Illinois Medicaid Promoting Interoperability: Stage 3 for 2019

with Janet Baxter

- The webinar will begin at 12:30 pm (CT). It is scheduled to last 45 minutes, including Q&A.
- Questions can be submitted via the Q&A box.
- The webinar is being recorded. We will send the slides and recording within two days following the webinar.
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Illinois Medicaid Promoting Interoperability:
Stage 3 for 2019

Tuesday, November 20, 2018

Speaker: Janet Baxter
Moderator: Zaina Awad

HITREC
A PROGRAM OF CHiP

About CHITREC

The **Chicago Health Information Technology Regional Extension Center (CHITREC)** is a collaboration between Northwestern University, the Alliance of Chicago Community Health Services, and more than 40 local and national partners focused on HIT adoption and use within the city of Chicago.

- Illinois Department of Healthcare and Family Services (HFS) contracted with CHITREC to operate a Meaningful Use Help Desk (855-MU-HELP-1) for the Illinois Medicaid EHR Incentive Payment Program

Contact the **Illinois Medicaid Promoting Interoperability* Help Desk** with questions on Attestation, Registration, and Meeting the Measures.

1-855-68-HELP-1

(855-684-3571)

Monday – Friday 8:30 a.m. – 5:00 p.m.

*formerly Meaningful Use

muhelpdesk@chitrec.org

CHITREC

CHICAGO HEALTH INFORMATION TECHNOLOGY REGIONAL EXTENSION CENTER

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Today's Audience & Speakers

Speaker: Janet Baxter

Today's audience:

- Some familiarity with the PI program and the Stage 2 measures is expected
    - Eligible Providers
    - PI Coordinators

Today's Agenda

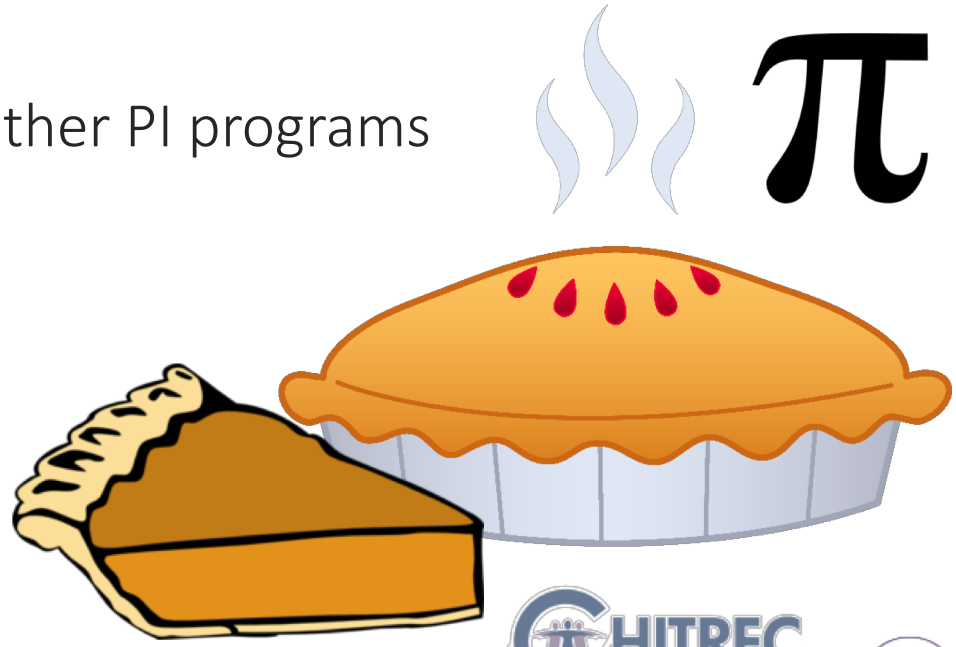
- Medicaid Promoting Interoperability Program
- Eligibility
- Certified Electronic Health Record Technology (CEHRT)
- Functional Measures
- Quality measures

Disclaimer: Always refer to the Regulations

- Current specifications for Stage 3 objectives can be found here
- The statements in this presentation represent our best understanding of the current regulations
  - Some wording may be changed
  - Some wording may not appear
- Note - requirements between the various PI programs can be different
  - Medicaid PI is discussed here
  - Hospital PI is a Medicare program
  - MIPS PI is part of the Quality Payment Program for Medicare
- We still have some questions ourselves, so please ask yours in the chat or by contacting the Help Desk. We will get answers as soon as possible.

