

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES



STATE MEDICAID HIT PLAN ADDENDUM FOR 2015-2017/STAGE 3 RULE

VERSION 1.1

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1. Executive Overview

1.1 Background

The Centers for Medicare and Medicaid Services (CMS) released a final rule in October 2015 addressing criteria for Stage 3 and Modifications to Meaningful Use (MU) in 2015-2017 for the Electronic Health Record (EHR) Incentive Program. CMS had released Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule which established the groundwork for the Medicare Quality Payment Program (QPP); CMS finalized the QPP in October, 2016, which included modifications to the EHR incentive program. In November 2016, CMS finalized updated payment rates and policy changes in the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System for calendar year (CY) 2017. These rules also included modifications to the EHR Medicaid Incentive Program impacting program year 2017. The intent of this document, regarded as a State Medicaid HIT Plan (SMHP) Addendum, is to describe the response to these final rules, Medicaid program changes, and Medicaid State Level Repository (SLR) attestation screen changes needed to enable Eligible Professionals (EP) Eligible Hospitals (EH) and Critical Access Hospitals (CAH) to attest to Modified Stage 2 MU for Program Year 2017, including the optional Stage 3 attestation, OPPS, and QPP.

2. 2015 – 2017 Modifications Rule

2.1 Option to Attest to Stage 3

In the Stage 3 proposed rule (80 FR 16772), in order to allow all providers to successfully transition to Stage 3 of the EHR Incentive Programs for a full year-long EHR reporting period in 2018, CMS proposed to allow flexibility for the EHR Incentive Programs in 2017. A transition period allows providers to establish and test their processes and workflows for Stage 3 of the EHR Incentive Programs prior to 2018.

Stage 3 includes flexibility within certain objectives to allow providers to choose the measures most relevant to their patient population or practice. The Stage 3 objectives with flexible measure options include:

- **Coordination of Care through Patient Engagement** – Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.
- **Health Information Exchange** – Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.
- **Public Health Reporting** – EPs must report on two measures and EHs must report on four measures.

To meet Stage 3 requirements, all providers must use technology certified to the 2015 Edition. A provider who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would



not prohibit them from meeting the Stage 3 measures. However, a provider who has technology certified to the 2014 Edition only may not attest to Stage 3.

Alaska has chosen to not allow first time MU attesters the option for Stage 3 in 2017.

State Level Registry System Change – EP Option to Attest to Stage 3 in 2017

On the initial MU page in the SLR, EPs attesting for 2017 MU are presented with a selection option to report on either Stage 3 Objectives or to report on Stage 2 Objectives.

1. When 2017 Stage 3 MU Objective option is selected, the EP is presented with a summary of 2017 Stage 3 Objectives. From the summary page, the EP can navigate to any specific Stage 3 Objectives. The table below shows objective name and sequence that differs from Stage 2 objectives in 2017:

Stage 3 Objective

Protect Patient Health Information

Electronic Prescribing (eRx)

Clinical Decision Support

Computerized Provider Order Entry (CPOE)

Patient Electronic Access

Coordination of Care

Health Information Exchange

Public Health and Clinical Data Registry Reporting

Upon advancing from the selection page to the detailed MU pages, each Stage 3 Objective displays with 2017 Objective, measure text, and relevant exclusion criteria per the final rule. Five Public Health measures options display for EP in 2017 under the Stage 3 selection option. EPs must report on two measures. The SLR also allows Coordination of Care and Health Information Exchange objectives to pass validation when the thresholds are met for at least two of the three measures.

Validations that prevent Stage 3 section options from displaying are as follows:

- Stage 3 MU option is disabled for providers that do not have a 2015 edition CEHRT validation on EHR Certification Page in the SLR. In this scenario, EPs can only attest to Stage 2 objectives and measures.



- Stage 3 MU option is disabled for EPs that have not successfully demonstrated MU in a prior year. Validation is based on B6 data and/or prior year(s) attestation data in the SLR
2. When 2017 Stage 2 MU Objective option is selected, the EP is presented with a summary of 2017 Stage 2 Objectives. From the summary page, the EP can navigate to any specific Stage 2 Objectives. There are two objectives with measure text changes or threshold changes per the final rule:
 - Objective 8: Patient Electronic Access
 - Objective 9: Secure Electronic Messaging

State Level Registry System Changes - EH Option to Attest to Stage 3 in 2017

On the initial MU page in the SLR, EHs attesting for 2017 MU are presented with a selection option to report on either Stage 3 Objectives or to report on Stage 2 Objectives.

1. When 2017 Stage 3 MU Objective option is selected, the EH is presented with a summary of 2017 Stage 3 Objectives. From the summary page, the EH can navigate to any specific Stage 3 Objectives. The table below shows objective name and sequence that differs from Stage 2 objectives in 2017:

Stage 3 Objective

Protect Patient Health Information

Electronic Prescribing (eRx)

Clinical Decision Support

Computerized Provider Order Entry (CPOE)

Patient Electronic Access

Coordination of Care

Health Information Exchange

Public Health and Clinical Data Registry Reporting

Upon advancing from the selection page to the detailed MU pages, each Stage 3 Objective displays with 2017 objective, measure text, and relevant exclusion criteria per the final rule. Six Public Health measures options display for EH in 2017 under the Stage 3 selection option. EHs must report on four measures. The SLR also allows Coordination of Care and Health Information Exchange objectives to pass validation when the thresholds are met for at least two of the three measures.



