





Program Year 2019 Stage 3 Objectives for Meaningful Use

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AHCCCS
Arizona Health Care Cost Containment System

Stage 3 Learning Objectives

- Understand the stage 3 requirements for the Medicaid Promoting Interoperability (PI) program.
- Understand the differences between Program Year (PY) 2018 modified stage 2 and PY 2019 stage 3.
- Learn about stage 3 documentation requirements.

Meaningful Use: HITECH Act Description

- The recovery Act specifies the following 3 components of meaningful use (MU):

Use of certified electronic health record technology (CEHRT) in meaningful manner

Use of CEHRT for electronic exchange of health information to improve quality of health care.

Use of CEHRT to submit clinical quality measures (eCQM) and other such measures selected by the secretary

Meaningful Use Health Outcome Priorities

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information



Overview of Requirements

Meaningful Use (MU) Requirements*

- Beginning in 2019, all Eligible Professionals (EPs) are required to attest to stage 3 of MU.
- All EPs must have 2015 Edition CEHRT implemented.
- 8 objectives and their related measures must be met.
  - 5 objectives are percentage-based measures
  - 3 objectives are yes/no measures
- If exclusions are selected, must meet exclusion criteria.
- Must report on minimum required number and type of eCQMs
- Must maintain at least 80% of all unique patients' data in CEHRT.
- Must perform at least 50% of all encounters at locations with CEHRT.

*In addition to meeting the MU requirements listed above, the EP must meet all eligibility requirements of the program. To learn about those eligibility requirements use the following link: Documentation Retention

Program Year 2019 Meaningful Use Reporting Period Length

- **PI (EHR) Reporting Period:**
  - The PI (EHR) reporting period is 90 days for all EPs.
  - The PI (EHR) reporting period must be inside calendar year (CY) 2019.
- **eCQM Reporting Period:**
  - The eCQM reporting period is 90 days for EPs attesting to their first year of MU.
  - The eCQM reporting period is 365 days for EPs that have received an MU payment in a previous year.
  - The eCQM reporting period must be inside CY 2019.

Program Year 2019 Reporting Period Length Examples

Payment Year	MU Year	PI (EHR) Reporting Period	eCQM Reporting Period	Reporting Periods Sufficient
2	1	09.01.2019 – 11.29.2019	09.01.2019 – 11.29.2019	✔
3	2	09.01.2019 – 11.29.2019	09.01.2019 – 11.29.2019	X
4	3	10.01.2019 – 12.29.2019	01.01.2019 – 12.31.2019	✔

2015 Edition CEHRT

- EPs must use 2015 Edition CEHRT beginning in PY 2019.
- **The 2015 Edition CEHRT did not have to be implemented on January 1, 2019.**
  - The CEHRT must be implemented by the **first day of the PI (EHR) reporting period**.
  - The CEHRT must be certified by ONC as a 2015 Edition product by the **last day of the PI (EHR) reporting period.**
    - For example, the 2015 Edition may have been implemented by the practice before the start of the PI (EHR) reporting period even though the product is still pending ONC certification. However, the certification must be approved by ONC by the last day of the PI (EHR) reporting period.

- See the ONC website to learn when various CEHRT products were certified.

Documentation for 2015 Edition CEHRT

- EPs must use 2015 Edition CEHRT beginning in PY 2019.
- CEHRT documentation should include:
  - Date the 2015 Edition CEHRT was implemented;
  - Edition number; and
  - Practice name.
- Examples: CEHRT contract, vendor letter, etc.

Stage 3 eCQM Requirements

- EPs must attest to **6** out of 50 available eCQMs.
  - 6 outcome measures
  - 27 high priority measures
  - 17 remaining measures

- **Priority Level 1**: If relevant, at least one eCQM should be an outcome measure.
  - **Priority Level 2**: If no outcome measure is relevant, at least one eCQM should be a high priority measure.
    - **Priority Level 3**: If no outcome or high priority measures are relevant, report on relevant measures if possible.

Clinical Quality Measures Webinar*

***To access additional documentation regarding the eCQM requirements click the link above.**

Documentation for eCQMs

- Run an eCQM report from the CEHRT for the appropriate reporting period.
- Prove the eCQM data was calculated by a 2015 Edition CEHRT.
  - The report must show the CEHRT name; or
  - Screen shots demonstrating how the report was pulled from the CEHRT.
- The report should include the following:
  - The required number and type of eCQMs.
  - The numerator and denominator for each eCQM.
  - The most recent eCQM version the CEHRT has available.
  - The proper reporting period.