CMS has changed the name

- We no longer speak about Meaningful Use
- The program has been renamed Medicaid Promoting Interoperability (PI)
- Do not be confused by the other PI programs



Who is eligible to attest for Medicaid PI?

- Providers (MD, DO, DDS, OD, NP. CNMW, etc.) who started the PI program in 2016 or before
- Providers who have not yet received all six payments
- Must demonstrate that at least 30% of encounters have been for Medicaid patients
- Be sure to check providers who are new to your practice -- they may have started at another place and still have money available

2018 Medicaid Promoting Interoperability

- 90 Days reporting period for functional measures
- 365 Days for Quality measures – must report any six
- 2014 Edition CEHRT, 2015 Edition CEHRT or a combination
- Choose Stage 2 measures or Stage 3 measures

2019 Medicaid Promoting Interoperability

- 90 Days reporting period for functional measures
- 365 Days for Quality measures – must report six and one must be an outcome measure
- 2015 Edition CEHRT
- Must report Stage 3 measures

2018 Stage 2

1. Conduct Security and Risk Analysis, including encryption.
2. Implement 5 clinical decision support interventions and drug/drug
3. Use CPOE- >60% medication, >30% lab*, >30% radiology* orders
4. E-Rx for >50% of prescriptions, with formulary queried
5. Electronic summary of care for >10% of transitions of care / referrals
6. Use EHR to provide education to >10% of patients seen
7. Medication reconciliation for >50% of transitions of care
8. Provide online access to health information in 4 days for more than 50% of patients seen and >5% of patients seen view, download or transmit electronic health information
9. Secure message sent to more than 5% of patients seen
10. Engage with Public health- 2 or more from three choices

2019 Stage 3

1. Conduct Security and Risk Analysis, including encryption.
2. E-Rx for >60% of prescriptions, with formulary queried
3. 5 clinical decision support interventions & drug/drug/allergy checks
4. CPOE- >60% medication, >60% lab and >60% radiology orders
5. a) Provide electronic access to >80% of patients seen 4 business days
   b) Use EHR to provide education electronically to >35% of patients seen
6. a) >5% of patients view their record (VDT or API)*
   b) >5% of patients are sent a secure message*
   c) >5% of patients have data from outside the clinic in the EHR*
7. a) Electronic summary of care for >50% of outbound TOC*
   b) >40% incoming TOC have summary from another EHR*
   c) >80% incoming TOC -reconciled meds, allergies & problems*
8. Engage public health or clinical registry - 2 from 5 choices

* For 6 and 7 must report all three, and meet two

Actions must be taken when?

- We've seen some conflicts in the specifications

- "We are adopting a final policy that, for all meaningful use measures, unless otherwise specified, actions included in the numerator must occur within the EHR reporting period if that period is a full calendar year, or if it is less than a full calendar year, within the calendar year in which the EHR reporting period occurs. In addition, we are finalizing that this requirement applies beginning in calendar year 2017." *

- Best Practice is to perform these actions right away. We will try to get something documented on this.

* Source: the 2017 OPPS rule (page 79837)

1. Protect Patient Information

Measure	Attestation	Exclusions
Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.	Yes/No	None

More Security Risk Analysis

- It is acceptable for the security risk analysis to be conducted outside the PI reporting period; however,
  - the analysis must be unique for each PI reporting period,
  - the scope must include the full PI reporting period and
  - it must be conducted within the calendar year of the PI reporting period (January 1st – December 31st).

