Staged for Success:
2020 Participation in the Medicaid Promoting Interoperability Program

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Agenda

▲ Program Basics
▲ Eligibility Criteria
▲ 2020 Program Requirements
▲ Stage 3 Objectives and Measures
▲ Electronic Clinical Quality Measure Reporting
▲ Resources
▲ Questions
Medicaid Promoting Interoperability Program...some basics

▲ In early 2018, CMS changed the name from the EHR Incentive Program (aka Meaningful Use) to the Medicaid Promoting Interoperability (PI) Program

▲ Not to be confused with the QPP/MIPS Promoting Interoperability performance category
  – Separate, parallel programs...similar name but now vastly different

▲ Medicaid PI will continue through 2021

▲ Incentives = $8,500/provider per year, but had to start participation no later than 2016

▲ No penalties for not participating (voluntary program)

▲ 2015 Edition CEHRT is mandatory for program participants in 2020
  – Ensure EHR is upgraded no later than Oct 3, 2020 (last 90 day reporting period begins)
  – Must be using 2015 technology on day 1 of reporting period and version must be ONC certified by last day
Eligible Professionals (EPs) (aka Program Participants) must be Michigan Medicaid providers who practice in the State and belong to one of the following provider types:

- Physician
  - Medical Doctor (M.D.)
  - Doctor of Osteopathic Medicine (D.O.)
- Dentist (D.D.S. or D.M.D.)
- Optometrist (O.D.)
- Nurse Practitioner (NP)
- Certified Nurse-Midwife (CNM)
- Physician Assistant (PA) practicing in a PA-led Federally Qualified Health Center (FQHC) or a PA-led Rural Health Clinic (RHC)
Program Eligibility – Medicaid Patient Volume

▲ Must demonstrate a minimum 30% patient volume attributable to encounters with Michigan Medicaid enrolled patients
  – For pediatricians, option for minimum patient volume of 20% to receive 2/3 incentive payment
  – Note: Mid-level providers do not meet the program’s definition of a “pediatrician”

▲ Eligibility Reporting Period- A continuous 90-day reporting period during which the EP demonstrates that he or she has maintained an adequate Medicaid patient volume to be eligible for the Medicaid Promoting Interoperability Program. This continuous 90-day reporting period is within one of the two following time frames:
  – Prior Twelve Months: This option is defined as the prior 365 days from the date of EP attestation/registration
  – Prior Calendar Year: This option is defined as January 1st through December 31st of the prior calendar year to the program year of participation. Example: When attesting for program year 2020, the Prior Calendar Year would be January 1, 2019 through December 31, 2019
  – Note: These options, once the attestation period opens, can create a “dead zone” of unusable eligibility dates [Example: if attesting on 3/21/21, then 1/1/20 - 3/20/20 is neither “prior 12 months” nor “prior calendar year”]

▲ Individual vs Group Encounter Data (aka Group Proxy Option)
2020 Medicaid PI Program Requirements

▲ Stage 3 Objectives Required
- (8) Objectives with (20) associated measures
- Minimum 90-day reporting period (90-365 days) [can be different from Eligibility Reporting Period]

▲ Report on (6) clinically relevant Electronic Clinical Quality Measures (eCQMs)
- Matching QPP/MIPS requirements, (1) must be an Outcome measure
  ▪ If no applicable Outcome measure is available, report at least one High Priority measure
  ▪ If no clinically relevant Outcome or High Priority measures are available, report on any (6) relevant eCQMs
- [New] Minimum 90-day reporting period for all participants in 2020 (and 2021)
  ▪ Note: MIPS Quality Performance Category reporting period is 365 days
  ▪ MANDATE: Must be submitted electronically via “CQMRR” (See slide 36 for details)

▲ 2020 Attestation Period Opens 4/2/20!

