M-CEITA | Michigan Center for Effective IT Adoption

Staged for Success: Medicaid Promoting Interoperability (aka Meaningful Use) Stage 3 in 2019

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ALTARUM

Agenda

- Program Basics
- Eligibility Criteria
- 2019 Program Requirements
- Stage 3 Objectives and Measures
- Electronic Clinical Quality Measure Reporting
- What else do you need to know?
- 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
- Still scheduled to continue through 2021
- Incentives = $8,500/provider per year, but EPs had to start participation (A/I/U or MU) no later than the 2016 program year
- No penalties for not participating
- Stage 3 required in 2019; no longer able to attest to Modified Stage 2 measures after 2018
- 2015 Edition CEHRT is mandatory for program participants in 2019
  - Ensure EHR is upgraded no later than Oct 3, 2019 (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

Program Eligibility – Provider Types

- EPs must be Michigan Medicaid providers who practice in the State and belong to one of the following provider types:
  - Physicians
    - Medical Doctor (M.D.)
    - Doctor of Osteopathic Medicine (D.O.)
  - Dentists (D.D.S. or D.M.D.)
  - Optometrists (O.D.)
  - Nurse Practitioners (NP)
  - Certified Nurse-Midwives (CNM)
  - Physician Assistants (PA) practicing in a PA-led Federally Qualified Health Center (FQHC) or a PA-led Rural Health Clinic (RHC).
    PA-led is determined by location only. For an individual location to be considered PA-Led, one (or more) of the following **MUST** apply:
    - When a PA is the clinical or medical director at a clinical site of practice;
    - When a PA is the owner of an RHC;
    - When a PA is the primary provider in a clinical site of practice. A "primary provider" must meet at least one of the following:
      - When there is a part-time physician and a full-time PA, the PA will be considered the primary provider. This must be substantiated through an auditable data source.
      - When there are multiple providers, at least (1) PA needs to have more encounters during the Eligibility Reporting Period than the physician(s). This encounter data will be determined using the Eligibility Reporting Period and encounters will be assigned based on the rendering NPI.

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"
- **For those who practice predominantly in an FQHC or RHC, a minimum 30% patient volume is still required but can include "Needy Individual" encounters**
  - ***"Needy Individual" Encounters:*** These optional encounters can only be included for those EPs attesting as part of an FQHC/RHC
    - ***"Charity Care" Encounters:*** A Charity Care encounter is a fee-for-service encounter provided for which no payment is received. A patient, who is billed for a service and does not pay, and the service is later written off, does not count as charity care
    - ***"Sliding-Fee Scale" Encounters:*** A Sliding Fee Scale encounter is a fee-for-service encounter provided at a reduced charge based on the patient's income
  - ***MiChild Encounters:*** *Since* ***all*** *providers can now use MiChild encounters,* ***do not*** *include MiChild encounters as part of the Needy Individual Encounter totals. Include these in the Medicaid Encounter total*

Program Eligibility Reporting

- **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 to program year 2018, the Prior Calendar Year would be January 1, 2017 through December 31, 2017*
  - *Note: These options, once the attestation period opens, create a "dead zone" of unusable eligibility dates [Example: if attesting on 3/21/19, 1/1/18 - 3/20/18 is neither "prior 12 months" nor "prior calendar year")*

- **Eligibility Using Group Encounter Data / Group Proxy Option**
  - Use entire clinic or group practices' eligible patient volume
  - A collection of healthcare practitioners organized as one legal entity under one Tax ID or Group NPI
  - Must use one methodology per year (all EPs use group proxy or all use individual EP data)

2019 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]
  - Requires 2015 CEHRT
- **Report on (6) clinically relevant Electronic Clinical Quality Measures (eCQMs)**
  - [New] Matching 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
  - Minimum 90 day reporting period if EP is a first time attester (AIU does not count)
  - For those who have demonstrated MU in a prior year, full year (365 days) of eCQM data is required
    - NEW MANDATE: Must be submitted electronically via CQMRR (discussed more on slide 27)

Medicaid Promoting Interoperability				
8	**+**	**6**	**=**	**PI**
Objectives		eCQMs		(aka MU)

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

Objective:	**Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.**
Measure:	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.
Threshold:	Yes/No
Numerator:	N/A
Denominator:	N/A
Exclusion:	N/A

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 (eRx)

Objective:	**Generate and transmit permissible prescriptions electronically (eRx).**
Measure:	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).
Threshold:	> 60%
Numerator:	The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.
Denominator:	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.
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 computerized provider order entry 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.**
Measure(s):	**An EP, through a combination of meeting the thresholds and exclusions (or both), 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 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 4 business days)** **(Note: MIPS PI = 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. • **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.

