CHITREC
CHICAGO HEALTH INFORMATION TECHNOLOGY
REGIONAL EXTENSION CENTER

Changes to MU 2017/2018

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- Provider Support Specialist
- Staff the IL Medicaid EHR Incentive Help Desk

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About CHITREC

The Chicago Health Information Technology Regional Extension Center (CHITREC) is a collaboration between Northwestern University the Alliance of Chicago Community Health Services and more than 40 local and national partners focused on HIT adoption and use within the city of Chicago.

- Illinois Department of Healthcare and Family Services (HFS) contracted with CHITREC to operate a Meaningful Use Help Desk (855-MU-HELP-1) for the Illinois Medicaid EHR Incentive Payment Program
- Proudly contracted by CMS for QPP SURS and TCPI initiatives.

Expected Audience Today

Some familiarity with the MU program is expected

- Eligible Professionals
- MU Coordinators

If you want help with any meaningful use questions, call 855 684 3571 or email hfs.ehrincentive@Illinois.gov

Monday-Friday, 8:30a.m.-5:00p.m.

Contact the Illinois Medicaid EHR Incentive Help Desk
for Attestation, Registration, and Meaningful Use answers

1-855-MU-HELP-1
(855-684-3571)
Monday–Friday, 8:30am – 5:00pm

hfs.ehrincentive@illinois.gov

ILLINOIS DEPARTMENT OF Healthcare and Family Services

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Changes per IPPS Final Rule

2017	2018
• Minimum 90 Day reporting period for MU objectives	• **Minimum 90 Day reporting period for MU objectives**
• 2014 or 2015 CEHRT	• **2014 or 2015 CEHRT**
• Stage 2 or Stage 3	• **Stage 2 or Stage 3**

• **CQMs- 90 days**
  • **Select any six of 53**
	• CQMs- full year*
	  • **Select any six of 53**

* Future years' requirements for reporting CQMs will be established in future rulemaking, as the policies for MIPS are developed for 2018 and beyond.

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2017 Stage 2M: Meaningful Use

1. Conduct Security and Risk Analysis, including encryption.
2. Implement 5 clinical decision support interventions and drug/drug and drug/allergy interaction checks
3. Use CPOE- 60% medication, 30% lab, 30% radiology orders
4. E-Rx for >50% of prescriptions, with formulary queried
5. Provide summary of care document electronically for >10% of transitions of care and referrals
6. Use EHR to provide education to more than 10% of patients
7. Medication reconciliation for 50% of incoming transitions of care
8. Provide online access to health information in 4 days for 50% of patients and more than 5% of patients view, download or transmit electronic information
9. Secure message sent to more than 5% of patients seen
10. Engage with Public Health- 2 or more from three choices

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Clinical Quality Measures 2017

- Previous Rule for 2017
  - Must report 9 measures from 3 domains
  - 365 day reporting period
- Final for 2017
  - Must report SIX measures
  - 90 days (states determine form of reporting)
    - Online entry
    - Upload the pdf form
  - Elimination of 11 “outdated” measures

CQMs Eliminated- No longer clinically relevant

CMS 061	Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed AND Risk-Stratified Fasting LDL-C
CMS 062	HIV/AIDS: Medical Visit
CMS 064	Diabetes: Low Density Lipoprotein (LDL-C) Control (<100 mg/dL)
CMS 077	HIV/AIDS: RNA Control for Patients with HIV
CMS 126	Use of Appropriate Medications for Asthma
CMS 140	Hormonal Therapy for Stage IC -IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer
CMS 141	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
CMS 148	Hemoglobin A1c Test for Pediatric Patients
CMS 163	LDL low for diabetic patients
CMS 179	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range
CMS 182	Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (< 100 mg/dL)

2017 Stage 3: Meaningful Use

1. Conduct Security and Risk Analysis, including encryption.
2. E-Rx for 60% of prescriptions, with formulary queried
3. Implement 5 clinical decision support interventions and drug/drug and drug/allergy interaction checks
4. CPOE- 60% medication, 60% lab and 60% radiology orders
5. a) Provide electronic access to more than 80% of patients seen

   b) Use EHR to provide education electronically to 35% of patients seen
6.* a) 5% of patients view their record (VDT) –portal or app -10% in later years

   b) 5% of patients are sent a secure message -25% in later years

   c) 5% of patients have data from outside the clinic in the EHR
7.* a) Electronic summary of care for 50% of outbound TOC

   b) 40% incoming TOC have summary from another EHR

   c) 80% incoming TOC -reconciled meds, allergies & problems
8. Engage public health or clinical registry - 2 from 5 choices

* Objectives 6 and 7: report 3 and must meet 2

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Clinical Quality Measures 2018

- Previous Rule for 2018
  - Must report 9 measures from 3 domains
  - 365 day reporting period
- Final Rule- 2018
  - Must report SIX measures
  - 365 days (no change)
  - Elimination of 11 “outdated” measures
- CMS will align reporting with other programs, such as MIPS
  - Future rule making

New Attestation Statements

Information Blocking Attestation Beginning 2017 Attestation Year

Item	Statement
Statement 1 Information Blocking	A health care provider must attest that it did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.
Statement 2 Information Blocking	A health care provider must attest that it implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times: (1) Connected in accordance with applicable law; (2) compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (3) implemented in a manner that allowed for timely access by patients to their electronic health information (including the ability to view, download, and transmit this information); (4) implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated health care providers, and with disparate certified EHR technology and vendors.
Statement 3 Information Blocking	A health care provider must attest that it responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.
Statement 4 SPPC	A health care provider must attest that it acknowledges the requirement to cooperate in good faith with ONC direct review of its' health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received.
Statement 5 SPPC	A health care provider must attest that if requested, it cooperated in good faith with ONC direct review of its' health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the health care provider in the field.
Statement 6 SPPC OPTIONAL	A health care provider must attest that it acknowledges the option to cooperate in good faith with ONC-ACB surveillance of its' health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received.
Statement 7 SPPC OPTIONAL	A health care provider must attest that if requested, it cooperated in good faith with ONC-ACB surveillance of its' health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by the health care provider in the field.

New Attestation Statements

- Demonstrate good faith effort not to prohibit the ability for interoperabililty and dissemination of information across medical community and with ONC

Questions

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