



MARYLAND
Department of Health

eConnect

EHR Incentive Program Newsletter

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In This Issue

- Security Risk Assessment
- Meaningful Use Modified Stage 2 Objectives 8 and 9 Guidance
- Transition From Modified Stage 2 to Stage 3
- Program Year 2018 EHR Reporting Period
- Maryland Medical Record Law and Post-Payment Audits

Security Risk Assessment

Providers must conduct a security risk assessment (SRA) at least once each calendar year in order to meet Meaningful Use. The SRA must be completed within the program year, prior to attestation. Maryland requires Medicaid Electronic Health Record (EHR) Incentive Program participants to provide SRA documentation during pre-payment review.

To meet Meaningful Use requirements for Program Year 2018, your SRA must be completed by Monday, Dec. 31.

The SRA must include the following, to align with Meaningful Use requirements:

- Analysis of potential risks and vulnerabilities to electronic protected health information (PHI)
- An asset inventory, in which the practice should, for each asset (such as servers, computers, etc.), identify the type, location, responsible person, and whether the asset contains PHI
- Procedures performed during the analysis and a report with results
- A statement that addresses encryption of ePHI (spell out at first reference)
- An outline of identified security deficiencies and an action plan for rectifying each one
- The date(s) personnel completed the SRA

For assistance with the SRA, please reference the Office of the National Coordinator for Health Information Technology (ONC) downloadable SRA Tool on HealthIT.gov or email support@crisphealth.org.

Meaningful Use Modified Stage 2 Objectives 8 and 9 Guidance

In 2018, eligible professionals (EPs) and eligible hospitals (EHs) that attest directly with Maryland for the Medicaid 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.

EPs Objective 8, Measure 1, Patient Electronic Access: More than 50 percent of all unique patients seen by the EP during the Promoting Interoperability (PI) reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

- Denominator: Number of unique patients seen by the EP during the PI reporting period
 - Numerator: The number of patients in the denominator who have access to view online, download, and transmit their health information within four business days after the information is available to the EP
 - Threshold: The resulting percentage must be more than 50 percent in order for an EP to meet this measure
 - Exclusion: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for Patient name, Provider name, and office contact information
- Objective 8, Measure 2, Patient Electronic Access: For an EHR reporting period in 2018, **more than five 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.
 - Denominator: Number of unique patients seen by the EP during the PI reporting period
 - Numerator: The number of patients in the denominator who VDT to a third party their health information
 - Threshold: The resulting percentage must be greater than five percent.
 - Objective 9, Secure Messaging: For an EHR reporting period in 2018, for **more than five 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 (spell out first reference) 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.
 - Denominator: Number of unique patients seen by the EP during the PI reporting period
 - Numerator: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative)
 - Threshold: The resulting percentage must be more than five percent in order for an EP to meet this measure

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

Objective 8, Measure 2, Patient Electronic Access: For an EHR reporting period in 2018, **more than five percent** of unique patients discharged from the inpatient or emergency department (Place of Service 21 or 23) of an EH or CAH (or patient authorized representative) VDT to a third party their health information during the EHR reporting period

Best Practices for Increasing Patient Engagement

The 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 health care providers, health care practice staff, hospital administrators, and others who want to leverage health IT — particularly EHR patient portals — to engage patients in their health and care.

Transitioning From Modified Stage 2 to Stage 3

For Program Year 2018, EPs and EHs have the option of attesting to either Meaningful Use Modified Stage 2 or Stage 3. For Program Years 2019 through 2021, all providers must transition to Stage 3.

Stage 3 Objectives and Measures

- All providers are required to attest to a single set of eight objectives. Please refer to the Stage 3 specification sheets for [EPs](#) and [EHs](#) for more information
- To meet Stage 3 requirements, 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
- Spell out first reference CMS has clarified the numerator calculation policy for 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 flexibility include:

- Objective 6, Coordination of Care Through Patient Engagement – Providers must attest to all three measures and must meet the thresholds for at least two measures
- Objective 7, Health Information Exchange – Providers must attest to all three measures and must meet the thresholds for at least two measures
- Objective 8, Public Health Reporting – Eligible professionals must report on two measures and eligible hospitals must report on four measures

Program Year 2018 EHR Reporting Period

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

Maryland Medical Record Laws and Post-Payment Audits

Spell out at first reference HIPAA regulations require that patient documents be kept for a minimum of six years. The Medical Records Act states that unless a patient is a minor, medical records, laboratory, and X-ray reports must be kept at least [five years](#).

- Adult patients: Five years after the record or report was made.
- Minor patients: Five years after the report or record was made or until the patient reaches the age or majority plus three years (i.e., until patient turns 21), whichever date is later.

Under Promoting Interoperability, providers **must maintain supporting documentation related to participation for a minimum of six years after attesting**, for the purposes of [post-payment audit](#) compliance.

To view more information about requirements for Program Year 2018, please visit the CMS Promoting Interoperability (PI) Programs [website](#).