- The analysis should document
  - Physical, administrative and technical safeguards
  - All assets where ePHI is stored
  - Potential threats or vulnerabilities with likelihood of occurance
  - Analysis of current security measures
  - Action plans

2. E-Rx

Measure	Numerator	Denominator	Exclusions
More than 60% of all permissible Rx written by the EP are: (1) queried for a drug formulary and (2) transmitted electronically using certified electronic health record technology (CEHRT).	The number of prescriptions in the denominator that are generated, queried for a drug formulary, and transmitted electronically using CEHRT.	# of Rx written for drugs requiring a Rx in order to be dispensed other than controlled substances during the PI reporting period; or number of Rx written for drugs requiring a Rx in order to be dispensed during the PI reporting period.	Any EP who: Writes <100 permissible prescriptions during the reporting period; or …there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location

More ERx

- Not included
  - Durable medical equipment
  - Over the counter medications

- Providers may limit their effort to query a formulary to simply using the function available to them in their CEHRT with no further action required.

- If a query shows no result, no further action is required.

- If a provider chooses to include prescriptions for controlled substances, he or she must do so uniformly across all patients and across all allowable schedules for the duration of the PI reporting period. count the prescription in the numerator.

3. Clinical Decision Support

(must attest "yes" for two measures)

Measure 1 (yes/no)	Measure 2 (yes/no)	Exclusions
Measure 1 – Implement five CDS interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire Promoting Interoperability (PI) reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the CDS interventions must be related to high-priority health conditions. Measure 2 – The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period.	The EP, eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period	For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period

More Clinical Decision Support

- CDS –provides general and person-specific information, intelligently filtered and organized, at appropriate times, to enhance health and health care.
- Well-designed CDS helps to:
  - Improve workflows
  - Increase patient safety
- CDS includes
  - computerized alerts and reminders for providers and patients;
  - context-aware knowledge retrieval specifications (InfoButtons);
  - clinical guidelines;
  - condition-specific order sets;
  - documentation templates;
- Enabled for the entire reporting period

4. Computerized Provider Order Entry

(must meet all 3 measures)

Measures	Numerator	Denominator	Exclusions
1. >60% of medication orders, 2. >60% of laboratory orders, and 3. >60% of radiology orders created during the reporting period are recorded using computerized provider order entry (CPOE).	The number of orders in each denominator recorded using CPOE	Number of medication orders, laboratory orders or radiology orders created by the EP or authorized providers during the EHR reporting period.	Any EP who writes fewer than 100 medication orders Any EP who writes fewer than 100 laboratory orders Any EP who writes fewer than 100 radiology orders …during the EHR reporting period

More CPOE

- The CPOE function must be used to create the first record of the order and before any action can be taken on the order

- Who can enter and count for the numerator:
  - Provider placing the order
  - Other health care professionals who are capable of entering the order and responding appropriately to any clinical decision support

- It is up to the provider to determine the proper credentialing, training, and duties of the medical staff entering the orders as long as they fit within the guidelines prescribed.
  - Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant.

5. Patient Electronic Access

(first of 2 measures)

Measures	Numerator	Denominator	Exclusions
>80 % of all unique patients are provided timely access to view online, download, and transmit health information; and the patient's health information is available for the patient using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in (CEHRT).	Patients who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice	The number of unique patients seen by the EP during the PI reporting period.	1. if they have no office visits during the PI reporting period. 2 Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability (FCC)

5. Patient Electronic Access

(second of 2 measures)

Measures	Numerator	Denominator	Exclusions
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 more than 35% of unique patients seen by the EP during the reporting period.	The number of patients given electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the PI reporting period	The number of unique patients seen by the EP during the PI reporting period.	1) If they have no office visits during the PI reporting period. 2) Any EP that conducts 50 percent or more of their patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability (FCC).

More Patient Access - *Definitions*

- **API** – A set of programming protocols established for multiple purposes. APIs may be enabled by a provider to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current "patient portals." Must be fully enabled.

- **Provide Access** – When a patient possesses all of the necessary information needed. Username, Password and where to log in (URL) with instructions

- **Diagnostic Test Results** – All data needed to diagnose and treat disease. Examples include, but are not limited to, blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, and pulmonary function tests.

