Oregon's Medicaid EHR Incentive Program
Program Year 2018 Webinar

Presented by:

Ja'net Sheridan – Compliance Specialist

Jessi Wilson – Program Manager

Julie Sinacola – Compliance Specialist

Joni Moore – Program Lead

Karen Allen – Compliance Specialist

Jenni Claiborne – Program Auditor

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Agenda

- Program Year 2018 Updates

- Meaningful Use (MU) for 2018

- 2018 electronic Clinical Quality Measure (eCQM) Requirements

- 2018 Required Documentation

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- Program Resources

- Clinical Quality Metrics Registry (CQMR) Introduction

- Q & A

Program Year 2018 Updates

New name

- April 2018: CMS renamed the EHR Incentive Programs to the **Promoting Interoperability Programs** for eligible hospitals, critical access hospitals, and Medicaid providers. The MIPS Advancing Care Information performance category has been renamed to the **Promoting Interoperability performance category** for MIPS eligible clinicians

- CMS is currently updating its websites, messaging, and educational resources to reflect this change in name, which aligns with their commitment to promoting and prioritizing interoperability

- Rebranding does not merge or combine the EHR Incentive Programs and MIPS

Program Year 2018 Updates

Program Year 2018 Attestation Period:

- – January – March 2019

Meaningful Use (MU) for 2018
same as MU 2017

- No changes to the thresholds for MU Modified Stage 2/Stage 3 Objectives and Measures

- Must attest to
  - Prevention of Information Blocking (Obj. 0)
  - at least two Public Health measures (Obj. 10)

- No alternate exclusions available

- 90 day EHR reporting period

- Must use 2014, 2015, or combo 2014/2015 Edition CEHRT

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MU for 2018 continued

For the following Objectives, actions taken outside of the EHR reporting period, can potentially count in the numerator:

– *Objective 5 – Health Information Exchange*

– *Objective 6 – Patient-Specific Education*

– *Objective 8 (only Measure 2) – Patient Electronic Access, VDT*

– *Objective 9 – Secure Electronic Messaging*

Note: EPs can count exchanges/actions in the numerator that occurred before, during, or after the EHR reporting period, as long as the exchange/action occurred within CY 2018, and the patient involved with the exchange/action was also seen at least once during the EHR reporting period (therefore counted in the denominator).

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How to count actions taken outside of the EHR Reporting Period: *Objective 9* Example

EHR Reporting Period: January 1, 2018 – March 31, 2018

January 15: *Patient A* office visit

February 15: *Patient B* office visit

March 15: *Patient C* office visit

March 30: EP sends secure message to *Patient A*

April 15: *Patient D* office visit

July 30: EP sends secure message to *Patient B*

January 30 (2019): EP sends secure message to *Patient C*

February 15: Attests to program year 2018

Numerator = 2 (*Patients A & B*)

Denominator = 3 (*Patients A, B, C*)

2018 eCQM Requirements

	Eligible Professionals	Eligible Hospitals
eCQM Reporting Period	**Full Year** Exception: <u>For EPs in their first year of MU</u>, they will have an eCQM reporting period of any 90 continuous days	Any continuous 90 days - <u>*if reporting electronically*</u> -OR- Full Year – <u>*if reporting by attestation*</u>
Total eCQMs Required for Reporting	6	4 – <u>*if reporting electronically*</u> 16 – <u>*if reporting by attestation*</u>
Total number of eCQMs available	53	16

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2018 Required Documentation

In order to for our staff to process and pay your attestation, the following documentation must be received:

1. Certified EHR Technology (CEHRT) Documentation – Supports the adoption, implementation, or upgrade to a CEHRT edition that is a 2014, 2015 or combo of both. Acceptable sources include:

- software licensing agreements
- signed contract
- vendor letter

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2018 Required Documentation

2. Security Risk Analysis (SRA) – Demonstrates clinic assessed risks to electronic protected health information. A unique SRA must be reviewed or conducted for each EHR reporting period and within calendar year 2018.

> Documentation must include:
>
> - Date SRA was completed
> - Organization SRA was completed for, and name of person/vendor who completed SRA
> - Identified risks, threats, or vulnerabilities to ePHI

Note: One SRA can be provided for group submissions, as long as it was completed in calendar year 2018.

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2018 Required Documentation

3. EHR Scorecard/Dashboard – Document that demonstrates reporting requirements/thresholds were met for MU Objectives and eCQMs

   - Must be the original report from the CEHRT and should include
     – EP's name/NPI
     – Reporting period
     – MU objectives and eCQMs
     – EHR/Vendor

   - Report must match the data entered on your attestation

2018 Required Documentation

4. Objective 10, Measure 3 (Specialized Registry) – You must submit **two** documents to verify your active engagement:

   1. A letter from the specialized registry that identifies

      a. The name of the EP/clinic

      b. The EP's/clinic's status of active engagement (1 - completed registration, 2 – testing and validation, or 3 – production)

         – If in option 1, the letter must identify the date the of registration. This date must be before, or within 60 days of the start of the attesting EP's EHR reporting period.