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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: 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.
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.

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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.
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/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEP_2019_Obj6.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. • **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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Objective 7: Health Information Exchange

Documentation/Audit Guidance:	**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. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage3_2018_Obj7.pdf **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 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.

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

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Objective 8: Public Health and Clinical Data Registry Reporting

Exclusion(s):	• **Measure 1:** Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP— (1) Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the Promoting Interoperability (PI) reporting period; (2) Operates 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 PI reporting period; or (3) Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of 6 months prior to the start of the PI reporting period. • **Measure 2:** Any EP meeting one or more of the following criteria may be excluded from the Syndromic Surveillance reporting measure if the EP— (1) Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system; (2) Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or (3) Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the PI reporting period. • **Measure 3:** Any EP meeting one or more of the following criteria may be excluded from the case reporting measure if the EP— (1) Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the PI reporting period; (2) Operates in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or (3) Operates in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data as of six months prior to the start of the PI reporting period. • **Measure 4:** Any EP meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EP— (1) Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the PI reporting period; (2) Operates 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 PI reporting period; or (3) Operates in a jurisdiction where no PHA for which the eligible hospital or critical access hospital (CAH) is eligible has declared readiness to receive electronic registry transactions as of six months prior to the start of the PI reporting period. • **Measure 5:** Any EP meeting at least one of the following criteria may be excluded from the CDR reporting measure if the EP— (1) Does not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the PI reporting period; (2) Operates 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 PI reporting period; or (3) Operates in a jurisdiction where no CDR for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of six months prior to the start of the PI reporting period.

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Objective 8: Public Health and Clinical Data Registry Reporting

Documentation/Audit Guidance:	
	Measure 1: Documentation supporting that the EP is in active engagement to submit immunization data to MCIR and receive immunization forecasts and histories from MCIR. **Measure 2:** Documentation supporting that the EP is in active engagement to submit syndromic surveillance data to MSSS from an urgent care setting. **Measure 3:** Documentation supporting that the EP is in active engagement with a PHA to submit electronic case reporting of reportable conditions. **Measure 4:** Documentation supporting that the EP is in active engagement to submit data to a PHA. **Measure 5:** Documentation supporting that the EP is in active engagement to submit data to a CDR.

Objective 8: Public Health and Clinical Data Registry Reporting

Public Health Measure	System Name	Available Since
Immunization Registry Reporting	Michigan Care Improvement Registry (MCIR)	January 1, 2011 *(Receive Immunization data)* January 1, 2016 *(Receive and Respond to Queries for Immunization Histories and Forecasts [NOTE: This is a Stage 3 requirement])*
Syndromic Surveillance Reporting	Michigan Syndromic Surveillance System (MSSS)	August 1, 2013
Public Health Registry Reporting – Cancer Case Reporting	Michigan Cancer Surveillance Program (MCSP)	March 1, 2014
Public Health Registry Reporting – Birth Defect Reporting	Michigan Birth Defects Registry (MBDR)	March 1, 2014
Public Health Registry Reporting – Pediatric Oral Health Reporting	Michigan's Dental Registry (MiDR)	February 1, 2016
Public Health Registry Reporting – Prescription Monitoring Program	Michigan Automated Prescription System (MAPS)	April 4, 2017
Electronic Case Reporting	Michigan Disease Surveillance System (MDSS)	January 1, 2018

Objective 8: Public Health and Clinical Data Registry Reporting

- "Active Engagement" Options =
  - **Option 1 – Completed Registration to Submit Data:** The EP, eligible hospital, or critical access hospital (CAH) registered to submit data with the public health agency (PHA) or, where applicable, the organization to which the information is being submitted; registration was completed within 60 days after the start of the PI reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation to begin testing and validation.
  - **Option 2 – Testing and Validation:** The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data.
  - **Option 3 – Production:** The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data.

What must EPs do prior to claiming a PH measure exclusion?