More Patient Access

- Providers must offer all four functionalities (view, download, transmit, and access through API) to their patients.
- PHI needs to be made available within 48 hours of the information being available to the provider
- If a patient elects to "opt out" of participation, that patient must still be included in the denominator.
- For Measure 2, actions included in the numerator must occur within the calendar year in which the PI reporting period occurs.
- Paper-based actions are can no longer be counted for measure Providers may still provide paper based educational materials for their patients, but not to count for this measure.

6.1 Coordination of Care -VDT

(Must Report 3, Meet 2 Measures)

Measure	Numerator	Denominator	Exclusions
>5 percent of all unique patients seen by the EP actively engage with the EHR and— View, download, transmit to a third party or access their health information; through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient.	Number of patients who have viewed, downloaded, or transmitted to a third party or who have accessed their health information through the use of an API during the PI reporting period.	Number of unique patients with office visits seen by the EP during the EHR reporting period.	Any EP who has no office visits during the EHR reporting period.

More VDT

- The action must occur within the calendar year in which the PI reporting period occurs (between January 1st and December 31st).

- There are four actions a patient might take as part of this Measure:
  1. View their information,
  2. Download their information,
  3. Transmit their information to a third party, and
  4. Access their information through an API.

- These actions may overlap, but a provider is able to count any and all actions in the single numerator

6.2 Coordination of Care - Message

(Must Report 3, Meet 2 Measures)

Measure	Numerator	Denominator	Exclusions
>5 percent 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 in response to a secure message sent by the patient or their authorized representative.	The number of patients for whom a secure electronic message is sent to the patient or in response to a secure message sent by the patient during the PI reporting period	Number of unique patients seen by the EP during the PI reporting period.	Any EP who has no office visits during the EHR reporting period

More secure message

- The action must occur within the calendar year in which the PI reporting period occurs (between January 1st and December 31st).

- There are four actions a patient might take as part of this Measure:
  - View their information,
  - Download their information,
  - Transmit their information to a third party, and
  - Access their information through an API. These actions may overlap, but a provider is able to count any and all actions in the single numerator.

6.3 Coordination of Care –

(Must Report 3, Meet 2 Measures)

Measure	Numerator	Denominator	Exclusions
Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the PI reporting period	The number of patients in the denominator for whom data from non-clinical settings, which may include patient generated health data, is captured through the CEHRT into the patient record during the PI reporting period.	Number of unique patients seen by the EP during the PI reporting period.	Any EP who has no office visits during the EHR reporting period.

More on Patient Generated Data

- The types of data that would satisfy the measure are broad. For example:
  - social service data
  - data generated by a patient or a patient's authorized representative
  - advance directives
  - medical device data
  - home health monitoring data
  - fitness monitor data

- Sources of data vary. For example:
  - mobile applications for tracking health and nutrition
  - home devices with tracking capabilities such as scales and bp monitors
  - wearable devices such as activity trackers or heart monitors
  - patient-reported outcome data

7.1 Health Information Exchange

(Must Report 3, Meet 2 Measures)

Measure	Numerator	Denominator	Exclusions
For more than 50% of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care creates a summary of care record using CEHRT and electronically exchanges the summary of care record	Number of transitions of care and referrals where a summary of care record was created using certified EHR technology and exchanged electronically.	Number of transitions of care and referrals during the PI reporting period for which the EP was the transferring or referring provider	Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the PI reporting period.

More on Send Summary of Care

- Must send a Consolidated Clinical Document Architecture (C–CDA) document
- The exchange must occur within the calendar year in which the PI reporting period occurs.
- The referring provider must have reasonable certainty of receipt by the receiving provider. This may include confirmation of receipt or that a query of the summary of care record has occurred in order to count the action in the numerator.
- Must comply with HIPAA.
- If providers share an EHR, to count toward the measure the referring provider must create the summary of care document using CEHRT and send the summary of care document electronically.

