



# eConnect

## EHR Incentive Program Newsletter

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#### Updates on Program Year 2019

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Maryland Medicaid is wrapping up attestations for Program Year (PY) 2019. This includes the issuing of payments for approved Eligible Professionals (EPs) and Eligible Hospitals (EHs). Those who were unable to submit attestations and/or who failed to meet the guidelines to pass for PY 2019 are encouraged to attest for PY 2020 and/or PY 2021.

#### Post-Payment Auditing

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Maryland Department of Health's contractor, Myers & Stauffer LC (MSLC), has begun PY 2018 post-payment audits. As a reminder, please continue to save documents to support submitted attestations. Documentation should be retained for six years post-attestation. EPs who were selected for a post-payment audit should continue to provide MSLC with the requested documentation.

#### Program Year 2020 Dates

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As the Centers for Medicare and Medicaid Services (CMS) Promoting Interoperability Program sunsets in 2021, the time period to attest between the remaining program years will shorten. In preparation for the program's end, Maryland Medicaid intends to open up/unlock eMIPP for PY 2020 on **December 15, 2020** and close by **February 13, 2021**. EPs that are eligible to attest will need to select a 90-day EHR reporting period that falls before December 15, 2020.

#### Meaningful Use (MU) Stage 3 Objectives and eCQMs for Program Year 2020

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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.
- View the Stage 3 Specification Sheets for [EPs](#)

### Eligible Professionals Stage 3 Highlights

As a reminder, 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): An EP must satisfy all three measures for this objective through a combination of meeting the thresholds and exclusions.
  - 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 to Health Information: An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions.
  - 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 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 certified electronic health record technology (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: An EP must attest to all three measures and meet the threshold for two measures for this objective. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this 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 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: An EP must attest to all three measures and meet the threshold for two measures for this objective. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this 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 encountered the patient before, they incorporate 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 encountered the patient before, they perform 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.

### Electronic Clinical Quality Measures (eCQMs)

The 2020 Physician Fee Schedule (PFS) [Final Rule](#) established that in 2020, all Medicaid EPs must report on a 90-day eCQM reporting period. EPs are required to report on any six eCQMs related to their scope of practice.<sup>1</sup> In addition, Medicaid EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one other high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures. A list of updated eCQMs for PY 2020 is on the [eCQI Resource Center website](#). Additional information on the reporting of eCQMs to CRISP for PY 2020 will be provided in future correspondence.

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<sup>1</sup> [84 FR 62568](#)

## Planning Ahead: Program Year 2020

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With Program Year (PY) 2020 around the corner, here are some tips to help prepare attestations:

- To participate, EPs should be utilizing a 2015 Edition Certified Electronic Health Record Technology (CEHRT) to meet Stage 3 requirements.
- Conduct a complete security risk assessment (SRA) before the end of 2020. Please use the [SRA Checklist](#), which includes a link to the ONC's recently updated version of the [SRA Tool](#).
- Have your eMIPP login credentials ready before uploading materials into [eMIPP](#).
- The Patient Volume (PV) reporting period selected and PV report must be a 90-day period within the calendar year preceding 2020.
- Choose a 90-day EHR reporting period where ALL objectives and measures are met and/or where the proper exclusions are claimed.
- Submit eQMs to CRISP and upload the associated eQm EHR generated report in eMIPP. CRISP is pleased to announce that manual submission of eQMs for PY 2020 will take place using an e-form on the CRISP Unified Landing Page (ULP). This will simplify the entry process significantly. The CALIPR process used in PY 2019 will still be available if a provider chooses to upload a QRDA-III file of CQM data, but the manual submission process through the e-form is encouraged. If you experience issues with reporting your eQMs and need to submit a help ticket to CRISP [by emailing [support@crisphealth.org](mailto:support@crisphealth.org)], please make sure to mention it is for Medicaid eQm submission and let them know whether you are using CALiPR or the eQm reporting form.

## End of Promoting Interoperability Program Timeline

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Program Year 2021 will be the last year EPs and EHs 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. EPs are eligible to receive up to six payments total.

Please reference the table below for the tentative projected timeline of the program. Maryland Medicaid will send notice when Program Year 2020 opens and if any changes in dates occur.

If you have questions about eligibility, please email the EHR Incentive Program Team at [mdh.marylandehr@maryland.gov](mailto:mdh.marylandehr@maryland.gov).

Program Year	Attestation Opens	Attestation Closes
2020	December 15, 2020*	February 13, 2021
2021	August 1, 2021**	October 1, 2021

**\* Providers will need to select a 90 day reporting period prior to December 15, 2020**

**\*\*Providers will need to select a reporting period between Jan-July of 2021**

*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 2020, please visit the CMS Meaningful Use [website](#).*