# MARYLAND
## Department of Health

# eConnect
**EHR Incentive Program Newsletter**

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## Program Year 2018 Deadline

The deadline to attest for Program Year 2018 was April 30, 2019. For providers who submitted a Program Year 2018 attestation, the attestations are currently under review. Attestations are reviewed in the order in which they were submitted. A member of the EHR team will be in contact via the email account listed in eMIPP once the official review is initiated. If you have questions, feel free to email the EHR incentive team at mdh.marylandehr@maryland.gov.

## 2019 Certified EHR Technology Requirements

In Program Year 2019, **all** eligible professionals (EPs), eligible hospitals (EHs), dual-eligible hospitals, and critical access hospitals (CAHs) are required to use **2015 Edition** Certified Electronic Health Record Technology (CEHRT). For more information, please review the 2015 edition CEHRT fact sheet.

## Program Year 2019 Participation Survey

Maryland Medicaid would like to provide additional support for providers interested in attesting for Program Year 2019. Maryland Medicaid invites you to participate in a brief 5 question survey. Participation is optional and does not impact any outcomes related to the program. To participate, please select the following link.

## Highlights of Meaningful Use Stage 3

### 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 **4** objectives.

- View the Stage 3 Specification Sheets for EPs and Dual-Eligible Hospitals.

### Meaningful Use (MU) Reporting Period
The 2019 EHR reporting period is any continuous 90-day reporting period. For eligibility, providers must have a minimum 30% Medicaid patient volume (or a minimum 20% Medicaid patient volume for pediatricians).

**Eligible Professionals Stage 3 Highlights**

Meaningful Use Stage 3 objectives have higher thresholds than Modified Stage 2. Below are highlights of the most significant increases:

- Objective 2, Electronic Prescribing (eRX):

  - Measure 1: For PY 2019, **more than 60 percent** of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

- Objective 4, Computerized Provider Order Entry (CPOE):

  - Measure 1: For PY 2019, **more than 60 percent** of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

  - Measure 2: For PY 2019, **more than 60 percent** of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

  - Measure 3: For PY 2019, **more than 60 percent** of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

- Objective 5, Patient Electronic Access:

  - Measure 1: For PY 2019, **more than 80 percent** of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access 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: For PY 2019, 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 EHR reporting period.

- Objective 6, Coordination of Care through Patient Engagement: **EPs must attest to all three measures and must meet the thresholds for at least two measures to meet the objective:**

  - Measure 1: **More than 5 percent** of all unique patients (or their authorized representatives) seen by the eligible professional (EP) actively engage with the EHR made accessible by the EP 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 Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the EP's CEHRT; or (3) A combination of (1) and (2).

  - Measure 2: For **more than 5 percent** of all 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 their authorized representative

- o Measure 3: Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for **more than 5 percent** of all unique patients seen by the EP during the EHR reporting period.

- Objective 7, Health Information Exchange: **EPs must attest to all three measures and must meet the threshold for at least two measures** to meet the objective:

  - o 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

  - o Measure 2: For **more than 40 percent** of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she incorporates into the patient's EHR an electronic summary of care document.

  - o Measure 3: For **more than 80 percent** of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she 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.

- Objective 8, Public Health and Clinical Data Registry Reporting: An EP **must satisfy two measures for this objective**. If the EP cannot satisfy at least two measures, they may take exclusions from all measures they cannot meet.

  - o Measure 1: Immunization Registry Reporting: The EP 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).

  - o Measure 2: Syndromic Surveillance Reporting: The EP is in active engagement with a PHA to submit syndromic surveillance data.

  - o Measure 3: Electronic Case Reporting: The EP is in active engagement with a PHA to submit case reporting of reportable conditions.

  - o Measure 4: Public Health Registry Reporting: The EP is in active engagement with a PHA to submit data to public health registries.

  - o Measure 5: Clinical Data Registry (CDR) Reporting: The EP is in active engagement to submit data to a CDR.

# Dual-Eligible Hospitals & Critical Access Hospitals (CAHs)

In 2018, the Centers for Medicare & Medicaid Services published the *Federal Register the Fiscal Year (FY) 2019 Medicare Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and Long-term Care Hospital (LTCH) Prospective Payment System final rule.* In this [Final Rule](#), several objectives and measures were removed or changed for PY 2019. For additional information about these changes, please view the [2019 IPPS and Medicare Promoting Interoperability Program Overview Fact Sheet](#).

Also, in Program Year 2019, dual-eligible hospitals and CAHs who successfully attest to CMS may earn a Medicare incentive payment and/or avoid a Medicare payment adjustment, and satisfy the Medicaid Promoting Interoperability Program requirements.

# Program Year 2019 Clinical Quality Measure (CQM) Requirements

## Eligible Professionals (EPs)

CQM Requirements
- o 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.

CQM Reporting Period
- o For PY 2019, first-time meaningful users must select a **90-day CQM reporting period**, and returning EPs must submit data for a **full Calendar Year (CY) (2019).[1]** In addition, EPs must report on at least one outcome measure. If no outcome measure is relevant to his or her scope of practice, the EP must report on one high priority measure. If no high priority measures are relevant to their scope of practice, they may report on any six relevant measures.

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

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

CQM Reporting Period
- o EHs/CAHs reporting CQMs electronically are required to submit data for a **90-day CQM reporting period.**
- o EHs/CAHs reporting CQMs by attestation must submit CQM data for the **entire (CY) (2019).**

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[1] The full calendar year is contingent upon the installation of the 2015 Edition CEHRT.

## EHR Incentive Program Sunsets in 2021

The Maryland Medicaid EHR Incentive program will sunset on December 31, 2021. Program Year 2021 will be the last year EPs and EHs will be able to attest for the EHR Incentive Program. EPs who began participation before or during Program Year 2016, remain eligible for a total of 6 years and are encouraged to attest for the remaining years. If you have questions about eligibility, please email the EHR Incentive Program Team at mdh.marylandehr@maryland.gov.

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

*To view more information about the requirements for Program Year 2019, please visit the CMS Meaningful Use website.*