Florida’s Medicaid EHR Incentive Program

Program Update for Returning Providers
October 4, 2018

Kim Davis-Allen, Outreach Coordinator
Kim.davis@ahca.myflorida.com
Participation By Year

Still in Process

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>821</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td>2128</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>2388</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>2364</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>3472</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>3012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>2665</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Common Acronyms

- EP – Eligible Professional
- EHR – Electronic Health Record
- CEHRT – Certified Electronic Health Record Technology
- CMS – Center for Medicare and Medicaid Services
- CQM – Clinical Quality Measures
- NLR – National Level Repository
- MAPIR – Medicaid Assistance Provider Incentive Repository (state attestation system)
- MU – Meaningful Use
- MU or EHR Reporting Period – the timeframe in which the provider is actively using CEHRT and meeting meaningful use measures
- R & A – CMS’ Registration and Attestation Site aka NLR
Promoting Interoperability
Connecting through Meaningful Use
Understanding Participation

Program Year

- Calendar year of program participation (e.g. 2016, 2018)
- January 1\textsuperscript{st} – December 31\textsuperscript{st}
- Year in which you met program requirements
- Program years continue through 2021

Payment Year

- Simple count
- Payment Year One: $21,250
- Payment Years Two – Six: $8,500
General Program Requirements

• Must be an EP
  – Medicaid fully enrolled
  – No state or federal sanctions

• Must meet volume requirements

• Must be utilizing 2014 or 2015 CEHRT to meet meaningful use requirements and report clinical quality measures
Patient Volume Requirements

30% Medicaid

Pediatricians may qualify with 20% Medicaid volume for a lower incentive payment

Based on consecutive 90 day period in the calendar year prior to the program year or the 12 months prior to attestation

A Medicaid encounter is defined as a service(s) rendered on any one day to an individual enrolled in a Medicaid program

Not required to be a paid encounter
Determining Volume

• Volume can be reported for the individual or the group

• Each volume period may only be used once

• Volume can be based on one or multiple locations
  – At least one volume location must have CEHRT

• Medicaid volume based on total encounters divided by Medicaid encounters
  – Volume workbook available to document how volume calculated
  – Medicaid managed care individuals included
  – Dual eligibles included

• If you practice in an Federally Qualified Health Center or Rural Health Clinic at least 50% of time, can include needy individuals in your volume count
MU General Requirements

1. 80% of unique patients seen at locations with CEHRT must have their records in CEHRT

2. 50% of encounters during EHR / MU reporting period must be at locations equipped with CEHRT
Program Year 2018

- Meeting volume requirements
  - 90 day consecutive period
  - Within 2017
  - In the 12 months prior to attestation

- Meaningful Use Requirements
  - Modified Stage 2 objectives and measures
  - Stage 3 if CEHRT supports

- Attest by April 1, 2018
### PY 18 Modified Stage 2 Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect Electronic Health Information</td>
</tr>
<tr>
<td>Clinical Decision Support</td>
</tr>
<tr>
<td>Computerized Provider Order Entry (CPOE)</td>
</tr>
<tr>
<td>E-Prescribing</td>
</tr>
<tr>
<td>Health Information Exchange</td>
</tr>
<tr>
<td>Patient Specific Education</td>
</tr>
<tr>
<td>Medication Reconciliation</td>
</tr>
<tr>
<td>Patient Electronic Access</td>
</tr>
<tr>
<td>Secure Electronic Messaging</td>
</tr>
<tr>
<td>Public Health Reporting</td>
</tr>
</tbody>
</table>

Protect Patient Health Information

- Measure: Conduct or review a security risk analysis (SRA) in accordance with the requirements 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of electronic protected health information (ePHI) created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP’s risk management process

- Exclusion: None
Timing

- For PY18, the SRA must occur within 2018
- Analysis must cover the full EHR reporting period
- An EP cannot use the same SRA for more than one PY

What is an Asset Inventory?

- Any asset that processes, transmits, or stores ePHI should be included in the asset inventory
- This includes computers, servers, routers, iPads, cell phones, possibly faxes and copiers, and any other asset that is used to receive, save, or transmit ePHI
- The purpose of the SRA is to help ensure the safety of ePHI. If you don’t know where it may be located, you may not be able to help ensure it’s safety
Clinical Decision Support

Measure 1

• Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP’s scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions

• Exclusion: None

Measure 2

• The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period

• Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period
# Computerized Provider Order Entry (CPOE)

<table>
<thead>
<tr>
<th>Measure 1</th>
<th>Measure 2</th>
<th>Measure 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication Orders</strong></td>
<td><strong>Laboratory Orders</strong></td>
<td><strong>Radiology Orders</strong></td>
</tr>
<tr>
<td>• Measure: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE</td>
<td>• Measure: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE</td>
<td>• Measure: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE</td>
</tr>
<tr>
<td>• Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period</td>
<td>• Exclusion: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period</td>
<td>• Exclusion: Any EP who writes fewer than 100 radiology orders during the EHR reporting period</td>
</tr>
</tbody>
</table>
Electronic Prescribing (e-Rx)

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

• Exclusions:
  – EP who writes fewer than 100 permissible prescriptions during the EHR reporting period; or
  – EP who does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period
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.
Patient Specific Education

Measure

• Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period

Exclusion

• Any EP who has no office visits during the EHR reporting period
Medication Reconciliation

• Measure: The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP

• Exclusion: Any EP who was not the recipient of any transitions of care during the EHR reporting period
# Patient Electronic Access

<table>
<thead>
<tr>
<th>Measure 1</th>
<th>Measure 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Measure: 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</td>
<td>• Measure: For an EHR reporting period in 2018, more than 5 percent of unique patients 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 during the EHR reporting period</td>
</tr>
<tr>
<td>• Exclusion: An EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contract information”</td>
<td>• Exclusion 1: An EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contract information”; or</td>
</tr>
<tr>
<td></td>
<td>• Exclusion 2: An EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period</td>
</tr>
</tbody>
</table>
Secure Messaging

• Measure: For an EHR reporting period in 2018, for more than 5% 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.

• Exclusion: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
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
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 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.
In PY18, EPs must attest to at least two measures from the public health reporting measures.

**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

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

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.
Florida’s Specialized Registries

- Florida Cancer Registry can accept electronic reporting for providers who diagnose or treat cancer
- EFORCSE is Florida’s Prescription Drug Monitoring Program (PDMP) database
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
Clinical Quality Measures (CQMs)

- Report Six
- No longer required to cross Quality Domains
- No threshold that must be met
- The CQM reporting period is a full year (365 days) for all providers except for providers attesting to meaningful use for the first time.
Stage 3 Objectives

- Protect Patient Health Information
- E-Prescribing
- Clinical Decision Support
- Computerized Provider Order Entry (CPOE)
- Patient Electronic Access
- Coordination of Care
- Health Information Exchange
- Public Health Reporting

Contacts and Resources

www.ahca.myflorida.com/medicaid/ehr
MedicaidHIT@AHCA.MyFlorida.com

Connect with us through Social Media:
https://www.facebook.com/AHCAFlorida
@AHCA_FL