Florida’s Medicaid EHR Incentive Program

Understanding Program Year 2016
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Kim Davis-Allen
Outreach Coordinator
Kim.davis@ahca.myflorida.com
It’s Not Too Late

Program Year (PY) 16 is the Last Year to Begin Program Participation
Meaningful Use Participation Timeline

2016
- 1st year: 90 days
- 2nd or later years: full year
- Some alternate measures and exclusions

2017
- 1st year: 90 days
- 2nd or later years: full year
- Can attest to Stage 3 if upgraded to 2015 certification standards

2018
- 1st year: 90 days
- 2nd or later years: full year
- Must have 2015 certified system
- Stage 3 measures
MU General Requirements

• 50% of encounters during Electronic Health Record (EHR)/Meaningful Use (MU) reporting period must be at locations equipped with certified electronic health record technology (CEHRT)
  
  • Encounter numbers must be entered into the on-line application (MAPIR)
    – If practicing at more than one location, complete #1 on the Additional Documentation form
  
  • Prepayment verification will validate practicing at more than one location using claims data

• 80% of unique patients seen at locations with CEHRT must have their records in CEHRT
  
  – Prepayment verification compares to MU report for measures with Unique Patients denominator e.g. Patient Electronic Access
Program Year 2015 and 2016 Additional Documentation Form

Eligible Professional Additional Documentation Form (AD Form) for Meaningful Use

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Practice Address</th>
<th>CEHRT System Name</th>
<th>System Certification Number</th>
<th>#1, # of encounters from locations WITH CEHRT</th>
<th>#1, # of encounters from locations WITHOUT CEHRT</th>
<th>#2, Total unique patients from locations WITH CEHRT</th>
<th>#2, # of unique patients WITH DATA in CEHRT</th>
</tr>
</thead>
<tbody>
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**General Requirements Calculation (auto calculated based on Section A)**

- **Numerator for General Requirement #1:** 0
- **Denominator for General Requirement #1:** 0
- **Numerator for General Requirement #2:** 0
- **Denominator for General Requirement #2:** 0

**TOTALS:** 0 0 0 0

Meaningful Use is based on all encounters. The information provided on this Form will be used in the on-line application for the General Requirement. Providers are required to report all encounters from all ambulatory locations. This excludes inpatient and emergency room settings.

1. Required only for Meaningful Use applications.
2. Information may be provided in another format such as reports from your certified EHR (CEHRT).
3. Information provided may be used for prepayment validation or to support post payment auditing. The State reserves the right to request additional information at anytime to support the application. Documentation supporting provider’s attestation must be maintained for a period of 6 years.

SECTION A - GENERAL REQUIREMENTS: complete #1 ONLY if you are practicing at multiple locations with DIFFERENT CEHRT systems OR at locations without CEHRT technology. All providers complete #2.
Overview of Modified Stage 2 Requirements

A single set of objectives and measures

Must be using 2014 CEHRT technology

Protect Electronic Health Information

Clinical Decision Support

Computerized Order Entry (CPOE)

E-Prescribing

Health Information Exchange

Patient Specific Education

Medication Reconciliation

Patient Electronic Access

Secure Electronic Messaging

Public Health Reporting

Protect Patient Health Information

• Measure: Conduct or review a security risk analysis 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 Eligible Professional (EP)’s risk management process

• Exclusion: None
Protect Patient Health Information — Additional Information

• Timing
  – Can occur before, during or after the meaningful use reporting period (CMS FAQ# 13649) but must be performed before attestation
  – Analysis must cover the full EHR reporting period
  – An EP cannot use the same Security Risk Analysis (SRA) for more than one program year
  – Documentation must include an asset inventory and the final report
  – A copy must be uploaded with the application
    • Acceptance of the uploaded document does not guarantee it will be acceptable in an audit
  – Asset inventory lists where Protected Health Information (PHI) comes in, is stored, and is transmitted out
## Clinical Decision Support

<table>
<thead>
<tr>
<th>Measure 1</th>
<th>Measure 2</th>
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<tbody>
<tr>
<td>• 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</td>
<td>• The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period</td>
</tr>
<tr>
<td>• Exclusion: None</td>
<td>• Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period</td>
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</tbody>
</table>
## Computerized Provider Order Entry

