Meeting the Public Health Reporting Requirements for Medicaid and MIPS Promoting Interoperability (PI)

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Agenda

▲ Medicaid and MIPS PI Public Health Reporting Objectives
▲ Active Engagement
▲ Public Health & Clinical Data Reporting/Exchange Measures
▲ Review Michigan’s State Sponsored Registries
▲ Claiming Public Health Measure Exclusions
▲ Resources
▲ Questions
Two Programs, Same Objective...but Subtle Differences

▲ Medicaid Promoting Interoperability Program (aka Meaningful Use or MU)
  − Public Health and Clinical Data Registry Reporting

▲ MIPS Promoting Interoperability Performance Category (MIPS PI)
  − Public Health and Clinical Data Exchange

**OBJECTIVE:**
The clinician 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.

▲ To meet the objective in either program, clinician must be “actively engaged” with at least (2) qualified registries
What does it mean to be Actively Engaged?

▲ Active Engagement (AE) Options =

- **Option 1 – Completed Registration to Submit Data:** The EP/EC 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/EC is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows EPs 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/EC is in the process of testing and validation of the electronic submission of data. EPs/ECs 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/EC not meeting the measure.

- **Option 3 – Production:** The EP/EC has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.
5 Measures to Choose From (may use each more than once)

▲ Measure 1: Immunization Registry Reporting: The clinician is in active engagement with a Public Health Agency (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 clinician is in active engagement with a PHA to submit syndromic surveillance data

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

▲ Measure 4: Public Health Registry (PHR) Reporting: The clinician is in active engagement with a PHA to submit data to public health registries

▲ Measure 5: Clinical Data Registry (CDR) Reporting: The clinician is in active engagement to submit data to a CDR
Immunization Registry Reporting

▲ YES/NO: The EP/EC 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/EC 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 either program’s requirements

▲ To register for QBP, send email request to MDHHS-MU-MCIRHelp@michigan.gov (AE Option 1)
  – Previous guidance indicated this would be handled within HSTR but MCIR abruptly changed direction
Syndromic Surveillance Reporting

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

- EXCLUSIONS: An EP/EC 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/ECs qualify for measure exclusion
Electronic Case Reporting

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

   - 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/EC cannot use this measure (claim exclusion)
Is the “Specialized Registry” I used in 2018 a PHR or CDR in 2019?

▲ 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)

www.federalregister.gov/d/2015-25595/p-1239
Public Health Registry Reporting

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

- EXCLUSIONS: An EP/EC 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 2019 as it does not currently use a valid specified standard for data transmission. OK for use in MIPS. (see slide 12)

- Similar to Electronic Case Reporting, if EHR is not certified for Cancer reporting, cannot engage registry
Clinical Data Registry Reporting

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

▲ Example: **Prime Registry** (American Board of Family Medicine)
  – [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 MU 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 will use in 2019+ to validate registries
# Summary of State Sponsored Public Health Options

<table>
<thead>
<tr>
<th>Public Health Measure</th>
<th>System Name</th>
<th>Available Since</th>
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<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</td>
<td>Michigan Cancer Surveillance Program (MCSP)</td>
<td>March 1, 2014</td>
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<tr>
<td>Case Reporting</td>
<td></td>
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</tr>
<tr>
<td>Public Health Registry Reporting – Birth Defect</td>
<td>Michigan Birth Defects Registry (MBDR)</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>Reporting</td>
<td></td>
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<tr>
<td>Public Health Registry Reporting – Pediatric Oral</td>
<td>Michigan’s Dental Registry (MiDR)</td>
<td>February 1, 2016</td>
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<tr>
<td>Health Reporting</td>
<td></td>
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<tr>
<td>Monitoring Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Case Reporting</td>
<td>Michigan Disease Surveillance System (MDSS)</td>
<td>January 1, 2018</td>
</tr>
</tbody>
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Michigan Health System Testing Repository (HSTR)

▲ State’s Public Health Registry management site
▲ Register for state sponsored registries and track progress
▲ Print active engagement letters (proof in the event of an audit)
▲ https://mimu.michiganhealthit.org/

Michigan Health System Testing Repository
The Michigan Department of Health and Human Services has been charged with collecting and recording information on Eligible Professionals and Eligible Hospitals that test with one of the Public Health Promoting Interoperability measures for auditing purposes. This system will allow you to enter the required information and inform the public health system of your request to test for Promoting Interoperability (MIPS and MU).

Create a new account.  Log in with existing account.
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 the state in which they practice are relevant to the provider’s scope of practice
   - See slide 14 for MDHHS sponsored options
   - 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 these regulatory programs
   - 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
Claiming Exclusions Works Differently Between the Programs

▲ 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.

▲ MIPS Promoting Interoperability Performance Category

– The measures under the Public Health and Clinical Data Exchange objective are reported using “yes or no” responses. The MIPS eligible clinician will receive the full 10 points for reporting two “yes” responses, or for submitting a “yes” for one measure and claiming an exclusion for another. If there are no “yes” responses and two exclusions are claimed, the 10 points will be redistributed to the “Provide Patients Electronic Access to Their Health Information” measure.

– MIPS eligible clinicians may claim the exclusions if they are reporting as a group. However, the group must meet the requirements of the exclusion as a group.
Resources

▲ Michigan Medicaid Promoting Interoperability Program Website: https://michiganhealthit.org/
▲ CMS Quality Payment Program (QPP) Website: https://qpp.cms.gov/
▲ QPP MIPS PI Measure Requirements: https://qpp.cms.gov/mips/promoting-interoperability
Struggling? We’re Here to Help with Grant Covered Services!

▲ **Michigan Medicaid Promoting Interoperability**
- Michigan Center for Effective IT Adoption (M-CEITA)
- Federally-designated Regional Extension Center (REC) for Health IT
- $200/EP gets you dedicated, in-office Technical Assistance (State pays other 97%)
- Vested interest in seeing you achieve Stage 3 of Meaningful Use
  - [www.mceita.org](http://www.mceita.org) or (888) MICH-EHR or [mceita@altarum.org](mailto:mceita@altarum.org)

▲ **Quality Payment Program (QPP) / Merit-based Incentive Payment System (MIPS)**
- QPP Resource Center for the Midwest (Lead org in a 7-state collaborative)
- Free remote and web-based Technical Assistance for small practices (15 or fewer clinicians)
- Customized Project Plans and Resources
- Access to a team of program Subject Matter Experts
- Access to MIPScast®, our proprietary MIPS scoring tool and CMS Qualified Registry (submit on your behalf)
  - [www.qppresourcecenter.org](http://www.qppresourcecenter.org) or (844) QPP-4YOU or [qppinfo@altarum.org](mailto:qppinfo@altarum.org)
Questions?

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