Preparing for a Successful
Stage 3 Medicaid Promoting Interoperability Attestation

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 39 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 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

CMS Acronyms

Learning Objectives

1. Explain Program Requirements

2. Learn from the Patient

3. Give Important Program Reminders and Deadlines

	Security Risk Analysis	Required
	E-Prescribing	Required more than 60% Exclusion if denom <100
	Clinical Decision Support	Required 5 alerts related to 4 CQMs + drug-drug & drug-allergy interactions
	CPOE – Med, Lab & Radiation Orders	Required more than 60% Exclusion if denom <100
	Patient Electronic Access	Required more than 80%
	Patient Education	Required more than 35%, has to be electronic
	View, Download and/or Transmit	Required more than 5%
	Secure Messaging	Required more than 5%
	Patient-Generated Health Data	Required more than 5%
	Summary of Care	Required more than 50% send and more than 40% receive Exclusion if denom <100
	Clinical Reconciliation	Required more than 80%
	Public Health Reporting	Required 2 of 5 options

Stage 3 Measures

Protect Electronic Health Information

Eligible professionals (EPs) must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies

SRA tool

E-prescribing

>60% of all permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).

Exclusions: Any EP who:
(1) Writes fewer than 100 permissible prescriptions during the Promoting Interoperability (PI) reporting period; or
(2) Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her PI reporting period.

Clinical Decision Support

Measure 1: EPs must attest YES to implementing five CDS interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period

Measure 2: EPs must attest YES to enabling and implementing the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.

EXCLUSION: Any EP who writes fewer than 100 medication orders during the EHR reporting period.
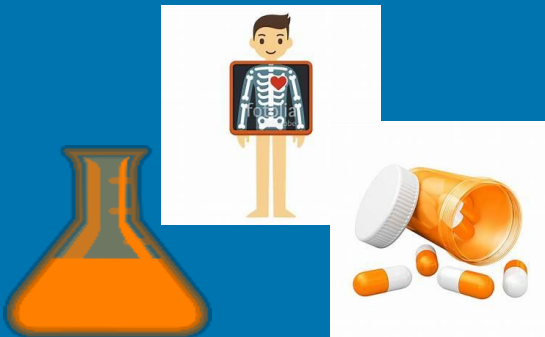
CPOE

> **60**% of medication, laboratory and radiology orders created by the EP during the Promoting Interoperability (PI) reporting period are recorded using computerized provider order entry.

Exclusions: Any EP who:
Writes fewer than 100 medication, laboratory, or radiology orders during the PI reporting period.

Patient Electronic Access & Patient Education

Measure 1: **> 80%** of all unique patients seen by the EP:
(1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
(2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT.

Measure 2: The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to **>35%** of unique patients seen by the EP during the PI reporting period.

The Patient Voice

Using the patient portal

Coordination of Care

Measure 1: **>5%** of all unique patients (or their authorized representatives) seen by the EP actively engage with the EHR

1) View, download or transmit to a third party their health information; or
2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or
3) A combination of (1) and (2)

Measure 2 : **>5%** of all unique patients seen by the EP during the PI 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 their authorized representative.

Measure 3: Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for **>5%** of all unique patients seen by the EP during the PI reporting period.

patient portal

Health Information Exchange

Measure 1: **>50%** 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

Measure 2 : **>40%** percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

Measure 3: **>80%** of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:
(1) Medication.
(2) Medication allergy.
(3) Current Problem list.

Health Information Exchange

Exclusions:
1) Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the PI reporting period.

2) Any EP that conducts 50 percent or more of patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the PI reporting period.

The Patient Voice

Exchanging Health Records

Public Health & Clinical Data Reporting

Measure 1: Immunizations- ICARE- Bi-directional functionality

Measure 2: Syndromic Surveillance Reporting-Hospital/urgent care settings only-Illinois Syndromic Surveillance System

Measure 3: Electronic Case Reporting (eCR) https://redcap.dph.illinois.gov/surveys/?s=KR7KEHCLT9

Measure 4: Public Health Registry Reporting: Illinois Prescription Monitoring Program, Illinois Cancer Registry, CDC/National Center for Health Statistics (NCHS). Specifically, the National Ambulatory Medical Care Survey and the National Hospital Medical Care Survey.

Measure 5: CDR Reporting: Specialty Society Registries

Public Health & Clinical Data Reporting

EXCLUSIONS:

Measure 1: Immunizations-Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the Promoting Interoperability (PI) reporting period.

Measure 2: Syndromic Surveillance Reporting- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

Measure 3: Electronic Case Reporting: Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the PI reporting period.

Measure 4: Public Health Registry Reporting: Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the PI reporting period.

Measure 5: CDR Reporting: Does not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the PI reporting period.

Clinical Quality Measures

- EPs must select 6 approved Clinical Quality measures with one of the 6 being an outcome or high priority measure

- For the EHR reporting period in 2019, providers will attest to a full year of CQM reporting unless it is their first year of MU reporting then it can be any continuous 90-day period in that calendar year.

- Submission methods available are electronically submitting via a QRDA file format or manually entering numerator and denominators at the time of attestation.

2019 eCQM Specifications

Program Deadlines

Last day to register for public health registries through https://murs.illinois.gov	November 30th, 2019
2019 Medicaid PI attestation deadline	April 30th, 2020
2020 Medicaid PI attestation deadline	February 28th , 2021
2021 Medicaid PI attestation deadline	August 31st, 2021

Medicaid PI Stage 3 Checklist

✓ **Review which providers in your practice are eligible to attest**

✓ **Update CMS provider registrations @ https://ehrincentives.cms.gov/hitech/loginCredentials.action**

✓ **Get Pre-approval for Patient Volume- send to hfs.ehrincentive@Illinois.gov**

✓ **Confirm your EHR is upgraded to the 2015 Certified edition - https://chpl.healthit.gov/#/search**

✓ **Review Objective reports in EHR-Medicaid 2019 specifications**

✓ **Ensure you can extract a report for CQMs for ALL of 2019**

✓ **Register for public health registries within 60 days of the start of the reporting period- https://murs.illinois.gov**

✓ **Complete an updated Security Risk Analysis by 12/31/2019**

✓ **Implement bi-directional functionality for ICARE (if applicable)- dph.hl7icare@illinois.gov**

✓ **Implement PMPnow (if applicable)-https://www.ilpmp.org/PMPnowRegistration.php**

Upcoming ILHITREC Webinar

Group Documentation- Easier than Ever, New Functionality in eMIPP

Tuesday Dec. 3rd at 12 noon

Link to Register: https://register.gotowebinar.com/register/6003672539899327499

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Don't Give Up! You are Almost to the Finish Line!

Questions?