         – If in option 2, the letter must identify whether any requests were made, and that the clinic has responded to requests in a timely fashion (within 30 days).

         – If in option 3, the letter must contain a statement that the EP is actively submitting production data

Note: A specialized registry screenshot is acceptable in lieu of a letter from registry, if it can substantiate the details of the letter.

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2018 Required Documentation

2. List **from the clinic** that identifies all the individual providers who are submitting to that registry. The list must contain:

    – Provider name

    – Provider NPI

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2018 Required Documentation

- Other documentation may be required on a case-by-case basis:
  - Patient volume report for your 90-day patient volume period (in an Excel spreadsheet format).

    Must include the following data fields:
    - Date of Service
    - Medicaid Patient ID
    - Amount Billed (if available in current report)
    - Rendering Provider NPI (if doing group patient volume)

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Reminders

- Before you can submit your 2018 attestation, your 2017 attestation must be processed and paid.

- Top reasons for payment delays:
  - Missing documentation (CEHRT, SRA, Specialized Registry)
  - Incorrect Patient Volume (PV) calculation
  - MAPIR attestation data entry of numerator/denominator that is not supported by EHR Scorecard/Dashboard
  - Electronic Funds Transfer (EFT) has not been established or has expired
  - Information changed at CMS R&A site

Reminders

Program Year 2019

- 2015 Edition CEHRT required
- Stage 3 required

Audit Reminder

- In the event of a post-payment audit, you will be required to provide all documentation submitted during pre-payment, and potentially additional documentation regarding:
    - **Eligibility**
        - Reports that support calculation of Medicaid encounters as well as overall encounter volume
        - EHR certification information (e.g. contract, vendor letter)
    - **Meaningful Use**
        - Documentation showing provider achievement or exclusion of Objectives and measures
        - Reports showing the unique patient count
        - Report for Electronic Clinical Quality Measures
        - Security Risk Analysis (security risk assessments, policies, procedures, risk and mitigation documentation)

Audit Reminder

- **Eligible Hospital Post-Payment Audits**
  - MU criteria will be added to post-payment audits for program year 2015 and beyond

Note: You are required to maintain all EHR Incentive program attestation documentation for at least seven (7) years.

Contact:

Jenni Claiborne, Medicaid EHR Incentive Program Auditor

Email: Medicaid.EHRIPAudits@dhsoha.state.or.us

Program Resources/Links

- **2018 Specification Sheets:**
    - [Modified Stage 2 for Eligible Professionals](#)
    - [Stage 3 for Eligible Professionals](#)
    - [Modified Stage 2 for Eligible Hospitals](#)
    - [Stage 3 for Eligible Hospitals](#)
- **[MAPIR](#)** (attestation web portal)
- **[Oregon Public Health Registries](#)**
- **[Oregon Medicaid EHR Incentive Program](#)**
- **[Oregon's Medicaid Meaningful Use Technical Assistance Program (OMMUTAP)](#)**
    - Offers technical assistance in four categories, at no cost the provider/clinic:
        - **Certified EHR Assessment, Implementation, and Upgrade Assistance**
        - **Interoperability Consulting and Technical Assistance**
        - **Risk and Security Training and Assessment**
        - **Meaningful Use Education and Attestation Assistance**
    - [Menu of Services](#)

Contact:

- Phone: 503-945-5898
- Email: Medicaid.EHRIncentives@state.or.us
- Website: MedicaidEHRIncentives.oregon.gov/

Medicaid EPs and Oregon's Clinical Quality Metrics Registry (CQMR)

Kate Lonborg, CQMR Program Manager, OHA

What is the Clinical Quality Metrics Registry (CQMR)?

- New streamlined quality reporting solution planned to go live in December

- Consolidates reporting across programs:
  - Medicaid EHR Incentive Program
  - CCO incentive measures
  - Comprehensive Primary Care Plus (CPC+) (supported)
  - Merit-based Incentive Payment System (MIPS) (supported)
  - TBD – additional programs over time