<table>
<thead>
<tr>
<th>Measure 1</th>
<th>Medication Orders</th>
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</thead>
<tbody>
<tr>
<td>• Measure: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry (CPOE)</td>
<td></td>
</tr>
<tr>
<td>• Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure 2</th>
<th>Laboratory Orders</th>
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</thead>
<tbody>
<tr>
<td>• Measure: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE</td>
<td></td>
</tr>
<tr>
<td>• Exclusion: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period</td>
<td></td>
</tr>
<tr>
<td>• Alternate Exclusion: EPs scheduled for Stage 1 in 2016 may claim an alternate exclusion</td>
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<table>
<thead>
<tr>
<th>Measure 3</th>
<th>Radiology Orders</th>
</tr>
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<tbody>
<tr>
<td>• Measure: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE</td>
<td></td>
</tr>
<tr>
<td>• Exclusion: Any EP who writes fewer than 100 radiology orders during the EHR reporting period</td>
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</tr>
<tr>
<td>• Alternate Exclusion: EPs scheduled for Stage 1 in 2016 may claim an alternate exclusion</td>
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</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
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

• The Florida Health Information Exchange’s Direct Messaging Service meets the security requirements

• The EHR may not calculate a transition into the numerator. EPs will have to provide documentation to support the numerator if different from their EHR report
Health Information Exchange – Resources

• [CMS FAQ #12817](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/HIE_FactSheet.pdf) – use of a third party

• [CMS FAQ #9690](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/HIE_FactSheet.pdf) – sharing of CEHRT

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

## Measure 1

- **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.

- **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 contact information”.

## Measure 2

- **Measure**: For an EHR reporting period in 2015, 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 during the EHR reporting period.

- **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 contact information”; or

- **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.
Secure Messaging

• Measure: At least 1 patient 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

• All EPs in PY16 must meet two measures or meet fewer and exclude from the rest

• Alternate Exclusion for Measure 2 or Measure 3
  – An Alternate Exclusion may be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure

• EPs must register within 60 days of the start of their EHR reporting period unless they registered for a previous reporting period
<table>
<thead>
<tr>
<th>Measure Option 1 – Immunization Registry Reporting</th>
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<tbody>
<tr>
<td>• The EP is in active engagement with a public health agency to submit immunization data</td>
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<tr>
<th>Measure Option 2 – Syndromic Surveillance Reporting</th>
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<tr>
<td>• The EP is in active engagement with a public health agency to submit syndromic surveillance data</td>
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<tr>
<th>Measure Option 3 – Specialized Registry Reporting</th>
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<tbody>
<tr>
<td>• The EP is in active engagement to submit data to a specialized registry</td>
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Active Engagement

- 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.

- 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.

- EP has completed testing and validation of the electronic submission and is electronically submitting production data.
## Public Health Reporting Exclusions

### Exclusions for Measure 1
- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;

- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period;

- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

### Exclusions for Measure 2
- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;

- Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

- Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

### Exclusions for Measure 3
- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;

- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

- Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
Immunization Registry Reporting

• CMS FAQ #11984 – when to claim an exclusion

• CMS FAQ #13409 – when scheduled to be in Stage 1

• CMS FAQ #12985 – alternate exclusions

• https://www.flshots.com/
Specialized Registry Reporting

• 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

• Reporting
  – Specialty societies with specialized registries can dictate the method in which they receive the data
  – The data must be generated from the CEHRT
Florida Registry Links

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

E-FORCSE
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

*Updated 11/8/2016 to reflect age requirements
Clinical Quality Measures (CQMs)

EPs - 9 out of 64

Cover at least three of the National Quality Strategy Domains

No threshold that must be met

Core Sets for Adult and Children
When Submitting Your Application

• Remember to upload:
  – Documentation of 2014 CEHRT
  – Patient Volume Report
  – Encounter Report for EHR Reporting Period
  – Meaningful Use Report – including CQMs
  – Security Risk Analysis including Asset Inventory and Final Report
  – Additional Documentation Form
  – For Public Health Reporting
    • Documentation of active engagement OR
    • Documentation supporting exclusions other than alternate exclusions
  – Additional Documentation, as applicable:
    • PA-Led Attestation
    • Medical Record for ARNPs (if not billing Medicaid directly)

• Clearly Label Uploads

• Maintain Documentation
Additional Contacts and Resources

www.ahca.myflorida.com/medicaid/ehr

EHR Incentive Program Call Center:
855-231-5472

MedicaidHIT@AHCA.MyFlorida.com

Kim.davis@ahca.myflorida.com

www.Florida-HIE.net

Florida HIE Help Desk:
850-412-3752

FLHII@ahca.myflorida.com

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@AHCA_FL