

PROGRAM UPDATE



January 20, 2016

CMS released the Final Rule for Meaningful Use 2015-2017 and Stage 3 on October 6th, 2015. The rule requires that all providers who are attesting to Meaningful Use for 2015 meet the Modified Stage 2 objectives with alternate exclusions for providers scheduled to attest to Stage 1 in 2015. For more information on the Final Rule, tipsheets and other resources, refer to the [December newsletter](#).

Public Health Reporting Objectives

Within the Final Rule, the previous public health reporting objectives have been consolidated into one objective with three measure options for EPs (Eligible Professionals) and four for EHs (Eligible Hospitals) and CAHs (Critical Access Hospitals). CMS has published Specification Sheets for [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) that provide detailed information on public health reporting objectives as well as the other MU measures. Here are a few definitions and tips to help you understand these objectives better:

Active Engagement

The language for meeting the public health measures changed in the Final Rule from “ongoing submission” to “active engagement.” Active engagement is defined by CMS as a completed registration to submit data, testing and validation of data exchange, or production (sending data to a registry).

Measure Options

- Immunization Registry Reporting: Active engagement with a public health agency to submit immunization data
- Syndromic Surveillance Reporting: Active engagement with a public health agency to submit syndromic surveillance data
- Specialized Registry Reporting: Active engagement to submit data to a specialized registry
- Electronic Lab Reporting (EHs and CAHs only): Active engagement with a public health agency to submit electronic reportable laboratory (ELR) results

Reporting Options

Scheduled to be in Stage 1 in 2015 - An EP scheduled to be in Stage 1 must report on at least one of the three possible measure options listed above. EHs/CAHs must report on two of the four possible measure options. Alternate exclusions are available. Please refer to the [CMS FAQ](#) for further information.

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Scheduled to be in Stage 2 in 2015 - An EP that is scheduled to be in Stage 2 must report on two of the three possible measure options. EHs/CAHs scheduled to be in Stage 2 must report on three of the four possible measures.

2016-2017 - The measures for Modified Stage 2 in 2015 will be the same for 2016 and 2017. EPs and EHs/CAHs have the option of attesting to Stage 3 in 2017. If this option is chosen a provider/entity will have a 90-day reporting period and will be required to be on a 2015 edition CEHRT (certified EHR technology).

2018 - All providers will attest to Stage 3 measures in 2018 with a full calendar year reporting period.

Exclusions - There are exclusions and alternate exclusions available for all measures. Please refer to the [Alternate Exclusions and Specifications Fact Sheet](#) for more information.

Public Health Reporting Fast Facts

- Registration for a public health registry must be completed within the first 60 days of the reporting period
- If a provider/entity has completed a registration for the Immunization Registry and received a letter stating such, the measure has been met
- Registration only has to be completed once, not each year
- No Colorado public health agency is currently accepting syndromic surveillance information for EPs
- Tri-County Health Department (Adams, Arapahoe and Douglas counties) and Denver Health (Denver County) are accepting syndromic surveillance data from EHs and CAHs in their jurisdictions that have an emergency department or urgent care department
- Please refer to the Declarations of Readiness for [Tri-County](#) and [Denver Public Health](#) for further information
- The following facilities will not be asked to report syndromic surveillance data this year:
 - Eligible hospitals and critical access hospitals in Denver, Adams, Arapahoe or Douglas counties that don't have an ER or urgent care department
 - All eligible hospitals and critical access hospitals not in Denver, Adams, Arapahoe or Douglas counties
 - All eligible providers
- Facilities and EPs that meet the above criteria should download this [documentation letter](#) for their records
- EHs/CAHs and EPs wishing to participate in electronic public health reporting must register their intent to do so with the Colorado Department of Public Health and Environment
- To register intent to participate in Public Health Reporting, complete this [Meaningful Use Registration Form](#)

Federal Interoperability Roadmap: Part III

The Office of the National Coordinator (ONC) released the [Shared Interoperability Roadmap](#) in October of 2015. This roadmap describes the ONC's vision and framework for connectivity and health IT infrastructure from today to the end

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of 2024. This document will be an important guide as Meaningful Use continues to progress toward Stage 3 and health IT furthers its impact on healthcare.

