Florida's Medicaid EHR Incentive Program

Program Year 2017 HOT Topics

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Program Year (PY) 17 Reporting

- Eligible Professionals (EPs) have a 90 day EHR reporting period
- Attest to Modified Stage 2 Meaningful Use (MU) or Stage 3 MU*
- All EPs have a 90-day Clinical Quality Measures (CQMs) reporting period
- EPs will report any 6 CQMs relevant to their scope of practice
  - No longer required to report 9 CQMs across 3 domains
  - Number of available CQMs reduced from 64 to 53
- Optional Stage 3 Reporting*
  - Providers must use technology certified to the 2015 edition
  - A provider who has technology certified to a combination of the 2015 edition and 2014 edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures

Overview of Modified Stage 2 Requirements

A single set of objectives and measures	Must be using 2014 or 2015 certified EHR technology (CEHRT)	Protect Electronic Health Information
Clinical Decision Support	Computerized Provider Order Entry (CPOE)	E-Prescribing
Health Information Exchange	Patient Specific Education	Medication Reconciliation
Patient Electronic Access	Secure Electronic Messaging	Public Health Reporting

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_ModifiedStage2.pdf

Health Information Exchange (HIE)

- Measure: The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals

- Exclusion: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period

HIE – Additional Information

- In cases where providers share access to CEHRT, transition may still count if referring provider creates the summary of care document in CEHRT and sends the summary of care document electronically

- No longer required that the Summary of Care document be transmitted using Direct Protocol

- The exchange must comply with the privacy and security protocols under ePHI under Health Insurance Portability and Accountability Act (HIPAA)

- The referring provider must have reasonable certainty of receipt by the receiving provider to count the action toward the measure

HIE – Additional Information cont.

- The Florida Health Information Exchange's Direct Messaging Service meets the security requirements
  - Providers can use the Florida HIE's Direct Messaging Service to meet the measure
  - From their Direct Messaging Service account, a provider can send the summary of care to any email address
  - When the receiving email address is not a Direct email, the message is a secure message with instructions on creating a log in to receive the summary of care document

- The EHR may not calculate the sending of the summary of care into the numerator if it was not sent from the EHR
  - EPs will have to provide documentation to support the numerator if different from their EHR report

HIE – Resources

- CMS FAQ #12817 – use of a third party
- CMS FAQ #9690 – sharing of CEHRT
- CMS Tip Sheet at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/HIE_FactSheet.pdf

Public Health Reporting Measures

Measure Option 1 – Immunization Registry Reporting

- The EP is in active engagement with a public health agency to submit immunization data

Measure Option 2 – Syndromic Surveillance Reporting

- The EP is in active engagement with a public health agency to submit syndromic surveillance data

Measure Option 3 – Specialized Registry Reporting

- The EP is in active engagement to submit data to a specialized registry

Public Health Reporting in PY17

- In PY17, EPs must attest to at least two measures from the public health reporting measures.

- An exclusion for a measure does not count toward the total of two measures. Instead to meet this objective, an EP would need to meet two of the total number of measures available to them.

- EPs must register within 60 days after the start of their EHR reporting period unless they registered for a previous reporting period.

- Identification
  - Determine if the jurisdiction (state, territory, etc.) endorses or sponsors a registry; and
  - Determine if a National Specialty Society or other specialty society with which the provider is affiliated endorses or sponsors a registry
  - If neither has a registry the provider can report, an exclusion can be claimed

Active Engagement

Completed Registration to Submit Data

EP has registered to submit data. Registration was completed within 60 days after the start of the EHR Reporting period and the provider is awaiting an invitation to begin testing and validation.

Testing and Validation

EP is in the process of testing and validation of the electronic submission of data. Providers must to respond to requests from the sponsor of the registry within 30 days; failure to respond twice within an EHR reporting period would result in the EP not meeting the measure.

Production

EP has completed testing and validation of the electronic submission and is electronically submitting production data.