General Requirements

- Must maintain at least 80% of all unique patients' data at locations with CEHRT in the CEHRT.

- Must perform at least 50% of all encounters at locations with CEHRT.
  - EPs who practice in multiple locations must have 50% or more of their patient encounters during the PI (EHR) reporting period at a location(s) equipped with CEHRT.

Documentation for General Requirements

- Submit a detailed encounter listing for the reported 90-day PI (EHR) reporting period in Excel containing the following fields:
  - Patient name or unique identifier
  - Date of service
  - Date of birth
  - Location name
  - Identify which patients do **not** have data maintained in the CEHRT if they were seen at a location that has CEHRT.

Definitions of Documentation Terms

- EPs are required to upload documentation for each measure. The following slides describe the documentation required for each measure.
  - **Standard Documentation:** There are two standard types of documentation:
    - Yes/no standard documentation
    - Percentage-based standard documentation
  - **Additional Documentation**: The EP must submit standard documentation and the additional documentation listed.
  - **Alternate Documentation**: The EP has the option to submit alternate documentation in lieu of the standard documentation.

Stage 3 Objectives

#	Objective	Type of Measure	Documentation	Resources
1	Protect Patient Health Information	Yes/No	See SRA webinar	SRA Webinar
2	Electronic Prescribing	Percentage-Based	Percentage-Based Standard*	Documentation Retention Webinar**
3	Clinical Decision Support	Yes/No	Yes/No Standard	Documentation Retention Webinar**
4	Computerized Provider Order Entry	Percentage-Based	Percentage-Based Standard	Documentation Retention Webinar**
5	Patient Electronic Access	Percentage-Based	Additional Documents will be requested*	Patient Electronic Access Webinar
6	Coordination of Care	Percentage-Based	Percentage-Based Standard*	Documentation Retention Webinar**
7	Health Information Exchange	Percentage-Based	Percentage-Based Standard*	Documentation Retention Webinar**
8	Public Health Reporting	Yes/No	Yes/No Standard*	Documentation Retention Webinar**

*Additional documentation may be needed if exclusion is claimed.

**In-depth webinar for this measure is planned in 2020. Specific date to be announced at a later date.

Standard Documentation: Percentage-Based Measures

- Unless otherwise specified, submit the CEHRT dashboard for all percentage-based measures.
- CEHRT dashboard should:
  - Reflect the correct PI (EHR) reporting period;
  - Include the provider name;
  - Reflect all percentage-based measures; and
  - Match the attestation.
- If attesting to an exclusion for a measure, the CEHRT dashboard may be utilized to support meeting the exclusion criteria for certain measures.
- If the exclusion is not supported by the CEHRT dashboard, additional documentation is required.

Standard Documentation: Yes/No Measures

- Documentation to support yes/no measures must be submitted.
- The CEHRT dashboard alone cannot be used to support these measures.
- Documentation could include:
  - Screen shots from the CEHRT or vendor letters to support the applicable functionalities were enabled or the actions required were performed.
  - Documentation submitted should:
    - Include the provider and/or practice name, as applicable;
    - Reflect results for the measure;
    - Be clearly legible; and
    - Reflect the date the requirement was met (see next slide).

Standard Documentation: Yes/No Measures Continued

- The appropriate date* of supporting documentation varies depending on the measure.
  - **Security Risk Analysis (SRA) (Objective 1):** The SRA must be completed on or after the end of the PI (EHR) reporting period and no later than December 31, 2019.
  - **Clinical Decision Support Rule (CDS) and Drug-Drug and Drug-Allergy Interaction Checks:** Reflect a date the requirement was met during the PI (EHR) reporting period.
  - **Public Health Measures:** Reflect a date within 60 days of the start of the PI (EHR) reporting period.
    - Providers that completed registration in a previous year meet active engagement option 1.

*Documentation should reflect the date the requirements were met. For example, if submitting a screen shot, capture the date the screenshot was taken (i.e. the date in the toolbar).



