

# *Stage 3 Meaningful Use and the Medicaid EHR Incentive Program*

May 4, 2018

**HIMSS**<sup>®</sup>

**NORTH CAROLINA** *Chapter*

# NC Medicaid Electronic Health Record (EHR) Incentive Program

The program provides incentive payments for Medicaid providers to encourage them to adopt and meaningfully use EHR technology in ways that can positively affect patient care.

# Incentive Payments

To earn the full incentive payment, providers must participate for six years before the program ends in 2021.

Program Year 2016 was the last year to begin, but there are still four years open for participation.

Program Year 2018: \$8,500

2019: \$8,500

2020: \$8,500

2021: \$8,500

**\$34,000**

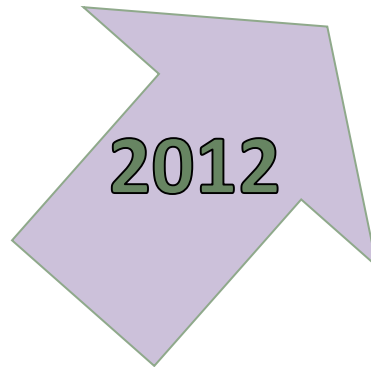
# Three Main Components of Meaningful Use (MU)

## Use of certified EHR

1. in a meaningful manner (e.g., e-prescribing)
2. for electronic exchange of health information to improve quality of health care
3. to submit clinical quality measures (CQM) and other measures selected by the Secretary

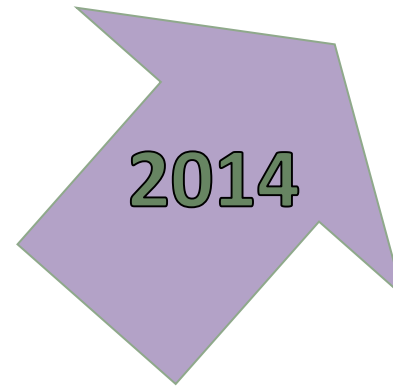
# Progression of Meaningful Use

**Stage 1:**  
Data capture  
and sharing



Years 2 & 3

**Stage 2:**  
Advanced  
Clinical  
Processes



Years 4 & 5

**Stage 3:**  
Improved  
Outcomes



Year 6

# Progression of Meaningful Use

## Stage 1

- 13 required core objectives
- 5 menu objectives from a list of 9
- Total of 18 objectives

## Modified Stage 2

- Single set of objectives & measures
- Total of 10 objectives

## Stage 2

- 17 core objectives
- 3 menu objectives from a list of 6
- Total of 20 objectives

## Stage 3

- Single set of objectives & measures
- Total of 8 objectives

# Progression of Meaningful Use

2014 1 <sup>st</sup> year of Stage 2	2015 Modified Stage 2 90-day EHR & CQM reporting period	2016 Modified Stage 2 90-day EHR & CQM reporting period Last year for AIU	2017 Modified Stage 2 or Stage 3 90-day EHR & CQM reporting period	2018 Modified Stage 2 or Stage 3 90-day EHR & 365-day CQM reporting period	2019 Stage 3 365-day EHR & CQM reporting period
--------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	----------------------------------------------------------------



# Program Year 2018 Modified Stage 2

## Eligible Professional Objectives and Measures

(1)	<a href="#">Protect electronic protected health information</a> (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
(2)	Use <a href="#">clinical decision support</a> to improve performance on high-priority health conditions.
(3)	Use <a href="#">computerized provider order entry</a> for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
(4)	Generate and transmit permissible prescriptions electronically ( <a href="#">eRx</a> ).
(5)	<a href="#">Health Information Exchange</a> – The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
(6)	<a href="#">Patient Specific Education</a> – Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.
(7)	<a href="#">Medication Reconciliation</a> – The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.
(8)	<a href="#">Patient Electronic Access</a> – Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.
(9)	<a href="#">Secure Messaging</a> – Use secure electronic messaging to communicate with patients on relevant health information.
(10)	<a href="#">Public Health Reporting</a> – The EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.



