

# Pennsylvania Electronic Health Record (EHR) Incentive Program

## Program Update

July 19, 2017

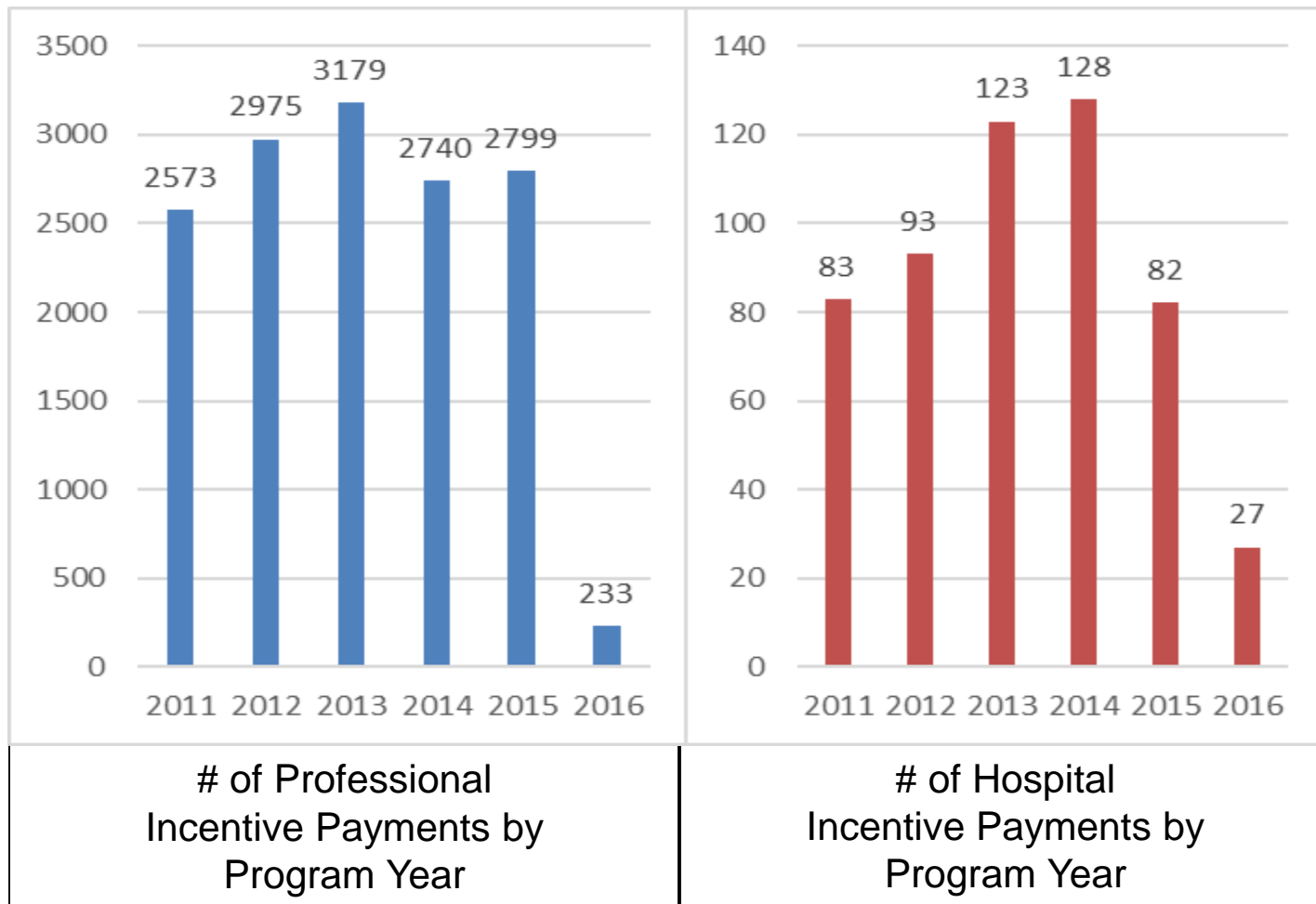
12:00pm – 1:00pm

# Agenda

| Item                              | Owner   |
|-----------------------------------|---|
| Welcome/Introductions             | Pam Zemaitis                                      |
| <b>Presentations</b>              |   |
| PA MAHIT Incentive Program Update | Pam Zemaitis<br>EHR Incentive Program Coordinator |
| MAPIR Walkthrough                 | Misty Pembroke<br>MAPIR Project Manager           |
| Q & A Session                     |   |