There are a number of milestones (see page 52 in the above link) that impact Meaningful Use in this document. In December's [newsletter](#), we discussed the effort to develop a standard set of best practices and policies to encourage the development of testing tools for EHR systems, and; the development of standards for application programming interfaces (API). In this final article on the roadmap, we will cover individual data matching, healthcare directories, and resource location and access to longitudinal electronic health information.

Individual Data Matching

Accurate individual data matching is a critical component of creating a complete patient record and ensuring that electronic data is used to the benefit of a patient and not to their detriment. While today there is a federal law prohibiting the development of a unique patient identifier, states and payers are not prohibited from doing so, and many have. This section of the roadmap encourages the development of a core set of “individual demographic attributes” that are tightly standardized. The near-term goal, by 2017, is that all organizations have an internal duplication rate of no more than 2 percent for every patient in a given database.

Healthcare Directories

Healthcare directories are complex and dynamic—and access to them must be supported by a wide variety of technologies. Today, large national organizations such as SureScripts and the ONC maintain directories of health providers with varying levels of data. There is significant discovery that needs to be done to create a national, federated provider system, and the ONC has posed several questions including asking how individuals would get access to such a system, how it would be maintained and how individuals would discover relationships between organizations and providers. The 2017 goal for this component is the development of a glide path to answer these questions.

Longitudinal Electronic Health Information

Finally, access to longitudinal health information is what HIEs do best—but not typically with patients. This component is focused on enabling opportunities for patients to access their complete health record under the concept of patient-centric healthcare. The roadmap states “Moving forward, the health IT ecosystem needs to put greater focus on (1) incorporating patient-generated health data across health IT products and services, and (2) ensuring the availability of tools for individuals to use a broad range of electronic health information to manage their health and make more informed...decisions.” The 2017 goal of the roadmap is that a majority of individuals are able to securely access their electronic health information and direct it to the destination of their choice. CORHIO is working in this space by investing

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in a pilot with a personal health record. This project involves a subset of Medicaid patients and is designed to see how HIE data combined with patient-generated data can inform patient outcomes.

REMINDER! Colorado Medicaid Registration and Attestation Site

The modifications to the program necessitate system updates to the Colorado Registration & Attestation (R&A) site. Due to the amount of changes that need to be made, the site is currently closed for all registrations, AIU, and attestations.

The R&A is currently scheduled to open **Spring 2016** for EPs and **Fall 2016** for EHs for the 2015 program year, pending further notice. Additionally, due to the program changes, the 2015 program year eligibility workbooks required updating. The 2015 workbooks will be published on the [CORHIO website](#) as soon as they are available.

Did you know?

Per CMS, the EHR Incentive Program through November 2015 has paid \$8.24 billion to 306,018 unique Medicare EPs and \$4.22 billion to 155,366 unique Medicaid EPs!

Updated Anticipated Timeline – Colorado Medicaid EHR Incentive Program

Event	Status/Expected Date
CO R&A System open for EPs to attest to 2015 Meaningful Use	Spring, 2016
CO R&A System open for EHs to attest to 2015 Meaningful Use	Fall, 2016

Medicaid Program Point of Contact and Partnerships

The Department of Healthcare Policy and Finance (the Department) 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 will be the central point of contact for Eligible Professionals, Eligible Hospitals, partners and other interested parties on requirements and processes. Inquiries regarding the Medicaid EHR Incentive Program can be sent to MedicaidEHR@corhio.org or 720.285.3232.

Xerox has been contracted by the Department to manage the Provider Outreach Page and to provide the Colorado R&A System, including the web portal through which eligible providers can register and attest to receive the EHR incentive payments.