# Program Year 2018 Stage 3

## Eligible Professional Objectives and Measures

(1)	<a href="#">Protect electronic protected health information (ePHI)</a> created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.
(2)	Generate and transmit permissible prescriptions electronically ( <a href="#">eRx</a> ).
(3)	Implement <a href="#">clinical decision support (CDS)</a> interventions focused on improving performance on high-priority health conditions.
(4)	Use <a href="#">computerized provider order entry (CPOE)</a> 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.
(5)	<a href="#">Patient Electronic Access</a> – The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
(6)	<a href="#">Coordination of Care</a> – Use CEHRT to engage with patients or their authorized representatives about the patient’s care.
(7)	<a href="#">Health Information Exchange</a> – 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 CEHRT.
(8)	<a href="#">Public Health Reporting</a> – The EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

# Obj 1: Protect Patient Health Information

No change from Modified Stage 2

Conduct or review a security risk analysis, implement security updates as necessary, correct security deficiencies

Yes/No – no threshold

No exclusions

# Obj 1: Protect Patient Health Information

[TOPICS](#)[HOW DO I?](#)[BLOG](#)[NEWS](#)[ABOUT ONC](#)

[Home](#) > [Topics](#) > [Privacy, Security, and HIPAA](#) > [Security Risk Assessment](#)

## Security Risk Assessment

The [Health Insurance Portability and Accountability Act \(HIPAA\) Security Rule](#) requires that [covered entities](#) and its business associates conduct a risk assessment of their healthcare organization. A risk assessment helps your organization ensure it is compliant with HIPAA's [administrative, physical, and technical safeguards](#). A risk assessment also helps reveal areas where your organization's protected health information (PHI) could be at risk. Watch the [Security Risk Analysis video](#) to learn more about the assessment process and how it benefits your organization or visit the [Office for Civil Rights' official guidance](#).

[Read the HHS Press Release.](#)

[Download the SRAT event files from the April 29 Webinar \[ZIP - 4 MB\]](#)

### Security Risk Assessment Tool

ONC, in collaboration with the HHS Office for Civil Rights (OCR) and the HHS Office of the General Counsel (OGC), developed a downloadable Security Risk Assessment Tool (SRA Tool) to help guide you through the process.

[Download Tool](#)

### SRA Tool Videos

Watch videos on what a risk assessment may involve, and learn how to use the SRA Tool by watching the SRA Tool Tutorial video.

[Watch Videos](#)

# Obj 2: Electronic Prescribing (eRx)

Measure threshold increased (from >50% in Modified Stage 2)

>60% of permissible prescriptions are queried for a drug formulary and transmitted using CEHRT

Excluded if you write <100 prescriptions during reporting period or if there are no pharmacies that accept e-prescriptions within 10 miles

# Obj 4: Computerized Provider Order Entry (CPOE)

Minor wording changes and increased threshold (from 30%) for diagnostic imaging from Modified Stage 2

Use CPOE for >60% medication, laboratory, and diagnostic imaging orders

Excluded from each measure if you write <100 orders

# Obj 5: Patient Electronic Access to Health Information

Changes made to the objective, measures, and exclusions

For >80% provide timely access to patient's health information and ensure patient's health information can be accessed using app of their choice and for >35% provide access to patient-specific educational resources

Excluded from both measures if provider has no office visits during the reporting period

# Obj 6: Coordination of Care

New objective, incorporated Mod Stage 2 Secure Electronic Messaging

>5% of patients view, download, or transmit their health information or access their health information through an app, or a combination of the two

>5% of patients sent a secure message

>5% of patients have data from a nonclinical setting incorporated into the CEHRT

Excluded from each measure if provider has no office visits during the reporting period