# MA EHR Incentive Program Update

## Payment Summary through July 11, 2017



# HIT Program Updates

As of Monday, July 17, 2017

- 3,120 Program Year 2016 Applications
- 992 submitted applications for the 1<sup>st</sup> time in 2016
- MAPIR is NOW open to accept 2017 applications—also the 1<sup>st</sup> year that providers have the option of attesting to stage 3 Meaningful use.
- The MA MU program will continue through 2021
- Hospitals are no longer able to ‘skip’ years

# HIT Program Reminders

- Providers who already attested to MU prior to 2017 will need to attest to a full year of CQMs for Program year 2017
- Revalidation
  - Providers need their PROMISe accounts revalidated every 5 years
  - If a PROMISe account (provider's or group) is closed, your MAPIR application is automatically cancelled
- EPs – 6 years of payments
  - No need to complete a MA EHR incentive program application after 6 years of payments

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Medicaid/CHIP

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Home > Regulations and Guidance > EHR Incentive Programs > Electronic Health Records (EHR) Incentive Programs

## EHR Incentive Programs

[2016 Program Requirements](#)

[2017 Program Requirements](#)

[Educational Resources](#)

[Payment Adjustments & Hardship  
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[Audits and Appeals Overview](#)

[Data and Program Reports](#)

[Medicare and Medicaid EHR  
Incentive Program Basics](#)

[Clinical Quality Measures Basics](#)

[eCQM Library](#)

[2013 Clinical Quality Measures](#)

[2014 Clinical Quality Measures](#)

[2015 CQM Reporting Options](#)

## Electronic Health Records (EHR) Incentive Programs

NOTE: The Medicare EHR Incentive Program for returning eligible professionals (EPs) ended with the 2016 reporting period. Starting in 2017, Medicare eligible clinicians will report to the [Quality Payment Program](#). The attestation deadlines for an EHR reporting period to avoid the 2018 payment adjustment for returning EPs was March 13, 2017. First time EPs who have not demonstrated meaningful use successfully in a prior year have until October 1, 2017 to attest or apply for the one-time hardship exception if they are transitioning to MIPS in 2017. To learn more about the Quality Payment Program, visit the [official website](#). Subscribe to the [Quality Payment Program listserv](#) for updates.

In 2011, the Centers for Medicare & Medicaid Services (CMS) established the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to encourage Eligible Professionals (EPs), Eligible Hospitals, and Critical Access Hospitals (CAHs) to adopt, implement, upgrade (AIU), and demonstrate meaningful use of certified EHR technology (CEHRT).

The EHR Incentive Programs consist of three stages:

- **Stage 1** set the foundation for the EHR Incentive Programs by establishing requirements for the electronic capture of clinical data, including providing patients with electronic copies of health information.
- **Stage 2** expanded upon the Stage 1 criteria with a focus on advancing clinical processes and ensuring that the meaningful use of EHRs supported the aims and priorities of the National Quality Strategy. Stage 2 criteria encouraged the use of CEHRT for continuous quality improvement at the point of care and the exchange of information in the most structured format possible.

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[2015 CQM Reporting Options](#)

[Certified EHR Technology](#)

[Eligible Hospital Information](#)

[Medicaid State Information](#)

## 2017 Modified Stage 2 Program Requirements for Providers Attesting to their State's Medicaid EHR Incentive Program

In October 2015, CMS released a [final rule](#) that modified the requirements for participation in the Electronic Health Record (EHR) Incentive Programs for years 2015 through 2017 as well as in 2018 and beyond. This page provides information on requirements for Modified Stage 2 in 2017.

Medicaid providers who are only eligible to participate in the Medicaid EHR Incentive Program are not subject to the Medicare payment adjustments.

States will continue to determine the form and manner of reporting CQMs for their respective state Medicaid EHR Incentive Programs subject to CMS approval.

NOTE: All providers who have not successfully demonstrated meaningful use in a prior year and are seeking to demonstrate meaningful use for the first time in 2017 to avoid the 2018 payment adjustment must attest to Modified Stage 2 objectives and measures.

