



MARYLAND  
Department of Health

# eConnect

## EHR Incentive Program Newsletter

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### CMS EHR Incentive Programs Name Change

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At the national level, the Centers for Medicare and Medicaid (CMS) renamed the EHR Incentive Program the **Promoting Interoperability (PI) Program** for eligible hospitals (EHs), critical access hospitals (CAHs), and eligible professionals (EPs).

This name change is a part of CMS's plan to overhaul and streamline the EHR Incentive Programs for hospitals as well as for the Advancing Care Information performance category of the [Merit-based Incentive Payment System \(MIPS\)](#), which is one track of the Quality Payment Program. This change will move the programs beyond the existing requirements of meaningful use to a new phase of EHR measurement with an increased focus on interoperability and improving patient access to health information.

Please note that this rebranding does not merge or combine the EHR Incentive Programs and MIPS.

Maryland Medicaid's branding will remain the "Maryland Medicaid Electronic Health Record (EHR) Incentive Program" although our Program is part of the national PI Program. All current user guides, resource documents and language on the Maryland Medicaid EHR Incentive Payment Program [website](#) will remain as-is.

For more information about CMS's decision on renaming the EHR incentive Programs, please visit the CMS [website](#).

## Meaningful Use Modified Stage 2 Objectives 8 & 9 Guidance

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In 2018, eligible hospitals (EHs) and eligible professionals (EPs) that attest directly with Maryland for the state's Medicaid Electronic Health Record (EHR) Incentive Program will continue to attest to the measures and objectives as finalized in the 2015 EHR Incentive Programs Final Rule (80 FR 62762 through 62955). Please see the Program Year 2018 requirements for these measures below.

### Eligible Professionals (EPs)

- **Objective 8, Measure 2, Patient Electronic Access:** 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 (VDT) to a third party their health information during the EHR reporting period.
- **Objective 9, Secure Messaging:** For an EHR reporting period in 2018, 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 2018, **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.

### Best Practices for Increasing Patient Engagement

- The Office of the National Coordinator for Health Information Technology (ONC) has developed a [Patient Engagement Playbook](#), which discusses best practices for improving performance on patient engagement objectives, such as Modified Stage 2 Meaningful Use Objectives 8 and 9. The Playbook is an evolving tool for clinicians, health care practice staff, hospital administrators, and others who want to leverage health IT — particularly electronic health record (EHR) patient portals — to engage patients in their health and care.

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

## **2018 Transition from Modified Stage 2 to Stage 3**

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For Program Year 2018, eligible professionals (EPs) have the option of attesting to either Meaningful Use Modified Stage 2 or Stage 3. However, for Program Years 2019 through 2021, all EPs must transition to Stage 3.

### **Stage 3 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. Please refer to the Stage 3 specification sheets for [EPs](#) and [EHs](#) for more information.
- To meet Stage 3 requirements, all providers must use technology **certified to the 2015 Edition**.
  - Providers in Program Year 2018 may also attest to Stage 3 objectives and measures with a combination of 2014 and 2015 Edition CEHRT as long as their EHR technology supports the functionalities, objectives and measures for Stage 3.
  - Providers with technology certified to the 2014 Edition cannot attest to Stage 3 and will instead attest to Modified Stage 2 for Program Year 2018.
- Please note there are no alternate exclusions or specifications available for Stage 3.
- CMS has clarified the numerator calculation policy for some Stage 3 Meaningful Use (MU) Objectives 2 and 4-7. For these objectives, actions must occur within the calendar year of the EHR reporting period to be included in the numerator. For more information, please see the “Additional Information” section of the MU objective specification sheets for [EPs](#) and [EHs](#). Please review the below specification sheets for further clarification.
  - [Objective 2, Electronic Prescribing](#)
  - [Objective 4, Computerized Provider Order Entry](#)
  - [Objective 5, Patient Electronic Access](#)
  - [Objective 6, Coordination of Care](#)
  - [Objective 7, Health Information Exchange](#)

### **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.

### **EHR Reporting Period**

- In 2018, for all new and returning participants, the EHR reporting period is a minimum of any continuous **90 days** between January 1 and December 31, 2018.

## **Public Health Reporting**

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### **Public Health Letters**

- To obtain a copy of your Public Health letters, please visit the [MDH Public Health Reporting web page](#) and then scroll down to Step 1-Registration and click on the link.
- If it is your first time logging in, please click on 'New User', enter your practice group NPI, the corresponding email, and create a password. Once you sign in and select your facility, you can use the Status tab to view/download letters, view/update registration(s) or add new measures.
- Please refer to the Public Health [user guide](#) if you have any questions about retrieving Public Health letters.

*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.*