May (and April’s) 2020 Webinar
May 7, 2020

Can Promoting Interoperability be Meaningful?
Who We Are

CalHIPSO was founded in 2010 by the California Primary Care Association (CPCA), The California Medical Association (CMA), and the California Association of Public Hospitals and Health Systems (CAPH). As the largest of 62 federally designated Regional Extension Centers (REC), CalHIPSO helped clinicians in California navigate the complicated world of electronic health record adoption.
Today's Presenter
Continued Appreciation

Today would have been CalHIPSO’s Interoperability Conference, 05/07/2020

It takes the better part of a calendar year to pull together a conference. Like many this year, our conference had to be cancelled for abiding by statewide Stay At Home orders due to the novel coronavirus. CalHIPSO is continuing its work with founding partners, conference sponsors, and vendor partners in establishing a statewide interoperability agenda. Stay tuned! Thank you for the continued interest in this topic and in your continued support.
Today’s audience

Pausing now to conduct a poll
CalHIPSO’s Focus 2020

- Minus one conference, CalHIPSO continues its work to build an interoperability agenda for California, even more important in our new coronavirus normal

- Final months of the California Technical Assistance Program (CTAP) 2019 and some 2020 Medicaid Promoting Interoperability, aka MU – today’s webinar will focus on MU, with or without CTAP (more on next slide)

- Practice Transformation Specialist Field Team for Aledade MSSP ACOs

- Spreading the word on DHCS’ California Health Information Exchange Onboarding Program (Cal-HOP). The program is underway!
  [https://www.dhcs.ca.gov/provgovpart/Pages/Cal-HOP.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/Cal-HOP.aspx)
Disclaimer

CalHIPSO is one of four entities contracted by DHCS to provide technical assistance to Eligible Professionals participating in the EHR Incentive Program

https://www.dhcs.ca.gov/provgovpart/Pages/California_Technical_Assistance_Program.aspx
The Medicare MU program ran from 2010 through 2016 (last year to begin participation was 2014).

The Medicaid MU program started in 2010, closed to new participants after the 2016 Program Year, and continues through the 2021 Program Year (ending Sept 2021).

MIPS, as part of the CMS Quality Payment Program, began in 2017 for Medicare Eligible Clinicians.

There are similarities between MU and MIPs (2015 Edition CEHRT, Security Risk Analysis, Stage 3).

But there are also differences – Group reporting, all or nothing to “pass”
Today we are discussing the Medi-Cal Promoting Interoperability Program, aka Meaningful Use or MU

Program Eligibility (broad strokes)

- in by the end of Program Year 2016
- >30% Medicaid billable encounters
- Eligible Professional (EP) has not finished six years of participation

NPI Lookup - CDPH Open Data; be mindful if EP may have been in Medicaid AIU or MU in another state between 2010 and 2016

https://data.chhs.ca.gov/dataset/electronic-health-record-ehr-incentive-program-payments-for-eligible-providers1/resource/90a8a467-3ff2-4883-b9a9-8d962a7105c1
## How much will you get paid?

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<tbody>
<tr>
<td>Payment amount in 2011</td>
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<td>$0.00</td>
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<td>$0.00</td>
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<tr>
<td>Payment amount in 2012</td>
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<td>Payment amount in 2013</td>
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<tr>
<td>Payment amount in 2014</td>
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<td>Payment amount in 2015</td>
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<td>$21,250.00</td>
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<td>Payment amount in 2016</td>
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<tr>
<td>Payment amount in 2017</td>
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<td>$8,500.00</td>
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<td>$8,500.00</td>
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<td>Payment amount in 2018</td>
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<td>$8,500.00</td>
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<tr>
<td>Payment amount in 2019</td>
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<td>$8,500.00</td>
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<tr>
<td>Payment amount in 2020</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$8,500.00</td>
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<tr>
<td>Payment amount in 2021</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$8,500.00</td>
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<tr>
<td><strong>TOTAL incentive payments</strong></td>
<td><strong>$63,750.00</strong></td>
<td><strong>$63,750.00</strong></td>
<td><strong>$63,750.00</strong></td>
<td><strong>$63,750.00</strong></td>
<td><strong>$63,750.00</strong></td>
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A Scenario and some considerations

Dr. Smith's first year in the MU program was 2016 (AIU) then achieved MU Stage 2 in 2017. The organization's MU guru left for nursing school and the organization forgot about MU in 2018. However, the organization did upgrade to 2015 Edition EHR technology in the summer of 2019. Hmm, can Dr. Smith attest to MU again now, 2020?