MU Objective Details

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Objective 1 – Protect Patient Health Information

Protect Patient Health Information

- **Objective**: 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.
- **Exclusion**: None

Protect Patient Health Information

- A security risk analysis should contain a layered approach and be dated appropriately. Although there is no specified method that guarantees compliance, there are several elements a risk analysis must incorporate, regardless of the method employed.*
  - Contain asset inventory (also referred to as scope of analysis and data collection in OCR guidance).
  - Contain physical, administrative, and technical safeguards (including encryption) to e-PHI.
  - Identify threats and vulnerabilities.
  - Determine the likelihood of threat occurrence.
  - Determine the potential impact of threat occurrence.
  - Determine the level of risk.
  - Remediation/action plan.

***See SRA Webinar for details regarding the security risk analysis requirements.**

Protect Patient Health Information Date

- The SRA must be completed on or after the end of the PI (EHR) reporting period and no later than December 31, 2019 and must show date completed.

Program Year	PI Reporting Period	When do I complete the Annual SRA?
2019	01.01.2019 – 03.31.2019	03.31.2019 – 12.31.2019
2019	10.01.2019 – 12.29.2019	12.29.2019 – 12.31.2019
2019	06.01.2019 – 08.29.2019	08.29.2019 – 12.31.2019
2019	10.03.2019 – 12.31.2019	12.31.2019

The SRA report must include the completion date (Month/Day/Year).


Objective 2 – Electronic Prescribing

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Electronic Prescribing (eRx)

- **Objective:** Generate and transmit permissible prescriptions electronically.
- **Measure:** More than 60 percent of all permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using a CEHRT.

Electronic Prescribing - Exclusions

- An EP may take an exclusion if any of the following apply:
  - Writes fewer than 100 permissible prescriptions during the PI (EHR) reporting period.
  - Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her PI (EHR) reporting period.

Documentation for eRx

- **Measure Documentation**
  - Percentage-based standard documentation (see slide 17).
- **Exclusion Documentation**
  - Writes fewer than 100 permissible prescriptions.
    - Standard documentation: The CEHRT dashboard shows that the EP wrote fewer than 100 permissible prescriptions during the PI (EHR) reporting period.
    - Alternate documentation: Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP has fewer than 100 permissible prescriptions.
  - No pharmacy within organization or within 10 miles of EP practice
    - Additional documentation: showing the closest pharmacies to the practice at the start PI (EHR) reporting period.
    - Demonstrate how you determined no pharmacy is within 10 miles of the practice.


Objective 3 – Clinical Decision Support

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Clinical Decision Support

- **Objective:** Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
- **Measure 1:** Implement five CDS interventions related to four or more eCQMs at a relevant point in patient care for the entire PI (EHR) reporting period. Absent four eCQMs related to an EPs scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.
- **Measure 2:** Enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire PI (EHR) reporting period.

Clinical Decision Support – Exclusions

- **Measure 1** – None
- **Measure 2** – An EP may take an exclusion for measure 2 if the EP writes fewer than 100 medication orders during the PI (EHR) reporting period.

Documentation for CDS

- **Measure Documentation**
  - Yes/no standard documentation for both measures (see slide 18).
  - Examples of supporting documentation to meet this measure are included in the link below.
    - Documentation Retention Webinar
- **Exclusion Documentation (measure 2 only)**
  - Writes fewer than 100 permissible prescriptions.
    - Standard documentation: The CEHRT dashboard shows that the EP wrote fewer than 100 medication orders during the PI (EHR) reporting period.
    - Alternate documentation: Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP has fewer than 100 medication orders.


Objective 4 – Computerized Provider Order Entry

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Computerized Provider Order Entry

- **Objective:** Use CPOE for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

Computerized Provider Order Entry

- An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:
  - **Measure 1:** More than 60 percent of medication orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.
  - **Measure 2:** More than 60 percent of laboratory orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.
  - **Measure 3:** More than 60 percent of diagnostic imaging orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.

Computerized Provider Order Entry - Exclusions

- An EP may take an exclusion for the appropriate measure if:
  - **Measure 1**: An EP who writes fewer than 100 medication orders during the PI (EHR) reporting period may take an exclusion.
  - **Measure 2**: An EP who writes fewer than 100 laboratory orders during the PI (EHR) reporting period may take an exclusion.
  - **Measure 3**: An EP who writes fewer than 100 diagnostic imaging orders during the PI (EHR) reporting period may take an exclusion.