The SLR will populate MU objective data from the C5 received in 2017. The C5 in 2017 will not contain data for Clinical Decision Support and CPOE objectives, however the SLR will pass validation for these objectives and allow the EH to advance in the attestation process. Per the OPPS rule, the SLR will pass validation for objectives in C5 that contain reduced thresholds in 2017. These objectives include Patient Electronic Access, Coordination of Care, Health Information Exchange, and Public Health Reporting.

Validations occur that prevent Stage 3 section options for the following reasons:

- Stage 3 MU option is disabled for EPs that do not have a 2015 edition CEHRT validation on EHR Certification Page in the SLR. In this scenario, EHs can only attest to Stage 2 objectives and measures.
 - Stage 3 MU option is disabled for EHs that have not successfully demonstrated MU in a prior year. Validation is based on B6 data and/or prior year(s) attestation data in the SLR.
2. When 2017 Stage 2 MU Objective option is selected, the EH is presented with a summary of 2017 Stage 2 Objectives. From the summary page, the EH can navigate to any specific Stage 2 Objectives. There is one EH objective with measure text changes or threshold changes per the final rule:
- Objective 8: Patient Electronic Access

Related Program Changes

Alaska will be updating the Provider Manual (with 2017 screen guidance), the Provider Outreach Page, and the Meaningful Use webpages with relevant information to 2017. The prepayment verification checklist will be updated to reflect the changes. There will also be, at a minimum, quarterly listserv emails sent out to the EP/EH contacts with updates to the Alaska Medicaid EHR Incentive Program.

Related Policy Changes

There are no state policy or regulation changes.

Audit Strategy

Modifications to the Alaska Audit Strategy for 2017 and Stage 3 will be submitted in summer 2018, due to Program Year post-payment audits will not begin until 2019.

2.2 Program Year 2017 MU Requirements

In 2017, all providers are required to attest to a single set of MU objectives and measures; for both eligible professionals (EPs) and eligible hospitals (EHs) there are 8 objectives. Specifically, for 2017, CMS proposed providers may either repeat a year at their current stage or move up stage levels. Additionally, for 2017, a provider may not move backward in their progression and providers who participated in Stage 1 in 2016 may choose to attest to the Stage 1 objective and



measures, or they may move to Stage 2 or Stage 3 objectives and measures for an EHR reporting period in 2017. Providers who participated in Stage 2 in 2016 may choose to attest to the Stage 2 objectives and measures or move to Stage 3 objectives and measures for an EHR reporting period in 2017. However, under no circumstances may providers return to Stage 1.

System Changes

The Alaska SLR has been modified for the changes required for Modified Stage 2 for program year 2017. Included also is editing to verify the provider is attesting to the appropriate program year.

Related Program Changes

Alaska will require EPs/EHs to upload the following documents to the SLR:

- Protect Patient Health Information Measure:
 - Documentation a security risk analysis that was completed within the program year.
- Health Information Exchange:
 - Copy of the EP/EH HIE participation agreement form, or
 - Other written proof the EP/EH met this measure, or
 - Written proof the exclusion applies to the EP/EH
- Secure Electronic Messaging:
 - A copy of their secure messaging contract/agreement, or
 - A screenshot from their secure electronic messaging within their EHR, or
 - Written proof an exclusion applies to the EP
- Public Health Measures:
 - The EP/EH must upload an ACK message from the EHR, or
 - Acknowledgement email from the HIE, or
 - Email confirmation the EP/EH is in the queue to be onboarded, or
 - Written proof the exclusion applies to the EP.

Alaska will be updating the Provider Manual (with 2017 screen guidance), the Provider Outreach Page, and the Meaningful Use webpages with relevant information to 2017. The prepayment verification checklist will be updated to reflect the changes. There will also be, at a minimum, quarterly listserv emails sent out to the EP/EH contacts with updates to the Alaska Medicaid EHR Incentive Program.

Related Policy Changes

There are no state policy or regulation changes.

Audit Strategy

Modifications to the Alaska Audit Strategy for 2017 and Stage 3 will be submitted in summer 2018, due to Program Year post-payment audits will not begin until 2019.



3. OPSS Rule

3.1 90-day EHR Reporting Period

In the CY 2017 OPSS/ASC proposed rule (81 FR 45753), CMS proposed to change the definition of “EHR Reporting Period” in 2016 for returning participants from the full CY 2016 to any continuous 90-day period within CY 2016. This would mean that all EPs, eligible hospitals and CAHs may attest to meaningful use for an EHR reporting period of any continuous 90-day period from January 1, 2016 through December 31, 2016.

As of this date, CMS requires a full year reporting period for CQMs.

