

# Medicaid EHR Incentive Program

## PY2020 MU Q&A Session

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Today's presenters:  
Thomas Bennett  
Margaret Lellman

# Disclaimer

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# Agenda

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- Goals of the Meeting
- Attestation Timeline and Program Sunset
- Q&A Session: Common Challenges
  - Objective 3 Clinical Decision Support (CDS)
  - Objective 5 Patient Electronic Access and API
  - Objective 7 Health Information Exchange (HIE)
  - Other Challenges, Questions and Best Practices
- Helpful MU Resources and Technical Assistance

# Attestation Timelines and Program Sunset

The Program Year 2020 attestation period is scheduled for  
October 1, 2020 – February 2, 2021

The deadline to submit PY2020 applications is **February 2, 2021**

The Program Year 2021 attestation period is scheduled for  
April 1, 2021 – August 3, 2021

The deadline to submit PY2021 applications is **August 3, 2021**

To allow time to process applications and ensure that all incentives are **paid** by **December 31, 2021**, the PY2021 deadline needs to be well before the end of 2021

To prepare for Program Sunset at the end of 2021:

- adjustments were made to the deadlines for both PY2020 and PY2021
- MAPIR was updated to allow more than one active application to be open simultaneously
  - In order to have two applications open simultaneously, an EP must have at least **two payment years** left

## Clinical Decision Support (CDS)

# Q&A Session: Common Challenges - Clinical Decision Support (CDS)

- CDS defined too narrowly
  - Not just alerts
  - Not just for physicians
- CEHRT does not have relevant CDS interventions implemented
- Alert fatigue; alerts ignored and not recorded
- CDS do not relate to reported CQMs
- Obtaining proper supporting documentation
  - Locating screenshots of 5 CDS interventions; CEHRT functionality
  - Screenshots missing profile info and/or CDS enabled date
  - Audit logs/reports tracking CDS intervention history unavailable
  - EHR vendor engagement and support



# Objective 3: Clinical Decision Support (CDS)

Use clinical decision support (CDS) to improve performance on high-priority health conditions



## Measures

1. Implement 5 CDS interventions related to 4 or more CQMs for the entire EHR reporting period
2. Enable and implement drug-drug & drug-allergy interaction checks for the entire EHR reporting period

## Exclusion for Measure 2

Any EP who writes fewer than 100 medication orders during EHR reporting period

# MU Supporting Documentation: Clinical Decision Support (CDS)

## Measure 1

- Screenshots of 5 CDS interventions dated within EHR reporting period and identifying both EP and organization
- Documentation showing that CDS interventions were enabled for the **entire EHR reporting period**
  - If screenshots don't display enabled dates, submit **either**
    - CEHRT audit logs with enabled dates, **or**
    - vendor letter confirming enabled dates and that EPs are unable to deactivate interventions
- Documentation showing interventions tie to 4 or more CQMs related to the scope of practice, **OR** a letter from EP's Supervisor or Medical Director explaining CDS's relationship to patient population and high priority conditions

*\* For global CDS implementations, you must also submit:*

- *Screenshot with practice name and enabled date*
- *Global CDS Letter on letterhead and signed by Medical Director confirming relevance and including a list of all EPs using the CDS*

## Measure 2

- Documentation from CEHRT identifying both EP & organization showing drug-drug and drug-allergy interaction checks were enabled for the entire reporting period



# Supporting Documentation Example: Clinical Decision Support (CDS)

Screenshot of CDS alerts enabled in CEHRT with vendor name, EP name and enabled dates

The screenshot displays the 'EHR Vendor' interface for 'Measure Configuration'. The window title is 'EHR Vendor' and the menu bar includes 'File', 'Patient', 'Schedule', 'EMR', 'Billing', 'Reports', 'CCD', 'Fax', 'ePayment', 'Tools', 'Community', 'Meaningful Use', 'Lock', and 'Help'. The user interface shows a sidebar with 'Admin' and 'Practice' sections. The 'Practice' section is active, showing a list of users with 'Pam Beasley' selected. The main area displays a table of measures with columns for status, description, numerator, and denominator. A red box highlights the 'Influenza vaccine (high risk) - Influenza Vaccination (High Risk)' row, which is 'Enabled'. The table also shows other measures for breast cancer screening, cervical cancer screening, and pneumococcal vaccine.

