

UPDATES FOR MEANINGFUL USE

2015 - 2017 Modification Rule

To accommodate the 2015-2017 Modifications and Stage 3 Final Rule, Maryland will be making changes to our (1) provider and hospital attestation and outreach process and attestation tail; (2) public health objectives; (3) State Level Repository (“SLR”), eMIPP; (3) standard operating procedures (“SOP”) for attestation review (pre-payment auditing); and (4) post-payment auditing strategy.

Updates to Provider Application Process: Public Health Reporting

The Centers for Medicare and Medicaid Services (“CMS”) allows States to modify the public health requirements so long as the changes conform to EHR certification requirements. To increase the likelihood that providers submit data to the State’s public health registries, Maryland intends to modify the public health requirement by establishing an order of precedence for public health reporting. If providers engage with Maryland Medicaid and the State’s Health Information Exchange (“HIE”), CRISP, to submit cases to public health via Consolidated Clinical Document Architecture (CCDA), Maryland will count this action towards meeting “active engagement.”

Table 1: Proposed Public Health Order of Precedence (2015-2017, Stages 1-2)

Order	Eligible Professionals (EP)	Eligible Hospitals (EH)
1	Immunization Registry Reporting	Immunization Registry Reporting
2	Specialized registry administered by the Public Health Agency (PHA) <ul style="list-style-type: none"> a. Cancer b. PDMP* c. Case Reporting (C-CDA) 	Syndromic Surveillance
3	Any remaining measure	Electronic Lab Results
4		Specialized registry administered by the PHA (Cancer or PDMP)
5		Any remaining measure

*For EPs that dispense controlled substances.

Table 2 slightly modifies the order of precedence for the public health measures by taking into account the electronic case reporting can fulfill many of the public health registry options.

Table 2: Proposed Public Health Order of Precedence for Stage 3 (2017)

Order	Eligible Professionals (EP)	Eligible Hospitals (EH)
1	Immunization Registry Reporting	Immunization Registry Reporting
2	Electronic Case Reporting to PHA (C-CDA)	Syndromic Surveillance
3	Public Health Registry (includes PHA specialized registries)	Electronic Lab Results
4	Syndromic Surveillance (UCC only)	Electronic Case Reporting to PHA (C-CDA)
5	Any remaining measure	Public Health Registry (includes PHA specialized registries)
6		Any remaining measure

To assist providers with registering for and submitting public health data, Maryland is launching an improved public health web tool to facilitate onboarding, workflow management, and active engagement status validation by February 1, 2016. Providers will create an account and register to initiate active engagement with Maryland’s public health registries. The web tool will enable providers to log in, check their status and print documentation of active engagement. Maryland Medicaid staff will be able to query the web-tool to validate public health submission status.

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Updates to Outreach and Education and Attestation Tail

Outreach and Education: To mitigate confusion about participation in the EHR Incentive Program for Program Year 2015, Medicaid partnered with the Regional Extension Center (“REC”) to create and release a five-issue series of e-newsletters between December 2015 and January 2016 about how to meet each of the Modified Stage 2 objectives and the required supporting documentation. The new public health requirement will be included in one of the issues. Maryland will also update the Meaningful Use Resource Center hosted by REC and Medicaid website with changes for 2015-2017. Medicaid is also creating an updated SLR User Guide. Webinars and one-on-one assistance will also be provided to assist providers with MU between January and March 2016.

Attestation Tail Extension: Via an email to our CMS Regional HITECH lead, Maryland requested a 30-day extension to our existing program tail. The deadline for EPs and EHS to attest with Maryland for Program Year 2015 is April 30, 2016.

Updates to the Registration and Attestation System

Within a few weeks of the Modification Rule’s release, Maryland initiated an enhancement process to our State Level Repository (“SLR”) to meet the 2015-2017 criteria. Around this time, Maryland inactivated the production SLR. These enhancements were completed in mid January. Staff conducted User Acceptance Testing (“UAT”) before the scheduled system launched on February 1, 2016.

The Stage 3 enhancement is scheduled to begin in the last quarter of Fiscal Year 2016.