- What if you have five Dr. Smiths? $85,000
- What if you have fifty Dr. Smiths? $850,000
- What if you had two additional Program Years?

<table>
<thead>
<tr>
<th>Program Year then Participation Year</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIU</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ 21,250</td>
<td>$ 8,500</td>
<td>$ 8,500</td>
<td>$ 8,500</td>
<td>$ 8,500</td>
<td>$ 8,500</td>
<td>$ 8,500</td>
<td>$ 63,750</td>
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<tr>
<td>$ 21,250</td>
<td>$ 8,500</td>
<td>SKIP</td>
<td>SKIP</td>
<td>$</td>
<td>$ 8,500</td>
<td>$ 8,500</td>
<td>$ 17,000</td>
</tr>
</tbody>
</table>

Total:
- What if you have five Dr. Smiths? $85,000
- What if you have fifty Dr. Smiths? $850,000
- What if you had two additional Program Years?
To Ponder

➢ What if there were two additional Program Years?

The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology.  [https://www.hhs.gov/](https://www.hhs.gov/)

Part of the American Reinvestment and Recovery Act (ARRA)

“… in no case shall … payments be made … after 2021”  
[https://www.healthit.gov/sites/default/files/hitech_act_excerpt_from_arra_with_index.pdf](https://www.healthit.gov/sites/default/files/hitech_act_excerpt_from_arra_with_index.pdf), page 85

➢ Congress would have to act to extend – contact your representatives!
Medi-Cal EHRIP Remaining Timeline

2020 Program Year

- Submissions in the CA State Level Registry open from April 15, 2020 through March 31, 2021
  - Program year 2019 application must be in paid status
  - Special Pre-Qualified conditions if submitting prior to July 2020
  - CTAP Support through June 30, 2020 (amendment underway to extend technical assistance through September 30, 2020)
    - [http://ehr.medi-cal.ca.gov/](http://ehr.medi-cal.ca.gov/)
  - Minimum 90 days MU Reporting Period
  - Minimum 90 Day CQMs per Nov 2019 Final Rule!!! Not full year

2021 Program Year

- Submissions 04/01/2021 through 09/15/2021 (approximately)
- Minimum 90 days for both MU and CQMs
How to get back into MU

Contact a CTAP Contractor

The four CTAP organizations can be accessed by clicking on the links below:
CalOptima
HITEC-LA
CalHIPSO or deeanne@calhipso.org
Object Health

We will assess from many different angles, such as
☐ Participation History
☐ Eligibility (Individual Prequalified?)
☐ Group Eligibility (Group/Clinic Prequalified?)
☐ MU Analysis – Passing or are there gaps?
☐ Clinical Quality Measures
☐ Security Risk Analysis
The Components of MU in 2020

- Stage 3, anyone attesting must meet Stage 3
- 2015 Edition certified EHR Technology is required
- 8 MU Objectives, which include 20 measures, of which at least 15 must be met to pass MU
- MU is still all or nothing – if an EP cannot pass (or meet the applicable exclusion) all 15 measures, the EP cannot attest to MU
- Clinical Quality Measures (more details later)