# Obj 7: Health Information Exchange

Changes made to the objective, measures, and exclusions

>50% of transitions/referrals the provider creates a summary of care using CEHRT and electronically exchanges that summary

>40% of transitions/referrals and new patient encounters the provider incorporates an electronic summary of care into the EHR

Excluded from measure 1 if transfers/refers a patient <100 times

Excluded from measure 2 if total of transitions/referrals and new patient encounters is <100



# Obj 8: Public Health Reporting

Changes made to measures and exclusions and minor wording changes to objective

Provider is in active engagement with a public health agency  
-to submit and receive immunization data

Excluded if provider does not administer any immunizations  
-to submit data to public health registries (\*can report more than one public health registry)

Excluded if provider doesn't diagnose or treat any disease or condition associated with a PH registry in their jurisdiction

# Obj 8: Public Health Reporting

Provider is in active engagement with a public health agency

- to submit syndromic surveillance data

- to submit reporting of reportable conditions (not required until 2019)

Excluded – NC DPH does not accept data from providers for syndromic surveillance or electronic case reporting

Provider is in active engagement to submit data to a clinical data registry (\*can report more than one clinical data registry)

Excluded if provider doesn't diagnose or treat any disease/condition associated with a CDR in their jurisdiction or operates in a jurisdiction for which no CDR accepts transactions

# Obj 8: Public Health Reporting

## Public Health Specialized Registries:

### **NC Central Cancer Registry**

<https://ncdphmeaningfuluse.org/>

[http://www.schs.state.nc.us/units/ccr/meaningful\\_use.htm](http://www.schs.state.nc.us/units/ccr/meaningful_use.htm)

### **NC HealthConnex Diabetes Specialized Public Health Registry**

[https://files.nc.gov/hiea/documents/files/nc\\_diabetes\\_specialized\\_health\\_registry.pdf](https://files.nc.gov/hiea/documents/files/nc_diabetes_specialized_health_registry.pdf)

# CQM Changes as of August 2017

Per the IPPS Final Rule released Aug 2017

- providers select any six CQMs from a list of 53
- 11 CQMs were eliminated
- providers no longer have to attest to CQMs from three different National Quality Strategy (NQS) domains

# Certified EHR Technology (CEHRT)

## Modified Stage 2

- 2014 Edition
- Combination of 2014/2015 Edition
- 2015 Edition

## Stage 3

- 2015 Edition
- Combination of 2014/2015 Edition only the mix in your technology still allows you to meet Stage 3 measures
- CANNOT use 2014 Edition

# Certified EHR Technology (CEHRT)

The screenshot shows the top section of the Certified Health IT Product List (CHPL) website. The header features the title "Certified Health IT Product List" with a logo of a yellow star and a rainbow arc. To the right of the title are navigation links: "Search CHPL" (with a magnifying glass icon), "CMS ID Creator", "Compare Products", "CHPL Resources", and "Shortcuts". Below the header is a large search bar with the placeholder text "Search by Developer, Product, or ONC-ACB/CHPL ID" and a "Browse all" button. Underneath the search bar is a grid of nine buttons, each representing a different category of information or action available on the site.

**Certified Health IT Product List**

[Search CHPL](#) [CMS ID Creator](#) [Compare Products](#) [CHPL Resources](#) [Shortcuts](#)

Search by Developer, Product, or ONC-ACB/CHPL ID [Browse all](#)

- API Info for 2015 Ed. Products
- Decertified Products
- Transparency Attestations
- SED Info for 2015 Ed. Products
- Inactive Certificates
- Charts
- Products: Corrective Action
- Banned Developers



## Welcome to the NC-MIPS Portal

Program Year 2016 is the last year an EP may begin participating in the NC Medicaid EHR Incentive Program and the last year an EP may attest to AIU.

Program Year 2016 is the last year an EH may participate in the NC Medicaid EHR Incentive Program.