### Objectives and Measures

- All providers are required to attest to a single set of objectives and measures.
- For eligible professionals (EPs), there are 10 objectives, and for eligible hospitals there are 9 objectives.
  - View the 2017 Specification Sheets for [EPs](#) and [hospitals](#).
- In 2017, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition. If it is available, providers may also attest using EHR technology certified to the 2015 Edition, or a combination of the two.
- Please note there are no alternate exclusions or specifications available.

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[2015 CQM Reporting Options](#)

## Stage 3 Program Requirements for Providers Attesting to their State's Medicaid EHR Incentive Program

In October 2015, CMS released a [final rule](#) that modified the requirements for participation in the Electronic Health Record (EHR) Incentive Programs for years 2015 through 2017 as well as in 2018 and beyond. This page provides information on requirements for Stage 3.

In 2018, all providers will be required to participate in Stage 3 regardless of their prior participation. Moving all participants to a single stage of meaningful use aims to reduce the program's complexity and simplify reporting requirements.

Medicaid providers who are only eligible to participate in the Medicaid EHR Incentive Program are not subject to the Medicare payment adjustments.

States will continue to determine the form and manner of reporting CQMs for their respective state Medicaid EHR Incentive Programs subject to CMS approval.

NOTE: All providers who have not successfully demonstrated meaningful use in a prior year and are seeking to demonstrate meaningful use for the first time in 2017 to avoid the 2018 payment adjustment must attest to Modified Stage 2 objectives and measures.

### Objectives and Measures

- All providers are required to attest to a single set of objectives and measures.



# Program Year 2017 Updates

## Objectives

- **EPs**

- Objective 8, Measure 2, Patient Electronic Access: For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period.
- Objective 9, Secure Messaging (EPs only): For an EHR reporting period in 2017, for more than 5 percent of unique patients seen by the EP during the EHR 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 the patient-authorized representative) during the EHR reporting period.

- **EHs**

- Objective 8, Measure 2, Patient Electronic Access: For an EHR reporting period in 2017, more than 5 percent of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient authorized representative) view, download or transmit to a third party their health information during the EHR reporting period

# Program Year 2017 Public Health Objective

- Modified Stage 2
  - Must attest to any 2 of 4 measures
  - Specialized Registries – exclusions
  - CMS Specialized Registry list: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/CentralizedRepository-.html>
- Stage 3
  - Must attest to any 2 of 5 measures
  - Syndromic Surveillance (2018)
  - Public Health Registries / Clinical Data Registry
  - CMS Specialized Registry list: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/CentralizedRepository-.html>

# Pre-Payment Documentation Requirements

- **The following Pre-Payment Documentation is Required:**
  - CEHRT Documentation (Signed Vendor Letter & Contract)
  - Copy of the conducted and reviewed Security Risk Analysis and Corrective Action Plan. Report should be dated no earlier than the start of the EHR Reporting Period
  - (5) Clinical Decision Support Screenshots with Drug-Drug and Drug-Allergy Interaction Checks
  - Dashboard or Report Generated from the EHR System or External Data Source supporting each Meaningful Use Numerator and Denominator
  - Documentation to Support any Exclusions taken (as indicated within the Supporting Documentation Link to follow.
  - If Patient Volume is requested, must be sent securely in Excel format.

## Hospital Outpatient Prospective Payment System (OPPS) – currently being finalized

### Program Year 2017 – 90 Days of MU but Full Year Clinical Quality Measures (CQMs)

- Keeps 90 Days of MU for Program Year 2017, but changes to 90 days for ‘electronic’ CQMs but manual CQMs would still report on a full year.
- Also, proposing to change from 64 CQMs to 53 CQMs to align with MACRA/MIPS better – this will require a significant update to our MAPIR system

### 2015 Certified EHR System requirement for 2018

# Medicare Program; CY 2018 Updates to the Quality Payment Program (QPP) – currently accepting comments

- Focus is on the Medicare MIPS / MACRA program but we can leverage these proposed changes
- Proposing a 90 day reporting period for program year 2019
- Allowing flexibility with the EHR System to allow 2014 or 2015 certified systems

