2015 Meaningful Use and eMIPP Updates (for Eligible Professionals)

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Webinar Agenda

- Program Eligibility and Basic Requirements
- Overview of 2015 Final Rule
  - Objectives and Measures
  - Public Health Reporting
  - Clinical Quality Measures
- eMIPP Screenshots
- Pre-Payment Documentation
- FAQ

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Program Eligibility
and
Basic Requirements

Medicaid Patient Volume

For each payment year, eligible professionals (EPs) must meet one of the following conditions:

Entity	Minimum Medicaid Patient Volume	
Physicians	30%	Or EP practices predominately in FQHC or RHC with 30% needy individual patient volume
- Pediatrician	20%*	
Dentist	30%	
CNMs	30%	
PAs when practicing at an FQHC/RHC that is so led by a PA	30%	
NPs	30%	

*2/3 of the payment

The Medicaid patient volume must be a continuous 90-day period from the **previous calendar year**

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Meaningful Use: Reporting Period and Multiple Locations

- The Meaningful Use reporting period must be within the payment year, which is based on the calendar year
  - Example: To attest for 2015, the EHR reporting period must be within calendar year 2015

- To be a meaningful user, 50% of the EP's total outpatient encounters must be at locations equipped with certified EHR technology (CEHRT)

- EPs must report on MU data from all locations equipped with CEHRT during the EHR reporting period

Overview of 2015 Final Rule

2015-2017 Meaningful Use Modifications

- Effective December 15, 2015
- Referred to as Modified Stage 2
  - Align with Stage 3 to achieve overall goals of the EHR Incentive Programs
  - Synchronize reporting period, objectives and measures to reduce burden
  - Continue to support advanced use of health IT to improve outcomes for patients

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2015 Meaningful Use

- For 2015 only, all EPs will attest to a continuous **90-day EHR reporting period for meaningful use**

- EPs must attest to **10 Meaningful Use objectives** including one consolidated public health reporting objective

- Continue to use **2014 Edition of certified EHR technology (CEHRT)**

2015 Meaningful Use

There are alternate exclusions and specifications within individual objectives for providers who are previously scheduled to be in Stage 1 reporting period for 2015

- Allowing providers to use a lower threshold for certain measures

- Allowing providers to exclude for Stage 2 measures in 2015 for which there is no Stage 1 equivalent

- Allowing providers to exclude Modified Stage 2 measures in 2015 where a previous menu measure is now a requirement

Modified Stage 2 Objectives (EPs)

1. Protect Patient Health Information
2. Clinical Decision Support
3. Computerized Provider Order Entry (CPOE)
4. Electronic Prescribing (eRx)
5. Health Information Exchange
6. Patient-Specific Education
7. Medication Reconciliation
8. Patient Electronic Access (View, Download, and Transmit)
9. Secure Messaging
10. Public Health Reporting

Objective 1

Protect Patient Health Information

- Measure: Conduct or review security analysis and incorporate in risk management process. Implement security updates as necessary and correct identified Security deficiencies

- Can be conducted outside the reporting period but must be conducted within the same calendar year as the reporting period. If attesting prior to the end of the calendar year, it must be conducted prior to the date of attestation

Objective 2

Clinical Decision Support

- Measure 1: Implement 5 clinical decision support interventions

- Measure 2: Enable and implement the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period

- Alternate Measure 1: Implement one clinical decision support rule

Objective 3

Computerized Provider Order Entry (CPOE)

- Measure 1: More than 60% of medication orders
- Measure 2: More than 30% of laboratory orders
- Measure 3: More than 30% of radiology orders

- Alternate Measure 1: More than 30% of all unique patients with at least one medication in their medication list; or more than 30% of medication orders

- Alternate Exclusions for Measures 2 & 3: Stage 1 providers in 2015 may claim exclusions for these measures (laboratory and/or radiology orders)

Objective 4

Electronic Prescribing (eRX)

- Measure: More than 50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT

- Alternate Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT

Objective 5

Health Information Exchange

- Measure: The EP that transitions or refers their patient to another setting of care or provider of care must

  - use CEHRT to create a summary of care record; and
  - electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals

- Alternate Exclusion: Providers scheduled to Stage 1 in 2015 may claim exclusion because there is no equivalent measure in Stage 1

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Objective 6

Patient-Specific Education

- Measure: Provide patient-specific education resources, for more than 10% of all unique patients with office visits, seen by the EP during the reporting period.