<table>
<thead>
<tr>
<th>Medicaid Promoting Interoperability</th>
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<tbody>
<tr>
<td>8 + 6 = PI</td>
</tr>
<tr>
<td>Objectives eCQMs (aka MU)</td>
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** Eligibility Reporting Period:** A continuous 90-day reporting period during which the EP demonstrates that he or she (or the group) has maintained an adequate Medicaid eligible patient volume to be eligible for the Medicaid PI Program. This continuous 90-day reporting period must be within one of the two following time frames:

- **Prior Twelve Months:** The prior 365 days from the date of EP attestation/registration
- **Prior Calendar Year:** January 1st through December 31st of the prior calendar year to the program year in question

**The Potential Issue in 2020 and 2021:** Using the “Group Encounter Data/Group Proxy Option” and the “Prior Twelve Months” option for the eligibility reporting period could be problematic. In the example above, this group of (2) EPs has chosen the group encounter option for eligibility, using the “prior 12mo” option and an eligibility date range of 4/3/19 – 7/2/19. EP #1 attests to 90 days of MU on 4/2/20 with no issues. EP #2 then attempts to attest to 90 days of MU on 9/1/20 using the group eligibility data entered by EP #1. With an attestation date of 9/1/20, the eligibility date range is no longer within “prior 12mo” for this EP.

**The Solution:** EPs using Group Encounter Data for proving eligibility in 2020 and 2021 should use the “Prior Calendar Year” option and choose a 90 day eligibility reporting period in 2019 (for PY 2020) or in 2020 (for PY 2021) to ensure the chosen date range is applicable to all EPs in the group regardless of when they attest. Alternatively, this issue can be avoided by using individual clinician eligibility data for each EP versus the group encounter option.
Eligible Professional Stage 3 Objectives & Measures

(1) **Protect Patient Health Information** – Protect electronic protected health information created or maintained by the certified electronic health record technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.

(2) **Electronic Prescribing** – Generate and transmit permissible prescriptions electronically.

(3) **Clinical Decision Support** – Implement clinical decision support interventions focused on improving performance on high-priority health conditions.

(4) **Computerized Provider Order Entry** – Use computerized provider order entry for medication, laboratory, and diagnostic imaging orders directly entered by any licensed health care professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

(5) **Patient Electronic Access to Health Information** – The eligible professional (EP) provides patients (or patient authorized representative) with timely electronic access to their health information and patient-specific education.

(6) **Coordination of Care through Patient Engagement** – Use CEHRT to engage with patients or their authorized representatives about the patient’s care.

(7) **Health Information Exchange** – The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.

(8) **Public Health and Clinical Data Registry Reporting** – The EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using CEHRT, except where prohibited, and in accordance with applicable law and practice.
### Objective 1: Protect Patient Health Information

<table>
<thead>
<tr>
<th>Objective:</th>
<th>Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure:</td>
<td>Conduct or review a security risk analysis (SRA) in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT 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 provider’s risk management process.</td>
</tr>
<tr>
<td>Threshold:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Numerator:</td>
<td>N/A</td>
</tr>
<tr>
<td>Denominator:</td>
<td>N/A</td>
</tr>
<tr>
<td>Exclusion:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Documentation/Audit Guidance:** Although Yes/No objectives may appear on program dashboard reports, additional documentation is required for proof of meeting the objective. Documentation must include:
- Completed Security Risk Analysis
- Corrective Action Plan (with continuous updates as identified issues are addressed)
## Objective 2: Electronic Prescribing (eRxC)

<table>
<thead>
<tr>
<th><strong>Objective:</strong></th>
<th>Generate and transmit permissible prescriptions electronically (eRx).</th>
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<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>More than 60 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using certified EHR technology (CEHRT).</td>
</tr>
<tr>
<td><strong>Threshold:</strong></td>
<td>&gt; 60%</td>
</tr>
<tr>
<td><strong>Numerator:</strong></td>
<td>The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.</td>
</tr>
<tr>
<td><strong>Denominator:</strong></td>
<td>Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the reporting period.</td>
</tr>
</tbody>
</table>
| **Exclusion(s):** | Any EP who:  
  • Writes fewer than 100 permissible prescriptions during the PI reporting period; or  
  • Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of the PI reporting period. |

**Documentation/Audit Guidance:**  
~ Exclusion: Documentation supporting that the EP either (1) wrote < 100 permissible prescriptions during the reporting period or (2) does not have a pharmacy within their organization & there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of the reporting period.
Objective 3: Clinical Decision Support

| Objective: | Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions. |
| Measure(s): | EPs must satisfy both of the following measures in order to meet the objective:  
  • **Measure 1**: Implement (5) clinical decision support interventions related to (4) or more clinical quality measures (CQMs) at a relevant point in patient care for the entire PI reporting period. Absent four CQMs related to an EP’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.  
  • **Measure 2**: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period. |
| Threshold(s): | Yes/No/Exclusion |
| Numerator(s): | N/A |
| Denominator(s): | N/A |
| Exclusion: | For Measure 2 only: Any EP who writes fewer than 100 medication orders during the PI reporting period. |

