IDAHO DEPARTMENT OF
HEALTH & WELFARE

Idaho Medicaid EHR Incentive Program

Stage 1

Updated June 13, 2014

Topics of Discussion

- General Overview of Idaho Medicaid's EHR Incentive Program
- Streamlining adopting, implementing, or upgrading (AIU) Attestation
- Stage 1 Meaningful Use (MU) Overview

General Overview of Idaho Medicaid's EHR Incentive Program

General Overview

- Medicaid can pay certain providers an incentive payment for adopting, implementing, or upgrading an electronic health records system and for meaningfully using such a system
  - Eligible Professionals (EPs)
  - Eligible Hospitals (EHs)
- EPs may receive up to $63,750
  - $21,250 for the 1st year and $8,500 for the next 5 years
- EHs receive incentive amounts payable over a three year period depending on the volume of Medicaid participants they serve
  - 50% the first year, 40% the second year and 10% the third year

Incentive Payment Status

- As of the end of May 2014, 894 Eligible Professionals and Eligible Hospitals have been paid over $34 million dollars
  - 624 Eligible Professionals have been paid over $15 million dollars for AIU, and 237 have been paid over $2 million dollars for MU
  - 23 Eligible Hospitals have been paid over $19 million dollars for AIU, and 10 hospitals have been paid over $5 million dollars for MU

Streamlining AIU Attestation

Streamlining AIU Attestation–EP

- Group Proxy Methodology
  - Uses eligible encounter data from all practitioners, both eligible and non–eligible
- There is an auditable data source for encounter data
- All EPs in the group must use this method once the first EP chooses this method
- Only in–state groups may be included in the calculation
- Group Proxy Roster form and instructions
  - www.medicaidehr.dhw.idaho.gov

Stage 2 Final Rule Highlights– Patient Volume Calculation Change

- If EPs do not meet the minimum patient volume criteria by using the prior calendar year, then Idaho Medicaid will allow a rolling 12-month period prior to date of attestation

- Idaho Medicaid zero-paid claims are now considered in the patient volume calculation

Stage 2 Final Rule Highlights–Hospital Related Changes

- A hospital-based EP who can demonstrate that they fund the EHR system, use the EHR system, and does not receive reimbursement from the hospital for the EHR system can attest for incentive payments
- EHs can use a rolling 12-month period as their base year instead of using a 12-month period ending in a federal fiscal year

Stage 1 Meaningful Use Overview

Stage 1 Meaningful Use – What is Meaningful Use?

- Meaningful Use is <u>using</u> certified EHR technology to
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and families in their health care
  - Improve care coordination
  - Improve population and public health
  - All the while maintaining privacy and security
- Meaningful Use mandated in law to receive incentives

What are the Requirements of Stage 1 Meaningful Use?

Stage 1 Objectives and Measures Reporting

- Eligible Professionals must complete:
  - 13 core objectives
  - 5 objectives out of 9 from menu set
  - 9 total out of 64 Clinical Quality Measures (From 3 of 6 domains)
- Eligible Hospitals must complete:
  - 14 core objectives
  - 5 objectives out of 10 from menu set
  - 9 total out of 29 Clinical Quality Measures (From 3 of 6 domains)

Meaningful Use for Hospitals

- Dually eligible Medicare and Medicaid hospitals will not have to provide meaningful use or clinical quality information to Idaho Medicaid since they will qualify for meaningful use through Medicare first
- Eligible hospitals will still have to provide patient encounter information to Idaho Medicaid to show that they meet the 10% threshold

Meaningful Use: Core Objectives

Eligible Professionals – 13 Core Objectives

1. Computerized provider order entry (CPOE)
2. Drug-drug and drug-allergy interaction checks
3. Maintain an up-to-date problem list of current and active diagnoses
4. E-Prescribing (eRx)
5. Maintain active medication list
6. Maintain active medication allergy list
7. Record demographics
8. Record and chart changes in vital signs
9. Record smoking status for patients 13 years or older
10. Implement one clinical decision support rule
11. Provide patients the ability to view online, download, and transmit information within four business days of the information being available to the EP
12. Provide clinical summaries for patients for each office visit
13. Protect electronic health information

Meaningful Use: Menu Objectives

Eligible Professionals – 5 of 9 Menu Objectives

1. Implement drug formulary checks
2. Incorporate clinical lab-test results into EHR as structured data
3. Generate lists of patients by specific conditions to use for quality improvement, reductions of disparities, research, or outreach
4. Send patient reminders per patient preference for preventive/follow-up care
5. Use certified EHR technology to identify patient-specific education resources and provider those resources to the patient if appropriate
6. The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation
7. The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral
8. Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.
9. Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice

Important Note: While there are exclusions provided for some of these menu objectives, you cannot select a menu objective and claim the exclusion if there are other menu objectives that you could report on instead.

