Oregon's Medicaid EHR Incentive Program
(aka Medicaid Promoting Interoperability Program)

Program Year 2019 Webinar

Presented by:

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Agenda

- Program Year 2019
  - Reminders
  - Stage 3 Highlights
  - Required Documentation
  - Clinical Quality Metrics Registry (CQMR) Refresher
- Program Resources
- Q & A

Program Year 2019 Reminders

- Attestation Period = **January 1, 2020 – March 31, 2020**

- PY 2018: Must have your PY 2018 attestation processed and paid before attesting to PY 2019

- Post-Payment Audits: If audited, you will be required to provide all documentation submitted during pre-payment, and additional documentation regarding

    – Patient volume

    – Objective and measure exclusions

    – Unique patient count

    – Security risk analysis

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PI/EHR Reporting Period	Minimum of any continuous **90-day period** between January 1, 2019 and December 31, 2019
Meaningful Use Stage	**Stage 3 only**
Certified EHR Technology	**2015 Edition** Must be in place by the first day of the EHR reporting period and must be certified to the 2015 Edition criteria by the last day of the EHR reporting period.
eCQM Reporting Period	**Full Year** Except for EPs attesting to MU for the first time (90 days)
eCQM Reporting	**6** relevant to scope of practice (50 available, aligned with MIPS) Submit to the CQMR via excel template or QRDA

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Stage 3 Highlights
Objectives WITHOUT changes

- **Objective 1** – *Protect Patient Health Information*: Conduct or review a Security Risk Analysis (SRA):
  - Must be conducted/reviewed in calendar year 2019
  - Must be done upon installation or upgrade to a new system
  - No exclusion available
- **Objective 3** – *Clinical Decision Support:* EPs must satisfy <u>both</u> measures for this objective through a combination of meeting the thresholds and exclusions:
  - *Measure 1*: Implement five CDS interventions
  - *Measure 2*: Implement drug-drug and drug-allergy interaction checks

Stage 3 Highlights
Objectives WITH changes

- **Objective 2** – *Electronic Prescribing (eRx)*: EP must meet the threshold or exclusion criteria:
  - More than **60%** of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT, or
- **Objective 4** – *Computerized Provider Order Entry (CPOE)*: EPs must satisfy all <u>three</u> measures through a combination of meeting the thresholds and exclusions:
  - *Measure 1*: More than 60% of medication orders are ordered using CPOE
  - *Measure 2*: More than **60%** of lab orders are ordered using CPOE
  - *Measure 3*: More than **60%** radiology orders are ordered using CPOE

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Stage 3 Highlights
Objectives WITH changes

- **Objective 5** – *Patient Electronic Access to Health Information*: EPs must satisfy <u>both</u> measures for this objective through a combination of meeting the thresholds and exclusions:
  - Measure 1: For more than **80%** of all unique patients are provided online access, **which is accessible via an Application Programming Interface (API**)
  - Measure 2*:* More than **35%** of unique patients are provided with educational resources
    - Must be identified by the CEHRT
    - **Cannot be provided in paper format**

Stage 3 Highlights
Objectives WITH changes

- **Objective 6** – *Coordination of Care through Patient Engagement*: EPs must attest to all three measures and must meet the thresholds for <u>two</u> measures. If the EP cannot meet the threshold for two measures, they must meet the exclusion criteria for remaining measures:
  - *Measure 1*: More than **5%** of all unique patients view, download, or transmit their health info, access it through an API, or a combo of the two.
  - *Measure 2*: More than **5%** of all unique patients are sent a secure message

Stage 3 Highlights
Objectives WITH changes

- **Objective 6** – *Coordination of Care through Patient Engagement*
  - *Measure 3*: **More than 5% of all unique patients incorporate nonclinical data into the CEHRT**

CMS Note: Nonclinical data includes, but is not limited to, social service data, data generated by a patient or a patient's authorized representative, advance directives, medical device data, home health monitoring data, and fitness monitor data.

Stage 3 Highlights
Objectives WITH changes

- **Objective 7** – *Health Information Exchange (HIE):* EPs must attest to all three measures and must meet the thresholds for <u>two</u> measures. If the EP cannot meet the threshold for two measures, they must meet the exclusion criteria for remaining measures:

  – *Measure 1*: More than **50%** electronic summaries are transmitted for a transition of care to another provider

  – ***Measure 2*: More than 40% of electronic summaries are incorporated for new patients**

  – *Measure 3*: More than **80%** reconciliation for at least 2 clinical information sets (medication, medication allergy, and current problem list) is performed for new patients

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Stage 3 Highlights
Objectives WITH changes

CMS Note for Obj. 6 & 7: An EP must attest to all three measures and meet the threshold for two measures for this objective. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If the EP meets the criteria for exclusion from only one measure, they must meet the threshold for the remaining two measures. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective.