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 23 for Michigan 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 the Medicaid Promoting Interoperability 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, EP can claim measure exclusions for (1) or both required measures

New eCQM data submission requirements – "CQMRR"

- Effective 1/1/19, EPs are **required** to submit via CQMRR (Clinical Quality Measure Reporting and Repository Service) [pronounced "Skimmer"]
- CQMRR submission to MiHIN (Michigan Health Information Network) validates data format and passes eCQM file to CHAMPS/eMIPP for PI attestation
- Phases out manual quality measure submission process
- Moves toward goal of "report once" capability (one data submission, multiple programs)
- To submit 2018+ quality data, EP will need "QRDA III" file from EHR (either Individual or Group)
- See recent State of MI announcement
- Self-register (and test) at: 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
  - **Note:** Due to a system issue, if you are planning to use the Group eligibility option (slide 6), you must enter that data into the attestation system prior to requesting manual CQM data entry

What else do you need?

PI/MU and CQM Attestation Reports/Files

- CEHRT generated PI/MU dashboard reports, CQM reports, and/or QRDAIII files from which attestation data was derived

Establish and Prove Medicaid Program Eligibility

- Report of total encounters from sites included in the 90-day eligibility period
- Report of total Medicaid encounters included in the previous total encounters report
- EPs must upload both reports during attestation which includes:

- **Patient First Name**
- **Patient Last Name**
- **Date of Birth**
- **Date of Service**
- **Medicaid ID (if applicable)**
- **Billing NPI**
- **Rendering NPI**
- **Place of Service Code**
- **Payer (Primary, Secondary, Tertiary if applicable**
- **Amount paid by Medicaid (if possible to help include/exclude zero pays)**

What else do you need?

- Proof of Certified EHR Technology (CEHRT): https://chpl.healthit.gov/#/search
  - Record of EHR Vendor, Product and Version
    - Best Practice: Retrieve/File a copy of the purchase agreement/contract with the vendor from whom the CEHRT was purchased identifying the vendor name, product name and product version used for attestation

- Support for the "50% Rule"
  - Proof that at least 50% of patients were seen at location(s) equipped with CEHRT
    - Documentation of all patient encounters at each location during the reporting period
    - Calculation that demonstrates that at least 50% of these patient encounters occurred at locations equipped with Certified EHR Technology

What else do you need?

- For Medicaid EP's who have an authorized individual complete their Medicaid registration/attestation on their behalf
  - The signed Electronic Signature Agreement (DCH-1401) from each EP, dated prior to the registration/attestation date
  - https://www.michigan.gov/documents/mdch/DCH-1401-Electronic-Signature-2-2008_226769_7.doc
- For EPs practicing in an FQHC or RHC Only
  - Report(s) that verifies each of the "needy individual" populations included in the encounter data to establish program eligibility (if applicable)
  - Documentation supporting EP "practices predominantly" in FQHC rule (if applicable)
- For Physician's Assistant (PA) Only
  - Documentation supporting the location is PA-led in accordance with the State of Michigan EP Guide definitions (if applicable)

Resources

- Federal Registration Website: https://ehrincentives.cms.gov/hitech/login.action
- Michigan Medicaid Promoting Interoperability Program Website: https://michiganhealthit.org/
- 2019 Medicaid PI Program Requirements: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2019ProgramRequirementsMedicaid.html
- 2019 Stage 3 Measure Specification Sheets: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_2019.pdf
- Federal Registration Guide: https://michiganhealthit.org/wp-content/uploads/CMS-RAS-EP-Guide.pdf
- State Level EP Registration Guide (MI): https://michiganhealthit.org/wp-content/uploads/EP-State-level-Registration-Guide.pdf
- Eligible Professional's Guide to the Michigan Medicaid Promoting Interoperability Program: https://michiganhealthit.org/wp-content/uploads/EP-Guide-to-the-MI-Medicaid-EHR-Incentive-Program.pdf
- Michigan Public Health Reporting Options: https://michiganhealthit.org/public-health/
- Michigan Health System Testing Repository (HSTR): https://mimu.michiganhealthit.org/
- CQMRR Registration and Onboarding Guide: https://michiganhealthit.org/wp-content/uploads/Registering-Onboarding-with-MiHIN.pdf
- CQMRR Website: https://healthdirectories.force.com/QMI/s/login/

Questions?

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