## The “Easy” Stage 3 Objectives & Measures

<table>
<thead>
<tr>
<th>Eligible Professionals Objectives</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protect Patient Health Information</strong></td>
<td>Protect electronic protected health information (ePHI) created or maintained by the certified electronic health record technology (CEHR) through the implementation of appropriate technical, administrative, and physical safeguards.</td>
</tr>
<tr>
<td><strong>Electronic Prescribing</strong></td>
<td>Generate and transmit permissible prescriptions electronically.</td>
</tr>
<tr>
<td><strong>Clinical Decision Support</strong></td>
<td>Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.</td>
</tr>
<tr>
<td><strong>Computerized Provider Order Entry</strong></td>
<td>Use computerized provider order entry (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.</td>
</tr>
<tr>
<td><strong>Patient Electronic Access to Health Information</strong></td>
<td>The eligible professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.</td>
</tr>
<tr>
<td><strong>Coordination of Care through Patient Engagement</strong></td>
<td>Use CEHR to engage with patients or their authorized representatives about the patient’s care.</td>
</tr>
<tr>
<td><strong>Health Information Exchange</strong></td>
<td>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 CEHR.</td>
</tr>
<tr>
<td><strong>Public Health and Clinical Data Registry Reporting</strong></td>
<td>The 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 CEHR, except where prohibited, and in accordance with applicable law and practice.</td>
</tr>
</tbody>
</table>

- No Exclusion
- Exclusion offered
- Measure 1 No Exclusion
- Exclusions offered
- Exclusions offered but not recommended
The Challenging Objectives

<table>
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</tr>
<tr>
<td>Protect electronic protected health information (ePHI) created or</td>
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<tr>
<td>maintained by the certified electronic health record technology</td>
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<tr>
<td>(CEHRT) through the implementation of appropriate technical,</td>
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<td>administrative, and physical safeguards.</td>
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<td>licensed healthcare professional, credentialed medical assistant, or</td>
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<td>a medical staff member credentialed to and performing the</td>
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<td>equivalent duties of a credentialed medical assistant, who can</td>
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<td>enter orders into the medical record per state, local, and</td>
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<td><strong>Patient Electronic Access to Health Information</strong></td>
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<tr>
<td>authorized representative) with timely electronic access to their</td>
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<tr>
<td>health information and patient-specific education.</td>
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<tr>
<td><strong>Coordination of Care through Patient Engagement</strong></td>
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<tr>
<td>Use CEHRT to engage with patients or their authorized</td>
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<tr>
<td>representatives about the patient’s care.</td>
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<tr>
<td><strong>Health Information Exchange</strong></td>
</tr>
<tr>
<td>The EP provides a summary of care record when transitioning or</td>
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<td>referring their patient to another setting of care, receives or</td>
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<tr>
<td>retrieves a summary of care record upon the receipt of a transition</td>
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<td>or referral or upon the first patient encounter with a new patient,</td>
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<tr>
<td>and incorporates summary of care information from other</td>
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<tr>
<td>providers into their EHR using the functions of CEHRT.</td>
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<tr>
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</tr>
<tr>
<td>or clinical data registry (CDR) to submit electronic public health</td>
</tr>
<tr>
<td>data in a meaningful way using CEHRT, except where prohibited, and</td>
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<tr>
<td>in accordance with applicable law and practice.</td>
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No applicable exclusions!
## OBJECTIVE 5 of 8

<table>
<thead>
<tr>
<th>Patient Electronic Access to Health Information</th>
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<tbody>
<tr>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td><strong>Measure</strong></td>
</tr>
</tbody>
</table>

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

**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 EHR reporting period.

No applicable exclusions!

Objective 5 Patient Electronic Access

- Also known as VDT (View Download Transmit) or the Portal Measure or PEA Access

- The Stage 2 Patient Education Measure is now Measure 2 of PEA

- Due to COVID-19 PHE the recent national adoption of Telehealth has helped to increase patient engagement with Portals

- Two Measures, must pass both to pass MU (and one of the measures has two parts!)

- The exclusions allowed for this Objective are not applicable: No office visits during the EHR reporting period or does not have 50 percent or more of its housing units with 4Mbps broadband availability (abbreviated)
Objective 5 Patient Electronic Access

**Measure 1**: For more than 80 percent of all unique patients seen by the EP:

1. The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
2. The provider ensures the patient’s health information 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 certified electronic health record technology (CEHRT).

Your task – what does your EHR Vendor require for you to meet access and API?
Objective 5 Patient Electronic Access
(Patient Specific Education)

**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 EHR reporting period.
Providers must attest to all three measures and must meet the threshold for at least two measures to meet the objective

No applicable exclusions!