If your NCID username has been updated on [ncid.nc.gov](http://ncid.nc.gov) since creating your First Time Account Setup with NC-MIPS, please use the NC-MIPS NCID Username Update tool to update your NCID with NC-MIPS. This tool will allow an EP to login to NC-MIPS using their updated NCID username. Please note, the NC-MIPS NCID Username Update Tool will only allow you to update an already updated NCID username on NC-MIPS. If you need to update your NCID username and password, please do so on NCID's website at [ncid.nc.gov](http://ncid.nc.gov).

NC-MIPS is North Carolina's Medicaid EHR Incentive Payment System.

The NC-MIPS Portal will guide Eligible Professionals (EPs) and Eligible Hospitals (EHs) through the attestation process for the North Carolina Medicaid Electronic Health Record (EHR) Incentive Program. For more information on NC-MIPS or the EHR Incentive Program, please refer to the links on the right.

### Tips for Navigation

We have designed the NC-MIPS 2.0 Portal to be intuitive and user-friendly, but if at any point during your attestation you have a question, click on the *Click for Page Help* link on the right rail. This link will take you to the page in the Attestation Guide that corresponds to the page of the Portal you are viewing.

If after viewing the guide, you still have questions, please let us know. Throughout the Portal, the contact information for the NC-MIPS Help Desk will be displayed on the right rail.

### Sign In

NCID Username

Testmips127

NCID Password

\*\*\*\*\*

Login

[First time Account Setup?](#)

[Forgot Username?](#)

[Forgot Password?](#)

[NCID Username Update](#)

[Click for Page Help](#)

### For Additional Information

- » [EP AIU Attestation Guide](#)
- » [EP Modified MU Attestation Guide](#)
- » [EH AIU/MU Attestation Guide](#)
- » [Download Adobe Acrobat to read guides](#)
- » [DMA Incentive Program home page](#)

### Contact Information

Can't find what you need in the NC-MIPS Attestation Guide?

### NC-MIPS Help Desk

Email:  
[NCMedicaid.HIT@dhhs.nc.gov](mailto:NCMedicaid.HIT@dhhs.nc.gov)

# NC-MIPS Changes for Program Year 2018

Full calendar year of CQM data required for providers who have attested for MU in a previous program year – so NC-MIPS has been modified to accept attestations in two parts.

- Submit Part 1 (non-CQM data) on NC-MIPS now through 12/31/18 and then
- Submit Part 2 (CQM data) between 1/1/19 and 4/30/19 (by 2/28/19 for guaranteed review)



# NC-MIPS Changes for Program Year 2018



## Part 1 Submission

Thank you for entering Part 1 of your attestation, which includes your demographic, license, patient volume, and Meaningful Use objective information. Please do not email any documentation at this time. We will email you within six to eight weeks with next steps.

Please note, you must click the 'Submit' button below to submit Part 1 of the attestation.

If you have any questions, please email us at [NCMedicaid.HIT@dhhs.nc.gov](mailto:NCMedicaid.HIT@dhhs.nc.gov). Thank you for your participation!

[Previous](#)

1. [Submit](#)

Welcome John23744  
Public23744

Not testmips237? [Click here.](#)

[Logout](#)

[Click for Page Help](#)

### Jump to...

- » [Status](#)
- » [NC AHEC](#)
- » [Demographics](#)
- » [Contact Information](#)
- » [License](#)
- » [Practice Predominantly](#)
- » [Patient Volume](#)
- » [Measure Reporting Period](#)
- » [Measure Navigation](#)
- » [Part 1 Submission](#)

# NC-MIPS Changes for Program Year 2018

The screenshot shows the NC-MIPS provider portal. At the top left is the 'North Carolina Health IT' logo, and at the top right is the 'MIP' logo. The main content area is titled 'Status' and displays provider information: 'Provider Name John23866 Public23866', 'CMS Registration ID', and 'NPI'. Below this is a table with columns for 'Program Year', 'Payment Year', 'Status', and 'Payment Date'. The row for Program Year 2018 and Payment Year 3 is highlighted, with the status 'Submit Part 2 Jan 2019' circled in red. To the right of the table are several utility boxes: a 'Welcome' message with a 'Logout' button, a 'Click for Page Help' button, a 'For Additional Information' section with links to guides and downloads, and a 'Contact Information' section with a help desk email address.