# Health Information Exchange (HIE) Projects

## 2017 / 2018 HIE Project Ideas

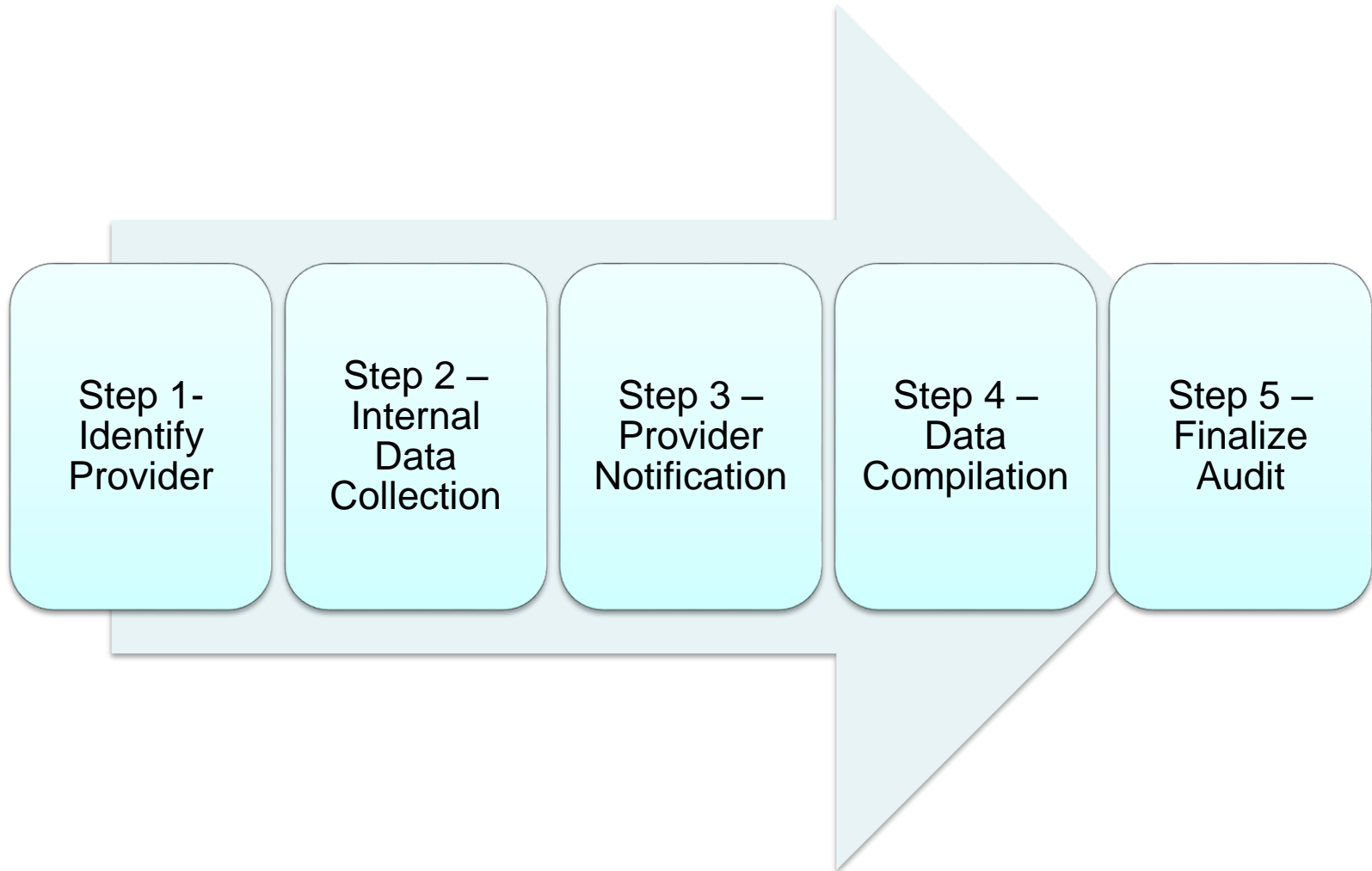
- **Prescription Drug Monitoring Program (PDMP)**
  - Working with this group to register as a specialized registry & connecting providers/hospitals
- **New Registries**
  - Case Reporting
- **Statewide Alert Notification System**
  - Creating the ability to send Admit, Discharge & Transfer (ADT) alerts to all providers/ hospitals connected to any of the five certified HIOs in PA
- **Continuing Onboarding to HIOs and PHG**
  - Focus on Long Term Care, Behavioral Health, EMT services, FQHCs and others