<table>
<thead>
<tr>
<th>Objective</th>
<th>Use certified electronic health record technology (CEHRT) to engage with patients or their authorized representatives about the patient's care.</th>
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</thead>
<tbody>
<tr>
<td>Measure</td>
<td>An EP must attest to all three measures and meet the threshold for two measures for this objective. 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.</td>
</tr>
</tbody>
</table>

**Measure 1:** More than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (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 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
   A combination of (1) and (2).

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

Objective 6 Coordination of Care

- New Objective Name in Stage 3 but is comprised of two former Stage 2 measures plus a new Stage 3 measure
  - Patients must use their online health information (VDT)
  - Secure Messaging
  - Incorporate Patient Generated Health information

- Must attest to all three measures but only required to pass two

- Due to COVID-19 PHE the recent national adoption of Telehealth has helped to increase patient engagement, helping with these measures

- The exclusions allowed for this Objective are not applicable: No office visits during the EHR reporting period or does not have 50 percent or more of its housing units with 4Mbps broadband availability (abbreviated)
Objective 6 Coordination of Care

Measure 1: More than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (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 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).

Your task – encourage your patients to access their portal account
Objective 6 Coordination of Care (Secure Messaging)

**Measure 2**: For more than 5 percent of all unique patients seen by the EP during the 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 Coordination of Care (Patient Generated Health Data)**

**Measure 3:** Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.
Providers must attest to all three measures and must meet the threshold for at least two measures to meet the objective.

Exclusions offered – if denominator is less than 100; applicable to each of the three measures.

See next slide on passing scenarios.

(3) Current Problem list. Review of the patient’s current and active diagnoses.
### Objective 7 Health Information Technology

#### Passing Situations

- Pass 3 Measures
- Pass 2 + Exclude 1
- Pass 2 + Fail 1
- Pass 1 + Exclude 2
- Exclude 3

#### Failing Situations

- Fail 3 Measures
- Fail 2 + Exclude 1
- Fail 1 + Exclude 1 + Pass 1
- Fail 1 + Exclude 2
- Fail 2 + Pass 1
Objective 7 Health Information Technology
(Send Electronic Summary of Care)

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.

Your tasks –
1. Determine whether you need to pass this measure in order to pass MU (2 out of 3 on this Objective gets you across the goal line)
2. If you need to pass, dive into the how!
Objective 7 Health Information Technology (Receive and Incorporate Electronic Summary of Care)

**Measure 2**: For more than 40 percent of transitions or referrals received and patient encounters in which the EP has never encountered the patient before, they incorporate into the patient’s EHR an electronic summary of care document.

**NUMERATOR**: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the certified EHR technology.

**DENOMINATOR**: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

Your task – review, you can probably pass this measure!
Objective 7 Health Information Technology (Clinical Information Reconciliation)

**Measure 3:** For more than 80 percent of transitions or referrals received and patient encounters in which the EP has never encountered the patient before, they perform 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.

*Presenter’s unquantified observation*
Objective 7 Health Information Technology
(Clinical Information Reconciliation)

Your task – Pass this measure!

DENOMINATOR: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

NUMERATOR: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.
Objective 7 Health Information Technology
(Clinical Information Reconciliation)

- For Measure 3, the process may include both automated and manual reconciliation to allow the receiving EP to work with both the electronic data provided with any necessary review, and to work directly with the patient to reconcile their health information.

- For Measure 3, if no update is necessary, the process of reconciliation may consist of simply verifying that fact or reviewing a record received on referral and determining that such information is merely duplicative of existing information in the patient record.

- Non-medical staff may conduct reconciliation under the direction of the EP so long as the EP or other credentialed medical staff is responsible and accountable for review of the information and for the assessment of and action on any relevant clinical decision support alert.

