

KY REC Tip for the Kentucky Medicaid EHR Incentive Program (Promoting Interoperability)

Overview of Stage 3

Requirements for Eligible Professionals in 2020:

- All providers will be required to participate in Stage 3 regardless of their prior participation. In 2019, moving all participants to a single stage of meaningful use was to reduce the program's complexity and simplify reporting requirements.
- All providers are required to use an EHR reporting period of 90 days and CQMs for any continuous 90 days.
- Providers must use 2015 certified EHR technology during their selected 90 day period for objectives and measures.
- CQMs may be reported using QRDA-III file in XML format, or manual entry in 2020



OVERVIEW OF 2020 OBJECTIVES AND MEASURES

Objective	Measure
Protect Patient Health Information	<ul style="list-style-type: none"> Security Risk Analysis
Electronic Prescribing	<ul style="list-style-type: none"> 60% ePrescribing
Clinical Decision Support	<ul style="list-style-type: none"> 5 CDS Rules related to 4 CQMs Drug-Drug/Drug-Allergy Interaction Checks
Computerized Physician Order Entry	<ul style="list-style-type: none"> 60% Medication Orders 60% Lab Orders 60% Diagnostic Imaging Orders
Patient Electronic Access	<ul style="list-style-type: none"> 80% Patient Access 35% Patient-Specific Education
Coordination of Care Through Patient Engagement <i>(Attest to all 3 measures / Meet threshold for 2)</i>	<ul style="list-style-type: none"> 5% View, Download and Transmit (VDT) 5% Secure Messaging 5% Patient-Generated Health Data (PGHD)
Health Information Exchange <i>(Attest to all 3 measures / Meet threshold for 2)</i>	<ul style="list-style-type: none"> 50% Exchange Information with Other Physicians 40% Exchanged Information Incorporated 80% Clinical Information Reconciliation
Public Health and Clinical Data Registry Reporting <i>(Attest to 2 measures)</i>	<ul style="list-style-type: none"> Immunization Registry Reporting Syndromic Surveillance Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting

No changes to thresholds reported to date for 2020

Overview of Changes to Stage 3 2020 in Final Rule:

- The final rule was published on November 15, 2019. Medicaid PI Information can be found on Pages 1057-1075, 1914-1918
 - eCQM: 6 with 1 outcome or high priority measures that are relevant to a Medicaid EPs scope of practice. High Priority include:
 - CMS2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
 - CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
 - CMS125: Breast Cancer Screening
 - CMS128: Anti-depressant Medication Management
 - CMS136: Follow-Up Care for Children Prescribed ADHD Medication
 - CMS137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
 - CMS153: Chlamydia Screening for Women
 - CMS155: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
 - CMS165: Controlling High Blood Pressure
 - eCQM alignment with MIPS
 - eCQM reporting period set at 90 Days for program years 2020 and 2021
 - SRA – finalizing this policy as proposed, and will allow Medicaid EPs to conduct a security risk analysis at any time during CY 2021, even if the EP conducts the analysis after the EP attests to promoting interoperability of CEHRT to the state. A Medicaid EP who has not completed a security risk analysis for CY 2021 by the time he or she attests to meaningful use of CEHRT for CY 2021 will be required to attest that he or she will complete the required analysis by December 31, 2021.
 - CMS 2021 attestation deadlines on or before October 31, 2021. **Kentucky can set an earlier deadline.** We are awaiting their decision. All payments must be made by 12/31/2021.

Best Practices:

- If you skipped Program Year 2019 and are not currently on a 2015 CEHRT, contact your vendor and determine when you will be upgraded
- Ask vendor for training material/Promoting Interoperability manual for stage 3 objectives and measures
- Train staff on workflow for stage 3 measures
- Plan outreach to patients on patient portal, patient generated health data and API
- Identify your top referral partners and make sure you have their direct secure email address in your CEHRT for electronic referrals
- Add your provider direct address to KHIE Direct Catalog so other providers can find you to close the referral loop
- Run Stage 3 Promoting Interoperability reports monthly and send to Health IT Advisor
- Plan Security Risk Analysis for 2020
- Follow up on any high/medium risks identified on 2019 SRA
- Participate in monthly call with your Health IT Advisor to measure progress
- Take screen shots of your CDS rules, drug to drug and drug allergy interactions during your 90 day reporting period and save copy in your electronic attestation folder for 2020