



# Stage 3 Medicaid Promoting Interoperability Program 2018 and 2019

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# Illinois Health Information Technology Regional Extension Center (ILHITREC)



## 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](mailto:info@ILHITREC.org)



# Speaker Biographies



## **Kerri Lanum, MS**

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 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 the Clinical Services Manager for Communities of Illinois Health Information Exchange [(formerly, Central Illinois Health Information Exchange (CIHIE)]. She works with participating healthcare organizations providing clinical project management, promoting effective adoption of HIE and providing Promoting Interoperability support with ILHITREC as a Clinical Informatics Specialist. 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 CPHIMS.





# Disclaimer

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- **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 2018 and 2019 Reporting Requirements.** **The** content applies to the Medicaid Promoting Interoperability program through CMS and the ONC.



# Acronyms

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- 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

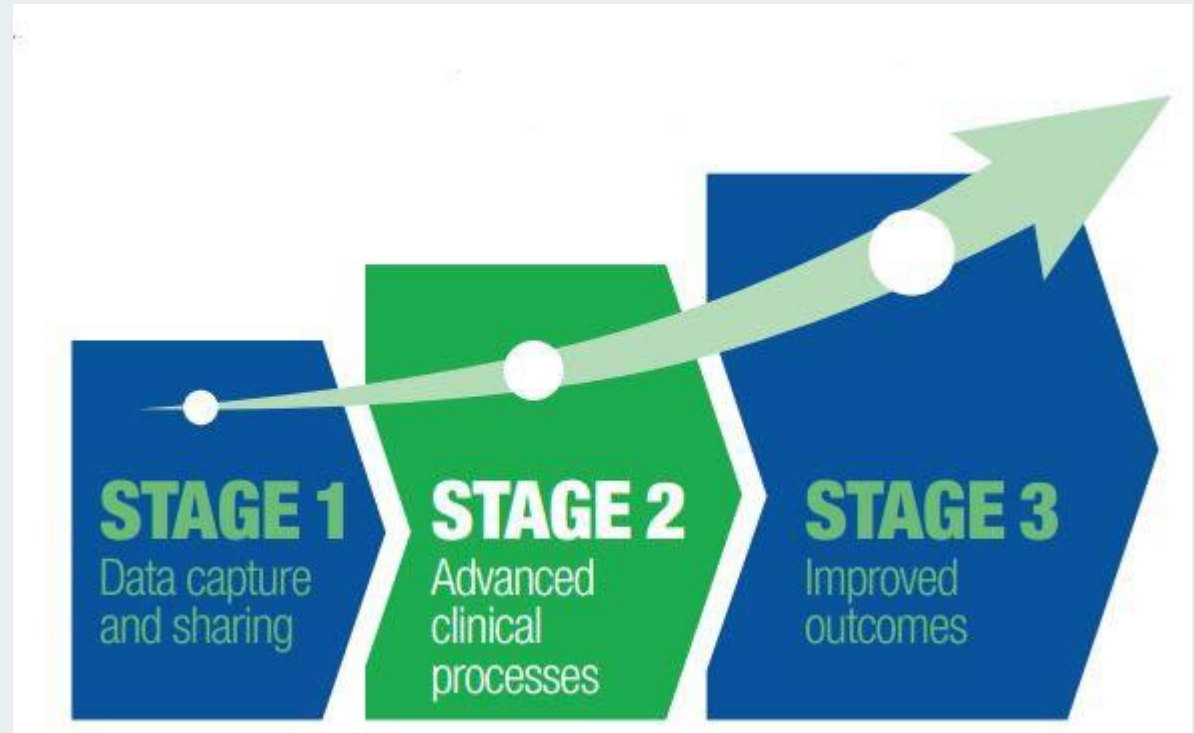
[CMS Acronyms](#)

# Reflection



**96% of  
hospitals have  
adopted EHRs**

**85% of office  
based  
clinicians have  
adopted EHRs**



# HIE Success Story

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**1 Physician + 40 Patients + Central Illinois HIE= Unprecedented Insight**



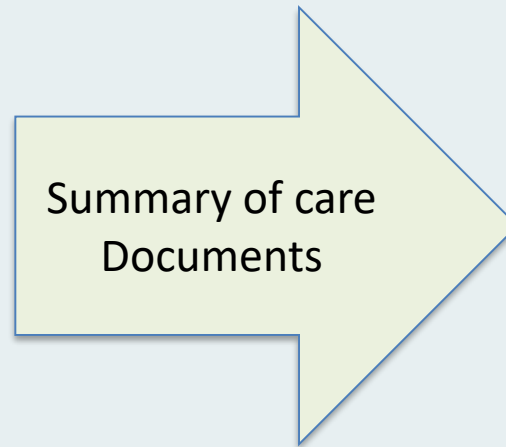
# HIE Success Story



## Using Direct Messaging for referrals



PCP EHR



Health system EHR

**How one Primary Care Practice found success with transitions of care**



# Learning Objectives

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**Give Important Program Reminders**

