What You Need to Know for Program Year 2015

1. Overview of Program Changes
   - Reporting Period, CEHRT
   - Modified Stage 2 Measures

2. Required Documentation
   - Medicaid Patient Volume
   - Contract for CEHRT

3. Documentation for MU
   - Summary Report of MU Objectives
   - Security Risk Assessment Questionnaire
   - Public Health Engagement

4. State Level Registry Availability

5. Resources/Questions
Overview of Program Changes

• 90-day EHR Reporting Period, regardless of MU Stage

• Program Year based on Calendar Year, for Hospitals and Professionals

• Continued use of 2014 Edition CEHRT for 2015
  o No changes required until 2018 when 2015 Edition is required

• All participants in Modified Stage 2
  o Meaningful Use Objectives Reduced to 10 for EPs, 9 for EHs
  o Alternate Objectives & Exclusions for Stage 1
  o Modified Public Health Reporting Requirements
Modified Stage 2 Objectives:

- Protect Patient Health Information
- Clinical Decision Support
- CPOE
- Electronic Prescribing (eRx)
- Health Information Exchange
- Patient Specific Education
- Medication Reconciliation
- Patient Electronic Access
- Secure Messaging (EPs only)
- Public Health and Clinical Date Registry Reporting
Meaningful Use Stage in PY 2015

- Participation years determine the MU Stage (for exclusions and alternate measure responses).
  - Meaningful Use Stage 1 = AIU + MU1 + MU2
  - Meaningful Use Stage 2 = MU3 + MU4 and beyond

- The State Level Registry will determine which Stage a provider would have been in for PY2015 based upon previous attestations in the system.

- Alternate exclusions and measures will be presented in the system to those in Stage 1.
Modified Stage 2 Objectives:

- **MU Summary Report from 2014 CEHRT**
  - Protect Patient Health Information
  - Clinical Decision Support
  - CPOE
  - Electronic Prescribing (eRx)
  - Health Information Exchange
  - Patient Specific Education
  - Medication Reconciliation
  - Patient Electronic Access
  - Secure Messaging (EPs only)
  - **Public Health and Clinical Date Registry Reporting**
Select the 90-day EHR reporting period that will be used during attestation.

Using your 2014 CEHRT Software, run the Meaningful Use Summary reports for providers.

A report will be required for each EP beginning in Program Year 2015.

The report is a required attachment in the system on the screen that requests the 90-day reporting period.

For assistance, contact your EHR vendor.
Objective:

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 312.(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP’s, EH’s and CAH’s risk management process.
Objective con’t:

Under the HIPAA Security Rule, you are required to conduct an accurate and thorough analysis of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI.

Once you have completed the risk analysis, you must take any additional “reasonable and appropriate” steps to reduce identified risks to reasonable and appropriate levels. (45 CFR 164.308(a)(1)(ii)).
Alternate Exclusions and/or Specifications:

There are no exclusions for this Meaningful Use Objective. All EPs, EHs and CAHs must meet the measure to be a Meaningful Use participant and receive an EHR Incentive payment.

EPs attesting to AIU are not required to meet this Meaningful Use objective/measure in 2015.
• **Objective:** The EP, eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

• **EPs must meet 2 of 3 measures; eligible hospitals/CAHs must meet 3 of 4 measures:**

  • **Measure 1 – Immunization Registry Reporting:** The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.

  • **Measure 2 – Syndromic Surveillance Reporting:** The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

  • **Measure 3 – Specialized Registry Reporting:** The EP, eligible hospital, or CAH is in active engagement to submit data to a specialized registry.

  • **Measure 4 – Electronic Reportable Laboratory Result Reporting (for Eligible Hospitals/CAHs only):** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

• **Alternate Specification:** An EP scheduled to be in Stage 1 in 2015 may meet 1 measure and an eligible hospital or CAH scheduled to be in Stage 1 in 2015 may meet two measures.

• **Multiple exclusions apply.**
Objective:

The Eligible Professional, Eligible Hospital or Critical Access Hospital is in **active engagement** with a public health agency to submit electronic health data from Certified Electronic Health Record Technology (CEHRT).

There are three levels of **active engagement:**

1. Registration
2. Testing
3. Production
Registration:

The EP registered to submit data with the state’s Public Health Agency to which the information is being collected, and the EP is awaiting an invitation to begin testing and validation.

Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each HER reporting period.
Testing and Validation:

The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period results in the EP not meeting the measure.

Production:

The EP has completed testing and validation of electronic submission and is electronically submitting production data to the PHA.
MO State Level Registry Availability

Program Year 2015

- Missouri’s SLR is developing new attestation screens and functionality to reflect the new CMS-mandated changes for 2015-2017.

- The SLR will re-open to receive EHR Attestations for program year 2015 for both AIU and Meaningful Use on the following schedule – a 90-day attestation window is planned:
  - EPs = April – June 2016
  - EHs = September – November 2016

- Please check our website for updates and availability.
MO State Level Registry Availability

Program Year 2016

- We anticipate Missouri’s SLR for PY 2016 will be open following the end of 2015.

- The **tentative schedule** for the SLR to receive EHR Attestations for program year 2016 for both AIU and Meaningful Use is as follows, subject to CMS approval:
  - EPs = open July 2016 – February 2017
  - EHs = open December 2016 – February 2017

- 2016 is the last year to begin participation in the program.

- The EHR reporting period for 2016 is a full year.
These organizations have resources to assist with questions and clarifications:

- MO HIT Assistance Center
  [http://www.assistancecenter.missouri.edu](http://www.assistancecenter.missouri.edu/)
- MPCA
- MHA
- Primaris

DHSS is available to consult on the Public Health measure: [MOPHIE@health.mo.gov](mailto:MOPHIE@health.mo.gov)

SLR Help Desk is available to consult and answer questions: [SLRHelpdesk@acs-inc.com](mailto:SLRHelpdesk@acs-inc.com)