**Status**

Provider Name John23866 Public23866  
CMS Registration ID  
NPI

Program Year	Payment Year	Status	Payment Date
2018	3	Submit Part 2 Jan 2019	
2017	2	Paid	10/16/2017
2016	1	Paid	06/20/2017
2016	1	Attestation Denied	<a href="#">View/Print</a>
2015	1	Attestation Denied	<a href="#">View/Print</a>

Welcome John23866.  
Public23866  
Not testmips239? Click here.  
[Logout](#)

[Click for Page Help](#)

**For Additional Information**

- » EP Modified Stage 2 Attestation Guide
- » EP Stage 3 Attestation Guide
- » EH MU Attestation Guide
- » Download Adobe Acrobat to read guides
- » DMA Incentive Program home page

**Contact Information**  
Can't find what you need in the NC-MIPS Attestation Guide?  
**NC-MIPS Help Desk**  
Email: [NCMedicaid.HIT@dhhs.nc.gov](mailto:NCMedicaid.HIT@dhhs.nc.gov)

### Patient Volume

\* indicates a required field

Enter the start and end dates of the continuous 90-day period for your patient volume reporting period.

\* Select the date range: **1**

\* Start Date: **2**

\* End Date: **3**

\* Patient Volume Reporting Method:  Individual **4**  Group

FQHCs and RHCs can reach the 30 percent threshold by including needy individuals, e.g., sliding scale and no pay, in addition to their Medicaid PV in their numerator. For more information on FQHCs and RHCs, visit the OMA EHR FAQ page at <http://www.ncdhhs.gov/omaeher/faq.htm>.

You may use your individual patient volume from multiple practices where you worked to meet the threshold. It is not required to report on more than one practice.

\* Do your patient volume numbers come from your work with more than one practice?

Yes **5**  No

Enter the patient volume information for your selected 90-day period below. Add a separate line for each billing MPN/NPI if the practice used more than one during the 90-day period.

Medicaid patient volume from eligible billable services that were not billed or were not reimbursed ('zero-pay') should be included separately from Medicaid patient volume from paid claims. Enter the 'zero-pay' portion of your numerator in the 'zero-pay' column below.

Practice Name		Your Total Encounters at Practice		
<b>6</b> <input type="text"/>		<b>7</b> <input type="text"/>		
Practice's Billing MPN	Practice's Billing NPI	Medicaid Encounters Billed under this MPN	Medicaid Enrolled Zero Pay Encounters	Were you Listed as Attending for all these Encounters?
<b>8</b> <input type="text"/>	<b>9</b> <input type="text"/>	<b>10</b> <input type="text"/>	<b>11</b> <input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No <b>12</b>
Add another MPN for this Practice <b>13</b>				
Add Another Practice Name <b>14</b> <input type="text"/>				
Medicaid Patient Encounters (Numerator)		<b>15</b> <input type="text"/>		
Total Patient Encounters (Denominator)		<b>16</b> <input type="text"/>		
Medicaid Patient Volume Percentage (Medicaid / Total)		<b>17</b> <input type="text"/>		

Figure 24 - Patient Volume Page using Individual Methodology (part 1)

If the EP is attesting using individual methodology:

1. Select the date range. From the drop down box, choose either *12 months preceding today* (any consecutive 90-day range from the 12 months preceding today) or *previous calendar year* (any consecutive 90-day range from the calendar year preceding the program year for which you are attesting, e.g., if you are attesting for program year 2014, previous calendar year would be 2013 regardless of today's date).
2. Enter the Start Date of your selected 90-day PV reporting period, using the calendar tool or by typing the date. Your start date must fall within your selected date range.
3. Enter the End Date of your selected 90-day PV reporting period, using the calendar tool or by

# NC-MIPS Attestation Guide



## LET AHEC HELP YOU ACHIEVE MEANINGFUL USE OF YOUR EHR

As a federally-designated "Regional Extension Center," the North Carolina Area Health Education Centers Program (NC AHEC) provides individualized, on-site electronic health record (EHR) consulting tailored to your practice's specific needs at no charge to you.