Status	Measure Description	NUMERATOR	DENOMINATOR
Disabled	Breast cancer screening - Breast cancer screening	Number of patients in denominator who had a mammogram (ordered or self-reported) within 24 months up to and including the last day of the reporting period	Number of unique female patients with a visit in the reporting period, aged 40 and older
Enabled	Cervical cancer screening - Cervical cancer screening	Number of patients in denominator having had a Cervical cancer screening test (PAP test) within 36 months up to and including the last day of the reporting period	Number of unique female patients age 18-64 with a visit in the reporting period
Enabled	Influenza vaccine (child) - Influenza Vaccination (Children)	Number of patients in denominator who received a flu shot since the most recent September 1	Number of unique patients at least 7 months but less than 5 years of age, seen for at least one visit in the reporting period
Enabled	Influenza vaccine (high risk) - Influenza Vaccination (High Risk)	Number of patients in denominator who received a flu shot since the most recent September 1	Number of unique patients at least 18 years but less than 49 years of age, who are in the high risk group, seen for at least one visit in the reporting period
Enabled	Influenza vaccine (high risk) - Influenza Vaccination (High Risk)	Number of patients in denominator who received a flu shot since the most recent September 1	Number of unique patients at least 5 years but less than 17 years of age, who are in the high risk group, seen for at least one visit in the reporting period
Disabled	Influenza vaccine (over 50) - Influenza Vaccination (50 and over)	Number of patients in denominator who received a flu shot since the most recent September 1	Number of unique patients ages 50 yrs and above seen for at least one visit in the reporting period
Enabled	Pneumococcal vaccine -	Number of patients in denominator who received the	Number of unique patients seen for a visit in the reporting period who were age

# Supporting Documentation Example: Clinical Decision Support (CDS)

EHR-generated screenshot of CDS interventions identifying the EP, organization and enable dates

**Influenza Vaccine CMS-147**

Allergies: No Known Alle... Health Maintena...  
Need Interp: No

Provider Name  
Organization Name

**Health Maintenance**

Postpone Remove Postpone Override Remove Override Document Past Immunization

**New data from outside sources are available for reconciliation.** Health Maint


Reconcile outside data on the chart. Medications Problems

Some patient topics are filtered. Load Filtered Topics

Due Date	Topic	Frequency	Date Completed
07/09/1978	Tobacco Cessation Counseling (1)	Sequential	
07/09/1980	PPSV23 (Pneumovax) (1)	Sequential	
07/09/1989	DTaP/Tdap/Td (1 - Tdap)	Sequential	
09/01/2018	INFLUENZA (1)	Sequential	10/26/2017
01/01/2019	DEPRESSION ANNUAL SCREEN (1)	Sequential	7/2/2018
10/08/2020	HYPERTENSION SCREENING (1)	Sequential	
06/20/2021	LIPID SCREENING	5 year(s)	6/20/2016

# Supporting Documentation Example: Clinical Decision Support (CDS)

MU Dashboard displays EP's name, organization, reporting period, and CDS enabled dates with CQMs

<b>James Bond, MD</b>		<b>Reporting period: 10/03/2017 - 12/31/2017</b>	
National Provider Identifier (NPI) # 0000000000		Business Address (Business Listing ONLY) 100 North Drive Westborough, MA 01581	
Taxpayer Identification Number (TIN) # 0000000000		Business Email bond@masstech.org	
<b>Measure</b>		<b>Status</b>	
Clinical decision support rule 	a. Clinical decision support rule	Satisfied : EHR vendor enabled clinical decision support interventions related to the clinical quality measures listed below for the entire reporting period.	
	b. Implement drug/drug and drug/allergy interaction checks	Satisfied : EHR vendor enabled required functionality during reporting period.	
<b>Clinical Quality Measure</b>		<b>Enrollment Date</b>	
Controlling High Blood Pressure		12/19/2016	
Pneumonia Vaccination Status for Older Adults		12/19/2016	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up		12/19/2016	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention		12/19/2016	
Use of Imaging Studies for Low Back Pain		12/19/2016	

# Supporting Documentation Example: Clinical Decision Support (CDS)

EHR Vendor Letter confirming CDS enabled dates and that EPs cannot deactivate alerts

**EHR Vendor**

**EHR Incentive Program – Verification Letter**

EHR Vendor [redacted] has verified the status of the practice in support of the EHR Incentive Program. As part of this verification, Vendor [redacted] confirms that the practice is an active customer to Vendor [redacted] and their account is in a positive financial status.