# Health Information Organizations



HIO Comparison: [http://dhs.pa.gov/cs/groups/webcontent/documents/document/c\\_256403.pdf](http://dhs.pa.gov/cs/groups/webcontent/documents/document/c_256403.pdf)

# Steps in the Audit Process





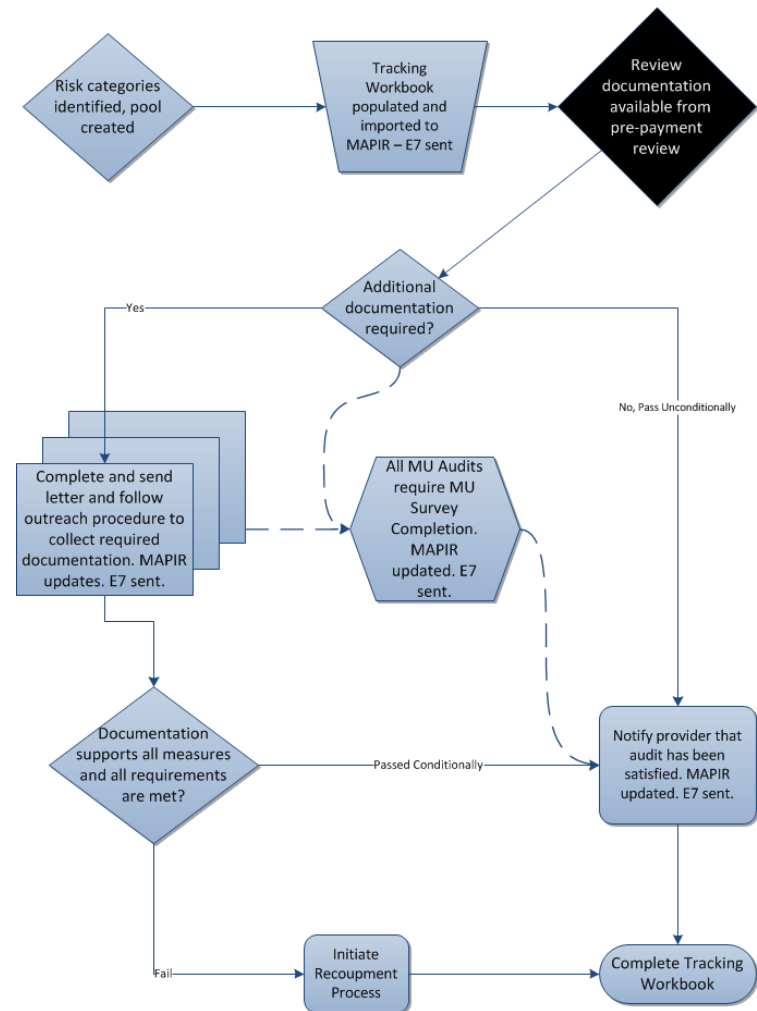
# Steps in the Audit Process

- Elements Reviewed during Pre-Payment process
  - License check
  - Certified Electronic Health Record Technology (CEHRT)
  - Patient Volume (\*prefer this in an Excel format and sent to us securely)
  - Meaningful Use (MU)
  - Hospital-Based
- Elements Reviewed during Post-Payment process
  - All of pre-payment documentation
  - Pediatrician certification
  - Measure exclusions

# Steps in the Process

## Post-Payment

- Risk categories
- Review pre-payment information
- Follow up if documentation is needed
- MU survey
- Final determination
  - Audit satisfied
  - Audit failed
    - Recoupment/Appeals



# Being Prepared

- Be able to support entire Application
  - Certified Electronic Health Record Technology (CEHRT)
  - Volume Reports
  - Clinical Quality Measures
  - Each MU Measure
    - Numerical
    - Non-Numerical
    - Group Reporting
- **IMPORTANT: SAVE** your documentation