**Documentation/Audit Guidance:** Although Yes/No objectives may appear on program dashboard reports, additional documentation is required as proof of meeting the objective, such as:  
  • Documentation of the relationship between the interventions & CQMs.  
  • Documentation of the computerized alerts and/or reminders, clinical guidelines, condition-specific order sets, focused patient data reports & summaries, documentation templates, diagnostic support, or contextually relevant information.  
  • Written confirmation from system administrator documenting the functionalities were enabled for the entire PI reporting period.  
  • Multiple redacted print screens of the functional interventions during the PI reporting period.  
  ~ **Exclusion**: Documentation supporting that the EP wrote < 100 medication orders during the reporting period.
## Objective 4: Computerized Provider Order Entry (CPOE)

**Objective:**
Use CPOE for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

**Measure(s):**
An EP, through a combination of meeting the thresholds and/or exclusions, must satisfy all three measures for this objective:
- **Measure 1:** More than 60 percent of medication orders created by the EP during the PI reporting period are recorded using CPOE.
- **Measure 2:** More than 60 percent of laboratory orders created by the EP during the PI reporting period are recorded using CPOE.
- **Measure 3:** More than 60 percent of radiology orders created by the EP during the PI reporting period are recorded using CPOE.

**Threshold(s):**
- **Measures 1, 2 and 3:** > 60% each

**Numerator(s):**
- **Measures 1, 2 and 3:** The number of orders in the denominator recorded using CPOE.

**Denominator(s):**
- **Measure 1:** Number of medication orders created by the EP during the PI reporting period.
- **Measure 2:** Number of lab orders created by the EP during the PI reporting period.
- **Measure 3:** Number of radiology orders created by the EP during the PI reporting period.

**Exclusion(s):**
- **Measure 1:** Any EP who writes fewer than 100 medication orders during the PI reporting period.
- **Measure 2:** Any EP who writes fewer than 100 laboratory orders during the PI reporting period.
- **Measure 3:** Any EP who writes fewer than 100 radiology orders during the PI reporting period.

**Documentation/Audit Guidance:**
- Documentation of credentials for any staff member whose CEHRT entries contribute to the numerator of the CPOE measure.
- **Exclusion (M1):** Documentation supporting that the EP has written < 100 medication orders during the PI reporting period.
- **Exclusion (M2):** Documentation supporting that the EP has written < 100 laboratory orders during the PI reporting period.
- **Exclusion (M3):** Documentation supporting that the EP has written < 100 radiology orders during the PI reporting period.
# Objective 5: Patient Electronic Access to Health Information

**Objective:**

The EP provides patients (or patient-authorized representatives) with timely electronic access to their health information and patient-specific education.

**Measure(s):**

EPs must satisfy both measures in order to meet this objective:

- **Measure 1:** For more than 80 percent of all unique patients seen by the EP:
  1. The patient (or the patient-authorized representative) is provided timely access (within 48hrs) 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 Application Programming Interface (API) in the provider’s CEHRT. *(Note: “timely access” applies to API as well)*

- **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 more than 35 percent of unique patients seen by the EP during the PI reporting period.

**Threshold(s):**

- **Measure 1:** > 80%
- **Measure 2:** > 35%

**Numerator(s):**

- **Measure 1:** The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider’s CEHRT.

- **Measure 2:** The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the PI reporting period.

**Denominator(s):**

Both measures: The number of unique patients seen by the EP during the PI reporting period.

