



# eConnect

## EHR Incentive Program Newsletter

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#### Greenway Health Update for Program Year 2018

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Per the Centers for Medicare and Medicaid Services (CMS), Eligible Professionals (EPs) should not attest for Program Year (PY) 2018 if they believe their certified electronic health record technology (CEHRT) is still producing inaccurate reports. If EPs are unable to attest for reasons related to the CEHRT functionality, they will have to resolve that with their vendor directly. EPs cannot be granted any sort of exception with their attestation submission for PY 2018 and should wait until PY 2019 to attest.

#### Highlights of Meaningful Use (MU) Stage 3 Objectives for Program Year 2019

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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 **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.

##### 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: More than 60 percent of all permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).
- Objective 4, Computerized Provider Order Entry (CPOE):
  - Measure 1: 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: 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: 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: 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:** 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
  - **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:
  - **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 EP has never before encountered the patient, he/she 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 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.

- **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).
- **Measure 2:** Syndromic Surveillance Reporting: The EP is in active engagement with a PHA to submit syndromic surveillance data.
- **Measure 3:** Electronic Case Reporting: The EP is in active engagement with a PHA to submit case reporting of reportable conditions.
- **Measure 4:** Public Health Registry Reporting: The EP is in active engagement with a PHA to submit data to public health registries.
- **Measure 5:** Clinical Data Registry (CDR) Reporting: The EP is in active engagement to submit data to a CDR.

### **Program Year 2019 Attestation Period**

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Maryland Medicaid plans to open the Program Year 2019 attestation period on January 15, 2020. The attestation period will close on March 15, 2020.

### **Maryland Medicaid EHR Incentive Program and eCQMs**

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For Program Year 2019, the Maryland EHR Incentive Program will be changing its reporting options related to electronic Clinical Quality Measures (eCQMs).

For the reporting period of January 1, 2019 - December 31, 2019, in order to report eCQMs, EHR Incentive Program Participants will need to integrate with CRISP and utilize the [CQM Aligned Population Reporting \(CALiPR\) tool](#). Providers can no longer use the State Level Repository (SLR), eMIPP, to report their eCQMs.

There will be two ways to report eCQMs for the EHR Incentive Program through CALiPR: (1) by uploading a QRDA III file to CALiPR generated by the provider's EHR, or (2) by manually entering the numerators and denominators in CALiPR. Providers may choose either options described above to report eCQMs through CALiPR to the Maryland EHR Incentive Program.

Maryland Medicaid will provide additional details on how to sign up for eCQM reporting with CALiPR. If there are any questions in the meantime, please email [calipr-helpdesk@crisphealth.org](mailto:calipr-helpdesk@crisphealth.org).

### **eCQM Reporting Requirements**

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#### **eCQM Reporting Requirements for EPs under the Medicaid EHR Incentive Program for 2020**

- The [final rule](#) aligns the eCQMs available for Medicaid EPs in 2020 with those available for MIPS eligible clinicians for the CY 2020 performance period. Specifically, the eCQMs available for Medicaid EPs in 2020 will consist of the list of quality measures available under the eCQM collection type on the final list of quality measures established under MIPS for the CY 2020 performance period.
- For 2020, we are retaining the requirement from 2019 that Medicaid EPs will report on any 6 eCQMs that are relevant to their scope of practice.
- In addition, for 2020 the Medicaid Promoting Interoperability Program will continue the policy from 2019 that EPs report on at least one outcome measure (or, if an outcome measure is not

available or relevant, one other high priority measure) which aligns with the MIPS eCQM collection type requirement for the 2020 performance period of the quality performance category.

- The eCQM reporting period for EPs in the Medicaid Promoting Interoperability Program will be a minimum of any continuous 90-day period within CY 2020 for EPs who have demonstrated Meaningful Use in a prior year. This differs from the notice of proposed rulemaking (NPRM), which proposed a minimum of any continuous 274-day period within CY 2020.
- The eCQM reporting period for Medicaid EPs demonstrating Meaningful Use for the first time will remain any continuous 90-day period.

### **Security Risk Assessment (SRA) Requirement for Program Year 2021**

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Due to the December 31, 2021 statutory deadline for making incentive payments, we are changing the SRA measure to allow an EP to conduct a security risk assessment at any time during CY 2021, even if that is after the EP attests to the state. An EP who has not completed a security risk assessment by the time the EP attests will be required to attest that they will complete one by December 31, 2021. States will have the flexibility to require EPs to submit evidence that the security risk assessment has been completed, even after the incentive payment has been issued.

### **Looking Ahead...EHR Incentive Program Sunsets in 2021!**

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The Maryland Medicaid EHR Incentive program will sunset on December 31, 2021. Program Year 2021 will be the last year EPs and EHRs will be able to attest for the EHR Incentive Program. EPs who began and received payment prior to PY 2016 can participate in remaining program years, up until PY 2021. If you have questions about eligibility, please email the EHR Incentive Program Team at [mdh.marylandehr@maryland.gov](mailto:mdh.marylandehr@maryland.gov).

*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 2019, please visit the CMS Meaningful Use [website](#).*