Overcoming the Barriers

To Successful Stage 3 Attestation

About 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), is providing education, outreach, and EHR support to Medicaid providers for the Promoting Interoperability Program.

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Today's Speaker

Lauren Wiseman is a Clinical Informatics Specialist for Illinois Health Information Technology Regional Extension Center (ILHITREC). Lauren has 40 years of healthcare experience and works with participating healthcare organizations providing Promoting Interoperability support. She is an active member of the Health Information Management and Systems Society (HIMSS) and the American Nurses Association (ANA). Lauren holds the ANCC board certification in Nursing Informatics and Certified Professional Health Information Management System (CPHIMS)

Disclaimers

- **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 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 Reporting Requirements.** The content applies to the Medicaid Promoting Interoperability program through CMS and the ONC.

Objectives

- Brief review of Stage 3 Objectives
- Identify barriers to successful attestation
- Share best practices and strategies
- Discuss timelines and key dates

Stage 3 Objectives

Protect Patient Health Information	**Patient Electronic Access to Health Information**
Electronic Prescribing	**Coordination of Care through Patient Engagement**
Clinical Decision Support	**Health Information Exchange**
Computerized Provider Order Entry	**Public Health and Clinical Data Registry Reporting**

Failing One Objective

90 Days is the minimum

EPs have been successful with a full year reporting

Key strategies:
- Understand the workflow and who owns it
- Monitor your data throughout the year
- Share data with staff and providers frequently

Eligible Provider Pre-approval

Minimum 30% Medicaid Patient Volume (20% - Pediatricians)

Best Practice:
- Use Calendar year for reports:
  - Ex: 2018 for 2019; 2019 for 2020
- Submit pre-approval as soon as possible

Key Strategy: Submit 2019 and 2020 preapprovals together

Reporting
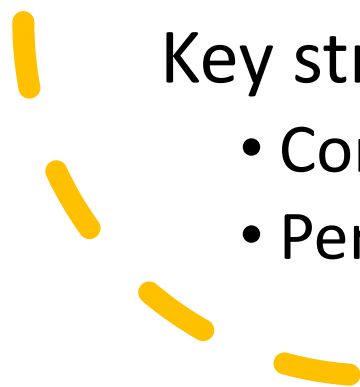
Data unavailable early in the year

- Challenging to be proactive

Best practice:

- If you are successful in 2019, keep it going
- QRDA – Issues noted – make sure your have enough time

Key strategies:

- Continue to monitor workflows
- Periodic random audits

Objective 5- Patient Access to Healthcare Information

Measure 1 – Is your API enabled?
- Timely access – intent within 48 hours

Measure 2 – Know your workflows

Best practices: Make sure everyone understands their role

Key Strategy: Ramp up Patient Portal access
- Required portal for medication refills
- Have providers encourage use
- Develop policies – work with patients

Objective 6 - Coordination of Care through Patient Engagement

Attest to 3 measures; meet or exclude 2 of 3 measures

Best Practices:
- Concentrate on the measures most effective for your practice
- Broadcast secure messages
- Ramp up Patient Portal participation

Key Strategy:
- Automatically generate Pre-visit History with scheduled appointments and Post-visit surveys to portal to obtain patient generated data

Objective 7 – Health Information Exchange

Attest to 3 measures; meet or exclude 2 measures

Best practices:

- Determine crucial sharing partners
- Work with your vendor to obtain Direct Addresses

Key Strategy:

- Track providers who do not respond to requests for summaries of care to exclude from denominator

Rejection

Requires timely response

Best Practice: Make sure to leave yourself plenty of time

Key strategy: Don't go it alone

Timeline and Key Dates

2019 Medicaid PI Attestation Deadline	April 30, 2020
2020 Medicaid PI Attestation Deadline	February 28, 2021
2021 Medicaid PI Attestation Deadline	August 31, 2021

Strategies for Success

1. **Develop a Timeline-**
   Decide NOW what 90-day period you are going to use for your 2020 and 2021 attestation

2. **Determine your Eligible Providers**

3. **Set up a standing meeting –we're happy to work with you**

4. **Submit your scorecard**

Stage 3 2020 Checklist

- ✓ Review which EPs in your practice are eligible to attest
- ✓ Update EP EMS registrations: https://ehrincentives.cms.gov/hitech/login.action
- ✓ Get pre-approval for patient volume, send to: hfs.ehrincentive@Illinois.gov
- ✓ Confirm your EHR is upgrade to 2015 CEHRT and you have the updated confirmation number: https://chpl.healththit.gov
- ✓ Review Objectives and measures report in EHR – A minimum 90-day reporting period:
  CMS Medicaid PI 2020 Specifications
- ✓ Ensure you can extract a minimum 90-day CQM report from your EHR
- ✓ Register for any public health registries needed within 60 days of the start of your PI reporting period : Register intent@ https://murs.Illinois.gov
- ✓ Complete an updated 2020 Security Risk Analysis before attestation in 2020
- ✓ Implement bi-directional functionality for ICARE (if applicable).
  ICARE contact info: dph.hl7icare@Illinois.gov
- ✓ Implement ILPMP Now bi-directional functionality for the Illinois Prescription Monitoring Program (becomes state law 1/1/2021)
  Register: https://www.ilpmp.org/PMPnowregistration.php or call 217-524-1311

ILHITREC Can Help

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KEEP CALM AND MEET STAGE 3

Questions