Florida's Specialized Registries

- The Florida Cancer Registry can accept electronic reporting for providers who diagnose or treat cancer
- Florida's Prescription Drug Monitoring Program has a specialized registry, E-FORCSE
  - Providers who dispense controlled substances to patients ages 16 and older are required to electronically report
  - Providers who prescribe controlled substances to patients ages 16 and older can register and search the database prior to prescribing a controlled substance
    - CMS has approved the searching for a patient prior to prescribing as meeting the specialized registry measure

Florida Registry Links

Cancer Registry

http://fcds.med.miami.edu/inc/welcome.shtml

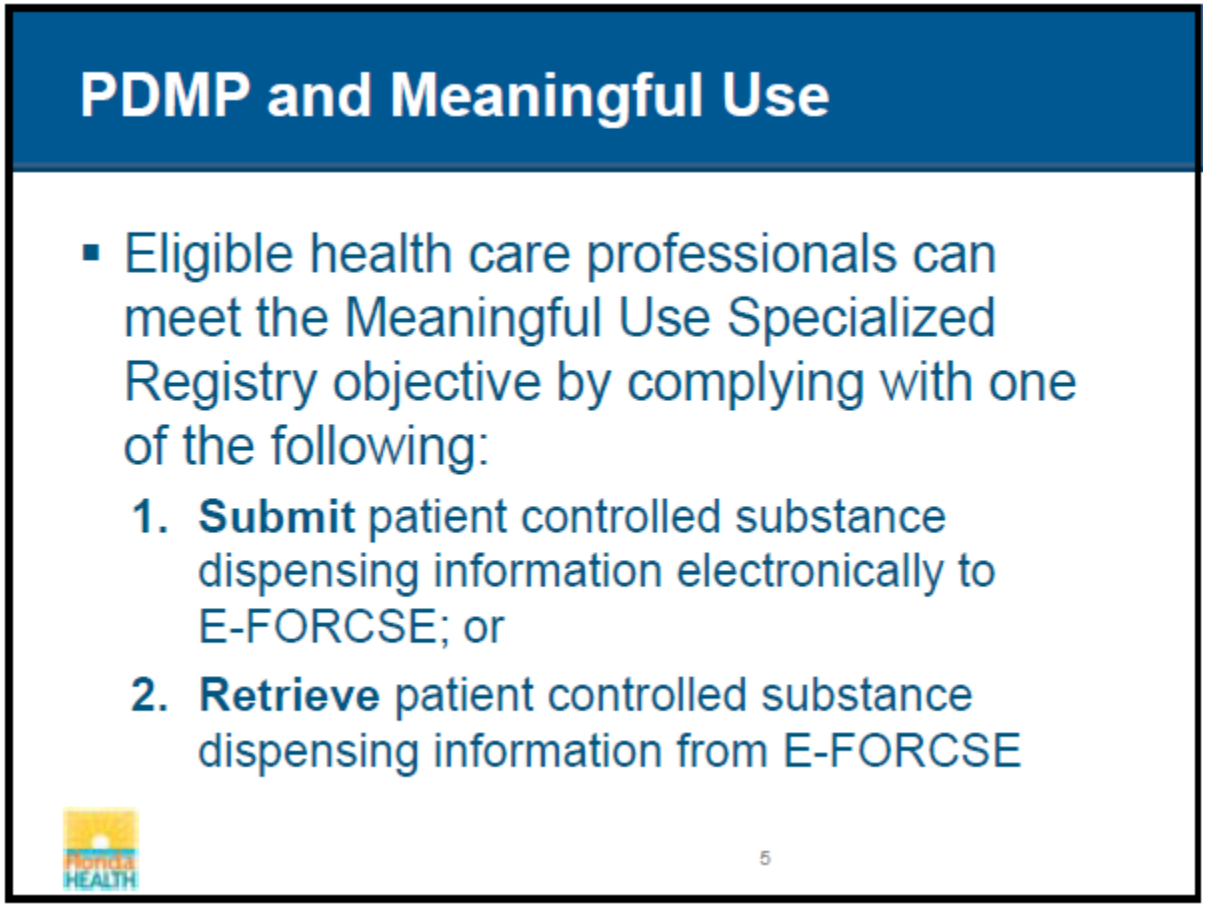
E-FORCSE

http://www.floridahealth.gov/statistics-and-data/e-forcse

Florida SHOTS

https://www.flshots.com/

EFORCSE – Meaningful Use

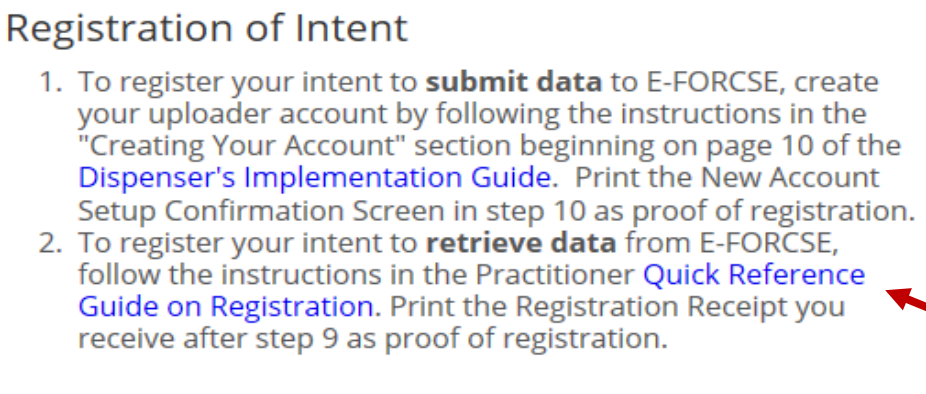


Source: http://www.floridahealth.gov/statistics-and-data/e-forcse/

Contact Information

Source: http://www.floridahealth.gov/statistics-and-data/e-forcse/

To Register



- DEA number not required for retrieving data
- Staff may be added as designees

Documentation Requirements

- Evidence of active engagement
  - Registration
  - Testing and validation emails
  - Production files

- Florida SHOTS
  - Receive monthly and yearly documentation
  - Register to receive automatic notification

- E-FORCSE
  - System report demonstrating search history

- Specialized Registry documentation will vary

CMS Centralized Repository

- Centralized source of information for public health, clinical data, or specialized* registry electronic reporting options.
  - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/CentralizedRepository-.html

- It is not the authoritative source of all reporting options currently available.

- The absence of an entry on the CMS Centralized Repository is not sufficient documentation for claiming an exclusion and does not prevent a provider from attesting to reporting to a registry.
  - Providers must still check with jurisdictional public health agencies or specialty societies to which they belong and document that information to satisfy Medicare or Medicaid reporting.

  - For more information on steps providers have to take to determine if there is a specialized registry available for them, or if they could instead claim an exclusion, please review FAQ 13657 and FAQ 14117.

*For more information on what can count as a specialized registry, please review FAQ 13653.

