Promoting Interoperability Program: 2020 and 2021 Updates

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Agenda

- Stage 3 Refresher
- Programmatic Updates
- Adjudication Updates
- Key Takeaways

Stage 3 Refresher

Stage 3 Objectives and Measures

- Meet compliance threshold for all measures under eight objectives:
  1. Protect Patient Health Information (complete security risk assessment)
  2. e-Prescribing (60%)
  3. Clinical Decision Support (five CDS rules, drug/drug/allergy interaction checking)
  4. Computerized Provider Order Entry (60% medications, labs, imaging)
  5. Patient Electronic Access (80% online access, 35% educational material)
  6. Coordination of Care through Patient Engagement (5% view/download/transmit, secure messaging, patient-generated data)
  7. Health Information Exchange (50% send summary of care, 40% receive summary of care, 80% clinical information reconciliation)
  8. Public Health Reporting (engage with two of: immunization, syndromic surveillance, case reporting, public health registry, specialized registry)

- Learn more at https://www.chitrec.org/webinars/archive/#promoting-interoperability

Clinical Quality Measures

- Report at least six measures exactly per output of CEHRT
- Include at least one outcome measure
- In lieu of an outcome measure, include at least one high-priority measure
- If fewer than six measures with non-zero denominator are available from CEHRT, reporting measures with 0/0 is allowed

Programmatic Updates

Patient Volume

- No change to calculation methodology
- Select an exact 90 day reporting period from CY 2019
- Program adjudicator is currently accepting data for pre-approval
- Send to hfs.ehrincentive@illinois.gov:
  - Organization name/TIN (group) or provider name/NPI (individual)
  - Reporting period
  - Total encounters
  - Medicaid FFS encounters
  - Medicaid MCO encounters

Stage 3 Reporting

- No change to Stage 3 objectives, measures or compliance thresholds
- Still requires 2015 Edition CEHRT
- Must meet all objectives and measures during a 90+ day period **during CY 2020**
- Must report clinical quality measures (CQM) **from a 90+ day period**:
  - Prior program years required a 365 day CQM reporting period
  - Providers able to attest as soon as a 90-day period is completed, rather than wait until Q1 of 2021
  - CQM reporting period may differ from objective reporting period

Deadlines

- By federal rule, Medicaid PI incentives must be **paid** by 12/31/21
- In order to meet this timeline, 2021 attestations must be submitted early
- As a result of 2021 attestation timeline, 2020 timeline has been adjusted
- Early attestation deadlines result in limited re-submission windows

Program Year	Attestation Deadline	Re-Submission Deadline (if rejected)
2020	2/28/21	4/30/21
2021	8/31/21	10/31/21

Adjudication Updates

Security Risk Assessment (SRA)

- By rule, SRA must be completed prior to attestation, no later than 12/31 of program year
- No change for program year 2020; can't attest until SRA is complete
- Program year 2021 early attestation deadline would effectively result in an SRA deadline of 8/31/21
- For 2021 only, eMIPP will support two options when attesting to Objective 1:
  - SRA has been completed prior to attestation
  - SRA will be completed no later than 12/31/21

Coordination of Care and Health Information Exchange

- Objectives 6 and 7 have three measures each:
  - An EP must attest to all three measures and meet the threshold for two measures for this objective
  - If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure
  - If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective

- These statements leave ambiguity for certain outcomes, which will be adjudicated as follows:

Measure Result	Measure Result	Measure Result	Objective Result
Met	Exclude	Exclude	Pass
Exclude	Exclude	Exclude	Pass
Met	Exclude	Did not meet	Fail
Exclude	Exclude	Did not meet	Fail

Immunization Registry Reporting

- Under Stage 3 requirements, immunization registry requires bi-directionality:
  - Submit immunization data
  - Receive immunization forecasts and histories

- Measures under Objective 8 allow compliance through “active engagement”:
  - Registration of intent (MURS at https://murs.illinois.gov/)
  - Testing and validation (connecting CEHRT with ICARE)
  - Production (fully connected to ICARE)

- To pass immunization registry measure through production or testing/validation, ICARE must provide verification of bi-directional connection

- Measure may still be met through registration of intent (even if CEHRT was in production or testing/validation without bi-directionality for Stage 2)

Document Upload

- Pre-payment audit will still require documents supporting patient volume and confirmation of active engagement with public health reporting

- Illinois registry confirmation letters must be from MURS (registration of intent) or registry (testing/validation or production):
  - ICARE (must confirm bi-directionality)
  - Prescription Monitoring Program
  - Syndromic Surveillance
  - Cancer Registry
  - Case Reporting

- Program year 2020 will require upload of evidence of SRA

- Program year 2021 will require upload of SRA **or** evidence SRA will be completed prior to 12/31/21

Key Takeaways

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- Take advantage of 90-day CQM period and attest early during CY 2020
- Plan ahead for early 2021 attestation deadline
- Prepare for increased scrutiny of security risk assessment
- Monitor Stage 3 reports closely for Objectives 6 and 7 (meeting measures or qualifying for exclusions as needed)
- Engage with CEHRT vendor for bi-directionality with ICARE

Q & A

Contact Us


Contact the **Illinois Medicaid Promoting Interoperability* Help Desk** with questions on Attestation, Registration, and Meeting the Measures.
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