



MARYLAND
Department of Health

eConnect

EHR Incentive Program Newsletter

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eMIPP Updates

Last year, the Centers for Medicare & Medicaid Services (CMS) released the 2018 Inpatient Prospective Payment System (IPPS) / Long Term Acute Care Hospital (LTCH) PPS [Final Rule](#). In the final IPPS rule, CMS modified the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs for Program Years 2017 and 2018.

Maryland Medicaid has locked eMIPP as we update the system to align with federal requirements. Providers are welcome to initiate their registration for the Maryland Medicaid EHR Incentive Program on the [CMS Registration and Attestation site](#), but will not be able complete their attestation for Program Year 2017 until eMIPP is unlocked.

Maryland expects to unlock eMIPP in mid February of 2018. **The Program Year 2017 deadline for the Maryland Medicaid EHR Incentive Program has been extended to April 13, 2018.**

NEW eMIPP Password Reset Feature

The login credentials for eMIPP are the same as eMedicaid. If you have trouble logging in to eMIPP, please click on the “Forgot Your Password?” link on the [eMIPP](#) homepage to reset your password. It will direct you to the eMedicaid password reset page. If you are not able to reset your password using eMedicaid, please call Provider Relations at 410-767-5503 (option #4).

Modified Stage 2 vs. Stage 3 - Which one should you attest to for Program Year 2017?

Your Certified EHR Technology (CEHRT) edition will determine which stage you attest to for Program Year 2017.

- For EHR reporting periods in Calendar Year (CY) 2017, health care providers may attest to the Modified Stage 2 objectives and measures using 2014 Edition CEHRT, 2015 Edition CEHRT,

or a combination of 2014 and 2015 Edition CEHRT, as long as their EHR technology supports the objectives and measures to which they plan to attest.

- Providers in Program Year 2017 may attest to Stage 3 objectives and measures with 2015 Edition CEHRT, or a combination of 2014 and 2015 Edition CEHRT as long as their EHR technology supports the functionalities, objectives and measures for Stage 3.

Differences between Program Year 2016 Modified Stage 2 and Program Year 2017 Modified Stage 2

Some Modified Stage 2 Meaningful Use objective measures have higher thresholds in Program Year 2017. Please see the Program Year 2017 requirements for these measures below.

Eligible Professionals (EPs)

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

Eligible Hospitals (EHs) / Critical Access Hospitals (CAHs)

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

Stage 3 Program Requirements

Objectives and Measures

- All providers are required to attest to a single set of objectives and measures.
- For eligible professionals (EPs) and eligible hospitals (EHs) there are 8 objectives.
- Stage 3 Specification Sheets for [EPs](#) and [EHs](#) are available for review on the [CMS website](#).

Flexibility within Objectives and Measures

Stage 3 includes flexibility within certain objectives to allow providers to choose the measures most relevant to their patient population or practice. The Stage 3 objectives with flexible measure options include:

- Coordination of Care through Patient Engagement – Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.

- Health Information Exchange – Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.
- Public Health Reporting – Eligible professionals must report on two measures and eligible hospitals must report on four measures.

*To view more information about requirements for Program Year 2017,
please visit the CMS Meaningful Use [website](#).*

Program Year 2017 Clinical Quality Measure (CQM) Changes

Eligible Professionals (EPs)

CQM Requirements

- CMS has eliminated the requirement to report CQMs across three of the six National Quality Strategy (NQS) domains. Medicaid EPs may now report any six CQMs relevant to their scope of practice, regardless of whether they report by attestation or electronically and regardless of participation year.
- CMS has aligned the specific CQMs available to EPs participating in the Medicaid EHR Incentive Program with the [53 eCQMs](#) available to clinicians participating in Merit-Based Incentive Payment System (MIPS) who submit electronic CQMs.*

**Please note providers may be eligible to participate in both MIPS and the Medicaid EHR Incentive Program.*

CQM Reporting Period

- EPs may submit data for a minimum of 90 days during CY 2017, regardless of participation year and whether they report CQMs electronically or by attestation.
- EPs that report CQMs electronically for the Medicaid EHR Incentive Program will be able to align their selected reporting period to their performance period under the MIPS.

Eligible Hospitals (EHs) & Critical Access Hospitals (CAHs)

CQM Requirements

- EHs/CAHs reporting electronically are required to report for any 4 CQMs, regardless of participation year.
- EHs/CAHs reporting CQMs by attestation must report on all 16 available CQMs, regardless of participation year.

CQM Reporting Period

- EHs/CAHs reporting CQMs electronically are required to submit data for one self-selected calendar quarter during CY 2017, regardless of participation year.
- EHs/CAHs reporting CQMs by attestation that are demonstrating Meaningful Use for the first time are required to report CQMs for any continuous 90-day period within CY 2017.
- EHs/CAHs reporting CQMs by attestation that have previously demonstrated Meaningful Use must submit CQM data for the entire CY 2017.

Program Year 2017 Reminders for Providers

Meaningful Use (MU) Reporting Period

The EHR reporting period must occur between **January 1, 2017 and December 31, 2017**.

Please note that the MU reporting period for Program Year 2017 is any continuous 90-day period in CY 2017 for **all** participants.

Supporting Documentation

Maryland Medicaid must review supporting documentation before approving EHR Incentive Program attestations. Before submitting your attestation, please upload the following documents in the “Upload Documents” tab in eMIPP:

- The report from your EHR showing the numerators and denominators for each reported MU measure and CQM for your selected reporting period.
- The security risk assessment (SRA) your organization conducted for Program Year 2017.
 - Your SRA must have been completed by December 31, 2017 in order to meet Program Year 2017 requirements.
 - For more guidance, please visit HealthIT.gov.
- Take screenshots that show the clinical decision support (CDS) and drug-drug/allergy check functionality settings and alerts from your EHR system.

The Maryland EHR Incentive Program Team is offering to assist providers in advance of opening eMIPP by reviewing patient volume and Meaningful Use objectives. Please submit questions or requests for patient volume or Meaningful Use review to the EHR Incentive Program Team via email at mdh.marylandehr@maryland.gov

Please visit [our website](#) for an [Attestation Checklist](#) and the [eMIPP User Guide](#).

eMIPP Survey

The Maryland Department of Health (MDH), in collaboration with the Health IT Lab @ UMBC, would like to improve your eMIPP experience. We would greatly appreciate it if eMIPP users could complete a small survey about the usefulness and usability of the eMIPP web application.

If you have already received a survey, please submit your responses as soon as possible. If you have not already received a survey and would like to participate, please email Dr. Gunes Koru at gkoru@umbc.edu.

The survey should take only 15-30 minutes to complete. Your responses will remain completely confidential, and the results will only be used by MDH to improve your user experience.

If you have questions or concerns, please contact our Meaningful Use Support team at CRISP at support@crisphealth.org or call 877-952-7477.