Date of Issue :	December 26, 2017
Client Name :	Practice Name Licensed Provider's: Pam Beasley, NP James Halpert, MD
Current Version :	10.0 ( V10 is 2014 ONC-ATCB certified EHR Technology)
Date Of Upgrade :	Client Upgraded to Version 10 on April 14, 2014.
Reporting Period :	2017 September 02, 2017 to November 30, 2017
ONC CHPL Product Number for V10 Complete EHR :	CHP-
CMS EHR Certification ID for V10 Complete EHR :	1314E0
CDSS :	CDSS logs are available in the V10 . If the start date is empty, it indicates that the specific CDSS alert was enabled before the practice got upgraded to V10. If the status of the CDSS was changed, the username and the modified date show up on the logs. The CDSS alerts are at practice level and if enabled, they are enabled for all the providers and all the patients (that meet the alert criteria).
Drug-Drug/Allergy Interaction :	Drug-Drug/Drug-Allergy interaction is turned on by default when the V10 was installed. The provider has the ability to select the level of severity of a drug interaction that will trigger the interaction window to pop up.

EHR Vendor Representative: Creed Bratton Date: December 26, 2017

Client Representative: Pam Beasley, NP Date: 1/8/18

## Patient Electronic Access and API

# Q&A Session: Common Challenges – Patient Electronic Access and API

- Dashboard tracking both portal and API access
- Calculating Opt Out patients
- Email education resources
- Vendor engagement and support
- Obtaining proper supporting documentation
  - Two parts to API Instructions to patients
  - API and Opt Out logs

# Objective 5: Patient Electronic Access and API

Provide patients with timely electronic access to their health information and patient-specific education

Measure 1\* For **more than 80%** of patients:

- 1) the patient is provided timely access to **view, download, and transmit (VDT)** their health info; and
- 2) the patient's health info is available for the patient to access using any app of their choice configured to meet the technical specs of the **Application Programming Interface (API)** in the provider's CEHRT

Measure 2\* For **more than 35%** of patients, EP must use clinically relevant information from CEHRT to identify **patient-specific educational resources** and provide electronic access to those materials

\* When patients decline to participate in electronic access to their health information and/or education, the EP can use **Opt Out** to count those patients in order to meet the thresholds for both Measure 1 and Measure 2.

# MU Supporting Documentation: Patient Electronic Access and API

## Measure 1: Access to View, Download and Transmit (VDT) and API Access\*

- An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP's name, numerator, denominator and percentage for this measure.
- Documentation that shows an API was **enabled** prior to or during the MU reporting period.
- A copy of the instructions provided to patients with
  - a) how to authenticate their access through an API and
  - b) information on available applications that leverage API

## Measure 2: Electronic Access to Patient Specific Education

- EHR-generated MU Dashboard or report

\* If the EP used the **Opt Out** method to meet the measure threshold(s), additional supporting documentation is required to show how the EP added **Opt Out** patients to the numerator(s). Speak with a TA on using **Opt Out**.



# MU Supporting Documentation: Patient Electronic Access and API

Screen shot of audit log displaying API enabled date

The screenshot displays a web-based audit log interface. At the top, there is a header bar with a search icon and the text "Practice Name". Below this is a search bar containing the text "FHIR". To the right of the search bar are two dropdown menus: "Select Type" and "--All--", along with a search icon. Below the search bar is a table with the following columns: "Product", "Activated", "Actions", "Last Action", and "Last Message". The table contains one row of data:

Product	Activated	Actions	Last Action	Last Message
FHIR Lead Status : -	06/11/2019 (0)			--

# MU Supporting Documentation: Patient Electronic Access and API

Letter from EHR vendor  
verifying API enabled date

letter date	<b>EHR vendor name/logo</b>
<b>Dear Practice Contact,</b>	
<p>EHR Vendor <b>has enabled API functionality</b> for EHR name/version based on the requirements associated with §170.315(g)(7), §170.315(g)(8), and §170.315(g)(9). The Developer Portal gives EHR Vendor <b>clients and third-party health IT companies access to our APIs and sandbox environment to develop integrated solutions that will enhance the value and functionality offered by EHR Vendor services. These criteria were initially certified in December 2018 and the applicable APIs were available on or before January 1, 2019.</b></p>	
<p><b>Additionally,</b> EHR Vendor <b>makes patient data automatically integrated in the Patient Portal, which also allows patients to view, download, and transmit their health information as required by §170.315 (e)(1): View, Download, and Transmit to 3rd Party.</b></p>	
<b>Sincerely,</b>	
signature, name and title of authorized official	

# MU Supporting Documentation: Patient Electronic Access and API

API Instructions provided to patients including

- how to authenticate their app
- list of or Information on available apps

**If you are new to Patient Portal, complete your enrollment by following these steps:**

1. Follow the link below to Patient Portal. [https://www. EHR /Enroll](https://www.ehr.com/Enroll)
2. Enter your enrollment token , your last name, date of birth, and email address. Select "Sign up for a new account" on the following screen.
3. Create a username and password. Make sure your username and password meet the requirements listed on the screen.
4. Select five security questions from the list and provide your answer for each question. These will be used for password reset security.

