSS](#)
- Your EHR Vendor

Questions?



**KEEP
CALM
AND
MEET
STAGE 3**

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