# Resources:

- Supporting Documentation:
  - <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>
- Sample Patient Volume Report:
  - [http://www.dhs.state.pa.us/cs/groups/webcontent/documents/report/p\\_011933.pdf](http://www.dhs.state.pa.us/cs/groups/webcontent/documents/report/p_011933.pdf)
- Meaningful Use Core Measures Acceptable Auditing Supporting Documentation:
  - [Meaningful Use Core Measures Acceptable Auditing Supporting Documentation](#)
- Meaningful Use Core Measures Acceptable Auditing Supporting Documentation:
  - [Meaningful Use Menu Measures Acceptable Auditing Supporting Documentation](#)

## Additional Topics

- **Public Health Gateway**
  - Opportunities
- **Electronic Clinical Quality Measures**
  - Format and availability
- **Environmental Scan**
- **Education and Outreach**
- **Telehealth**

# ▶ MAPIR Walk Thru

- The MAIR Walk Thru is being done in an active MAPIR environment; therefore, we do not have slides to show you. This webinar was recorded though and the recording link is being sent in the 7/21/17 ListServ message
- The application being used for the Walk Thru is a Stage 3 application. The following slides reflect some differences that you will see in Modified Stage 2 that were different in the Stage 3 application

# MAPIR Walk Thru Modified Stage 2 vs. Stage 3

**Difference:**  
Stage 3  
Objective 2 is  
Electronic  
Prescribing

|             |  |  |   |      |
|-------------|--|--|---|------|
| Objective 1 | Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.   | Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.   | Measure = Yes<br>Date = 01/01/2017<br>Name and Title = Buddy L. Moore, Esquire  | EDIT |
| Objective 2 | Use clinical decision support to improve performance on high-priority health conditions.   | Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.<br>The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. | Measure 1 = Yes<br><br>Measure 2 Exclusion = No<br>Measure 2 = Yes  | EDIT |
| Objective 3 | Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines. | More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.<br>More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.<br>More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.   | Patient Records = All<br><br>Measure 1<br>Exclusion 1 = No<br>Numerator 1 = 66<br>Denominator 1 = 100<br><br>Measure 2<br>Exclusion 2 = No<br>Numerator 2 = 31<br>Denominator 2 = 100<br><br>Measure 3<br>Exclusion 3 = No<br>Numerator 3 = 31<br>Denominator 3 = 100 | EDIT |

**Difference:**  
Stage 3 Threshold  
M1: No changes  
M2: More than 60%  
M3: More than 60%

# MAPIR Walk Thru Modified Stage 2 vs. Stage 3

**Difference:**  
Stage 3  
Objective 4  
Computerize  
d Provider  
Order entry

**Difference:**  
Stage 3  
Objective 6  
Coordination of  
Care Through  
Patient  
Engagement  
(includes  
Secure  
Messaging)

**Difference:**  
Stage 3  
No difference than Mod S2  
threshold

|             |   |  |  |                      |
|-------------|---|--|--|----------------------|
| Objective 4 | Generate and transmit permissible prescriptions electronically (eRx).   | More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.  | Patient Records = All<br><br>Exclusion 1 = No<br>Exclusion 2 = No<br>Numerator 1 = 51<br>Denominator 1 = 100   | <a href="#">EDIT</a> |
| Objective 5 | The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral. | The EP that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.   | Exclusion = No<br>Numerator = 11<br>Denominator = 100  | <a href="#">EDIT</a> |
| Objective 6 | Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.  | Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.  | Exclusion = No<br>Numerator = 11<br>Denominator = 100  | <a href="#">EDIT</a> |
| Objective 7 | The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.   | The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.  | Exclusion = No<br>Numerator = 51<br>Denominator = 100  | <a href="#">EDIT</a> |
| Objective 8 | Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.  | More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. More than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download, or transmit their health information to a third party during the EHR reporting period. | Measure 1<br>Exclusion Measure 1 and 2 = No<br>Numerator 1 = 51<br>Denominator 1 = 100<br><br>Measure 2<br>Exclusion Measure 2 = No<br>Numerator 2 = 51<br>Denominator 2 = 100 | <a href="#">EDIT</a> |
| Objective 9 | Use secure electronic messaging to communicate with patients on relevant health information.  | For more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.   | Exclusion = No<br>Numerator = 6<br>Denominator = 100   | <a href="#">EDIT</a> |