**If you already have a**

**Patient Portal account, you can enroll in multiple practices by following these steps:**

1. Follow the link below to Patient Portal. [https://www. EHR .com/](https://www.ehr.com/)
2. Log in to the Patient Portal website using your original username and password. Remember that your password is case sensitive.
3. From the Menu on the left, under **My Account**, click the **Manage Practices** link to go to the multiple practice enrollment page.
4. Enter your newly assigned enrollment token , date of birth, and email address.

**Your Patient Portal account enables you to access your data through other apps and web sites using the API.**

Go here for more information. [http:// EHR /patientAPI](http://www.ehr.com/patientAPI)

API  
7/2/17

# MU Supporting Documentation: Patient Electronic Access and API

Central Massachusetts Internal Medicine  
100 North Drive  
Westborough, MA 01581

Sample Letter and audit log for  
Opt Out patients

Date

To Whom It May Concern:

Letter confirming the Opt Out patients were provided all necessary information to access their information, obtain access through a patient-authorized representative, or other wise opt back in without further follow-up action required by the provider.

The letter must include a description of how a patient's Opt Out action was recorded (for example a form, or other method). The letter must be signed by an authorized official at the location where the Opt Outs occurred (EP, Designee, Clinical or Medical Director).

Sincerely,

*Name*

NAME  
Medical Director

Patient ID	Patient DOB	Service Date	Provider	Reason for Opt Out
1111111	1/1/2000	1/1/2020	Clark Kent, MD	Declined patient portal
2222222	1/10/2009	1/10/2020	Clark Kent, MD	No internet access
3333333	1/12/2002	1/12/2020	Clark Kent, MD	Declined patient portal
4444444	1/8/1996	1/14/2020	Clark Kent, MD	Declined patient portal
5555555	3/15/2001	1/14/2020	Clark Kent, MD	Declined patient portal

## Health Information Exchange (HIE)

# Q&A Session: Common Challenges - Health Information Exchange

- Summary of Care (SOC) record sent electronically
- Query HIE Functionality not enabled vs. not available
- Meeting two of three measures
- Claiming exclusions to satisfy the objective
- Obtaining proper supporting documentation
  - Confirmation of receipt
  - SOC: Minimum problem list, medications and allergies

# Objective 7: Health Information Exchange (HIE)

## Measure 1

For **more than 50%** of transitions and referrals, the referring EP:

1. Uses CEHRT to create a Summary of Care record
2. Electronically exchanges the summary of care record



## Measure 2

For **more than 40%** of transitions and referrals received and encounters where the EP has never before seen the patient, EP incorporates an electronic Summary of Care record in patient's EHR

- A record cannot be considered incorporated if it is discarded without the reconciliation of clinical information, or if it is stored in a manner not accessible for EP use within the EHR

## Measure 3

For **more than 80%** of transitions received and encounters where the EP has never before seen the patient, EP performs a clinical information reconciliation for the following three clinical information sets:

1. Medication
2. Medication allergy
3. Current problem list



# MU Supporting Documentation: Health Information Exchange (HIE)

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## Measure 1: Referrals and transitions of care electronically exchanged

- EHR-generated MU Dashboard or report
- Copy of one unique Summary of Care Record created by the EP
- Confirmation of receipt or proof that the receiving provider made a query of the same Summary of Care Record

## Measure 2: Electronic summary of care records received and incorporated

- EHR-generated MU Dashboard or report

## Measure 3: Clinical information reconciliation

- EHR-generated MU Dashboard or report covering clinical reconciliation of medication, medication allergies and current problem list



# MU Supporting Documentation: Health Information Exchange (HIE)

Summary of Care record for Patient 101 includes Problems, Allergies and Medications

[REDACTED]

[REDACTED] (id #101 [REDACTED], dob: [REDACTED])

**Reason for Referral**  
ENT Referral

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**Problems**

Name	Status	Onset Date	Source
[REDACTED]	Active	[REDACTED]	

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**Allergies**

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

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**Current Medications**

Name	Start Date
acetaminophen 160 mg/5 mL (5 mL) oral suspension Take 5 mL every 4-6 hours by oral route.	

