Coordination of Care through Patient Engagement

Program Year 2020

AHCCCS
Arizona Health Care Cost Containment System

Coordination of Care through Patient Engagement Learning Objectives

- Understand the Coordination of Care through Patient Engagement requirements for the Medicaid PI Program.

- Understand the differences in objective 6 Coordination of Care through Patient Engagement between Program Year (PY) 2019 and 2020.

- Learn about the Coordination of Care through Patient Engagement documentation requirements.

Coordination of Care through Patient Engagement

- **Objective:** Use certified electronic health record technology (CEHRT) to engage with patients or their authorized representatives about the patient's 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, the EP can meet the exclusion for all three measures.

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- 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

Definition of Terms

- **View:** The patient (or authorized representative) accessing their health information online.

- **Download:** The movement of information from online to physical electronic media.

- **Transmission:** This may be any means of electronic transmission according to any transport standard(s) (SMTP, FTP, REST, SOAP, etc.). However, the relocation of physical electronic media (for example, USB, CD) does not qualify as transmission.

Definition of Terms, Continued

- **Application Programming Interface (API):** A set of programming protocols established for multiple purposes. APIs may be enabled by a provider or provider organization to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current "patient portals."

- **Patient Generated Health Data**: Data generated by a patient or a patient's authorized representative.

- **Data from a Non-Clinical Setting**: This includes, but is not limited to, social service data, data generated by a patient or a patient's authorized representative, advance directives, medical device data, home health monitoring data, and fitness monitor data.

Definition of Terms, Continued

- **Secure Message**: Any electronic communication between a provider and patient that ensures only those parties can access the communication. This electronic message could be email or the electronic messaging function of a personal health record (PHR), an online patient portal, or any other electronic means.

- **Unique Patient**: If a patient is seen by an EP more than once during the PI (EHR) reporting period, then for purposes of measurement, that patient is only counted once in the denominator for the measure.
  - All the measures relying on the term ''unique patient'' relate to what is contained in the patient's medical record.

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- In order to meet the objective, the following information must be available to the patient via CEHRT:
  - o Patient name
  - o Provider's name and office contact information
  - o Current and past problem list
  - o Procedures
  - o Laboratory test results
  - o Current medication list and medication history
  - o Current medication allergy list and medication allergy history
  - o Vital signs (height, weight, blood pressure, BMI, growth charts)
  - o Smoking status
  - o Demographic information (preferred language, sex, race, ethnicity, date of birth)
  - o Care plan field(s), including goals and instructions
  - o Any known care team members including the primary care provider of record
- An EP can make available additional information and still align with the objective.

Objective 6, Measure 1

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- **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).

Objective 6, Measure 1

- There are four patient-initiated actions that can be included in Measure 1:

  1. View their information

  2. Download their information

  3. Transmit their information to a third party

  4. Access their information through an API.

- These actions may overlap, but an EP is able to count the patient in the numerator if the patient takes any and all actions.

- An EP may meet a combined threshold for view, download, and transmit and API actions, or if their technology functions overlap, then any view, download, transmit, or API actions taken by the patient using CEHRT would count toward the threshold.

- To be included in the numerator the action must occur within the calendar year in which the PI (EHR) reporting period occurs.

Changes from PY 2019 to 2020

- No changes occurred between PY 2019 and 2020.

Documentation Requirements for Measure 1

- A CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:
  - Provider's Name
  - Numerator
  - Denominator
  - Measure Percentage

*In certain situations, a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS review and approval.

Objective 6, Measure 2

Objective 6, Measure 2

- **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.

Objective 6, Measure 2

- The numerator includes provider-initiated communications (when a provider sends a message to a patient or the patient's authorized representatives), and provider-to-provider communications if the patient is included.

- To be included in the numerator the action must occur within the calendar year in which the PI (EHR) reporting period occurs.

Objective 6, Measure 2

- An EP can only count messages in the numerator when the EP participates in the communication (e.g., any patient-initiated communication only if the EP responds to the patient).

- EPs are not required to respond to every message received if no response is necessary.

Changes from PY 2019 to 2020

- No changes occurred between PY 2019 and 2020.

Documentation Requirements for Measure 2

- A CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:
  - o Provider's Name
  - o Numerator
  - o Denominator
  - o Measure Percentage

*In certain situations, a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS review and approval.

Objective 6, Measure 3

Objective 6, Measure 3

- **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.

- The types of data that would satisfy the measure are broad.

