



MARYLAND  
Department of Health

# eConnect

EHR Incentive Program Newsletter

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## eMIPP

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### Program Year 2018 Attestation Deadline

eMIPP is now OPEN. The Program Year 2018 deadline for the Maryland Medicaid EHR Incentive Program is **April 30, 2019**.

### 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).

## Certified EHR Technology

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**Modified Stage 2:** All new and returning participants attesting to the Medicaid EHR Incentive Program have the option to 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.

**Stage 3:** All new and returning participants attesting to the Medicaid EHR Incentive Program have the option to attest to the 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.

## Reminders for Providers

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### Meaningful Use (MU) Reporting Period

The EHR reporting period must occur between **January 1, 2018 and December 31, 2018**. Please note that the MU reporting period for Program Year 2018 is any continuous 90-day period for **all** participants.

## CMS Registration

During the Program Year 2018 pre-payment review, Maryland Medicaid will use contact information (email, address, phone number, etc.) entered during CMS registration to correspond with providers. If a provider or organization needs to update any contact information, please visit the [CMS registration portal](#). Once you have updated your CMS registration, please do not revisit the CMS registration portal as this will only delay processing.

If your contact information did not change from the previous Program Year, there is NO NEED to return to the CMS registration portal.

## 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 (“dashboard”) 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 2018. The following parameters must have been met to satisfy this requirement:
  - The SRA should have been **completed and dated within Program Year 2018**. For example, for Program Year 2018, the SRA must have been completed between January 1, 2018 and December 31, 2018.
  - The SRA should address threats/vulnerabilities to electronic Protected Health Information (e-PHI).
  - The SRA should assign **likelihood ratings, impact ratings and risk levels** for each threat.
  - For each threat identified as a medium or high risk, the SRA should include a **remediation strategy** to minimize those risks.
  - The SRA should address the **encryption** requirement for e-PHI.
  - The SRA should identify **administrative, physical, and technical safeguards**.
  - The SRA should be specific to **your** practice.
  - The SRA should include an **Asset Inventory**. For each asset (such as server, computer, etc.) the practice should have identified the type, location, responsible person, and whether it contains PHI
  - For more guidance, please visit [HealthIT.gov](http://HealthIT.gov).

**Please note, a Yes/No checklist or simply stating that your PHI is stored on a cloud-based system does not satisfy the SRA requirement.**

- Screenshots that show five clinical decision support (CDS)
- Screenshots that show drug-drug and drug-allergy check functionality settings and example of alerts from your EHR system.

## Highlight of Objectives for Modified Stage 2

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### Eligible Professionals (EPs)

- Patient Electronic Access Objective 8, Measure 2: For an EHR reporting period in 2018, **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.
- Secure Electronic Messaging Objective 9: For an EHR reporting period in 2018, **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.
- View the Modified Stage 2 Specification Sheet for [EPs](#)

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

#### *Dual Eligible (Medicaid/Medicare) Hospitals:*

- Patient Electronic Access Objective 6, Provide Patient Access: For an EHR reporting period in 2018, for **more than 50 percent** of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of a dual-EH or CAH, timely access to view online, download and transmit to a third party their health information is provided.
- Patient Electronic Access Objective 6, View, Download or Transmit (VDT): **At least one patient** (or patient-authorized representative)\* who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH during the EHR reporting period VDTs to a third party his or her health information during the EHR reporting period. \*Reduced from more than 5 percent to at least one
- View the Modified Stage 2 Specification Sheet for [Dual-Eligible](#) Hospitals

## Highlight of Objectives for Stage 3

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### Objectives and Measures

- All providers are required to attest to a single set of objectives and measures.
  - EPs must attest to a set of 8 objectives.
  - Dual-Eligible Hospitals must attest to a set of 6 objectives.
- View the Stage 3 Specification Sheets for [EPs](#) and [Dual-Eligible](#) Hospitals.

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

- Patient Electronic Access Objective 3, Provide Patient Access: For **more than 50 percent\*** of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): (1) the patient (or the patient-authorized representative) is provided timely access to VDT 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 interfaces (APIs) in the provider's CEHRT.

\*Reduced from more than 80 percent to more than 50 percent

- Patient Electronic Access Objective 3, Patient-Specific Education: The eligible hospital or CAH must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to **more than 10 percent\*** of unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Reduced from more than 35 percent to more than 10 percent

- Coordination of Care Objective 4, VDT: During the EHR reporting period, **at least one unique patient** (or their authorized representatives)\* discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) actively engages with the EHR made accessible by the provider and engages in one of the following: (1) VDT 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).

\*Reduced from more than 5 percent to at least one

- Coordination of Care Objective 4, Secure Messaging: For **more than 5 percent\*** of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) 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).

\*Reduced from more than 25 percent to more than 5 percent

- Health Information Exchange Objective 5, Send a Summary of Care: For **more than 10 percent\*** of transitions of care and referrals, the eligible hospital or CAH that transitions or refers their patient to another care setting or provider: (1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record.

\*Reduced from more than 50 percent to more than 10 percent

- Health Information Exchange Objective 5, Request/Accept Summary of Care: For **more than 10 percent\*** of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH incorporates into the patient's EHR an electronic summary of care document.

\*Reduced from more than 40 percent to more than 10 percent

- Health Information Exchange Objective 5, Clinical Information Reconciliation: For **more than 50 percent\*** of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH performs a clinical information reconciliation. The provider 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 allergic medications; and (3) current Problem list: review of the patient's current and active diagnoses.

\*Reduced from more than 80 percent to more than 50 percent

- Public Health and Clinical Data Registry Reporting Objective: We reduced the reporting requirement for eligible hospitals, CAHs, and Dual Eligible hospitals attesting to CMS to any combination of three measures\*.

\*Reduced to any combination of three measures from any combination of four measures

### **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** – EPs must attest to **two** measures, Medicaid-only hospitals must attest to **four** measures and Dual-Eligible hospitals must attest to **three** measures.

## **Program Year 2018 Clinical Quality Measure (CQM) Requirements**

### **Eligible Professionals (EPs)**

#### CQM Requirements

- CMS has eliminated the requirement to report on CQMs across three of the six National Quality Strategy (NQS) domains. Medicaid EPs will **report any 6 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.

### CQM Reporting Period

- EPs may submit data for a minimum of 90 days during calendar year (CY) 2018, regardless of participation year and whether they report CQMs electronically or by attestation.
- Providers 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 2018, regardless of participation year.
- EHs/CAHs reporting CQMs by attestation that have previously demonstrated Meaningful Use must submit CQM data for the entire CY 2018

For an [Attestation Checklist](#).

For the [eMIPP User Guide](#).

*If you have questions or concerns, please contact our Meaningful Use Support team at CRISP at [support@crisphealth.org](mailto:support@crisphealth.org) or call 877-952-7477.*

*To view more information about the requirements for Program Year 2018, please visit the CMS Meaningful Use [website](#)*