



Everything You Need to Know for the 2021 Medicaid Promoting Interoperability Attestation

Illinois Health Information Technology Regional Extension Center (ILHITREC)



SUPPORT PROVIDED BY ILHITREC:

The Illinois Health Information Technology Regional Extension Center (ILHITREC), under contract with the Illinois Department of Health and Family Services (HFS), is providing education, outreach, and EHR support to Medicaid providers for the Promoting Interoperability Program. Contact us at info@ILHITREC.org; Phone: 815-753-5900



Speaker Biography



Kerri Lanum, MS

Kerri Lanum is a Clinical Informatics Specialist at ILHITREC with over 20 years of experience in the healthcare industry. She is an expert in the design and implementation of innovative technologies to support ambulatory practice workflows. She is certified in several EMR Products, a Lean Six Sigma green belt and has a passion for educating providers and medical office staff on how to track their quality data to improve patient care. Kerri is an active member of the Medical Group Management Association (MGMA) and Health Information Management and Systems Society (HIMSS).





Disclaimer

- **The target audience of this presentation is Eligible Providers, but some references will be made related to Eligible Hospitals.**
- This webinar is based on official guidance provided by the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC), experiences from ILHITREC, and other Regional Extension Centers.
- This presentation was prepared as a tool to assist providers enrolled in the Medicaid Promoting Interoperability program administered by CMS. The ultimate responsibility for compliance, submission and response to any remittance from CMS rests with the provider. Medicare policy changes frequently. It is highly recommended that providers and their designee review rules and regulations frequently.
- The focus of this presentation is the **2021 Reporting Requirements of the Medicaid Promoting Interoperability program for Eligible Providers**. The content applies to the Medicaid Promoting Interoperability program through CMS and the ONC.



Acronyms

- CEHRT-Certified Electronic Health Record Technology
- CQM-Clinical Quality Measure
- eCQM- Electronic Clinical Quality Measure
- EHR-Electronic Health Record
- EP- Eligible Professional
- MIPS- Merit Based Incentive Payment System
- MU-Meaningful use
- NQF- National Quality Forum
- QPP-Quality Payment Program
- QRDA- Quality Reporting Document Architecture
- PI- Promoting Interoperability
- SRA-Security Risk Analysis

[CMS Acronyms](#)

Learning Objectives



Give Important Program Reminders

Review 2021 Objective and Clinical Quality Measures

Discuss Measure Considerations for 2021

Examine Future Initiatives for Medicaid Providers

Program Reminders & Deadlines



2021 Attestations are open

Deadline to submit 2021 Attestation is **August 31, 2021**

Pre-approvals for patient volume are being accepted now

Last reporting period for 2021 is **June 2nd-August 30th 2021**



Program Reminders 2021

- ✓ Have a minimum 30% Medicaid patient volume
- ✓ Have a minimum 20% Medicaid patient volume, and be a pediatrician
- ✓ Practice predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) and have a minimum 30% patient volume attributable to needy individuals



Program Reminders 2021

Patient Volume Pre-Approval Process

- ✓ Contact HFS @ hfs.ehrincentive@Illinois.gov
Provide the following information:
 - TIN =**
 - Group or individual numbers?**
 - Provider type: (physician, hospital, dentist)**
 - Date Range (90 day period in previous year to reporting year)=**
 - Straight Medicaid (only traditional Medicaid & All Kids) =**
(count ALL encounters where straight Medicaid is the primary, secondary, or tertiary coverage even if Medicaid paid \$0.00 and Medicaid/Medicare crossovers).
 - Medicaid Managed Care =**
 - Total Encounters for all payees =**

Stage 3 Objectives for Eligible Providers 2021



Objective Measures	Stage 3
Objective 1: Protect Patient Information	Perform Security Risk Analysis
Objective 2: E-prescribing	>60%
Objective 3: Clinical Decision Support	5 rules related to 4 CQMs Drug-drug + drug-allergy alerts
Objective 4: CPOE	>60%
Objective 5: Patient Electronic Access & Patient Education	>80%, >35%
Objective 6: Coordination of Care through Patient Engagement	>5% VDT, >5% Secure electronic messaging, >5% patient entered data
Objective 7: HIE	>50% Sending >40% Receiving >80% Clinical Reconciliation
Objective 8: Public Health Reporting	Report on 2 out of 5 objectives

Stage 3 Objective Measure Specifications



Clinical Quality Measures 2021

- EPs must select 6 approved Clinical Quality measures.
- EPs must report on at least 1 outcome measure (or, if an outcome measure is not available or relevant, one other high priority measure). If no outcome or high priority measures are relevant to an EP's scope of practice, the clinician may report on any 6 eCQMs that are relevant.
- For the 2021 attestation year providers will attest to **90 days** of CQM reporting
- Submission methods available are electronically submitting via a QRDA file format or manually entering numerator and denominators at the time of attestation.