Documentation for CPOE

- **Measure Documentation**
  - Percentage-based standard documentation (see slide 17).
- **Exclusion Documentation**
  - Writes fewer than 100 orders for the applicable measure.
    - Standard documentation: The CEHRT dashboard shows that the EP wrote fewer than 100 orders for the applicable measure during the PI (EHR) reporting period.
    - Alternate documentation: Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP has fewer than 100 orders for the applicable measure.


Objective 5 – Patient Electronic Access

Patient Electronic Access

- **Objective:** The eligible professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
- There are two measures of this objective. An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions.

Objective 5, Measure 1

- **Measure 1**: For more than 80% of all unique patients seen by the EP:
  - The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
  - The provider ensures the PHI 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 CEHRT.

Objective 5, Measure 2

- **Measure 2**: The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the PI (EHR) reporting period.

Objective 5: Patient Electronic Access (PEA) - Exclusions

- **Measures 1 and 2**: An EP may take an exclusion for either measure, or both, if either of the following apply:
  - The EP has no office visits during the PI (EHR) reporting period.
  - The EP conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI (EHR) reporting period.

Broadband Access Exclusion

- For program years 2015-2017 CMS identified the counties in the U.S. who conducted 50 percent or more patient encounters in a county where 50 percent or more of its housing units do not have 4Mbps broadband availability and therefore meet the broadband exclusion.
  - The state of Arizona does not have any counties listed; therefore, an EP in AZ is not able to meet this exclusion.
- CMS has not published an updated list of the counties; however, the majority of counties in the U.S. has increased their broadband availability and still do not meet the requirements for the exclusion. It is unlikely the broadband availability would have decreased since the CMS tip sheet was published.

CMS Broadband Access Exclusion

Documentation for PEA

- **Measure Documentation**
  - Percentage-based standard documentation (see slide 17).
  - Additional Documentation: To determine the documentation necessary to support meeting this measure click the link below.
  - **Patient Electronic Access Webinar**
- **Exclusion Documentation**
  - The EP has no office visits during the PI (EHR) reporting period.
    - Additional Documentation: Must submit documentation to show the place of service code for all encounters during the PI (EHR) reporting period.
  - Broadband access exclusion
    - Arizona EPs are unable to meet this exclusion per CMS.
    - CMS Broadband Access Exclusion


Objective 6 – Coordination of Care

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Coordination of Care

- **Objective:** Use CEHRT to engage with patients or their authorized representatives about the patient's care.
- **Measure 1:** More than 5 percent of all unique patients (or their authorized representatives) seen by the 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).

Coordination of Care

- **Measure 2:** For more than 5 percent of all unique patients seen by the EP during the PI (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 PI (EHR) reporting period.

Coordination of Care

- An EP must meet the minimum threshold for 2 of the 3 measures or meet 1 of the 2 available exclusions.
  - The exclusions for all three measures are the same. If the EP meets one of the exclusions they can meet the exclusion for all three measures.
- Some examples of possible combinations are included below:

Pass or Fail	Measure 1	Measure 2	Measure 3
Pass	Meets Threshold	Meets Threshold	Does Not Meet Threshold
Pass	Meets Threshold	Meets Exclusion	Meets Exclusion
Pass	Meets Exclusion	Meets Exclusion	Meets Exclusion
Fail	Does Not Meet Threshold or Exclusion	Does Not Meet Threshold or Exclusion	Does Not Meet Threshold or Exclusion

Coordination of Care - Exclusions

- **Measures 1, 2, and 3:** An EP may take an exclusion for either measure, or both, if either of the following apply:
  - The EP has no office visits during the PI (EHR) reporting period.
  - The EP conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI (EHR) reporting period.

Documentation for Coordination of Care

- **Measure Documentation**
  - Percentage-based standard documentation (see slide 17).
  - Additional documentation: If attesting to measure 3, explanation of what patient generated health data is being utilized and how the CEHRT is capturing that data.
- **Exclusion Documentation**
  - The EP has no office visits during the PI (EHR) reporting period.
    - Additional Documentation: Must submit documentation to show the place of service code for all encounters during the PI (EHR) reporting period.
  - Broadband access exclusion
    - Arizona EPs are unable to meet this exclusion per CMS.
    - CMS Broadband Access Exclusion


Objective 7 – Health Information Exchange

Health Information Exchange

- **Objective:** The 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 EHR using the functions of a CEHRT.