- Alternate Exclusion: Since this was formerly a menu objective, Stage 1 providers in 2015 may claim an exclusion.

Objective 7

Medication Reconciliation

- Measure: Perform medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

- Alternate Exclusion: Since this was formerly a menu objective, Stage 1 providers in 2015 may claim an exclusion.

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Objective 8

Patient Electronic Access (VDT)

- Measure 1: More than 50% of all unique patients seen by the EP are provided timely access to view online, download, and transmit their health information to a third party.

- Measure 2: At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information

- Alternate Exclusion Measure 2: Providers scheduled to Stage 1 in 2015 may claim exclusion for the second measure because there is no equivalent measure in Stage 1

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Objective 9

Secure Messaging

- Measure: fully enable the capability for patients to send and receive a secure electronic message with the EP during the EHR reporting period

- Alternate Exclusion: Providers scheduled to Stage 1 in 2015 may claim exclusion because there is no equivalent measure in Stage 1

Objective 10

Public Health Reporting

- Providers will need to report for each of the public health measures in an order of precedence
- Stage 1 EPs must meet at least 1 measure in 2015. May claim up to 2 alternate exclusions, then must either meet the measure or claim an exclusion for the remaining measure
  - Measure 1: Immunization
  - Measure 2: Specialized Registry
  - Measure 3: Syndromic Surveillance

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Objective 10

Public Health Reporting (cont'd)

- Providers will need to report for each of the public health measures in an order of precedence
- Stage 2 EPs must meet at least 2 measures in 2015. May claim alternate exclusions for Syndromic Surveillance or Specialized Registry, or both.
- If the EP claims alternate exclusions for both, they must either meet the Immunization or claim an exclusion
  - Measure 1: Immunization
  - Measure 2: Specialized Registry
  - Measure 3: Syndromic Surveillance

Objective 10

Public Health Reporting (cont'd)

- Specialized Registry Reporting Options in Maryland:
  - Prescription Drug Monitoring Program (EPs that dispense controlled substance only)
  - Cancer Registry
  - Case Reporting (Consolidated Clinical Document Architecture, C-CDA)
- A new Public Health Web Tool for any of the above reporting options will be open in the next few weeks. Providers should consider registering the options that are applicable to them for 2016

Objective 10

Public Health Reporting (cont'd)

- To "meet" the measure, an EP must be in "Active Engagement" with Maryland's Public Health Agency or a non-public health agency entity
- Active Engagement can be demonstrated by either: (1) completing registration to submit data; (2) testing and validation; (3) production.

Clinical Quality Measures for 2015

2015 CQM Reporting Period

- For 2015 only, EPs must report on CQMs for a continuous 90-day reporting period within the calendar year

- This CQM reporting period may be different from the EHR reporting period for the meaningful use objectives and measures

- No changes to CQM selection or reporting scheme from CQM requirements in Stage 2 final rule

Updated eMIPP Screenshots

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Home   **Register**   **Track**   **Logout**

Success

We have received your registration information from the NLR. Please continue with state registration by completing tabs 1 through 3.

Search Criteria

Registration ID :

NPI :

Login Information

User ID :

Profile : Provider Domain Admin

Year		Program Year	Start Date	End Date	Core/MU	Menu/PH	CQM
	3	2015			Incomplete	Incomplete	Incomplete
	2	2014	07/01/2014	09/28/2014	Complete	Complete	Complete

FEDERAL INFORMATION   ELIGIBILITY   MEANINGFUL USE   UPLOAD DOCUMENT   ATTESTATION

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Single set of Objectives and Measures

Alternate Measure for Stage 1 Providers

Objective

Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

Measure 1

More than 50 percent of all unique patients seen by the EP during the EHR 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.

Measure 2

At least one patient seen by the EP during the EHR reporting period (or his or her authorized representatives) views, downloads, or transmits his or her health information to a third party.