7.2 Health Information Exchange

(Must Report 3, Meet 2 Measures)

Measure	Numerator	Denominator	Exclusions
For more than 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.	Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the certified EHR technology	Number of patient encounters during the PI reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.	If the the number of incoming transitions of care is fewer than 100 during the PI reporting period.

More on Receive Summary of Care

- Incoming transitions of care include patients having been treated elsewhere and new patients
- A record is not incorporated if it is discarded without the reconciliation of clinical information or if it is stored in a manner that is not accessible for provider use within the EHR.
- What constitutes ‘‘unavailable’’ and, therefore, may be excluded from the denominator, will be that a provider requested an electronic summary of care record and did not receive an electronic summary of care document;
    - and the provider either queried at least one external source via HIE functionality and did not locate a summary of care for the patient, or the provider does not have access to HIE functionality to support such a query, or
    - Confirmed that HIE functionality was not operational in the provider’s geographic region and not available within the provider’s EHR network

7.3 Health Information Exchange

(Must Report 3, Meet 2 Measures)

Measure	Numerator	Denominator	Exclusions
For more than 80 percent of incoming transitions of care the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for three clinical information sets: • Medications • Med Allergies • Problems	Number of transitions of care or referrals where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.	Number of transitions of care or referrals during the PI reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.	If 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

More on Clinical Reconciliation

- Incoming transitions of care include referrals, patients having been treated elsewhere and new patients.

- May include both automated and manual reconciliation
  - For medications, review the patient's medication, including the name, dosage, frequency, and route of each medication.
  - Review of the patient's known medication allergies.
  - Review of the patient's current and active diagnoses.

- If no update is necessary, be sure to document that fact.

Objective 8: Public Health Reporting

EPs must attest to active engagement with at least two of these measures:

- Measure 1: Immunization Registry Reporting
- Measure 2: Syndromic Surveillance Reporting
- Measure 3: Electronic Case Reporting
- Measure 4: Public Health Registry Reporting
- Measure 5: Clinical Data Registry Reporting

Active Engagement means:

- Option 1: Registered intent to participate
- Option 2: Planning for submission and testing
- Option 3: In production with regular submissions

8.1 Immunization Registry

Measure	Notes	Exclusions
Must attest YES to being in active engagement with a Public Health Agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry	• Bi-directionality provides that certified HIT must be able to receive and display a consolidated immunization history and forecast in addition to sending the immunization record • ICARE in Illinois is ready for Bi- Directional	1. Does not administer any immunizations during the PI reporting period; 2. Operates where there is no CEHRT capable registry 3. The registry is not ready six months before the reporting period

8.2 Syndromic Surveillance

Measure	Notes	Exclusions
Must attest YES to being in active engagement with a Public Health Agency to submit syndromic surveillance data from an urgent care setting.	Many states including Illinois require providers to be on Place of Service "Urgent Care"	• Is not eligible for the jurisdiction's syndromic surveillance system; or • Operates where there is no CEHRT capable registry or • The registry is not ready six months before the reporting period

8.3 Electronic Case Reporting

Measure	Notes	Exclusions
The EP must attest YES to being in active engagement with a PHA to submit case reporting of reportable conditions.	CMS believes that the standards will be mature and that jurisdictions will be able to accept these types of data by 2019	1. Does not treat any reportable diseases for which data is collected by the jurisdiction's reportable disease system during the PI reporting period 2. Operates where there is no CEHRT capable registry 3. The registry is not ready six months before the reporting period

8.4 Public Health Registry

Measure	Notes	Exclusions
The EP must attest YES to being in active engagement with a PHA to submit data to public health registries	PDMPs fall in this category. EP may count a specialized registry (such as prescription drug monitoring) if the EP achieved active engagement defined under Option 3: Production in a prior year	1. Does not treat any disease associated with a public health registry in their jurisdiction 2. Operates where there is no CEHRT capable registry 3. The registry is not ready six months before the reporting period

8.5 Clinical Data Registry

Measure	Notes	Exclusions
Must attest YES to being in active engagement with a clinical data registry	The definition will be dependent on the type of registry to which the provider is reporting. A registry that is ‘‘borderless’’ would be considered a registry at the national level and would be included for purposes of this measure.	1. Does not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the PI reporting period; 2. Operates in a jurisdiction for which no CDR is capable of accepting electronic registry at the start of the reporting period.