System Changes

The workflow for EPs and EHs allows the provider to report using an EHR reporting period of any continuous 90-day period in calendar year 2017, regardless of prior attestations, while retaining the standard reporting period requirements for subsequent years. As of the published date of this document, the system requires a full year CQM reporting period for returning MU providers.

Related Program Changes

Alaska will be updating the Provider Manual (with 2017 screen guidance), the Provider Outreach Page, and the Meaningful Use webpages with relevant information to 2017. The prepayment verification checklist will be updated to reflect the changes. There will also be, at a minimum, quarterly listserv emails sent out to the EP/EH contacts with updates to the Alaska Medicaid EHR Incentive Program.

Related Policy Changes

There are no state policy or regulation changes.

Audit Strategy

Modifications to the Alaska Audit Strategy for 2017 and Stage 3 will be submitted in summer 2018, due to Program Year post-payment audits will not begin until 2019.

3.2 Modifications to Measure Calculation Timeframe

There are changes to the measure calculations policy, which specifies that actions included the numerator must occur within the EHR reporting period if that period is a full calendar year, or if it is less than a full calendar year, within the calendar year in which the EHR reporting period occurs. If the reporting period is any continuous 90-day period, the action must occur between January 1 and December 31, 2017, but does not have to occur within the 90-day period.

System Changes

There is no system change to validate that actions included in the numerator data occur within the calendar year in which the EHR reporting period occurs. However, the SLR validates that



EHR reporting period dates are in the calendar year 2017. Additionally, the SLR displays an attestation statement at the EHR Reporting Period page that numerator and denominator data is in the reporting period. On each MU objective page, providers are required to enter data in numerator and denominator fields specific for applicable MU measures. The SLR calculates the percentage based on the data entered by the provider. The threshold is met when the calculated percentage meets or exceeds the requirement mandated by CMS. The system displays a confirmation that the provider has meet the MU objective when all measure(s) meet the threshold(s).

Related Program Changes

Alaska will be updating the Provider Manual (with 2017 screen guidance), the Provider Outreach Page, and the Meaningful Use webpages with relevant information to 2017. The prepayment verification checklist will be updated to reflect the changes. There will also be, at a minimum, quarterly listserv emails sent out to the EP/EH contacts with updates to the Alaska Medicaid EHR Incentive Program.

Related Policy Changes

There are no state policy or regulation changes.

Audit Strategy

Modifications to the Alaska Audit Strategy for 2017 and Stage 3 will be submitted in summer 2018, due to Program Year post-payment audits will not begin until 2019.

4. Medicare Quality Payment Program (QPP)

4.1 Updates to definition of Meaningful EHR user

This section includes updates that include demonstration of supporting information exchange and prevention of information blocking.

System Changes

For program year 2017, the SLR displays two attestation statements on the EHR Certification page. These statements are related to supporting providers with the performance of CEHRT (SPPC). Providers are required to select a check box indicating their confirmation they engaged in SPPC activities as stated by the rule. A second check box is optional to select. Selection of this checkbox indicates their confirmation of engagement in surveillance of health information, as stated by the rule.

On the same EHR Certification page, the SLR displays an attestation statement related to the support for health information exchange and the prevention of information blocking. Providers are also required to select a check box indicating their confirmation they engaged in prevention of health information blocking, as stated by the rule.



When the two required attestation statements are selected, the SLR allows the provider to continue to the next step. The optional attestation statement checkbox is not required in order for the provider to advance to the next step.

If the provider fails to select required checkboxes, the SLR displays an error message that the fields are required and the provider cannot advance until the selections are made.

Related Program Changes

Alaska will be updating the Provider Manual (with 2017 screen guidance), the Provider Outreach Page, and the Meaningful Use webpages with relevant information to 2017. The prepayment verification checklist will be updated to reflect the changes. There will also be, at a minimum, quarterly listserv emails sent out to the EP/EH contacts with updates to the Alaska Medicaid EHR Incentive Program.

Related Policy Changes

There are no state policy or regulation changes.

Audit Strategy

Modifications to the Alaska Audit Strategy for 2017 and Stage 3 will be submitted in summer 2018, due to Program Year post-payment audits will not begin until 2019.

4.2 Updates to definition of Meaningful EHR user – SPPC and Health Information Exchange and Prevention of Information Blocking

The final rule further updated the definition of Meaningful User to include Supporting Health Care Providers with the Performance of CEHRT (SPPC).

System changes

Please see system changes for section 3.1 for information on changes for this section.

Related Program Changes

Alaska will be updating the Provider Manual (with 2017 screen guidance), the Provider Outreach Page, and the Meaningful Use webpages with relevant information to 2017. The prepayment verification checklist will be updated to reflect the changes. There will also be, at a minimum, quarterly listserv emails sent out to the EP/EH contacts with updates to the Alaska Medicaid EHR Incentive Program.

Related Policy Changes

There are no state policy or regulation changes.

Audit Strategy

Modifications to the Alaska Audit Strategy for 2017 and Stage 3 will be submitted in summer 2018, due to Program Year post-payment audits will not begin until 2019.