
ALABAMA MEDICAID

2015 Meaningful Use Attestation Submission Guidance For Eligible Professionals

DEADLINE:

The deadline for submitting your 2015 Program Year Attestation is **September 30, 2016**.

OVERVIEW OF ATTESTATION PROCESS

The Alabama State Level Registry (SLR) was enabled to begin allowing providers to submit attestations for Stage 1 of Meaningful Use (MU) on April 1, 2012. As providers progress through the incentive program and the program evolves, the requirements for MU attestations change from one Stage of MU to the next as well as from year to year. Although the SLR will not be available until approximately August 1, 2016, this guide provides information on how to prepare attestations for Program Year 2015.

WHAT'S THE SAME?

Eligible Providers: The list of eligible providers continues to be the same as in prior years –

- Physicians, including pediatricians
- Certified Registered Nurse Practitioners
- Dentists
- Doctors of Optometry
- Physician Assistants
- Certified Nurse Midwives

Identifying Data for the Provider: The information may be updated by the provider if there are changes from the prior year, such as a change in the contact person, a new location or group/practice, etc.

Medicaid Eligibility: A Provider must establish eligibility for the Medicaid incentive program each year of participation; therefore, Medicaid and Total patient volume data must be submitted with each attestation

Attesting to Adopt, Implement or Upgrade:

New providers will continue to submit documentation of whether they have adopted, implemented or upgraded to Certified Electronic Health Record Technology (CEHRT) as described in regulations and on the website of the Office of the National Coordinator. <http://onccpl.force.com/ehrcert>

CERTIFIED EHR TECHNOLOGY (CEHRT)

Eligible Professionals must use a 2014 Edition CEHRT (Certified EHR Technology) for all attestations and demonstrations of meaningful use in Program Year 2015. The information and resources below will assist you in making the proper decision about attesting with acceptable CEHRT systems and their applicable Meaningful Use and Clinical Quality Measures.
<http://oncchpl.force.com/ehrcert>

WHAT'S DIFFERENT?

REPRESENTATIVE PERIOD FOR ELIGIBILITY

Providers using a representative period to establish eligibility may use one of the following:

- 3 months in the prior calendar year (2014), or
- 3 months in the 12 months preceding attestation.

When using a representative period of 3 months in the 12 months preceding attestation, the representative period **must be in the Program Year (2015)**.

NEW REGULATIONS FOR 2015-2017

In March and April of 2015, CMS issued proposed regulations that streamlined the Meaningful Use objectives and measures for the EHR Incentive Program, both for the 2015 and 2106 Program Years. In addition, the new regulations include changes for Stage 3 which will start in the 2018 Program Year.

MEANINGFUL USE REPORTING PERIOD

The Reporting Period for ALL Stage attestations for Program Year 2015 is 90 days.

Note: You must report the number of patients in your EHR system. You will report the total number of **unique patients** in the EHR system at the beginning of Step 3 in the SLR.

SUPPORTING DOCUMENTATION REQUIRED FOR MEANINGFUL USE MEASURES AND CQMs:

- Each measure **MUST** have supporting documentation in order for your application to be considered complete. You will need a report from your certified EHR system, or similar documentation, which supports the numerators and denominators you are reporting for your MU measures.
- The supporting documentation must be uploaded into the SLR as part of your attestation for your incentive payment.
- Depending on how your CEHRT reports the relevant data, it is not necessary to attach a separate report for each MU measure. If one report contains the necessary data for more than one measure, the single report may be used to support all the related measures. In such instance, you must be sure to indicate which measures the report supports. If your CEHRT produces a separate report for each measure, please attempt to scan the pages together and upload as one document.

REPORTING PUBLIC HEALTH MEANINGFUL USE DATA:

The intent of this requirement is for providers to electronically report data to the State’s Public Health Agency. There are multiple steps required of the provider, the provider’s EHR vendor and Alabama’s Department of Public Health (ADPH) to successfully transmit the data from the provider’s EHR to ADPH. Those steps are considered the ADPH ‘onboarding’ process and are listed below:

- Registered with ADPH
- Invitation sent by ADPH to begin onboarding process
- Trading Partner Agreement Signed
- Approved to begin testing
- Date of most recent test submission
- Moved to Production Pilot Testing
- Moved to Production
- Date of last live transmission

A provider’s performance of any of those steps is considered “Active Engagement” within the definition of meeting the Public Health Reporting meaningful use measure, provided that there is reasonable progression from one step to the next. There is the expectation that the provider will progress through ADPH’s onboarding process without unnecessary delay.

During the review and validation process of a provider’s attestation, Medicaid will compare the provider’s Active Engagement status from one year to the next. If the provider has not progressed in the onboarding process, the provider will be required to justify the lack of progression. The provider may meet the measure if the lack of progression is outside the control of the provider. However, the provide will fail to meet this measure if the lack of progression is due to inaction on the part of the provider.