### Consultants from AHEC can help you:

- Prepare your practice for an EHR by assessing and redesigning your office systems.
- Evaluate and select a certified EHR that offers the best value for your practice.
- Identify and enhance workflows in your practice.
- Successfully implement a certified EHR.
- Achieve state and federal standards for "meaningful use" of EHR incentive payments to providers in your practice.
- Use your EHR as a tool to help improve care and satisfaction for you, your patients and staff.

Each provider in your practice may be eligible for up to \$44,000 or more! Incentives are time-limited. Whether you are searching for a new EHR or a way to meet meaningful use requirements with your current EHR, we can help. There is no charge to your practice although federal funding for this service is time-limited.

Get started by completing an application today!



### Sign In

User Name

Password

[Forgot Username/Password](#)



NC Area Health Education Centers  
(AHECs)/Regional Extension Centers  
(REC)

<http://www.ncahec.net>

919-966-2461

[ncahec@med.unc.edu](mailto:ncahec@med.unc.edu)

# Program Participation

**Eligible professionals**

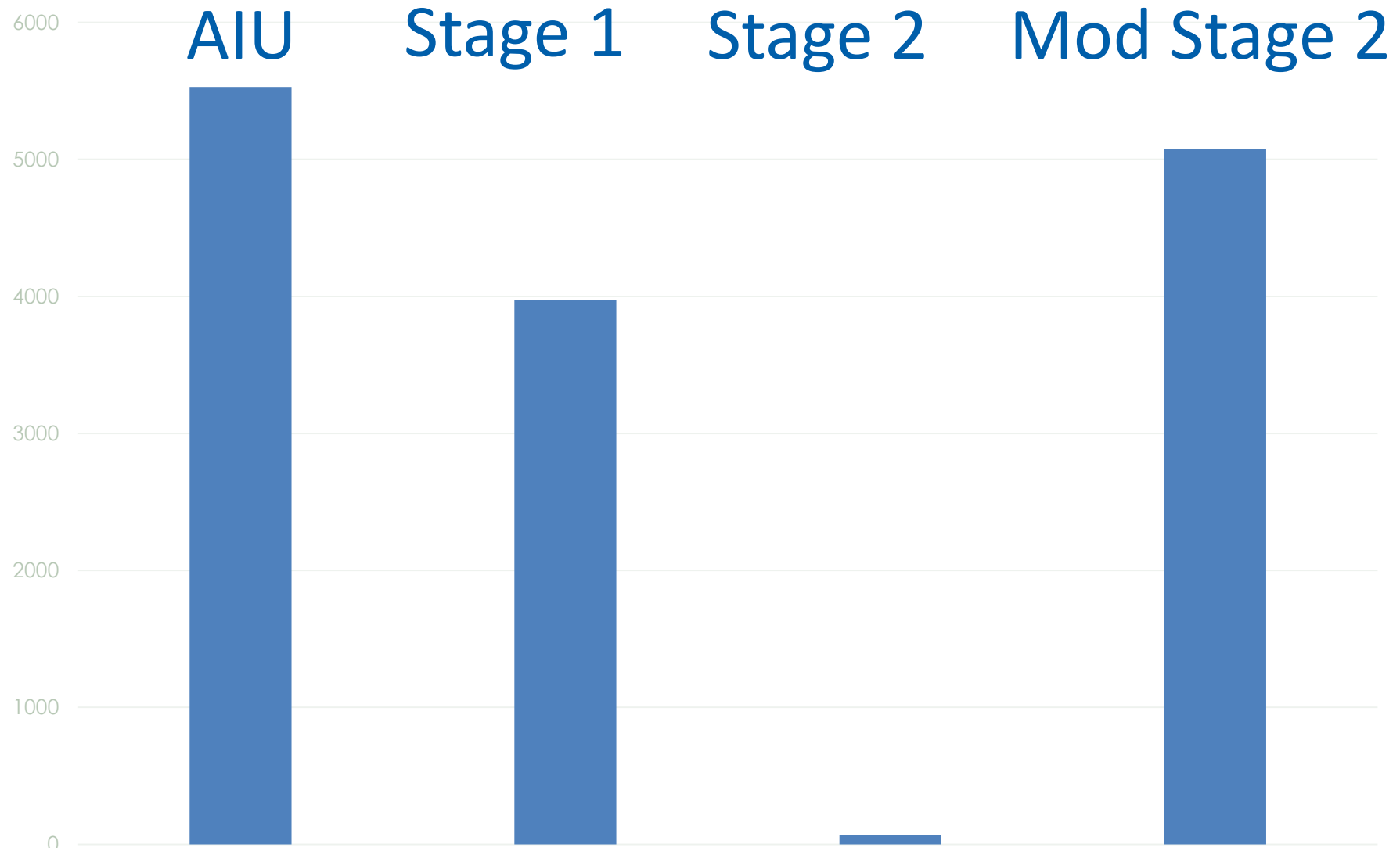
**\$199,866,174**

**Eligible hospitals**

**\$140,833,836**

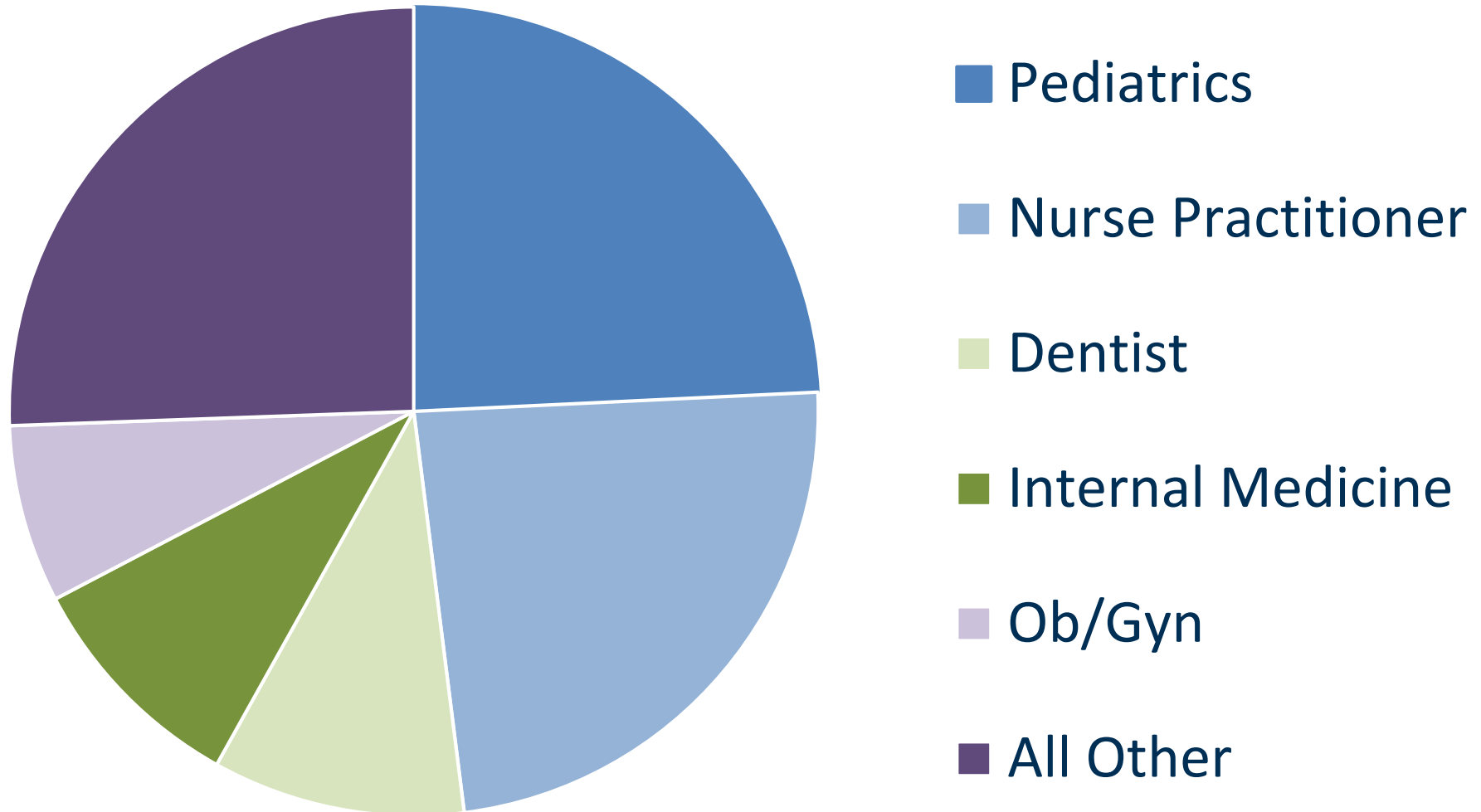
**\$340,700,010**

# Program Participation





# Program Participation





# Questions?



# Key take-aways

- \$63,750 over six years of participation – four years still available
- Program Year 2018 is open now
  - No change to NC-MIPS process for providers attesting for MU for 1<sup>st</sup> time
  - Two-part process in NC-MIPS for providers who've attested for MU before
- IPPES Final Rule changes (Aug 2017)
  - Can attest for Modified Stage 2 **or** Stage 3 in Program Year 2018
  - CEHRT flexibility
  - 90-day MU reporting for Program Year 2018
  - streamlined CQMs
- Stage 3
  - Changes to all but two objectives
  - CMS spec sheets cover measures, thresholds, exclusions



NC Department of Health and Human Services

# NC Division of Medical Assistance

FOR BENEFICIARIES

FOR COUNTY STAFF

For Providers

STATISTICS AND REPORTS

DMA HOME