Objective 6, Measure 3

- The data may not be information the patient provides to the EP during the office visit, as such data does not meet the intent of the measure to support care coordination and patient engagement in a wide range of settings outside the EP's immediate scope of practice.

- However, if a patient separately provides clinical information including family health history through other means (not during office visit), that information may count towards the numerator.

- Data related to billing, payment, or other insurance information would not satisfy this measure.

- Measure 3 does not specify the manner in which EPs are required to incorporate the data.

- EPs may work with their EHR developers to establish the methods and processes that work best for their practice and needs.

Objective 6, Measure 3

- Data may include, but is not limited to, social service data, data generated by a patient or a patient's authorized representative, advance directives, medical device data, home health monitoring data, and fitness monitor data.

- In addition, the sources of data vary and may include mobile applications for tracking health and nutrition, home health devices with tracking capabilities such as scales and blood pressure monitors, wearable devices such as activity trackers or heart monitors, patient-reported outcome data, and other methods of input for patient and non-clinical setting generated health data.

  o For example, an Apple Watch that is connected with the patient's CEHRT.

- Telehealth platform, personal health records, social determinants of health screening modules, long term care/post-acute care coordination platforms might also be considered.

Objective 6, Measure 3

- A non-clinical setting is defined as a setting with any provider who is not an EP as defined for the Medicaid PI (EHR) Incentive Program and where the care provider does not have shared access to the EP.
  - **Medicaid PI (EHR) Incentive Program EP Definition**: An EP must be one of the following five types of Medicaid professionals: physicians, dentists, certified nurse-midwives, nurse practitioners, and physician assistants practicing in a Federally Qualified Health Center (FQHC) or a Rural health Center (RHC) led by a physician assistant.

- Providers in non-clinical settings may include, but are not limited to, care providers such as nutritionists, physical therapists, occupational therapists, psychologists, and home health care providers.

- Other key providers in the care team such as behavioral health care providers, may also be included, and we encourage EPs to consider ways in which this measure can incorporate this essential information from the broader care team.

Changes from PY 2019 to 2020

- No changes occurred between PY 2019 and 2020.

Documentation Requirements for Measure 3

- A CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:
  - Provider's Name
  - Numerator
  - Denominator
  - Measure Percentage
- Upload an explanation** of what patient generated health data is being utilized and how the CEHRT is capturing that data.

*In certain situations, a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS review and approval.

**Additional documentation may be requested after review of the provider's methodology.

Objective 6 Exclusions

Definition of Terms

- **Exclusion:**
  - EP is not required to submit data or meet the measure.
  - EP must submit documentation of how he/she met the exclusion.

- **Exclusion for Objective 6:**
  - Office visit criteria
  - Broadband criteria

Exclusions for Coordination of Care through Patient Engagement

- **Measures 1, 2, and 3:** An EP may take an exclusion for either measure, or both, if either of the following apply:

  o The EP has no office visits during the PI (EHR) reporting period.

  o 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. EPs in AZ are not able to meet this exclusion.

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.

  o The state of Arizona does not have any counties listed;

  o 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

Exclusion Documentation Required

- The EP has no office visits during the PI (EHR) reporting period.
  - Must submit documentation supporting that all patients seen by the EP are conducted outside the office.

- Broadband access exclusion sufficient documentation
  - Show that the EP conducted 50 percent or more of the patient encounters in the eligible county.
  - The county shows that 50 percent or more of its housing units do not have 4Mbps broadband availability on the first day of the PI (EHR) reporting period.

Audit Findings

What Happens During an Audit?

- All providers that receive a Medicaid PI Program 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

- The CEHRT dashboard does not show the PI (EHR) reporting period or EP name.

- Failure to maintain documentation and practice no longer has access to the CEHRT.

- Including data for the entire practice in the CEHRT dashboard report rather than data for the individual EP.

- Not uploading the CEHRT dashboard during attestation.

Resources

- [CMS Objective 6 Tip Sheet](#)

- [Federal Final Rule - Modified Stage 2 and Stage 3](#)

- [AHCCCS Coordination of Care through Patient Engagement Frequently Asked Questions](#)*

*To access the AHCCCS Coordination of Care through Patient Engagement Frequently Asked Questions, click on the link above, then click the drop down arrow labeled "Educational Resources". The FAQ link is included under the "Tip Sheets" header.

Contact Information

Agency	Help With	Email	Phone
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Health Current	Educational Assistance & Support	ehr@healthcurrent.org	(602) 688-7210

Questions?

Thank You.