**Discuss 2019 IPPS Final Rule & Proposed Physician Fee Schedule Rule related to Stage 3**

**Review Stage 3 Objective Measures**

**Convey Clinical Quality Measure Reporting Requirements for Stage 3**



# Program Reminders 2018 & 2019

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- ✓ Have a minimum 30% Medicaid patient volume
- ✓ Have a minimum 20% Medicaid patient volume, and be a pediatrician
- ✓ Practice predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) and have a minimum 30% patient volume attributable to needy individuals



# Program Reminders 2018 & 2019

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## Patient Volume Pre-Approval Process

- ✓ Contact HFS @ [hfs.ehrincentive@Illinois.gov](mailto:hfs.ehrincentive@Illinois.gov)  
Provide the following information:
  - TIN =**
  - Group or individual numbers?**
  - Provider type: (physician, hospital, dentist)**
  - Date Range (either from 2017 or previous 12 months from today's date)=**
  - Straight Medicaid (only traditional Medicaid & All Kids) =**  
**(count ALL encounters where straight Medicaid is the primary, secondary, or tertiary coverage even if Medicaid paid \$0.00 and Medicaid/Medicare crossovers).**
  - Medicaid Managed Care =**
  - Total Encounters for all payees =**



# Program Reminders 2018 & 2019

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- The Medicaid Promoting Interoperability program continues through 2021.
- (AIU) Adopt, Implement or Upgrade – 1<sup>st</sup> Year of Participation- No longer a program option. Every participant must report numerator and denominators for both the Objective and CQM measures
- Incentive payments available per eligible provider per year of **\$8500**
- No penalties
- 2018 Attestation open NOW for providers in their 1<sup>st</sup> year of PI (Meaningful Use) reporting
- 2018 Attestation will be available after 1/1/2019 for providers in their 2<sup>nd</sup> year or beyond of PI (Meaningful Use) reporting
- Providers have the option of attesting to Stage 2 or Stage 3 for 2018
- Stage 3 is required for all participants in 2019



# 2019 IPPS Final Rule

Changes for EPs include:

Full year reporting of Objective Measures	90 day reporting period for Objective measures in 2019 & 2020
Full year reporting of Objective Measures	90 day reporting period for Objective measures in 2019 & 2020

## Important 2019 Requirements:

- 2015 CEHRT Required
- Stage 3 Required in 2019

**Important changes to hospital PI program**- a new performance-based scoring methodology with fewer measures, The performance-based scoring methodology would apply to eligible hospitals and CAHs that submit an attestation to CMS under the Medicare Promoting Interoperability Program beginning with the EHR reporting period in CY 2019








# 2019 Physician Fee Schedule Proposed Rule

Changes for EPs include:

2019 Current Requirements	<u>Proposed Rule Changes</u>
10% for VDT and 25% secure electronic messaging measure	Keeping the threshold at the current threshold of 5% for VDT and secure electronic messaging
6 Clinical Quality measures	6 Clinical Quality measures with one measure being an outcome measure

# Comparing Stage 2 and Stage 3



	2018 Medicaid PI Modified Stage 2	2018 Medicaid PI Stage 3
 <b>Security Risk Analysis</b>	Required	Required
 <b>E-Prescribing</b>	Required more than <b>50%</b> Exclusion if <del>denom</del> <100	Required more than 60% Exclusion if <del>denom</del> <100
 <b>Clinical Decision Support</b>	Required 5 alerts related to 4 CQMs + drug-drug & drug-allergy interactions	Required 5 alerts related to 4 CQMs + drug-drug & drug-allergy interactions
 <b>CPOE – Med, Lab &amp; Radiation Orders</b>	Required Meds more than 60%, Labs/Rads more than 30% Exclusion if <del>denom</del> <100	Required more than 60% Exclusion if <del>denom</del> <100
 <b>Medication Reconciliation</b>	Required more than 50%	Removed
 <b>Patient Electronic Access</b>	Required more than 50%	Required more than 80%
 <b>Patient Education</b>	Required more than 10%, does not have to be electronic	Required more than 35%, has to be electronic
 <b>View, Download and/or Transmit</b>	Required more than 5%	Required more than 5%
 <b>Secure Messaging</b>	Required more than 5%	Required more than 5%
 <b>Patient-Generated Health Data</b>	Not required	Required more than 5%
 <b>Summary of Care</b>	Required more than 10% send Exclusion if <del>denom</del> <100	Required more than 50% send and more than 40% receive Exclusion if <del>denom</del> <100
 <b>Clinical Reconciliation</b>	Not required	Required more than 80%
 <b>Public Health Reporting</b>	Required 2 of 3 options	Required 2 of 5 options



# Stage 3

Objective Measures	Stage 3
Objective 1: Protect Patient Information	Perform Security Risk Analysis
Objective 2: E-Prescribing	>60%
Objective 3: Clinical Decision Support (CDS)	5 interventions related to 4 or more CQMs drug-drug + drug-allergy alerts
Objective 4: CPOE Meds/Labs/Rads	>60%/>60%/>60%
Objective 5: Patient Electronic Access with Patient Education	>80% /> 35%
Objective 6: Coordination of Care	>5% VDT/>5% Messaging/>5% pt. generated health info
Objective 7: Health Information Exchange	>50% send summary of care/>40% receive summary of care/> 80% clinical reconciliation for new patients
Objective 8: Public Health Reporting	Report on 2 out of 5 measures

## [Stage 3 measure specifications](#)





## Objective 2: E-Prescribing

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Measure: **>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.





