



**Northern Illinois
University**



Aligning Medicaid PI Objectives with your Telehealth Strategies



ILHITREC

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

Speaker Biographies

Kerri Lanum, MS, CHC

Kerri Lanum is a Clinical Informatics Specialist at ILHITREC with over 20 years of experience in the healthcare industry. She is an expert in the design and implementation of innovative technologies to support ambulatory practice workflows. She is certified in several EMR Products, a Lean Six Sigma green belt, certified health coach and has a passion for educating providers and medical office staff on how to track their quality data to improve patient care. Kerri is an active member of the Medical Group Management Association (MGMA) and Health Information Management and Systems Society (HIMSS).



Lauren Wiseman, MSN, RN-BC

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)



Disclaimer

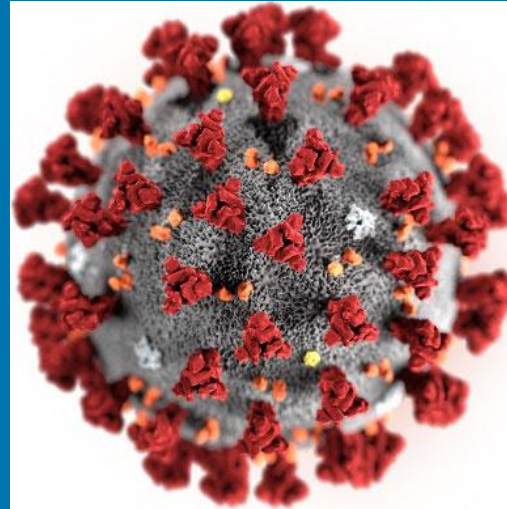
- The target audience of this presentation is Eligible Providers, but some references will be made related to Eligible Hospitals.
- This webinar is based on official guidance provided by the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC), experiences from ILHITREC, and other Regional Extension Centers.
- This presentation was prepared as a tool to assist providers enrolled in the 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 & 2020 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
- ADT- Admissions, Discharges, and Transfers
- RPM- Remote Patient Monitoring

ILHITREC Updates

- **COVID-19 Response and resources**
 - Updates to our website: [COVID-19](#)
 - Information on Telehealth



ILHITREC Updates

- **Change in Medicaid PI Deadline for 2019**

Program Year	First Day Providers May Attest	Attestations Deadline
2019	1/1/20	5/31/20
2020	4/1/20	2/28/21
2021	5/1/21	8/31/21

- **Reminder:** Minimum 90-day reporting period in 2020 and 2021 for both Objective measures and CQMs- Incentive \$\$\$\$ still available
- ***The CMS Interoperability and Patient Access Final Rule*** –Implementation of the ADT notifications for hospitals/health systems will be delayed an additional six months to May 1st, 2021







[Final Rule](#)







Medicaid PI & Telehealth Strategies

1. Learn to optimize patient portal usage during the pandemic
2. Review requirements to implement e-visits through the patient portal
3. Review implementing remote monitoring through patient entered data in your EHR
4. Discuss why interoperability is even more important during the pandemic

Optimizing Patient Portal Use

Stage 3 Measures 2020

	Security Risk Analysis	Self-Attestation
	E-Prescribing	More than 60% Exclusion if denom <100
	Clinical Decision Support	5 alerts related to 4 CQMs + drug-drug & drug-allergy interactions
	CPOE – Med, Lab & Radiation Orders	More than 60% Exclusion if denom <100
	Patient Electronic Access	More than 80%
	Patient Education	More than 35%, has to be electronic

	View, Download and/or Transmit	More than 5%
	Secure Messaging	More than 5%
	Patient-Generated Health Data	More than 5%
	Summary of Care	More than 50% send and more than 40% receive Exclusion if denom <100
	Clinical Reconciliation	More than 80% Exclusion if denom <100
	Public Health Reporting	2 of 5 options

Optimizing Patient Portal Use

- Pre-registration, screenings
- Access to patient reminders, practice information
- Scheduling online appointments, requesting refills
- Secure electronic messaging

Optimizing Patient Portal Use

Reassigning staff to meet the new needs of the practice

Non-Clinical Staff


- Re-assign employees to contact patients to sign them up for the portal
- Assess patient telehealth readiness







Clinical Staff

- Reach out to High Risk patients to engage them with virtual communication

Implementing e-visits

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Implementing E-visits

E-visit (Digital E/M)- allows you to talk to your patient using an online patient portal without having to see the patient in the office.

- Communication occurs through secure electronic messaging
- Must be patient initiated
- The duration of an e-visit is 5-21+ minutes cumulative over 7 days
- Patient will be billed for this visit







Implementing E-visits







Billing Codes

HCPCS Code	Description
G2061	Qualified non-physician healthcare professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days, 5-10 minutes
G2062	Qualified non-physician healthcare professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days, 11-20 minutes
G2063	Qualified non-physician healthcare professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days, 21 or more minutes
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 21 or more minutes

Patient Generated Health Data through Remote Monitoring

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Patient Generated Health Data through Remote Monitoring

Remote monitoring- A variety of technologies that enable your doctor or health care team to monitor your health remotely.

Examples: web based or mobile apps
devices such as blood pressure cuffs, and activity trackers

Patient Generated Health Data- data from non-clinical settings that is captured through the CEHRT into the patient record.

Examples: medical device data
home health monitoring data
fitness monitor data
patient reported outcome data

*Data related to billing, payment or other insurance info would not count toward the measure.