↓ Show All Descriptions ↓

— Measure 1 Compliance

Numerator: [   ]

Denominator: [   ]

? Compliance

— Measure 2 Exclusion 1

Exclusion Applies to you?
○ Yes ○ No

? Exclusion

— Measure 2 Exclusion 2

Exclusion Applies to you?
○ Yes ○ No

? Exclusion

— Alternate Exclusion

Exclusion Applies to you?
○ Yes ○ No

? Exclusion
Exclusion: Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

— Measure 2 Compliance

Numerator: [   ]

Denominator: [   ]

? Compliance
Numerator: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information.

Denominator: Number of unique patients seen by the EP during the EHR reporting period.

Three Measures for the Public Health Objective

MU-Overview	Summary	MU-Objectives	MU-Public Health	MU-Clinical Quality Measures Set

Meaningful Use Public Health Objective - Providers will need to report for each of the public health measures in an order of precedence. They will need to either attest to the measure, claim an exclusion, or claim an alternate exclusion for each measure before proceeding to the next. EPs will need to meet at least 2 measures to be compliant. EPs in Stage 2 2015 can claim alternate exclusions for Syndromic Surveillance or Specialized Registry reporting, or both. If the EP claims alternate exclusions for both Syndromic Surveillance and Specialized Registry reporting, they must either meet the Immunization Registry reporting measure or claim an exclusion.

🔴 - Objective Not Completed Yet   ✅ - Objective Completed

▶ Measure 1: Immunization Registries Data Submission   🔴

▼ Measure 2: Specialized Registry Reporting   🔴

↓ Show All Descriptions ↓

Objective

The EP is in active engagement with a Public Health Agency (PHA) to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited and in accordance with applicable law and practice.

Measure

Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

— Exclusion —

Exclusion Applies to you?
○Yes ○No

❓ Exclusion

— Alternate Exclusion —

Exclusion Applies to you?
○Yes ○No

❓ Exclusion
Exclusion : Any EP scheduled to be in Stage2 2015.

— Measure Compliance —

Attesting to measure?
○Yes ○No

▶ Measure 3: Syndromic Surveillance Reporting   🔴

Pre-Payment Documentation

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Pre-Payment Documentation

- Both AIU and MU providers should upload auditable proof that they meet patient volume qualifications

- AIU providers must also provide documentation that establishes a legal or financial obligation as proof for verifying the adoption, implementation, or upgrade of CEHRT.

- MU providers must also provide following documentation to support their attestation

  - a copy of the EHR system generated report

  - a copy of the Security Risk Assessment

  - the yes/no measure screenshots

  - supporting documentation for exclusions

*A list of suggested documentation for Modified Stage 2

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Frequently Asked Questions

Frequently Asked Questions

1. What is my username and password for eMIPP?

   – The username and password are the same credentials that you use for eMedicaid.

2. How do I reset my password for eMIPP?

   – Please call the eMedicaid support line at 410-767-5340

3. What time period should my patient volume be pulled from?

   – For 2015 attestations, patient volume should be reported from a 90 period in 2014.

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FAQ Cont'd

4. When is the Medicaid attestation deadline?

   – April 30, 2016 is the 2015 Medicaid attestation deadline.

5. How can I find my CMS registration ID?

   – Please contact CMS at 1-888-734-6433 (option 1) or CRISP at 877-952-7477.

6. When is the last year to begin Meaningful Use?

   – 2016 is the last year to start AIU.

Resources

- **Maryland EHR Registration and Attestation System**
  https://emipp.dhmh.maryland.gov/

- **Maryland EHR Incentive Program Website**
  https://mmcp.dhmh.maryland.gov/ehr/Pages/Home.aspx

- **Maryland EHR E-Newsletters**
  https://mmcp.dhmh.maryland.gov/ehr/Pages/Home.aspx

- **Maryland Meaningful Use Resource Center**
  https://meaningfuluse.crisphealth.org/

- **Maryland Meaningful Use Public Health Registry**
  https://mmcp.dhmh.maryland.gov/ehr/Pages/PublicHealthObjectives_Main.aspx

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Questions?

Contact Information

Please contact CRISP, Maryland's Meaningful Use Support Team
if you have any additional questions.

Email: support@crisphealth.org

Phone: 877-952-7477