*Continued on next slide*
Objective 5: Patient Electronic Access to Health Information

**Exclusion(s):**

*Measure 1 and Measure 2:* A provider may exclude the measures if one of the following applies:

- An EP may exclude from the measure if they have no office visits during the PI reporting period.
- Any EP that conducts 50 percent or more of his or her 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 may exclude the measure. (Note: Strikethrough since no counties in MI qualify)

**Documentation/Audit Guidance:**

Documentation supporting the ability to view, download, transmit, and access through API are enabled and accessible to patients. Documentation might include:

- Print Screens (P/S) of portal set-up documenting ALL 4 functionalities are enabled
- P/S of test patient portal account documenting ALL 4 functionalities are available to patients
- P/S capturing data elements available on the portal that substantiate the required elements per the CMS spec sheet

*Exclusion (M1 and M2):* Documentation the EP either (1) has no office visits during the RP; or (2) conducts 50% or more of their 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 FCC on the first day of the RP.
Objective 6: Coordination of Care through Patient Engagement

**Objective:** Use CEHRT to engage with patients or their authorized representatives about the patient’s care.

**Measure(s):** Providers must attest to all (3) measures and must meet the thresholds for at least (2) measures to meet the objective:

- **Measure 1:** More than 5% of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either—
  1. View, download or transmit to a third party their health information; or
  2. Access their health information through the use of an 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:** More than 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 more than 5% of all unique patients seen by the EP during the PI reporting period. *(EHRs struggle to program this one correctly. Review Specification Sheet)*

**Threshold(s):**

- **Measure 1:** > 5%
- **Measure 2:** > 5%
- **Measure 3:** > 5%

**Numerator(s):**

- **Measure 1:** The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient’s health information during the PI reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the PI reporting period.

- **Measure 2:** The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the PI reporting period.

- **Measure 3:** The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the CEHRT into the patient record during the PI reporting period.

**Denominator(s):**

- **Measures 1, 2 & 3:** Number of unique patients seen by the EP during the PI reporting period.
### Objective 6: Coordination of Care through Patient Engagement

#### Exclusion(s):

- **Measures 1, 2 & 3**: An EP may exclude from the measure if he or she has no office visits during the PI reporting period, or any EP that conducts 50 percent or more of his or her 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 may exclude the measure. (Note: no counties in MI qualify)

#### Documentation/Audit Guidance:

| Measure 1: | Documentation supporting all 4 functionalities are available to the patient. These actions include the ability to: (1) view their information, (2) download their information, (3) transmit their information to a third party, and (4) access their information through an API. |
| Measure 2: | Documentation substantiating the required data elements available on the portal are in compliance with the CMS specification sheet, for example, current and past problem list, procedures, medication list. See the CMS specification sheet for a listing of all required data elements: [https://www.cms.gov/files/document/medicaid-ep-2020-coordination-care-objective-6.pdf](https://www.cms.gov/files/document/medicaid-ep-2020-coordination-care-objective-6.pdf) |
| Measure 2: | Documentation supporting bi-directional messaging enabled which might include:  
- P/S of administrative set-up  
- Redacted P/S of received messages  
- Redacted P/S of sent messages |
| Measure 3: | Documentation supporting the incorporation of patient generated health data in CEHRT which might include documenting the workflow and redacted print screens. |
| Exclusion (M1, M2 and M3): | Documentation supporting the EP either (1) had no office visits during the RP; or (2) conducts 50% or more of their 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 FCC on the first day of the RP. |
**Objective 7: Health Information Exchange**

| Objective: | The eligible professional (EP) provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their electronic health record (EHR) using the functions of certified EHR technology (CEHRT). |
| Measure(s): | Providers must attest to all (3) measures and must meet the thresholds for at least (2) measures to meet the objective:  
  • **Measure 1** – For more than 50 percent 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** – For more than 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** – For more than 80 percent 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 EP must implement clinical information reconciliation for the following three clinical information sets:  
    (1) Medication: Review of the patient’s medication, including the name, dosage, frequency, and route of each medication.  
    (2) Medication Allergy: Review of the patient’s known medication allergies.  
    (3) Current Problem list: Review of the patient’s current and active diagnoses. |
| Threshold(s): | • **Measure 1**: > 50%  
  • **Measure 2**: > 40%  
  • **Measure 3**: > 80% |

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**Objective 7: Health Information Exchange**

**Numerator(s):**
- **Measure 1:** The number of transitions of care and referrals in the denominator where a summary of care record was created using certified EHR technology and exchanged electronically.
- **Measure 2:** Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the certified EHR technology.
- **Measure 3:** The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.