Medicaid Providers

A-Z Provider Topics

Calendars

Claims and Billing

Community Care (CCNC/CA)

Contacts for Providers

Enrollment

EPSDT and Health Check

Fee Schedules/Cost Reports

Forms

Fraud and Abuse

HIPAA

Library (bulletins, policies)

National Provider Identifier

Programs and Services

Seminars

ABOUT DMA

CONTACT DMA

DHHS > DMA > Medicaid Providers > Electronic Health Records Incentives

## NC Medicaid Electronic Health Record Incentive Program

### Breaking News!

[Get Connected for Stage 2 Meaningful Use Webinar](#)

# Google: dma ehr

- Electronic immunization submission
- Electronic cancer case reporting
- Electronic disease registry submission
- eClinical Quality Measure reporting

There will be two sessions available:

- Friday, September 6th, 2013 from 12:00pm to 1:00pm – [Click here to register](#)
- Thursday, September 12th, 2013 from 12:00pm to 1:00pm – [Click here to register](#)

assistance  
CHIE.

# Contact

<https://www2.ncdhhs.gov/dma/provider/ehr.htm>  
(google DMA EHR)

NCMedicaid.HIT@dhhs.nc.gov

**HimSS**<sup>®</sup>

**NORTH CAROLINA** *Chapter*