MU: EP Clinical Quality Measures

Stage 1 Meaningful Use: 9 out of 64 CQMs must have measures from 3 of the 6 domains

Domain 1: Clinical Process/Effectiveness

- 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- 0018 Controlling High Blood Pressure
- 0031 Breast Cancer Screening
- 0032 Cervical Cancer Screening
- 0034 Colorectal Cancer Screening
- 0036 Use of Appropriate Medications for Asthma
- 0043 Pneumonia Vaccination Status for Older Adults
- 0055 Diabetes: Eye Exam
- 0056 Diabetes: Foot Exam
- 0059 Diabetes: Hemoglobin A1c Poor Control
- 0060 Hemoglobin A1c Test for Pediatric Patients
- 0062 Diabetes: Urine Protein Screening
- 0064 Diabetes: Low Density Lipoprotein (LDL) Management
- 0068 schemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- 0070 Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

MU: EP Clinical Quality Measures

Stage 1 Meaningful Use: 9 out of 64 CQMs must have measures from 3 of the 6 domains

Domain 1: Clinical Process/Effectiveness (cont'd)

- 0075 Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
- 0081 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- 0083 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- 0086 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- 0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- 0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- 0104 Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
- 0105 Anti-depressant Medication Management
- 0108 ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD) Medication
- 0110 Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
- 0385 Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
- 0387 Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer

MU: EP Clinical Quality Measures

Stage 1 Meaningful Use: 9 out of 64 CQMs must have measures from 3 of the 6 domains

Domain 1: Clinical Process/Effectiveness (cont'd)

- 0403 HIV/AIDS: Medical Visit
- 0405 HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
- TBD HIV/AIDS: RNA Control for Patients with HIV
- 0565 Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
- 608 Pregnant women that had HBsAg testing
- 0710 Depression Remission at Twelve Months
- 0712 Depression Utilization of the PHQ-9 Tool
- TBD Children Who Have Dental Decay or Cavities
- TBD Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
- TBD Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed
- TBD Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)
- TBD Dementia: Cognitive Assessment
- TBD Hypertension: Improvement in Blood Pressure

MU: EP Clinical Quality Measures

Stage 1 Meaningful Use: 9 out of 64 CQMs must have measures from 3 of the 6 domains

Domain 2: Patient Safety

- 0022 Use of High-Risk Medications in the Elderly
- 0101 Falls: Screening for Future Fall Risk
- 0419 Documentation of Current Medications in the Medical Record
- 0564 Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- 1365 Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
- TBD ADE Prevention andMonitoring: Warfarin Time in Therapeutic Range

Domain 3: Efficient Use of Healthcare Resources

- 0002 Appropriate Testing for Children with Pharyngitis
- 0069 Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- 0389 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- 0052 Use of Imaging Studies for Low Back Pain

MU: EP Clinical Quality Measures

Stage 1 Meaningful Use: 9 out of 64 CQMs must have measures from 3 of the 6 domains

Domain 4: Population/Public Health

- 0024 Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- 0028 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- 0033 Chlamydia Screening for Women
- 0038 Childhood Immunization Status
- 0041 Preventive Care and Screening: Influenza Immunization
- 0418 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- 0421 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- 1401 Maternal Depression Screening
- TBD Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

MU: EP Clinical Quality Measures

Stage 1 Meaningful Use: 9 out of 64 CQMs must have measures from 3 of the 6 domains

Domain 5: Patient and Family Engagement

- 0384 Oncology: Medical and Radiation – Pain Intensity Quantified
- TBD Functional Status Assessment for Knee Replacement
- TBD Functional Status Assessment for Hip Replacement
- TBD Functional Status Assessment for Complex Chronic Conditions

Domain 6: Care Coordination

- TBD Closing the Referral Loop: Receipt of Specialist Report

Do I Need to Upgrade My EHR?

- CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and certification criteria for structured data that EHRs must use in order to successfully capture and calculate objectives for Stages 1and 2 of meaningful use. These new standards and certification criteria will take effect in 2014.

- ***Even if you already have a 2011 or 2011/2014 certified EHR, you will have to adopt or upgrade to the new 2014 certification in order to participate in the EHR Incentive Programs beginning in 2014.**

- EHR technology that is certified to the 2014 standards and certification criteria will allow providers to meet both Stage 1 and Stage 2 meaningful use requirements.

***note: CMS has a proposed rule that may allow providers attesting to Meaningful Use in 2014 who haven't upgraded to 2014 technology, to meet Meaningful use using 2011 or 2011/2014 Certified EHR technology.**

Special Reporting Period in 2014

- **For 2014 Only**
- *Because all providers must upgrade or adopt newly certified EHRs in 2014, all providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a **three-month (or 90-day)** EHR reporting period in 2014.
- **Medicaid** eligible professionals can select any 90-day reporting period that falls within the 2014 calendar year.

*note: CMS has a proposed rule that may allow providers attesting to Meaningful Use in 2014 who haven't upgraded to 2014 technology, to meet Meaningful use using 2011 or 2011/2014 Certified EHR technology.

Helpful Resources

- Idaho Medicaid EHR website
  - www.MedicaidEHR.dhw.idaho.gov
- Idaho Medicaid EHR Help Desk
  - 208-332-7989
- Idaho Medicaid EHR email
  - ehrincentives@dhw.idaho.gov
- CMS EHR website
  - www.cms.gov/EHRIncentivePrograms
- Public Health Meaningful Use of Electronic Health Records and Idaho Public Health
  - http://healthandwelfare.idaho.gov/Health/Epidemiology/PublicHealthMeaningfulUseReporting/tabid/2176/Default.aspx