The updated eMIPP is designed to pre-determine a provider’s scheduled Meaningful Use stage based on their previous payment information. Providers and Medicaid-only hospitals that are scheduled to demonstrate Stage 2 will be required to meet Modified Stage 2 objectives and measures; providers and Medicaid-only hospitals that are scheduled to demonstrate Stage 1 in 2015 or 2016 will have options to attest for alternate measures and exclusions and specifications in addition to Modified Stage 2 measures.

The changes for 2015-2017 requirements are listed below:

- Change reporting period to any continuous 90-day reporting period within the calendar year 2015 for EPs; change reporting period to any continuous 90-day reporting period between October 1, 2014 and December 31, 2015 for EHS; change reporting period to a full calendar year for returning EPs and EHS in 2016 and 2017.
- Allow EPs and EHS to use the 2014 Edition of certified electronic health record technology (“CEHRT”) for program years 2015-2017.
- Restructure MU core and menu sets of objectives and measures to incorporate a single set of ten required objectives including one consolidated public health objective for EPs and a single set of nine required objectives including one consolidated public health objective for EHS; and update threshold calculations and compliance checks.
- Allow EPs and EHS scheduled for Stage 1 in 2015 the option to attest for MU using alternate exclusions and specifications for objectives that do not have equivalent measures in Stage 1 and Stage 2; move from menu to core between Stage 1 and Stage 2; or meet different measure specifications in Stage 1 and Stage 2.
- Allow EPs and EHS scheduled for Stage 1 in 2016 the option to claim an alternate exclusion for the Computerized Provider Order Entry Objective Measures 2 and 3.
- Allow EHS scheduled for Stage 1 or Stage 2 to claim an alternate exclusion for the eRx Objective for an EHR reporting period in 2015 or 2016.
- Allow EPs and EHS to select a 90-day or greater reporting period for CQMs that differs from their MU reporting period in 2015.

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Updates to Maryland’s Standard Operating Procedures (SOP)

Based on national audit risk trends identified by our auditing vendor, Myers & Stauffer, Maryland will request additional documentation as part of the registration and attestation process. Starting February 1, 2016, EPs, as well as Medicaid-only and children’s hospitals, submitting MU attestations will be required to upload to eMIPP a copy of the EHR system-generated report showing the performance metrics used in the attestation, along with a copy of the Security Risk Assessment, the “Yes”/“No” measure screenshots and supporting documentation for exclusions.

Maryland will also require providers to supply documentation showing they met the Public Health Objective during pre-payment review. Maryland will encourage providers to upload the dashboard report from the public health web tool to eMIPP. Staff will use a pre-payment checklist to verify these items during pre-payment review, and any discrepancies will prompt follow-up requests for additional information.

Updates to Maryland’s Post-Payment Auditing Strategy

Maryland’s MU audit contractor prepared a post-payment audit strategy to include the requirements for Modified Stage 2 in 2015 through 2017.

Audit contractor staff will place providers in different risk strata based on their reported MU measures for Modified Stage 2. Risk factors include the number of measures reported and the percentage point above the minimum thresholds for each measure. For example, a provider will be placed in the high risk stratum if all measures reported for Modified Stage 2 are at or within three percentage points above the minimum threshold for these measures. Moreover, for measures that use the same denominator, reported denominators should be equal. For example, in Modified Stage 2 of 2015, Measures 1 and 2 of Objective 8: Patient Electronic Access (“VDT”) use the same denominator: number of unique patients seen by the EP during the reporting period. Thus, a provider who reports different denominators for measures with the same denominator will be selected for an audit.

Auditors will use the information and documentation available from pre-payment audits to determine what additional information is needed. The procedures for verifying MU are designed to test the accuracy of the provider’s reporting and calculations for Modified Stage 2 requirements. Post-payment audit procedures will include review of the number of locations included in the eligibility determination. When more than one location is included in patient volume, auditors will perform review procedures to validate that fifty percent or more of their patient encounters during the EHR reporting period occurred at practices or locations equipped with certified EHR technology. In addition, providers selected for post-payment review will be required to support all “Yes”/“No” attestations and exclusions.