Health Information Exchange

- **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.

Health Information Exchange

- **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.

Health Information Exchange

- An EP must meet the minimum threshold for 2 of the 3 measures.
  - 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.
- Some examples of possible combinations are included below:

Pass or Fail	Measure 1	Measure 2	Measure 3
Pass	Meets Threshold	Meets Threshold	Does Not Meet Threshold or Exclusion
Pass	Meets Threshold	Meets Exclusion	Meets Exclusion
Pass	Meets Exclusion	Meets Exclusion	Meets Exclusion
Fail	Meets Exclusion	Meets Threshold	Does Not Meet Threshold or Exclusion
Fail	Meets Exclusion	Meets Exclusion	Does Not Meet Threshold or Exclusion

Health Information Exchange - Exclusions

- An EP may take an exclusion if the EP meets the exclusion criteria applicable to the measure in the table below.

Applicable Measure(s)	HIE Objective Exclusions
Measure 1	An EP transfers a patient to another setting or refers a patient to another provider fewer than 100 times during the PI (EHR) reporting period.
Measures 1 and 2	An EP conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the PI (EHR) reporting period.
Measures 2 and 3	The total transitions or referrals received and patient encounters in which the EP has never before encountered the patient, is fewer than 100 during the PI (EHR) reporting period.

Documentation for Health Information Exchange

- **Measure Documentation**
  - Percentage-based standard documentation (see slide 17).
- **Exclusion Documentation**
  - EP transfers a patient to another setting or refers a patient to another provider fewer than 100 (measure 1 only).
  - Total transitions or referrals received and patient encounters in which EP has never before encountered the patient, is fewer than 100 (measures 2 and 3).
    - Standard documentation: The CEHRT dashboard shows that the EP had fewer than 100 qualifying transitions/referrals/encounters for the appropriate measure during the PI (EHR) reporting period.
    - Alternate documentation: Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP had fewer than 100 transitions/referrals/encounters for the appropriate measure.
  - Broadband access exclusion (measures 1 and 2)
    - Arizona EPs are unable to meet this exclusion per CMS.
    - CMS Broadband Access Exclusion


Objective 8 – Public Health Reporting

Public Health and Clinical Data Registry Reporting

- **Objective:** The eligible professional (EP) is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified electronic health record technology (CEHRT), except where prohibited, and in accordance with applicable law and practice.
- An EP must satisfy 2 of the 5 available measures for this objective. If the EP cannot satisfy at least two measures, they may still meet the objective if they qualify for exclusions from all measures they cannot meet.

Public Health and Clinical Data Registry Reporting

- **Measure 1:** Immunization Registry Reporting: The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).
- **Measure 2:** Syndromic Surveillance Reporting: The EP is in active engagement with a PHA to submit syndromic surveillance data.

Public Health and Clinical Data Registry Reporting

- **Measure 3**: Electronic Case Reporting: The EP is in active engagement with a PHA to submit case reporting of reportable conditions.
- **Measure 4**: Public Health Registry Reporting: The EP is in active engagement with a PHA to submit data to public health registries.
- **Measure 5**: Clinical Data Registry (CDR) Reporting: The EP is in active engagement to submit data to a CDR.

Public Health and Clinical Data Registry Reporting - Exclusions

- An exclusion for a measure does not count toward the total of two measures.
- In order to meet this objective, an EP needs to meet two of the total number of measures available to them. If the EP qualifies for multiple exclusions and the remaining number of available measures is less than two, the EP can meet the objective by meeting all of the remaining available measures and claiming the applicable exclusions.
  - Available measures are ones for which the EP does not qualify for an exclusion.

Public Health and Clinical Data Registry Reporting – Exclusion 1

- The EP does not operate or is not required to operate or operates in a jurisdiction where the applicable data is not collected (by that jurisdiction's registry). Specifically:
  - **Measure 1**: Does not administer immunizations to any of the populations for which data is collected.
  - **Measure 2**: Are not in a category of providers from which ambulatory syndromic surveillance data is collected.
  - **Measure 3**: Does not diagnose or directly treat any reportable diseases for which data is collected.
  - **Measure 4**: Does not diagnose or directly treat any disease or condition associated with a public health registry.
  - **Measure 5**: Does not diagnose or directly treat any disease or condition associated with a CDR.