# MU Supporting Documentation: Health Information Exchange (HIE)

Confirmation of Receipt Log showing electronic P2P status (provider to provider)

Receipt of HIE Delivery  
Bruce Wayne, MD

Type	From	To	Patient	Date created	P2P Status	HISP Status
	BRUCE WAYNE	CLARK KENT	Bernadette C	2019 -8-22 14:28	✓	N/A
				2017-08-25 14:36:50.0	✓	N/A
				2017-08-25 14:12:03.0	✓	N/A
				2017-08-24 11:51:31.0	✓	N/A
				2017-08-24 10:49:16.0	✓	N/A
				2017-08-23 15:51:29.0	✓	N/A
				2017-08-23 15:46:21.0	✓	N/A
				2017-08-23 14:19:11.0	✓	N/A
				2017-08-23 10:53:05.0	✓	N/A
				2017-08-23 08:34:23.0	✓	N/A
				2017-08-22 13:21:19.0	✓	N/A
				2017-08-22 12:56:50.0	✓	N/A
				2017-08-22 12:54:20.0	✓	N/A
				2017-08-22 12:48:16.0	✓	N/A
				2017-08-21 13:57:15.0	✓	N/A

\*Note: This is a fictional patient record

# MU Supporting Documentation: Health Information Exchange (HIE)

Confirmation of Receipt  
Log confirming SOC for “Patient  
12345” was both electronically sent  
and received

Dr. Diana Prince – Patient ID 12345

Message ID	Status	Created	Destination	Type	Interface Vendor	Errors
754	PROCESSED	08/22/2017 15:34:33	OUT	CUSTOM	DIRECT	PROCESSED: 08/22/2017 15:35:14

View Message #754: (PROCESSED)

From →  
TO →

From: diana.prince@direct.dc.masshiway.com  
Subject: Summary of Care Record.xml  
To: jean.grey@direct.marvel.masshiway.net

Message ID	Status	Created	Errors
754	PROCESSED	08/22/2017 15:35:59	PROCESSED: 08/22/2017 15:35:59

From →  
TO →

From: jean.grey@direct.marvel.masshiway.net  
To: diana.prince@direct.dc.masshiway.com

From →  
TO →

Ack (MDN) →

Your message was successfully processed.

Your message was successfully processed.

\*Note: This is a fictional record

## Other challenges, questions and best practices

# Helpful MU Resources

## ❖ MU TOOLKIT FOR ELIGIBLE PROFESSIONALS

- <https://mehi.masstech.org/education/health-it-toolkits/mu-toolkit/medicaid-EP>

## ❖ MU SUPPORTING DOCUMENTATION GUIDE FOR PY 2020

- [https://mehi.masstech.org/sites/mehi/files/documents/Medicaid/MU\\_Toolkit\\_2015/Massachusetts%20Medicaid%20EHR%20Incentive%20Program%27s%202020%20Supporting%20Documentation%20Requirements%2008-12-2020.pdf](https://mehi.masstech.org/sites/mehi/files/documents/Medicaid/MU_Toolkit_2015/Massachusetts%20Medicaid%20EHR%20Incentive%20Program%27s%202020%20Supporting%20Documentation%20Requirements%2008-12-2020.pdf)

## ❖ API ATTESTATION GUIDE PY 2020

- [https://mehi.masstech.org/sites/mehi/files/documents/Medicaid/MU\\_Toolkit\\_2015/API\\_Attestation\\_Guide\\_PY2020\\_2020\\_08\\_19.pdf](https://mehi.masstech.org/sites/mehi/files/documents/Medicaid/MU_Toolkit_2015/API_Attestation_Guide_PY2020_2020_08_19.pdf)

## ❖ CMS SPEC SHEETS STAGE 3 PY 2020

- <https://www.cms.gov/files/document/medicaid-ep-2020-table-contents.pdf>

# Contact Us



 [mehi.masstech.org](http://mehi.masstech.org)  1.855.MassEHR

 [ehhealth@masstech.org](mailto:ehhealth@masstech.org)  Follow us @MassEHealth

## Thomas Bennett

Client Services Relationship Manager

[tbennett@masstech.org](mailto:tbennett@masstech.org)

(508) 870-0312 ext. 403

## Margaret Lellman

Technical Assistant Specialist

[lellman@masstech.org](mailto:lellman@masstech.org)

(508) 870-0312 ext. 370