More on Registries

- Must engage with two registries
- EPs can satisfy the active engagement requirement for a public health measure through any of the following:
  - Option 1: Completed Registration of intent to submit data
  - Option 2: Testing and Validation
  - Option 3: Production
- The EP *will not* meet the measure in the following situations:
  - Fails to register their intent by the deadline (within 60 days of the start of the EHR reporting period); or
  - Fails to participate in the on-boarding process or fails to respond to the requests for action within 30 days on two separate occasions.

More on Registries- Exclusions

- An exclusion for a measure does not count toward the total of two.

- An EP must complete two actions in order to determine available registries or claim an exclusion:
  - Determine if the jurisdiction (state, territory, etc.) endorses or sponsors a registry; and,
  - Determine if a National Specialty Society or other specialty society with which the provider is affiliated endorses or sponsors a registry.

- If an EP is part of a group which submits data to a registry, but that EP does not do that, such as immunizations, the EP should select the exclusion.
  - Unless the EP simply has no cases for the reporting period, in which case would still be in active engagement

Public Health: So Many Options

- One objective, five measures, three active engagement options, four Illinois sponsored registries, countless other specialized registries.
- Which measures should I pick?
- How do I find registries?
- What is “due diligence” for specialized registries?
- What is active engagement?
  - Register intent
  - Testing
  - Production
- Is the data actually going to the registry?
- How do I confirm I'm compliant?

Public Health: Advice

- Know the entire set of options from which you must pick two:
  - Give any immunizations? *Engage with ICARE*
  - Work in urgent care setting? *Engage with ISSS*
  - Specialized registries
    - Practicing in Illinois? *Engage with ILPMP*
    - Directly treating cancer patients? *Engage with ILSCR*
    - Belong to any specialty societies? *Engage with IBFM PRIME, AOA MORE, etc.*
- Register intent early! This alone can meet the measure
- Talk to your vendor about whether/how they support interfaces
- Respond to registry requests to move from registration of intent to testing/production, ensure they provide letter supporting compliance.

Clinical Quality Measures

- Better alignment with MIPS

- Must report on six measures for 365 days
  - No thresholds
  - One must be an outcome measure
    - Complications after cataract surgery (CMS 132)
    - Better vision after cataract surgery (CMS 133)
    - Depression remission at 12 months (CMS 159)
    - Children who have dental decay (CMS 75)

- Must be reported from CEHRT

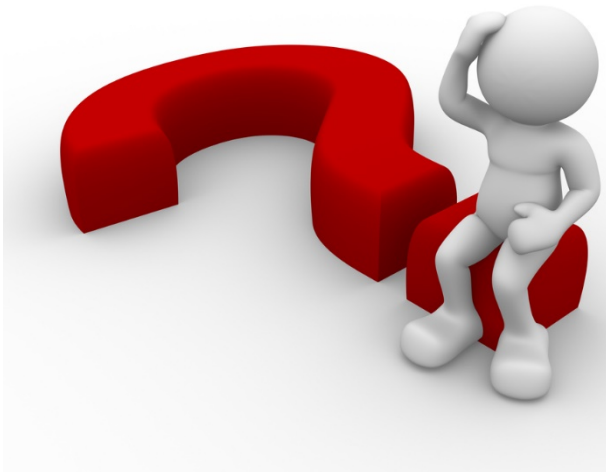
What to do Now

- Focus on meeting measures for 2018
  - Monitor and make corrections
  - Send summaries of care and patient education as needed
  - Run billing report (90 days in 2017) and figure out your Medicaid volume
  - Get pre-approval for your Medicaid volume
  - Register intent for Registries

- Upgrade to 2015 CEHRT

- Understand required workflows for the new measures

Questions?



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