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**Difference:**  
Stage 3 Objective 5  
Patient Electronic  
Access (includes  
Education)


**Difference:**  
Stage 3 Objective 7  
Health Information Exchange

**Difference:**  
Stage 3  
M1: More than 80%  
M2: More than 35%

**Stage 3 only has a total of 7 MU Objectives**



# MAPIR Walk Thru Modified Stage 2 vs. Stage 3



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Wednesday 07/19/2017 10:18:08 AM EDT

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**Name** Adam Mafir  
**Personal TIN/SSN** 444444444  
**Payment Year** 2

**Applicant NPI** 9300002507  
**Payee TIN** 444444444  
**Program Year** 2017

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**Required Public Health Objective (Objective 10):**As part of the Meaningful Use Attestation, Eligible Professionals (EPs) are required to attest to two (2) Public Health Options without taking an exclusion. In the next section you will select two (2) options for Attestation without taking an Exclusion. There are multiple Exclusions for each of the Public Health Options. See the Eligible Professional Public Health Reporting specification sheet for all of the requirements: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage2\\_Obj10.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage2_Obj10.pdf)

If you cannot successfully attest to two (2) Options, then you must qualify for an Exclusion for the remaining Options to pass the Public Health Objective.

| Public Health Reporting Measure Options for EPs in 2015 Through 2017 |  |   |
|--|--|---|
| Measure Name and Number  | Measure Specification  | Maximum Times Measure Can Count Towards the Objective |
| Measure Option 1- Immunization Registry Reporting                    | The EP is in active engagement with a public health agency to submit immunization data           | 1   |
| Measure Option 2-Syndromic Surveillance Reporting                    | The EP is in active engagement with a public health agency to submit syndromic surveillance data | 1   |
| Measure Option 3-Specialized Registry Reporting                      | The EP is in active engagement to submit data to a specialized registry                          | 2 for EPs*  |

**\*EPs may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective**

**Helpful Hints:**


- For more details on each option, select the 'CLICK HERE' link at the top left of each screen.
- You may review the completed options by selecting the 'EDIT' button.
- The white checkmark in the green circle  means the section is completed but does not indicate you passed or failed the objective.
- Evaluation of the Public Health Objective is made after the application is electronically signed. You will receive a message if the Objective is not met. You will have an opportunity to change and electronically sign again.
- Supporting documentation is required for all Objectives, including non-numeric Objectives.

**Difference:**  
Stage 3  
Measure Option 3-  
Public Health Registry  
Reporting

**Difference:**  
Stage 3  
Measure Option 4-  
Clinical Data  
Reporting

# MAPIR Walk Thru Modified Stage 2 vs. Stage 3

Difference:  
Stage 3  
Public  
Health is  
listed as  
Objective 8



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Wednesday 07/19/2017 10:19:03 AM EDT

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**Name** Adam Mapir  
**Personal TIN/SSN** 444444444  
**Payment Year** 2

**Applicant NPI** 9300002507  
**Payee TIN** 444444444  
**Program Year** 2017

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

You must attest to 2 Public Health options without taking an exclusion. If you are unable to successfully attest to 2 options, you must attest or take an exclusion for all 3 options. Note: Option 3 may be attested to twice, but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

**Required Public Health Objective List Table**

| Objective Number          | Objective  | Measure  | Select                              |
|---------------------------|--|--|-------------------------------------|
| Objective 10<br>Option 1  | The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice. | Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.            | <input checked="" type="checkbox"/> |
| Objective 10<br>Option 2  | The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.                            | Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data. | <input checked="" type="checkbox"/> |
| Objective 10<br>Option 3A | The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.                                       | Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.                            | <input checked="" type="checkbox"/> |
| Objective 10<br>Option 3B | The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.                                       | Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.                            | <input type="checkbox"/>            |

Return to Main
Reset
Save & Continue

Difference:  
Stage 3

Has a total of 6  
Options

Public Health  
Registry as:  
Option 3A and  
3B

Clinical Data  
Registry  
as:  
Option 4B and  
4B.

# Questions & Answers



**[ra-mahealthit@pa.gov](mailto:ra-mahealthit@pa.gov)**