



COLORADO MEDICAID EHR INCENTIVE PROGRAM

PROGRAM UPDATE



November 13, 2019

Congratulations to Our Hospitals!

The Department of Health Care Policy and Financing (the Department) would like to congratulate all Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) that participated in the Medicaid EHR Incentive Program! Over the program's duration, 73 EHs and CAHs attested (40 EHs and CAHs completed within the first three years). The Department awarded over \$87 million dollars in incentive payments. Thanks to their hard work and dedication, EHs and CAHs completed the Medicaid EHR Incentive Program two years early. The Department is proud of this outstanding effort to bring meaningful use of electronic health records to the patients and providers within the hospital systems of Colorado.

Program Year 2019 Projected Opening Date

The Department is pleased to announce that the Colorado Medical Assistance Provider Incentive Repository (MAPIR) will be available and accepting attestations for Medicaid Eligible Professionals (EPs) for Program Year (PY) 2019 beginning mid- to late-April of calendar year 2020. Please look for email blasts and newsletters that announce opening date details.

CMS Changes to Objectives 5, 6 and 7

Although many participants are already preparing for PY 2019, keep in mind there are changes and explanations to several Objectives by the Centers for Medicare and Medicaid Services (CMS).

Objective 5 Measure 1 Clarification

CMS has recognized the specification sheets for Stage 3, PY 2019 were unclear for Objective 5, Measure 1 and will allow for flexibility for PY 2019 *only*.

Measure 1: For more than 80 percent of all unique patients seen by the EP:

- (1) The patient (or the patient-authorized representative) is provided **timely** access to view online, download, and transmit (VDT) his or her health information; and
- (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's certified electronic health record technology (CEHRT).

The word "timely" was described by CMS as applying to the availability of data via an API, as well as the VDT within 48 hours of being available to the EP.

EPs will be granted flexibility on meeting the second part of this measure for PY 2019 only if they:

- (1) have enabled an API during the calendar year of the reporting period,
- (2) make data available via that API for 80% of the patients seen during their reporting period,
- (3) provide those patients with detailed instructions on how to authenticate their access through the API and provide the patient with supplemental information on available applications that leverage the API, and
- (4) maintain availability of the API, i.e., it can't be turned on for one day and then disabled.

PROGRAM UPDATE



Objectives 6 and 7 Clarification

The measures for Objectives 6 and 7 have been modified to clarify the requirements for meeting these objectives with the following language:

“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.”

Objective 6

Use CEHRT to engage with patients or their authorized representatives about the patient’s care.

Measures

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.

Measure 1: More than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (EP) actively engage with the EHR made accessible by the EP and either;

- (1) View, download, or transmit to a third party their health information; or
- (2) Access their health information through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the EP’s CEHRT; or
- (3) A combination of (1) and (2)

Measure 2: For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.

Measure 3: Patient generated health data or data from a non-clinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.

Objective 6 has only two exclusions. If the EP qualifies for either exclusion for Objective 6, they would be excluded from having to meet the three measures within this Objective.

Objective 7

The eligible professional (EP) provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their electronic health record (EHR) using the functions of certified EHR technology (CEHRT).

PROGRAM UPDATE



Measures

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.

Measure 1: For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care:

- (1) Creates a summary of care record using CEHRT; and
- (2) Electronically exchanges the summary of care record

Measure 2: For more than 40 percent of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she incorporates into the patient's EHR an electronic summary of care document.

Measure 3: For more than 80 percent of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she performs a clinical information reconciliation. The EP must implement clinical information reconciliation for the following three clinical information sets:

- (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
- (2) Medication allergy. Review of the patient's known medication allergies.
- (3) Current Problem list. Review of the patient's current and active diagnoses.

The list below can help EPs understand how to meet requirements for Objective 7.

- EP meets all three measure thresholds.
- EP meets two measure thresholds and excludes one measure.
- EP meets two measure thresholds and fails one measure.
- EP meets one measure threshold and excludes two measures.
- EP excludes all three measures.

Program Resources

PY 2019 check list, Stage 3 overview sheet, workbooks and tip sheets are available on the [CORHIO](http://www2.corhio.org) website to help participants prepare for attestations. Keep in mind past PY workbooks are *not* applicable to current PYs and resource documents may change at the Department's request.

If you know someone that would benefit from receiving this newsletter, send them the following to subscribe:

<http://www2.corhio.org/emailPreference/e/5402/307>.



COLORADO MEDICAID EHR INCENTIVE PROGRAM

PROGRAM UPDATE



For questions regarding program requirements, eligibility and Meaningful Use, contact:

Medicaid EHR Incentive Program Coordinator

Kelly Hernandez

(720) 285-3232

MedicaidEHR@corhio.org

Medicaid Program Point of Contact and Partnerships

The Department of Health Care Policy and Financing has partnered with CORHIO to provide program coordination and assist with provider communications and outreach regarding the Medicaid EHR Incentive Program. The Medicaid EHR Incentive Program Coordinator is the central point of contact for EPs, EHs, partners and other interested parties regarding requirements and processes. Inquiries concerning the Medicaid EHR Incentive Program can be sent to MedicaidEHR@corhio.org or by calling (720) 285-3232.