- Collects electronic Clinical Quality Measures (eCQMs) specified for CMS programs per national standards
  - Also collects state-specific EHR-based CCO incentive measures (smoking prevalence, SBIRT)
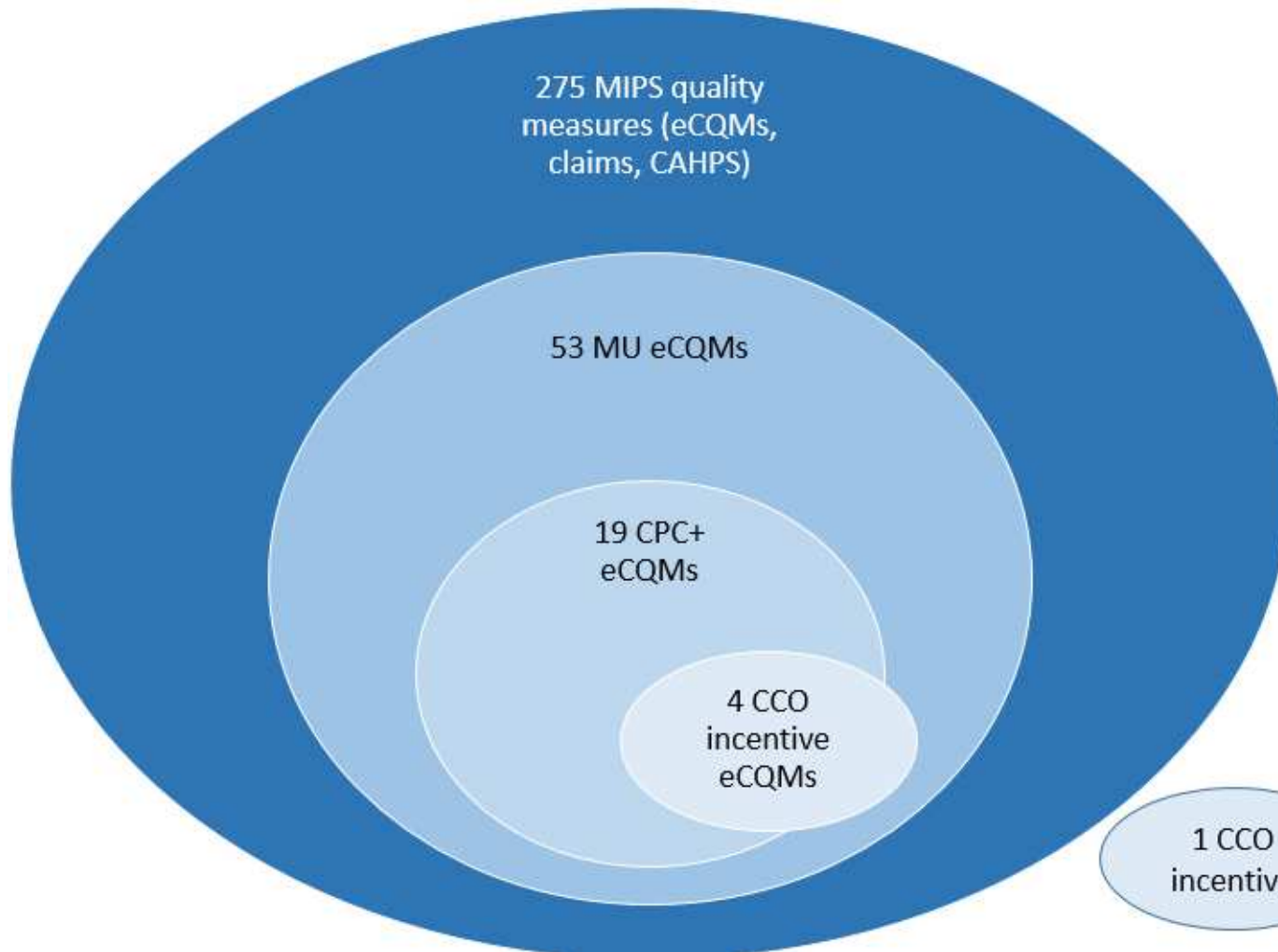
What does this mean for Medicaid EPs?

- Most components of attestation (patient volume, MU objectives) will continue to occur in MAPIR

- ***Only eCQM reporting will switch over to CQMR***
  - No more manual entry of eCQMs into MAPIR

- You have multiple eCQM submission options in CQMR
  - CQMR web portal
  - Direct secure messaging
  - SFTP
  - API

- You have options to upload your EHR Incentive Program eCQM data:
  - QRDA III *or*
  - Excel template

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2018 Measure Set Alignment

eCQMs: electronic Clinical Quality Measures (EHR-sourced measures)

275 MIPS quality measures (eCQMs, claims, CAHPS)

53 MU eCQMs

19 CPC+ eCQMs

4 CCO incentive eCQMs

1 CCO incentive

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Timing

- Ongoing: Outreach and stakeholder engagement

- Fall 2018
  - User Acceptance Testing (UAT)
  - Training opportunities (webinars, written materials)
  - Onboarding (legal agreements, account set-up)

- December 2018: CQMR goes live
  - Additional training opportunities after go-live

- Early 2019: Providers and CCOs use CQMR to meet 2018 reporting deadlines

For more CQMR information

- Visit the CQMR webpage:
  https://www.oregon.gov/oha/HPA/OHIT/Pages/CQMR.aspx

  - Comparison of reporting parameters for programs:
    https://www.oregon.gov/oha/HPA/OHIT/Documents/2018%20quality%20reporting%20comparisons_4-12-18.pdf

- Email Kate Lonborg, CQMR Program Manager:
  katrina.m.lonborg@state.or.us

Questions?