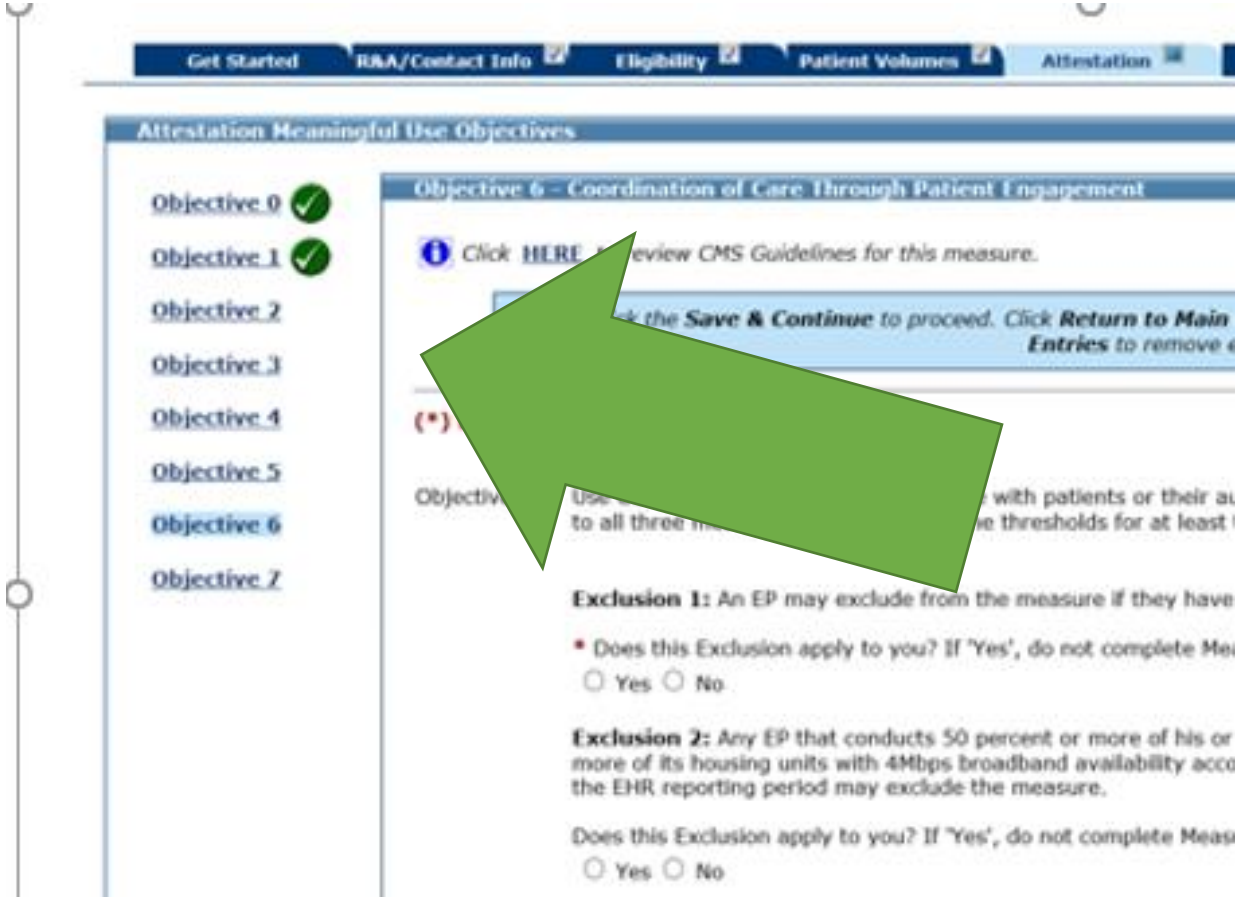
Clinical Quality Measures (CQMs)

- For a full list of the CQMs available in PY17, click the following link and select '2017' as the reporting period: https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms.

- The following CQMs are no longer available as of PY17:

  Eligible Professional
  - CMS61 Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed
  - CMS62 HIV/AIDS: Medical Visit
  - CMS64 Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)
  - CMS77 HIV/AIDS: RNA Control for Patients with HIV
  - CMS126 Use of Appropriate Medications for Asthma
  - CMS140 Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
  - CMS141 Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
  - CMS148 Hemoglobin A1c Test for Pediatric Patients
  - CMS163 Diabetes: Low Density Lipoprotein (LDL-C) Control (< 100 mg/dL)
  - CMS179 ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range
  - CMS182 Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (<100 mg/dL)

Navigation Change



ONC Information Blocking Questions

- Required As part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the Quality Payment Program (QPP) final rule.
- Participants must show that they have not knowingly and willfully limited or restricted the compatibility or interoperability of their CEHRT.
- Answer three statements (8 questions) about how they implement and use CEHRT.
- Providers should carefully read each question and answer appropriately.
- For more information on the questions, refer to the CMS Prevention of Information Blocking Attestation Fact Sheet.

Additional Contacts and Resources

www.ahca.myflorida.com/medicaid/ehr

MedicaidHIT@AHCA.MyFlorida.com

EHR Incentive Program Call Center:
855-231-5472

www.Florida-HIE.net

FLHII@ahca.myflorida.com

Florida HIE Help Desk:
850-412-3752

Provider Services: 800-289-7799

- Option #4: Provider Enrollment
- Option #5: Password Reset

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