REQUIREMENTS AND SUPPORTING DOCUMENTATION WHEN REPORTING 2015 MODIFIED STAGE 2 MEANINGFUL USE MEASURES

In addition to the reports from the CEHRT, specific documentation must be submitted for those measures depicting functionality or capability in the CEHRT instead of, or in addition to, reporting numerical thresholds.

OBJECTIVES AND MEASURES

OBJECTIVE	DESCRIPTION OF MEASURE(S)	FORMAT	ADDITIONAL INSTRUCTIONS
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<p>1. Protect Patient Health Information</p>	<p>Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP, eligible hospital, or CAH's risk management process.</p>	<p>Y/N in SLR and submission of Security Risk Analysis Compliance Form available on the Alabama One Health Record Meaningful Use website. (http://onehealthrecord.alabama.gov/MU/index.html)</p>	<p>This measure requires you to respond "Yes" during the attestation process to actions that were taken during the representative period.</p> <p>All fields in the Security Risk Analysis Compliance Form must be completed.</p>
<p>2. Clinical Decision Support</p>	<p>Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions.</p> <p><i>An EP who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of Measure 1:</i></p> <p><u><i>Alternate Objective and Measure:</i></u></p> <p><i>Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority</i></p>		<p>Measure 1: This measure requires you to respond "Yes" during the attestation process to actions taken during the representative period. You must enter data other than drug/drug-drug allergy for one of the interventions.</p> <p>Alternate Measure 1: This measure requires you to respond "Yes" during the attestation process to actions taken during the representative period. EP must enter data other than drug/drug-drug allergy for the clinical decision report rule.</p>

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	<p><i>along with the ability to track compliance with that rule.</i></p> <p><i>Measure: Implement one clinical decision support rule.</i></p> <p>Measure 2: The EP, eligible hospital, or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</p>		<p>Note: For guidance on this measure, refer to the CMS Tip Sheet here.</p> <p>Measure 2: You must report “yes” to EHR functionality. If you attest to use of EHR functionality, legible screen shots showing the specified system functionality must be submitted. The screen should show that the <u>functionality is available</u>. <i>(*Note: In some instances, the drug/drug-drug allergy interaction checks will also be in the screen shot with the formulary check.)</i></p>
<p>3. Computerized Provider Order Entry</p>	<p>Measure #1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Alternate Measure #1: <i>For Stage 1 providers in 2015, more than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider</i></p>	<p>Num/Den or Exclusion</p>	<p>Enter the data generated from your CEHRT.</p>

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	<p>order entry.</p> <p>Measure #2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Alternate Exclusion for Measure #2: <i>Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.</i></p> <p>Measure #3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Alternate Exclusion for Measure 3: <i>Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.</i></p>		
<p>4. Electronic Prescribing</p>	<p>More than 50 percent of all permissible prescriptions written by the EP are:</p> <p>Compared to at least one drug formulary</p>	<p>Num/Den or Exclusion</p> <p>Screen Shot (Drug</p>	<p><u>Electronic Prescribing (eRx):</u> Enter the data generated from your CEHRT.</p> <p><u>Drug Formulary:</u> Report "Yes" to EHR</p>

OBJECTIVE	DESCRIPTION OF MEASURE(S)	FORMAT	ADDITIONAL INSTRUCTIONS
	<p>and</p> <p>Transmitted electronically using certified EHR technology.</p> <p>Alternate Measure: For Stage 1 providers in 2015, more than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.</p>	Formulary)	<p>functionality to proceed, upload legible screen shots showing the specified system functionality is available.</p> <p><i>(*Note: In some instances, the drug-drug and drug-allergy interaction checks will also be in the screen shot with the drug formulary check.)</i></p>
<p>5. Health Information Exchange</p>	<p>Measure: The EP that transitions or refers their patient to another setting of care or provider of care must</p> <p>(1) use CEHRT to create a summary of care record; and</p> <p>(2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.</p>	Num/Den	<p>Enter the data generated from your CEHRT.</p>
<p>6. Patient Specific Education</p>	<p>Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.</p>	Num/Den	<p>Enter the data generated from your CEHRT.</p> <p>*Note: You may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if, for an EHR reporting period in 2015, you were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective. No additional documentation is required if the exclusion is claimed.</p>
<p>7. Medication Reconciliation</p>	<p>The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the</p>	Num/Den or Exclusion	<p>Enter the data generated from your CEHRT.</p> <p>*Note: You may claim an</p>