Patient Generated Health Data through Remote Monitoring

Remote blood pressure, glucose and weight monitoring

- Covered by Medicare

CPT Code	Definition
99453	RPM set-up and education
99457	Review and interpretation of RPM data
99454	RPM of a physiological parameter







- May be covered by other plans







- Data can be sent automatically through syncing of a remote device, or manually entered into an app or patient portal and sent electronically to your provider's EMR



Interoperability-Sharing Patient Data

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Interoperability



Now more than ever

- To avoid data fragmentation and silos
- For ease of use for providers and patients
- To support accurate patient identification
- For Continuity of care

Stage 3 Measures 2020

HIE-Objective 7

Scenario	Objective Met?
Meets All 3 Measures	Yes
Excludes 2 Does Not meet 1 Measure	Yes
Meets 2 Measures - Excludes 1 Measure	Yes
Excludes All 3 Measures	Yes
Meets 1 Measure and Excludes 2 Measures	Yes
Meets 1 Measure - Excludes 1 Measure - Does not Meet 1 Measure	Yes
Meets 1 Threshold only but no exclusions	No
1 exclusion - Does not meet thresholds or exclusions for 2 measures	No
0 Thresholds – 0 Exclusions	No

*Please note if a combination of 2 Thresholds and Exclusions are not met then the objective will not be met. Exclusions **cannot** be taken if the denominator is ≥ 100



Resources

[The CMS Interoperability and Patient Access Final Rule](#)

[Illinois Medicaid COVID-19 Fee Schedule](#)

[HFS Promoting Interoperability Toolkit](#)

[ONC Health IT Playbook](#)

[IDPH MURS Registration](#)

[Delivering Lifestyle Medicine Virtually Infographic](#)

Upcoming ILHITREC Webinars

Controlling Stress in the Body Wednesday, May 13, 2020, 12 – 12:45 pm

Managing Our Thoughts Through Relaxation & Meditation Wednesday, May 20, 2020, 12 – 12:45 pm

Emotions and Rejuvenation at the End of the Day Wednesday, May 27, 2020, 12 – 12:45 pm

Click [Here](#) to Register

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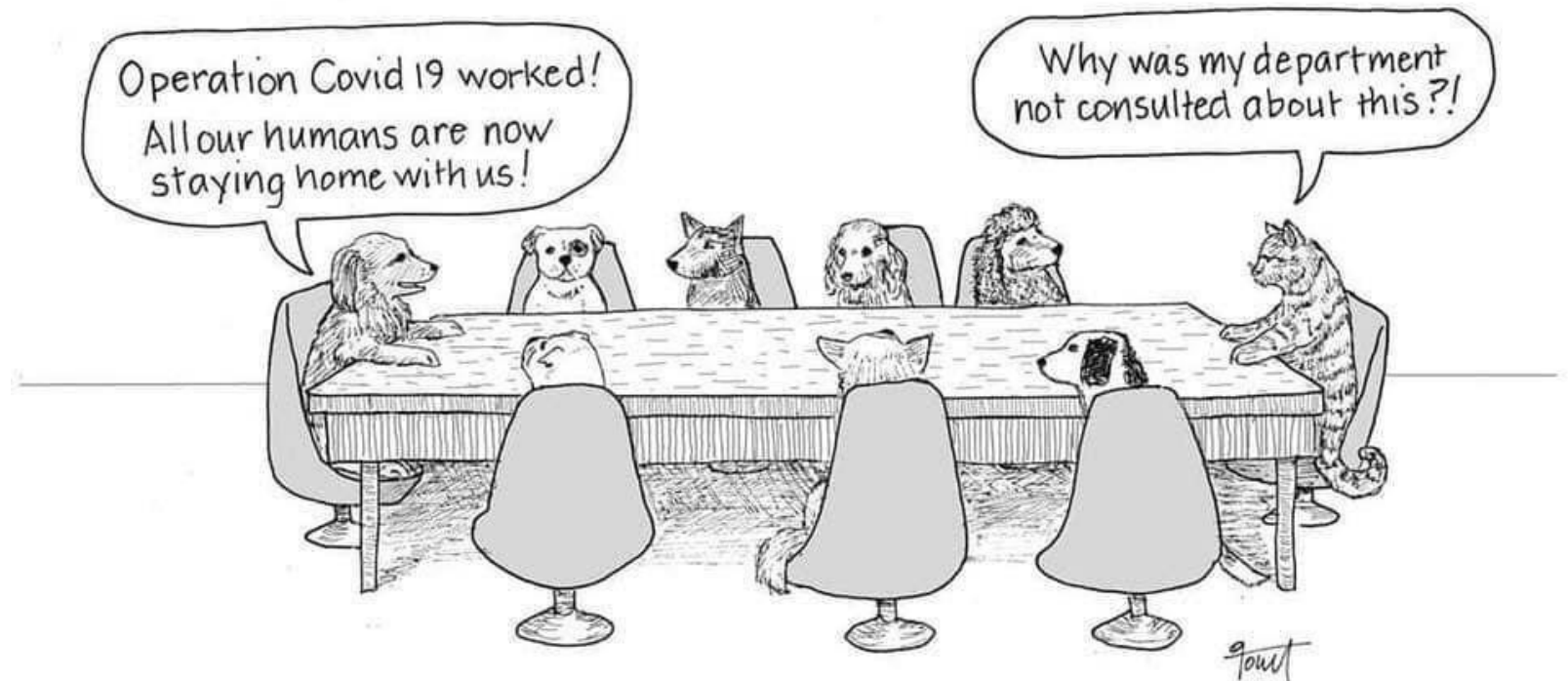
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Questions?