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

Program Year 2021 Webinar

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Oregon Health Authority

Agenda

- Program Year 2021

  - Updates

  - Requirement Overview

  - Objective & Measure Highlights

  - Required Documentation

- Program Resources

- Q & A

Program Year 2021 Updates

- Attestation Period = **May 1, 2021 – August 31, 2021**

- Payment deadline: **December 31, 2021** (no exceptions)

- PY 2020: If you attested to PY 2020, you must have that attestation paid before attesting to PY 2021

PY 2021 Requirement Overview

EHR Reporting Period	Any continuous 90-day period **between January 1, 2021 – August 31, 2021 (last day to attest for PY 2021)**
Meaningful Use Stage	Stage 3 Objectives and Measures
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.
Electronic Clinical Quality Measures (eCQM) Reporting	6 measures relevant to your scope of practice (47 available, aligned with MIPS) Enter eCQMs into MAPIR with your attestation.
eCQM Reporting Period	Any continuous 90-day period **between January 1, 2021 – August 31, 2021 (last day to attest for PY 2021)**
Patient Volume Period	Any continuous 90-day period in calendar year **2020** or in the **12 months** preceding the date of 2021 attestation.

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Objective and Measure Highlights

Objective 1 – *Protect Patient Health Information*

EPs must conduct or review a security risk analysis of CEHRT, including addressing encryption/security of data, implement updates as necessary at least once each calendar year, and attest to conducting the analysis or review.

Documentation: Security Risk Analysis (SRA) with

- **2021 date** and name of person/company that conducted the review.
- Proof the organization assessed potential risks/vulnerabilities to the confidentiality, availability, and integrity of all ePHI that an organization creates, receives, maintains, or transmits.

Note: If SRA is not conducted/reviewed prior to August 31, 2021, you may submit it after attesting. Organizations completing their SRA in late 2021 can submit documentation up until 1/31/22, but face potential of recoupment if SRA is not received by 1/31/22.

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Objective and Measure Highlights

Objective 2 – *Electronic Prescribing (eRx)*

More than **60%** of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

Documentation:

EHR scorecard showing the numerator and denominator for the 90-day EHR reporting period confirming provider meets the measure/exclusion criteria.

Note: If your EHR scorecard indicates you meet the exclusion criteria, we may request additional documentation.

Objective and Measure Highlights

Objective 3 – *Clinical Decision Support*

EPs must satisfy <u>both</u> measures (through a combination of meeting the thresholds and/or exclusions) to meet the objective

- Measure 1: Implement five CDS interventions related to four or more clinical quality measures
- Measure 2: Implement drug-drug and drug-allergy interaction checks for the entire EHR reporting period

Documentation:

EHR scorecard demonstrating measures were met (or exclusion criteria met) for the 90-day EHR reporting period.

Objective and Measure Highlights

Objective 4 – *Computerized Provider Order Entry (CPOE)*

EPs must satisfy all <u>three</u> measures (through a combination of meeting thresholds and/or exclusions) to meet the objective:

- 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

Documentation:

EHR scorecard showing the numerators and denominators for the 90-day EHR reporting period confirming provider meets the measure/exclusion criteria.

Note: If your EHR scorecard indicates you meet the exclusion criteria, we may request additional documentation.

Objective and Measure Highlights

Objective 5 – *Patient Electronic Access to Health Information*

EPs must satisfy <u>both</u> measures (through a combination of meeting the thresholds and/or exclusions) to meet the objective:

- Measure 1: For more than **80%** of all unique patients seen by the EP, the patient is provided access to view online, download, and transmit their health information; and the provider ensures their information is available to access using any application of their choice that is configured to meet the technical specifications of the **Application Programming Interface (API**) in the provider's CEHRT.

Documentation:

- EHR scorecard showing the numerator and denominator, confirming provider meets the measure/exclusion criteria.
- Proof CEHRT's API functionality was enabled prior to the EHR reporting period (can submit 2019 or 2020 documentation)

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Objective and Measure Highlights

- Measure 2*:* 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 during the EHR reporting period.

Documentation:

- EHR scorecard showing the numerator and denominator for the 90-day EHR reporting period confirming provider meets the measure/exclusion criteria.

Objective and Measure Highlights

Objective 6 – *Coordination of Care through Patient Engagement*
EPs must attest to all three measures and must meet the thresholds for at least <u>two</u> to meet the objective (or meet exclusion criteria):

- 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

- Measure 3: Patient generated health data or data from a non-clinical setting is incorporated into the CEHRT for more than **5%** of all unique patients

Documentation:

EHR scorecard showing the numerators and denominators for the 90-day EHR reporting period confirming provider meets the measure/exclusion criteria.

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Objective and Measure Highlights

Objective 7 – *Health Information Exchange (HIE)*

EPs must attest to all three measures and must meet the threshold for at least <u>two</u> to meet the objective or meet exclusion criteria:

- Measure 1: For more than **50%** of transitions of care and referrals, the EP creates a summary of care using CEHRT and electronically exchanges it to another setting of care/provider of care

- Measure 2: For more than **40%** of transitions or referrals received and patient encounters in which the EP has never encountered the patient before, the EP incorporates an electronic summary of care document

- Measure 3: For more than **80%** of transitions or referrals received and patient encounters in which the EP has never encountered the patient before, they perform a clinical information reconciliation for medication, medication allergy, and current problem list.

Objective and Measure Highlights

Objective 7 – *Health Information Exchange (HIE)*

Documentation:

EHR scorecard showing the numerators and denominators for the 90-day EHR reporting period confirming provider meets the measure/exclusion criteria.

Objective and Measure Highlights

Objective 8 – *Public Health and Clinical Data Registry Reporting*
The EP must satisfy at least <u>two</u> of the five measures (or meet exclusion criteria)

- 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

Objective and Measure Highlights

Objective 8 – *Public Health and Clinical Data Registry Reporting*

The EP must satisfy at least <u>two</u> of the five measures (or meet exclusion criteria)

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 and Measure Highlights

Objective 8 – *Public Health and Clinical Data Registry Reporting*

Documentation

1. A letter from the registry that identifies the name of the attesting EP/clinic and the EP's/clinic's status of active engagement (completed registration, testing and validation, or production)

- A registry **screenshot** is acceptable in lieu of a letter, if it can substantiate the details of the letter (i.e. PDMP).
- If the EP was already in **production** in 2019 or 2020, there is no need to obtain a new letter; simply submit the prior year's letter.
- MEHRIP staff will confirm **ALERT** status – no need for documentation

2. List of providers and NPIs created by the clinic identifying all the attesting providers submitting to that registry.

Objective and Measure Highlights

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 <u>here</u>
    - Check the EP's specialty society to see if there's a specialized registry ready to receive data for meaningful use

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

- **A note about PDMP:** You may only attest to this for Measure 4 if you were in Option 3 (Production) in a previous Program Year.

2021 Required Documentation

- 2015 CEHRT documentation
- EHR Scorecard/Dashboard for Objectives & Measures
- Objective 1 supporting documentation (2021 SRA)
- Objective 5 Measure 1 (API) supporting documentation
- Objective 8 supporting documentation
- eCQM Report (must match what you enter into MAPIR)
- Additional documentation may be requested regarding
  - SRA
  - Patient volume
  - Measure exclusion

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?