**Denominator(s):**
- **Measure 1:** Number of transitions of care and referrals during the PI reporting period for which the EP was the transferring or referring provider.
- **Measure 2:** Number of patient encounters during the PI reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.
- **Measure 3:** Number of transitions of care or referrals during the PI reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

**Exclusion(s):**
- **Measure 1:** A provider may exclude from the measure if any of the following apply:
  1. Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the Promoting Interoperability (PI) reporting period.
  2. Any EP that conducts 50 percent or more of his or her 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 Federal Communications Commission (FCC) on the first day of the PI reporting period may exclude the measures. (Note: no counties in MI qualify)
- **Measure 2:** A provider may exclude from the measure if any of the following apply:
  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 is excluded from this measure.
  2. Any EP that conducts 50 percent or more of his or her 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 may exclude the measures. (Note: no counties in MI qualify)
- **Measure 3:** 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 is excluded from this measure.

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HIE Measure 2: Excluding Patients from the Denominator Calculation

From the HIE Measure Specification Sheet:

▲ For the purposes of defining the cases in the denominator for Measure 2, we stated that what constitutes “unavailable” and, therefore, may be excluded from the denominator, will be that an EP:

- Requested an electronic summary of care record to be sent and did not receive an electronic summary of care document; **and**
- The EP either:
  - Queried at least one external source via HIE functionality and did not locate a summary of care for the patient, or the provider does not have access to HIE functionality to support such a query, or
  - Confirmed that HIE functionality supporting query for summary of care documents was not operational in the provider’s geographic region and not available within the EP’s EHR network as of the start of the EHR reporting period.

▲ Michigan Medicaid PI is working with MiHIN to launch “MIDIGATE”, a free service that will allow you to “query an external source” for a summary of care on your patient(s)

- Launching now...Stay tuned for further details, or
- [https://mihin.org/midigate/](https://mihin.org/midigate/)
Additional Information on HIE Objective

▲ For Measure 2, a record cannot be considered incorporated if it is discarded without the reconciliation of clinical information or if it is stored in a manner that is not accessible for EP use within the EHR
  – CMS does not strictly define “incorporate”, leaving how this is done to the EP (and/or technology) to decide

▲ For Measure 3, the process may include both automated and manual reconciliation to allow the receiving EP to work with both the electronic data provided with any necessary review, and to work directly with the patient to reconcile their health information

▲ For Measure 3, if no update is necessary, the process of reconciliation may consist of simply verifying that fact or reviewing a record received on referral and determining that such information is merely duplicative of existing information in the patient record

▲ Non-medical staff may conduct reconciliation under the direction of the EP so long as the EP or other credentialed medical staff is responsible and accountable for review of the information and for the assessment of and action on any relevant clinical decision support alert
### Objective 7: Health Information Exchange

#### Measure 1:
Documentation substantiating the required data elements are captured. EPs must verify that the fields for current problem list, current medication list, and current medication allergy list are not blank and include the most recent information known by the EP as of the time of generating the SOC document or include a notation of no current problem, medication and/or medication allergies.

See the CMS Specification Sheet for a listing of all required data elements:

#### Measure 1:
Documentation of reasonable certainty of receipt by the receiving provider, which may include confirmation of receipt or that a query of the SOC record has occurred, or a redacted P/S of outgoing messages indicating 'sent' rather than 'failed' or 'undeliverable'.

#### Measure 2:
Documentation supporting denominator exclusions based on information being "unavailable", which is defined on the specification sheet as (1) Requesting an electronic SOC and not receiving it; and (2) the EP either:
- Queried at least one external source via HIE functionality and did not locate a SOC for the patient, or the provider does not have access to HIE functionality to support such a query, or
- Confirmed that HIE functionality supporting query for SOC documents was not operational in the EPs geographic region and not available within the EPs EHR network as of the start of the RP.

**Exclusion (M1):** Documentation supporting that the EP transferred or referred patients to another setting or provider < 100 times during the RP

**Exclusion (M2):** Documentation supporting the EPs total of transitions/referrals received & patient encounters in which the EP has never before encountered the patient, is < 100 during the RP

**Exclusion (M3):** Documentation supporting the EPs total of transitions/referrals received & patient encounters in which the EP has never before encountered the patient, is < 100 during the RP
### Objective 8: Public Health and Clinical Data Registry Reporting

**Objective:**

The eligible professional (EP) is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified electronic health record technology (CEHRT), except where prohibited, and in accordance with applicable law and practice.

**Measure(s):**

An EP must satisfy (2) measures for this objective (which can be the same measure twice). If the EP cannot satisfy at least two measures, they may take exclusions from all measures they cannot meet.