[2021 CQM specifications](#)

Clinical Quality Measures 2021

- Telehealth Guidance for eCQMs for 2021 reporting period
[2021 eCQM Telehealth Guidance Language \(healthit.gov\)](https://www.healthit.gov/2021-eCQM-telehealth-guidance-language)

TABLE 2. NOT ELIGIBLE FOR TELEHEALTH ENCOUNTER^{b,c} ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS: 2021 REPORTING

CMS eCQM ID	MIPS Quality ID	Measure Title	Reason Not Eligible for Telehealth
CMS22v9 ^b	317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth
CMS69v9 ^b	128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth
CMS142v9 ^b	019	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical action is not appropriate for remote visit
CMS143v9 ^b	012	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical action is not appropriate for remote visit
CMS771v2 ^b	476	Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	Clinical action is not appropriate for remote visit
CMS75v9 ^c	378	Children Who Have Dental Decay or Cavities	Measure does not contain telehealth-eligible codes
CMS129v10 ^c	102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Measure does not contain telehealth-eligible codes and does not require an encounter during the measurement period
CMS133v9 ^c	191	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Measure does not contain telehealth-eligible codes and does not require an encounter during the measurement period

2021 Measure Considerations



Objective 1: Security Risk Assessment

2021: Complete and upload SRA to attestation documents for 2021 by 12/31/2021 (can be uploaded under Track tab in eMIPP if it is after attestation is submitted)

[Security Risk Assessment Tool | HealthIT.gov](#)



2021 Measure Considerations



Objective 1: Security Risk Assessment

▼ Objective 1 : Protect Patient Health Information

Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.

— Measure —

Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.

— Compliance —

Attesting to measure? Yes No

Eligible professionals (EPs) must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies to meet this measure.

For Program Year 2021 only, this measure must be completed either prior to attestation, or prior to the end of the calendar year.

Attesting YES to this measure indicates that the provider HAS completed this measure and it was done prior to attesting.

Attesting NO to this measure indicates that the provider WILL complete this measure by the end of the calendar year.

IF YOUR SECURITY RISK ANALYSIS HAS BEEN COMPLETED, PLEASE UPLOAD IN THE UPLOAD DOCUMENT TAB.

2021 Measure Considerations



Objective 7: Health Information Exchange

Measure 1	Measure 2	Measure 3	Meets Requirements?
Exclusion	Exclusion	Exclusion	YES
Exclusion	Exclusion	Met threshold	YES
Exclusion	Exclusion	Answered but didn't meet threshold	NO
Exclusion	Met Threshold	Answered but didn't meet threshold	NO
Met Threshold	Met Threshold	Answered but didn't meet threshold	YES
Met Threshold	Met Threshold	Exclusion	YES

Please note: Exclusions **cannot** be taken if the denominator is ≥ 100

2021 Measure Considerations



Objective 8: Public Health & Clinical Data Registry Reporting

- *Prescription Drug Monitoring Program*
 - Providers may attest to Stage 3 according the PH [Specifications](#)
 - Link to register intent for PMP - <https://www.ilpmp.org/CDC/contactUs.php> .
 - If you just need a letter, you can email Jen Erickson (Jennifer.Erickson@Illinois.gov).

The specification states: an EP may count a specialized registry (such as PMP) if the EP achieved Active Engagement Option 3 in a prior year. Active engagement Option 3 - Production as defined in the specification sheet: The EP has completed testing and validation of the electronic submission and is submitting production data to the Public Health Agency or Clinical Data Registry.

Example: If you achieved active engagement option 3 by the end of 2020 you can attest to the PMP registry for 2021

New Law

- New Law! PMP Interface required 1/1/2021 for providers with DEA license.
- [Illinois General Assembly - Full Text of Public Act 100-0564 \(ilga.gov\)](#)

2021 Measure Considerations



Objective 8: Public Health Reporting

- *Immunization Registry (ICARE)*
 - Providers may attest to Stage 3 according the PH [Specifications](#)
 - If you need a letter or need to set up bi-directionality, you can email ICARE @ DPH.HL7ICARE@illinois.gov

The specification states: The EP must attest “YES” to being in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/IIS.

*Measure may still be met through testing & validation

Objective 8: Specialized Registry/Other Public Health Registry

- If you attest to sending data to another public health registry or specialized registry you must upload a letter or registration confirmation from the specialized registry confirming active engagement in the registry.

Example specialized registries include but are not limited to: Dartnet, Pinnacle, etc.

Example public health registries include but are not limited to: National Ambulatory Health Care Surveys, Illinois Cancer Registry etc.

2021 Measure Considerations



Objective 8: Public Health Reporting

- *MURS website no longer available*
 - *For information on submitting public health data to IDPH please contact:*
 - *ICARE (Illinois Immunization Registry) DPH.HL7ICARE@illinois.gov*
 - *ELR (Illinois Disease Surveillance System)*
 - *ISSS (Illinois Syndromic Surveillance System) or Stacey.hoferka@illinois.gov*
 - *ISCR (Illinois State Cancer Registry)*
 - *Electronic case reporting: Stacey.hoferka@illinois.gov*

*To Complete a **new** state registry registration you can e-mail the [MURS Spreadsheet](#) and send to DPH.HL7ICARE@illinois.gov*



Information Blocking Attestation 2021

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	<p>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:</p> <ul style="list-style-type: none">(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.