Objective 6 Example

Measure 1	6%	Meets
Measure 2	10%	Meets threshold
Measure 3	4.2%	Does not meet threshold
Meets objective		

Objective 7 Example

Measure 1	excluded	<100
Measure 2	50%	Meets threshold
Measure 3	70%	Does not meet threshold
Does not meet objective		

Stage 3 Highlights
Objectives WITH changes

- **Objective 8** – *Public Health and Clinical Data Registry Reporting:* The EP must satisfy <u>two</u> of the five measures, or take exclusions from all measures they cannot meet:
  - *Measure 1*: Immunization Registry Reporting **(bi-directional)**
  - *Measure 2*: Syndromic Surveillance Reporting
  - ***Measure 3*: Electronic Case Reporting**
  - *Measure 4*: Public Health Registry Reporting
  - ***Measure 5*: Clinical Data Registry (CDR) Reporting**

Note: If you meet only 1 measure, and you qualify for exclusions, you will need to answer all 5 measures in MAPIR.

Stage 3 Highlights
Objectives WITH changes

- **Objective 8** – *Public Health and Clinical Data Registry Reporting:* The EP must attest to at least <u>two</u> of the five measures:

Measure	Maximum times measure can count towards objective for **EP**
Measure 1 – Immunization Registry Reporting	1
Measure 2 – Syndromic Surveillance Reporting	1
Measure 3 – Electronic Case Reporting	1
Measure 4 – Public Health Registry Reporting	2
Measure 5 – Clinical Data Registry Reporting	2
Total required	**2**

Objective 8 – Public Health and Clinical Data Registry Reporting

- Before taking an exclusion on Objective 8 Measure 4 and 5 (*Public Health Reporting and Clinical Data Reporting*), the EP must complete a couple steps of due diligence:
  - Check the available Oregon Public Health registries here
  - Check the EP's specialty society or affiliations to see if there's a registry ready to receive electronic public health data

- If the EP determines no registries are available, he/she may exclude from the measure. To ensure an exclusion is appropriate, staff may request supporting documentation.

Available Oregon Public Health Registries that have declared readiness

- Blood Lead Reporting (ELR)
- Communicable Disease Reporting (ELR)
- Electronic Case Reporting
- Prescription Drug Monitoring Program (PDMP)

2019 Required Documentation

- 2015 CEHRT documentation; must include
  - Organization/clinic name
  - Date upgraded
- EHR Scorecard/Dashboard for Objectives & Measures
- Security Risk Assessment for 2015 CEHRT (2019)
- eCQM Report (via CQMR)
  - If using excel template, **upload EHR report for eCQMs into MAPIR**

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2019 Required Documentation

- Objective 8 supporting documentation
  - *Measure 1*: Immunization Registry Reporting
    - MEHRIP staff will obtain documentation from PH
  - *Measure 2*: Syndromic Surveillance Reporting
    - MEHRIP staff will obtain documentation from PH (for urgent care providers only)
  - *Measure 3*: Electronic Case Reporting
    - EP to supply current letter from PH and excel document with providers' names and NPIs
  - *Measure 4*: Public Health Registry Reporting
    - EP to supply current letter from PH and excel document with providers' names and NPIs (unless PDMP – screenshot)
  - *Measure 5*: Clinical Data Registry (CDR) Reporting
    - EP to supply current letter from CDR and excel document with providers' names and NPIs

Refresher: What is the Clinical Quality Metrics Registry (CQMR)?

- New reporting tool for EHR-sourced quality measures
  - Collects [electronic Clinical Quality Measures](#) (eCQMs) specified for CMS programs per national standards
  - Collects aggregated data for state-specific CCO measures

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

- Vendors:
  - Velatura (MiHIN) for reporting tool
  - OneHealthPort for single sign-on service

CQMR for Medicaid EHR Incentive Program

- eCQM reporting is now done in the CQMR, rather than MAPIR

  – MAPIR is still used for most components of attestation (e.g., patient volume, MU objectives)

  – MAPIR and CQMR work can be done in any order

- If you didn't attest for 2018 and haven't onboarded to CQMR…

  – CQMR onboarding

  – Training materials

CQMR and 2019 Reporting

- CQMR will continue to support options to submit eCQMs in QRDA 3 or Excel template
    - Will add an option for consolidating QRDA 3 files for EPs who practice in multiple locations
    - Will update Excel template for 2019

- Additional training webinar will be offered (anticipate scheduling for late fall/ early winter)

- Available to send eCQMs to CMS for MIPS and CPC+
    - Reporting parameters comparison

CQMR Resources

- Visit the CQMR webpage
  - Onboarding information
  - Training materials
  - Materials will be updated and new materials added

- Email us
  - CQMR questions: Oregon.CQMR@dhsoha.state.or.us
  - Medicaid EHR Incentive Program questions: Medicaid.EHRIncentives@dhsoha.state.or.us

- Give us feedback
  https://www.surveymonkey.com/r/H2QRNNK
  - Survey open through Friday, August 16

Program Resources

- **Oregon Medicaid EHR Incentive Program**

- **Stage 3 for Eligible Professionals**

- **MAPIR** (attestation web portal)

- **Oregon Public Health Registries**

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Post-Payment Audits

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Questions?