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	care of the EP.		exclusion for the measure of the Stage 2 Medication Reconciliation objective if, for an EHR reporting period in 2015, you were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective. No additional documentation is required if the exclusion is claimed.
<p>8. Patient Electronic Access (VDT)</p>	<p>Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.</p> <p>Measure 2: At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.</p>	<p>Num/Den or Exclusion and Screen Shot</p>	<p>Measure 1 and Measure 2: Enter the data generated from your CEHRT.</p> <p>Measure 1:</p> <p>You must also submit a legible EHR screen shot displaying how patient gains access to his/her health information or other documentation describing how patients obtain or receive the necessary information and assistance in how to access his/her health information.</p> <p>You are not permitted to claim the following exclusion unless you present documentation to the contrary:</p> <p><i>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</i></p>

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			<p>from the FCC on the first day of the EHR reporting period.</p> <p>* You should be aware that No counties in Alabama met the FCC criteria in 2015 for an exclusion to Measure #2. Check the percentage for your county here</p>
<p>9. Secure Electronic Messaging</p>	<p>The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.</p>	<p>Num/Den or Exclusion</p>	<p>Enter the data generated from your CEHRT.</p> <p>You must also list the secure messaging method used and may enter "unknown".</p> <p>You are not permitted to claim the following exclusion unless you present documentation to the contrary:</p> <p><i>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 EHR reporting period.</i></p> <p><i>No counties in Alabama met the FCC criteria in 2014 for an exclusion to Measure #2. Check the percentage for your county:</i></p> <p>http://www.broadbandmap.gov/</p>
<p>10. Public Health Measures</p>	<p>If you select:</p>	<p>Y/N in SLR</p>	<p>You must submit letter</p>

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	<p>Measure Option 1 – Immunization Registry Reporting: You are actively engaged with a public health agency to submit immunization data.</p> <p>Measure Option 2 – Syndromic Surveillance Reporting: You are actively engaged with a public health agency to submit syndromic surveillance data.</p> <p>Measure Option 3 – Specialized Registry Reporting: You are actively engaged to submit data to a specialized registry.</p> <p><i>Alternative Exclusions:</i></p> <p><i>EPS scheduled to be in Stage 1 must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3.</i></p>	<p>and Documentation of Active Engagement</p> <p>or Exclusion</p>	<p>from ADPH showing a status of active engagement for the EP for each Registry to which you attest:</p> <ul style="list-style-type: none"> • ADPH – Immunization Registry Reporting – Active Engagement Status Letter • ADPH - Syndromic Surveillance Reporting - Active Engagement Status Letter • ADPH Specialized Registry Reporting - Active Engagement Status Letter (Cancer, Electronic Lab) • Other Specialized Registry Reporting – Letter describing the Active Engagement Status from the Registry. <p>*If you cannot obtain a letter from ADPH, e.g. you are an out-of-State Provider or some other extenuating circumstances, contact Medicaid MU office for assistance prior to submitting your attestation.</p>

CLINICAL QUALITY MEASURES (CQMs)

2015

For those EPs required to report on the 2015 CQMs ([2015 EP CQM List](#)), the CQMs remain the same for Modified Stage 2 Meaningful Use and those EPs who would be attesting to Stage 1. The EP must submit Clinical Measure data for 9 of 64 approved CQMs.

CMS has identified two recommended core sets of CQMs - one for adults and one for children on high-priority health conditions and best-practices for care delivery.

- 9 CQMs for adult populations that meet all of the program requirements
- 9 CQMs for pediatric populations that meet all of the program requirements

EPs may report on a total of nine (9) Clinical Quality Measures that cover at least three (3) of the National Quality Strategy domains.

- Efficient Use of Healthcare Resources Domain
- Clinical Process/Effectiveness Domain
- Population/Public Health Domain
- Patient and Family Engagement Domain
- Care Coordination Domain
- Patient Safety

If the EP's CEHRT does not contain patient data for at least 9 CQMs covering at least 3 domains, then the EP must report the CQMs for which there is patient data and report the remaining required CQMs as "zero denominators" as displayed by the EP's CEHRT

CMS encourages EPs to report from the recommended core set to the extent those CQMs are applicable to your scope of practice and patient population.

Clinical quality measures do not have thresholds that you have to meet—you simply have to report data on them. Although the SLR asks for calculations of the percentages of the clinical quality measures, the percentages are informational only.

Your Certified EHR will produce a report with clinical quality measure data. Medicaid will validate that the data submitted in the SLR matches the data on the report and you must enter that data exactly as your certified EHR produced it.

There are multiple population groups for certain CQMs. The order in which this data is listed displayed in the SLR report will differ from the reports submitted by the EP. All measures are reported in structured format with a numerator and denominator. Medicaid will compare the values entered into the SLR to the EHR report the EP attaches. If an EP reports zero in the SLR for a CQM(s), the zero data is not required on the EPs report to validate.

MORE INFORMATION ABOUT THE MEANINGFUL PROGRAM CAN BE FOUND AT THE FOLLOWING SITES:

CMS EHR Incentive Programs Website
www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/

Alabama Medicaid Agency website:

www.OneHealthRecord.alabama.gov