- **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 electronic case reporting of reportable conditions.
- **Measure 4:** Public Health Registry Reporting: The EP is in active engagement with a PHA to submit data to a public health registry.
- **Measure 5:** Clinical Data Registry Reporting: The EP is in active engagement to submit data to a Clinical Data Registry.

**Threshold(s):**

- Measures 1-5: Yes/No/Exclusions

**Numerator(s):** N/A

**Denominator(s):** N/A
What does it mean to be Actively Engaged?

▲ Active Engagement (AE) Options =

- **Option 1 – Completed Registration to Submit Data:** The EP registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows clinicians to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Clinicians who have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

- **Option 2 – Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. EPs must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that EP not meeting the measure.

- **Option 3 – Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.
Immunization Registry Reporting

▲ YES/NO: The EP must attest YES to being 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).

– EXCLUSIONS: An EP may take an exclusion if any of the following apply:

  • Clinician does not administer immunizations to any of the populations for which data is collected by their jurisdiction’s immunization registry or IIS during the EHR reporting period;
  • Clinician practices in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  • Clinician practices in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the EHR reporting period.

▲ In Michigan: Michigan Care Improvement Registry (MCIR)

▲ Must be actively engaged for bi-directional connection (aka QBP – Query by Parameter)
  – Unidirectional active engagement (any option) in a prior year no longer meets program requirements
  – MCIR requires participants to in “Production” with unidirectional feed (VXU) prior to accepting registration for QBP

▲ To begin QBP process, send email request to MDHHS-MU-MCIRHelp@michigan.gov and follow MCIR instructions received in reply
Syndromic Surveillance Reporting

▲ YES/NO: The EP must attest YES to being in active engagement with a PHA to submit syndromic surveillance data.

– EXCLUSIONS: An EP may take an exclusion if any of the following apply:
  ▪ Clinician is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system;
  ▪ Clinician practices in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from EPs/ECs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  ▪ Clinician practices in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from EPs/ECs as of six months prior to the start of the EHR reporting period.

▲ In Michigan: Michigan Syndromic Surveillance System (MSSS)

▲ MSSS only accepts Syndromic Surveillance data from Hospital ERs and Urgent Care locations
  – Primary care offices which have “after hours” urgent care-like services do not count

▲ Vast majority of MI EPs qualify for measure exclusion
Electronic Case Reporting

▲ YES/NO: The EP must attest YES to being in active engagement with a PHA to submit case reporting of reportable conditions.

– EXCLUSION: A Michigan EP may take an exclusion if the following applies:
  ▪ Clinician does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction’s reportable disease system during the EHR reporting period

▲ In Michigan: [Michigan Disease Surveillance System (MDSS)]

▲ Criteria for Electronic Case Reporting

– Data Originating from Eligible Hospitals and Eligible Professionals
  Michigan’s Public Health Code requires that all health provider encounters that result in identification of reportable communicable diseases get reported to the local health authorities. Details about mandatory reporting can be found at [www.michigan.gov/cdinfo](http://www.michigan.gov/cdinfo).

– Capability to Submit Electronic Case Reports in the Standard Format
  A national standard has been developed for certified electronic health record technology (CEHRT) to generate an Electronic Initial Case Report (eICR) as described in the [HL7 CDA® R2 Implementation Guide: Public Health Case Report, Release 2 – US Realm – the Electronic Initial Case Report (eICR)].
  ▪ Translation: If your EHR is not certified for Electronic Case Reporting, EP cannot use this measure (claim exclusion)
Is the “Specialized Registry” I used previously a PHR or CDR in 2020?

▲ **Public Health Registry (PHR)** – “are those administered by, or on behalf of, local, state, territorial, or national public health agencies.” (i.e. Governmental Entity)

▲ **Clinical Data Registry (CDR)** – “are administered by, or on behalf of, other non-public health agency entities”. Further, the National Quality Registry Network defines clinical data registries as those that record information about the health status of patients and the health care they receive over varying periods of time. (i.e. Non-Governmental Entity)

Public Health Registry Reporting

▲ YES/NO: The EP must attest YES to being in active engagement with a PHA to submit data to public health registries.