Program Checklist 2021

- ✓ Review Eligible Providers for 2021
- ✓ Update provider CMS registrations in <https://ehrincentives.cms.gov/hitech/login.action>
- ✓ Get pre-approval for patient volume
 - send patient volume for pre-approval to hfs.ehrincentive@illinois.gov
- ✓ Confirm your EHR is upgraded to the 2015 certified edition and that you know the updated Certification ID
 - Check your EHR's certification edition here: <https://chpl.healthit.gov/>
- ✓ Ensure you can extract a report for CQMs for a minimum of a 90-day period from your EHR
- ✓ Register for any public health registries you may not be signed up for within 60 days of the start of your Objective measure reporting period
 - dph.hl7icare@illinois.gov
- ✓ Complete and upload SRA to attestation documents at the time of attestation or by 12/31/2021
- ✓ Implement bi-directional functionality for ICARE (if applicable)
 - ICARE contact info: dph.hl7icare@illinois.gov

Looking to the Future



- **Audits**

- Providers need to keep all records from program attestations for **6 years** after their attestation
- Audits are happening now
- ILHITREC can assist with audit completion



Looking to the Future



- **NPPES NPI Directory of Direct Addresses**
 - [NPI Files \(cms.gov\)](https://nppes.cms.gov/)
- **Link to Update Direct Address**
 - <https://nppes.cms.hhs.gov/#/>



Looking to the Future



- **HealthChoice Illinois-ADT System**

- Cloud-based solution for Medicaid ADT messages only
- Will connect to EHR systems
- [Provider Notice](#)
- Basic [website](#) now includes
 - [FAQ](#)
 - [slide deck](#) from intro meeting
 - [Demo](#) from intro meeting



Looking to the Future



- **Medicaid 2021-2024
Comprehensive Medical
Programs Quality Strategy**

- [Link to Quality Strategy](#)



Additional References



[Medicaid Promoting Interoperability Program Eligible Professionals Objectives And Measures For 2021\(cms.gov\)](#)

[HFS Promoting Interoperability Toolkit](#)

[ONC Health IT Playbook](#)

[ILHITREC Information Blocking Webinar](#)

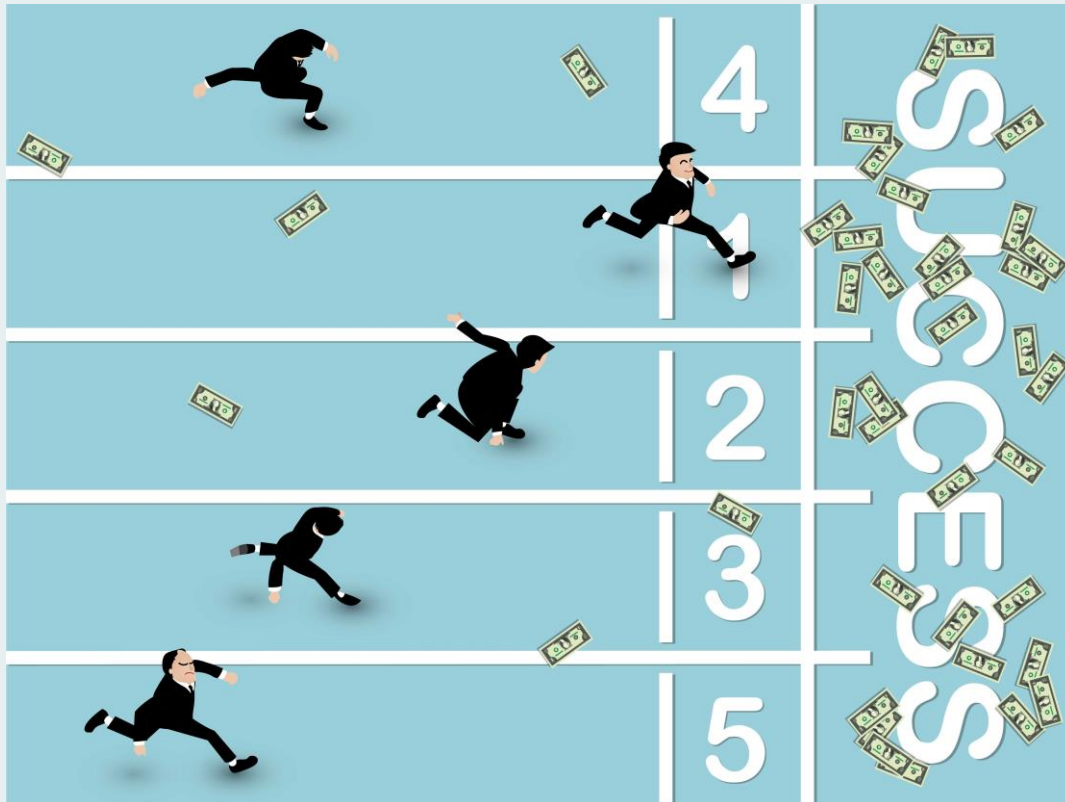
[ILHITREC How to Update your Direct Contact Information Slides](#)

Thank you!

Questions?



**FINISH STRONG AND EARN LAST
CHANCE INCENTIVE DOLLARS!**



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