Public Health and Clinical Data Registry Reporting – Exclusion 2

- The appropriate exclusion can be claimed if at the start of the PI (EHR) reporting period the EP practices in a jurisdiction* for which:
  - **Measure 1:** No immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition.
  - **Measure 2**: No PHA is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition.
  - **Measure 3**: No PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition.
  - **Measure 4**: No PHA is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition.
  - **Measure 5**: No CDR is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition.

*Note the definition of jurisdiction is general, and the scope may be at the local, state regional or national level.

Public Health and Clinical Data Registry Reporting – Exclusion 3

- The appropriate exclusion can be claimed if six months prior to the PI (EHR) reporting period the EP practices in a jurisdiction* where:
  - **Measure 1:** No immunization registry or IIS has declared readiness to receive immunization data.
  - **Measure 2**: No PHA has declared readiness to receive syndromic surveillance data from EPs.
  - **Measure 3**: No PHA has declared readiness to receive electronic case reporting data.
  - **Measure 4**: No PHA for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions.
  - **Measure 5**: No CDR for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions.

*Note the definition of jurisdiction is general, and the scope may be at the local, state regional or national level.

Documentation for Public Health and Clinical Data Registry Reporting

- **Measure Documentation**
  - Yes/no standard documentation for each measure (see slide 18).
  - Examples of supporting documentation to meet this measure are included in the link below.
    - Documentation Retention Webinar
- **Exclusion Documentation**
  - **Additional Documentation for Exclusion 1:** Explain and document why the EP does not or is not required to collect the data for the applicable measure in their jurisdiction.
  - **Additional Documentation for Exclusions 2 and 3:** An EP must complete two actions in order to find available registries or claim an exclusion:
    - Determine whether his or her jurisdiction endorses or sponsors a registry; and
    - Determine whether a National Specialty Society or other specialty society with which he or she is affiliated endorses or sponsors a registry.

Reminder!

In addition to meeting the MU requirements discussed throughout this presentation, the EP must meet all eligibility requirements of the program including the minimum Medicaid and/or Needy patient volume*. To learn about those eligibility requirements use the following link: Documentation Retention

*The patient volume reporting period for Program Year 2019 is any continuous 90-day period between January 1, 2018 and December 31, 2018.



Audit Findings

What Happens During an Audit?

- All providers that receive a Medicaid PI incentive payment could potentially be selected by AHCCCS for post-payment audit.
- If selected, AHCCCS post-payment analysts will conduct a thorough review of the documentation attached to the EP's attestation in ePIP to determine if it meets the program requirements.
- AHCCCS may have follow-up questions or make additional documentation requests.

Common Audit Findings

- Failure to provide sufficient documentation for protecting electronic health information.
- The CEHRT dashboard does not show the PI (EHR) reporting period or EP name.
- Failure to maintain proper documentation and practice no longer has access to the CEHRT.
- Supporting documentation does not have the appropriate dates.
- Including data for the entire practice in the reported CEHRT report rather than data for the individual EP.

Resources

- CMS PY 2019 Stage 3 Tip Sheet
- CMS Broadband Access Exclusion
- Federal Final Rule - Modified Stage 2 and Stage 3
- Program Year 2019 Stage 3 FAQ*
- Documentation Retention Webinar
- Medicaid Security Risk Analysis Webinar
- 2019 Security Risk Analysis Requirement Tip Sheet
- Medicaid Patient Electronic Access Objective for Meaningful Use Webinar
- Medicaid Patient Electronic Access FAQs
- 2019 Patient Electronic Access API Documentation Requirements
- Medicaid Electronic Clinical Quality Measures Webinar
- Medicaid Electronic Clinical Quality Measures FAQs
- See AHCCCS website for additional webinars

*To access the AHCCCS Program Year 2019 Stage 3 FAQ click on the links above, then click the drop down arrow labeled “Educational Resources”. The FAQ link is included under the “Tip Sheets” header.

Questions?

Thank You.