– EXCLUSIONS: An EP may take an exclusion if any of the following apply:
  ▪ Clinician does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period;
  ▪ Clinician practices in a jurisdiction for which no PHA is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  ▪ Clinician practices in a jurisdiction where no PHA for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period.

▲ In Michigan: Michigan Automated Prescription System (MAPS), Michigan Cancer Surveillance Program (MCSP), Michigan Birth Defects Registry (MBDR) – EPs, Michigan Birth Registry (MBR), Newborn Screening (NBS)

– Note: Michigan's Dental Registry (MiDR) cannot be used in the Medicaid PI Program in 2020 as it does not currently use a valid “specified standard” for data transmission. OK for use in MIPS PI. (see slide 30)

– Similar to Electronic Case Reporting, if EHR is not certified for Cancer reporting, cannot engage registry

▲ Nationally: CDC National Health Care Surveys Registry

– Note: In 2020+, the CDC requires EHR to be certified for “Promoting Interoperability (PI) criterion of 170.315 (f)(7): Transmission to Public Health Agencies - Health Care Surveys [(f)(7)]” (CHPL website to check)
Clinical Data Registry Reporting

▲ YES/NO: The EP must attest YES to being in active engagement to submit data to a CDR.

  – EXCLUSIONS: An EP may take an exclusion if any of the following apply:

    ▪ Clinician does not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the EHR reporting period;

    ▪ Clinician practices in a jurisdiction for which no CDR is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

    ▪ Clinician practices in a jurisdiction where no CDR for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period.

    ▪ NOTE: “Jurisdiction” is often national with CDRs

△ Example: Prime Registry (American Board of Family Medicine)

  – For additional examples: National Institutes of Health List of Registries

△ To be valid for use, registry must:

  – Publicly declare readiness to accept electronic data at least 6 months prior to the start of the program performance year and be able to accept electronic submissions (manual data entry into a website does not count)

  – Be able to support the registration, onboarding and production processes

  – Be able to provide documentation to clinician as evidence of active engagement
Potential PI Stage 3 Issue with former Specialized Registries

Vital Information Which Only Applies to Medicaid PI/MU Participants:

▲ From the Medicaid PI Measure Specification Sheet *(DOES NOT APPLY TO MIPS PARTICIPANTS)*

– “For Measure 4, an EP may count a specialized registry (such as prescription drug monitoring) if the EP achieved Active Engagement Option 3 in a prior year under the applicable requirements of the PI Programs for that year.”

– “For Measures 4 and 5, if the PHA or CDR does not use a specified standard, it must use another standard specified in 170.205 to meet the measure. For example, the transmission could be in the form of a Consolidated Clinical Document Architecture (C-CDA) per 170.205(a)(4), or Quality Reporting Document Architecture (QRDA) per 170.205(h)(2).”

▪ **Translation for Measure 4:** If the registry is a PHR, does not use a standardized method/language for the transmission of data, and you did not attest to being in Active Engagement Option 3 – Production in a prior program year, it CANNOT be used in the Medicaid Promoting Interoperability Program to meet Stage 3 requirements.

▪ **Translation for Measure 5:** If the registry is a CDR and does not use a standardized method/language for the transmission of data, it CANNOT be used in the Medicaid Promoting Interoperability Program to meet Stage 3 requirements.

– See next slide for a decision tree which may help you make sense of this
Public Health Registry vs Clinical Data Registry Decision Tree

- Methodology the State of MI Medicaid PI team uses to validate registries
Objective 8: Public Health and Clinical Data Registry Reporting

**Documentation/Audit Guidance:**

**Measure 1:** Documentation supporting the EP is in active engagement to submit immunization data to MCIR and receive immunization forecasts and histories from MCIR (QBP status)

**Measure 2:** Documentation supporting the EP is in active engagement to submit syndromic surveillance data to MSSS from an urgent care setting.

**Measure 3:** Documentation supporting the EP is in active engagement with a PHA to submit case reporting of reportable conditions.

**Measure 4:** Documentation supporting the EP is in active engagement with a PHA to submit data to public health registries.