Objective 7 Health Information Technology (Clinical Information Reconciliation)

2019 Stage 3 on 2015 Edition certified EHR Technology seems to require new workflows within the EHR to pass this measure

Failing this measure was not isolated to one EHR

We all know that the clinical team was doing clinical reconciliations in 2019 …

But what many did not know is that a tweak to workflow should have been implemented

Repeat task with a slight change: You can pass this measure!
Objectives and Measures Summary

1. Protect Patient Health Information (Security Risk Analysis)
2. Electronic Prescribing
3. Clinical Decision Support (plus Drug-Drug & Drug Allergy)
4. Computerized Provider Order Entry (Meds, Labs, Rad.)
5. Patient Electronic Access to Health Information
   a) Ability (CA SLR terminology)
   b) Education
6. Coordination of Care through Patient Engagement
   a) Electronic Access
   b) Electronic Messaging
   c) Data Incorporated
7. Health Information Exchange
   a) Summary of Care (SOC)
   b) SOC Incorporated into EHR
   c) Clinical Info Reconciliation
8. Public Health/Clinical Data Reporting
Clinical Quality Measures (CQMs)

EPs are required to report on “any” six CQMs related to their scope of practice. EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, at least one high-priority measure must be selected. If there are no outcome or high-priority measures relevant to an EP’s scope of practice, the EP must report on any six relevant measures.

DHCS does review each MU applicant’s CQM submission, by provider type (i.e. PCP, Pediatrics, Dental), to assess whether the EP has attested to CQMs relevant to his/her scope of practice.

https://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Understanding-CQMs-2019.pdf  This is a 2019 list, however CQMs have not changed for the 2020 Program year.
CQM Outcome Measures

- You must select at least one Outcome CQM listed below, or you can select “None of the Outcome CQMs are relevant to my scope of practice.”
- If you select at least one Outcome CQM listed below, upon clicking “Next” you will be presented with a list of Other CQMs from which to select.
- If you do not select one or more Outcome CQMs, upon clicking “Next” you will be presented with a list of High-priority CQMs from which to select.

- CMS 75
- CMS 122
- CMS 132
- CMS 133
- CMS 159
- CMS 165

Selected Outcome: 0

☐ None of the Outcome CQMs are relevant to my scope of practice.
CQM High Priority Measures

If the provider indicates that none of the Outcome CQMs are relevant, the SLR will display the list of High-priority CQMs. The provider must select at least one High-priority CQM or indicate that none of the High-priority CQMs are relevant to their scope of practice before clicking “Next.”

If none of the Outcome or High-Priority CQMs are relevant to the provider’s scope of practice, a list of all Other CQMs will be displayed. The provider can then select 6 or more relevant CQMs. The total number of CQMs selected is displayed at the bottom right of the Other CQM page.
State Level Registry

Beginning in the 2019 Program Year, DHCS requires that documentation supporting meaningful use (MU) attestations be uploaded into the State Level Registry (SLR) before a MU attestation can be reviewed and approved. This documentation should include a copy of the MU dashboard report [and CQM report] produced by the electronic health record or an equivalent data source. The documentation should also include a copy of the Security Risk Analysis (SRA) or a signed letter describing the SRA.

DHCS has provided a template that can be used to explain the methodology of your SRA, located on the SLR Splash Page


Helpful Hint – complete your attestation, then after submission, go back to the home dashboard to upload documentation.
2020 Stage 3 MU Summary

Attestation window is open now

You might have already passed 2020 MU

If not yet passing, figure out why sooner rather than later

Free technical (and program) assistance is still available...but not for much longer
Conclusion
Meaningful Use encourages structured data, patient engagement, exchange of health information, and many other attributes. All of this leads to interoperability. Promoting Interoperability, as a term, makes sense. After the emergent response to COVID19 – after the surges, the rapid adoption of Telehealth, advocating for and interpreting rule changes in reimbursements, etc. we are going to see the value and need for interoperability across our nation’s health care system. Believe it or not, Meaningful Use over the past ten years has put us in a position to succeed, to get health information safely and securely exchanged, to interoperate. And with MU incentive dollars still on the table, you have an opportunity to earn needed funding!
Resources

CHHS Open Data
https://data.chhs.ca.gov/dataset/electronic-health-record-ehr-incentive-program-payments-for-eligible-providers/resource/41464f02-0a76-49f3-ae83-026f988eae3b

DHCS State Level Registry “Splash” Page (SLR)
http://ehr.medi-cal.ca.gov/

CMS Table of Contents for 2020 Medicaid MU Specification Sheets
Q & A

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