## Objective 4: CPOE

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Measure : **> 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.**





# Objective 5: Patient Electronic Access

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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.

**Exclusions: Any EP who:**

- 1) No office visits during the PI reporting period.
- 2) Any EP that conducts <50% of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI reporting period.





# Objective 6: Coordination of Care

Measure 1: **> 5%** of all unique patients (or their authorized representatives) seen by the eligible professional (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 Application Programming Interface (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.

**Exclusions: Any EP who:**

- 1) No office visits during the PI reporting period.
- 2) Any EP that conducts <50% of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI reporting period.





# Objective 7: Health Information Exchange

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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.

## 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.



# Objective 8: Public Health & Clinical Data Registry Reporting

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Measure 1: Immunization Registry Reporting: The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Measure 2: Syndromic Surveillance Reporting: The EP is in active engagement with a PHA to submit syndromic surveillance data from an urgent care setting.

Measure 3: Electronic Case Reporting: The EP is in active engagement with a PHA to submit case reporting of reportable conditions.

Measure 4: Public Health Registry Reporting: The EP is in active engagement with a PHA to submit data to public health registries.

Measure 5: CDR Reporting: The EP is in active engagement to submit data to a CDR.



# Objective 8: Public Health & Clinical Data Registry

## Reporting: Exclusions

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**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.



# Objective 8: Public Health & Clinical Data Registry Reporting

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Measure 1: Immunizations- ICARE

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

Measure 3: Electronic Case Reporting: Illinois National Electronic Disease Surveillance System (I-NEDSS).

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, [AHRQ registry of patient registries](#)







# Clinical Quality Measures

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- EPs must select 6 approved Clinical Quality measures.
- For the EHR reporting period in 2018 & 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.
- Proposed Physician Fee Schedule Rule will add the requirement of submitting one outcome measure and also finalize reporting periods for 2019.

[2018 CQM specifications](#)

[2019 CQM Specifications](#)



# Information Blocking Attestation 2018

Item	Statement
<b>Statement 1 Information Blocking</b>	A health care provider must attest that it did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.
<b>Statement 2 Information Blocking</b>	A health care provider must attest that it implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times: <ul style="list-style-type: none"><li>(1) Connected in accordance with applicable law;</li><li>(2) compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;</li><li>(3) implemented in a manner that allowed for timely access by patients to their electronic health information (including the ability to view, download, and transmit this information);</li><li>(4) implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated health care providers, and with disparate certified EHR technology and vendors.</li></ul>
<b>Statement 3 Information Blocking</b>	A health care provider must attest that it responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.
<b>Statement 4 SPPC</b>	A health care provider must attest that it acknowledges the requirement to cooperate in good faith with ONC direct review of its' health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received.
<b>Statement 5 SPPC</b>	A health care provider must attest that if requested, it cooperated in good faith with ONC direct review of its' health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the health care provider in the field.
<b>Statement 6 SPPC OPTIONAL</b>	A health care provider must attest that it acknowledges the option to cooperate in good faith with ONC-ACB surveillance of its' health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received.
<b>Statement 7 SPPC OPTIONAL</b>	A health care provider must attest that if requested, it cooperated in good faith with ONC-ACB surveillance of its' health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by the health care provider in the field.



# Information Blocking

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The Department of Health and Human Services is working to identify and stop instances of information blocking. You can help by reporting complaints about information blocking to us via <http://www.healthIT.gov/healthITcomplaints>.



## Checklist to prepare for Stage 3

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- ✓ Confirm or upgrade EHR system to 2015 certified edition
- ✓ Ensure your EHR vendor has or will have Stage 3 reports in 2019
- ✓ Educate providers and staff on any new workflows needed to meet Stage 3 measures.
- ✓ Review reports regularly to make sure your providers are on track

# Educational Resources



## ILHITREC

[info@ILHITREC.org](mailto:info@ILHITREC.org) or <http://www.ILHITREC.org>



## Healthit.gov

<https://www.healthit.gov/playbook/pe/introduction/>



## Health Information Management Systems Society

<http://www.HIMSS.org>



## HIE Resources:

### Communities of Illinois Health Information Exchange

<https://www.cihie.org>



### Commonwell

<https://www.commonwellalliance.org/>

### Carequality

<https://carequality.org/>



## EHR Vendor





# Additional References

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- [Medicaid PI Toolkit](#)
- [2019 IPPS Final Rule](#)
- [CMS Promoting Interoperability Program](#)
- [2018 Medicaid Requirements](#)
- [Comparing Stage 2 and Stage 3 Infographic](#)
- [Aligning Medicaid PI & MIPS 2018 Infographic](#)
- [IDPH Public Health Objectives Registration](#)

**Thank you!**

# Questions?



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