**Measure 5:** Documentation supporting the EP is in active engagement to submit data to a CDR.

**Documentation for State sponsored registries:**
## Objective 8: Public Health and Clinical Data Registry Reporting

<table>
<thead>
<tr>
<th>Public Health Measure</th>
<th>System Name</th>
<th>Available Since</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Registry Reporting</td>
<td>Michigan Care Improvement Registry (MCIR)</td>
<td>January 1, 2011 (Receive Immunization data)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>January 1, 2016 (Receive and Respond to Queries for Immunization Histories and Forecasts)</td>
</tr>
<tr>
<td>Syndromic Surveillance Reporting</td>
<td>Michigan Syndromic Surveillance System (MSSS)</td>
<td>August 1, 2013</td>
</tr>
<tr>
<td>Public Health Registry Reporting – Cancer Case Reporting</td>
<td>Michigan Cancer Surveillance Program (MCSP)</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>Public Health Registry Reporting – Birth Defect Reporting</td>
<td>Michigan Birth Defects Registry (MBDR)</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>Public Health Registry Reporting – Pediatric Oral Health Reporting</td>
<td>Michigan’s Dental Registry (MiDR)</td>
<td>February 1, 2016</td>
</tr>
<tr>
<td>Electronic Case Reporting</td>
<td>Michigan Disease Surveillance System (MDSS)</td>
<td>January 1, 2018</td>
</tr>
</tbody>
</table>
So what must program participants do prior to claiming a Public Health measure exclusion?

At a minimum, clinician must:

1. Determine if the registries offered by a Public Health Agency (PHA) in their “jurisdiction” (which may be state- or national-level depending on the registry) are relevant to the provider’s scope of practice
   - State-Level: See slide 33 for MDHHS sponsored options
   - National-level (example): [CDC National Health Care Surveys Registry](https://www.cdc.gov/nchs/nhsr.htm)
   - If clinically relevant and technologically capable, achieve active engagement with the registry

2. Determine if a medical society with which the provider is affiliated endorses or sponsors a registry valid for use in the Medicaid PI Program
   - If clinically relevant and technologically capable, achieve active engagement with the registry

3. If no public health registry determination can be made in the previous steps, clinician may claim measure exclusions for (1) or perhaps both required measures
How Does Claiming an Exclusion Work in Meeting the PH Objective?

△ Medicaid Promoting Interoperability Program

- An exclusion for a measure does not count toward the total of two measures. Instead, in order to meet this objective, an EP needs to meet two of the total number of measures available to them. If the EP qualifies for multiple exclusions and the remaining number of available measures is less than two, the EP can meet the objective by meeting all of the remaining available measures and claiming the applicable exclusions. Available measures are ones for which the EP does not qualify for an exclusion.
eCQM data submission requirements – “CQMRR”

▲ EPs are **required** to submit eCQMs via CQMRR (Clinical Quality Measure Reporting and Repository Service) [pronounced “Skimmer”], a MiHIN service (Michigan Health Information Network)
▲ CQMRR submission validates data format and passes eCQM file to CHAMPS/eMIPP for PI attestation
▲ Phases out manual quality measure submission process
▲ Moves toward ultimate goal of “report once” capability (one data submission, multiple programs)
▲ To submit 2020 CQM data, EP will need “QRDA 3” file from EHR (either Individual or Group level)
▲ See 2018 **State of MI announcement** on this requirement
▲ Register (and test files) at: [https://healthdirectories.force.com/QMI/s/login/SelfRegister](https://healthdirectories.force.com/QMI/s/login/SelfRegister)
▲ For EPs who cannot submit eCQMs via CQMRR, former manual data entry option will be available through “Enable Web” or “Break the Glass” request/approval
  - Send email to MDHHS-EHR@michigan.gov
  - Explain why EP/Group is requesting manual CQM data entry, the relevant CEHRT ID #, and information about any troubleshooting that has taken place, if applicable
  - EHR charging for the data file is an acceptable reason for requesting manual entry option
Resources

▲ M-CEITA Stage 3 Measure Tip Sheets: [http://mceita.org/services/medicaid-promoting-interoperability](http://mceita.org/services/medicaid-promoting-interoperability)
▲ Federal Registration Website: [https://ehrincentives.cms.gov/hitech/login.action](https://ehrincentives.cms.gov/hitech/login.action)
▲ Michigan Medicaid Promoting Interoperability Program Website: [https://michiganhealthit.org/](https://michiganhealthit.org/)
▲ CQMRR Website: [https://healthdirectories.force.com/QMI/s/login/](https://healthdirectories.force.com/QMI/s/login/)
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