To: All Vermont Medicaid PIP/EHRIP participants
From: Siciliano, Lorraine
Sent: October 3, 2019
Subject: VT Medicaid PIP/EHRIP Update 10/3/2019: Final 2019 EHR Reporting Period Starts Today; Q&A; MU3 Considerations

---

Schedule a consultation with the Vermont Medicaid PIP/EHRIP Team to prepare for PY2019 attestation.

FINAL 2019 EHR REPORTING PERIOD *START DATE* IS TODAY: 10/03/2019

The electronic health record (EHR) reporting period in 2019 is a minimum of any continuous 90-day period in CY 2019, through December 31, 2019. Today,

Thursday, October 3rd

is the last possible start date for the 90-day EHR reporting period for Eligible Professionals.

Q&A ON CEHRT EDITIONS AND eCQM REPORTING PERIOD

- Many program participants have asked how to report Clinical Quality Measures (eCQMs) for the full year in 2019 if their practice has switched to a new EHR system vendor, or has upgraded from 2014 CEHRT to 2015 CEHRT during the year. For example, provider is using vendor A, a 2014 CEHRT, at the beginning of calendar year 2019. The provider switches to vendor B, a 2015 CEHRT, on April 1, 2019. CMS has provided the following guidance:

  The provider's 2015 Edition CEHRT should be able to produce eCQM reports for the full year, regardless of when it was implemented, because the data that was in their vendor A CEHRT should be transferred to their vendor B CEHRT. However, if for some reason, they can't, they should report what comes out of their vendor B CEHRT at the time of attestation. According to the rule, 2015 CEHRT does not need to be implemented on January 1, 2019, but the 2015 Edition of CEHRT must be implemented for an EHR reporting period [the reporting period for meaningful use objectives, which is a minimum of 90 days] in calendar year 2019. Therefore, the 2015 CEHRT must be implemented no later than October 3, 2019. You may collect CQM data using an earlier version of CEHRT as late as October 2, 2019 and then report the data combined from both versions. If you do not collect data on the same measures in the two CEHRT versions, you should report only the data from the version with the greatest number of encounters. Because states may, but are not required to, gather information from providers about which version of the eCQM their CEHRT produces and they are reporting.
- How should providers plan to enter their CEHRT ID information into MAPIR for PY2019 if they upgrade to a 2015 CEHRT during their full 90 day EHR reporting period, but their eCQM reporting period includes data from both their 2014 CEHRT and 2015 CEHRT?

  Providers should enter their 2015 CEHRT ID since that is what is required for 2019 EHR reporting period, but should be prepared to document that their eCQM reports include data from a 2014 CEHRT.

REFRESHER: CONSIDERATIONS FOR MEANINGFUL USE STAGE 3

Provider Participation Requirements for MU Stage 3

Beginning with the 2019 reporting year and for the remainder of the program, all participants in the Promoting Interoperability/EHR Incentive Program must be utilizing a CEHRT upgraded to 2015 Edition standards, and must meet Stage 3 Meaningful Use requirements in order to qualify for an incentive payment.

There is a significant change for the Stage 3 Objective regarding Public Health/Clinical Data Registry Reporting. CMS has refined the definitions for these reporting requirements and the technical capabilities mandated by Public Health Registries.

Providers must demonstrate that they are in Active Engagement with at least two of the five Public Health Reporting options available under Stage 3 requirements OR must document that they qualify for an exclusion from the reporting requirements.

The information below is specific for Vermont Eligible Professionals participating in the PIP/EHRIP. For New Hampshire EPs options with the NH Public Health Agency's available registries, please see: https://healthdata.vermont.gov/ehrip/PY2019/PH/NH

Stage 3 MU for EPs: Public Health Objective	Maximum Times Measure Can Count Toward Objective	Vermont EPs Applying for Incentive	Comment
Measure 1 – Immunization Registry Reporting	1	Must Exclude No Documentation Needed	VDH IZ Registry does not meet Stage 3 Bi-Directional Requirements
Measure 2 – Syndromic Surveillance Reporting	1	Must Exclude No Documentation Needed	VDH does not accept data from EPs; accepts data from hospitals only
Measure 3 – Case Reporting	1	Must Exclude No Documentation Needed	VDH does not accept data from EPs for Electronic Case Reporting of reportable conditions
Measure 4 – Public Health Registry Reporting	2	Must Exclude No Documentation Needed	VDH does not maintain a public health registry that meets Stage 3 reporting requirements
Measure 5 – Clinical Data Registry Reporting	2	May Demonstrate Active Engagement OR May Take Exclusion; Documentation Required	Providers must assess what local, state, regional or national societies and affiliations they maintain, and whether those entities endorse or sponsor a registry. Providers at Blueprint practices do not qualify for an exclusion from this reporting requirement.

Immunization Registry Reporting for MU Stage 3
Providers at practices that have configured interfaces with the Vermont Health Information Exchange to send data electronically to the VDH Immunization Registry under Stage 1/Stage2 definitions will no longer be in Active Engagement under the Stage 3 Meaningful Use objective technical requirements. Stage 3 MU definitions state that Public Health Immunization Registries must be **bi-directional**:

"Immunization Registry Reporting: The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS)." (*From the CMS Specification Sheet.*)

The VDH Immunizations registry does not have bi-directional capability, and **therefore providers will be required to take an *exclusion* to this measure when applying for PIP/EHIP incentive payments**.

Implications for Immunization Registry MU Stage 3 Requirements for VT Providers
It is important to note that taking an exclusion for Immunization Registry reporting does not prevent a provider from meeting Meaningful Use and qualifying for an incentive payment. Providers may use a combination of Active Engagement and exclusions to meet each of the Public Health/Clinical Data Registry reporting requirements. As long as their documentation supports their Active Engagement status or their Exclusion reasons, the provider will meet the overall Meaningful Use requirements.

Clinical Data Registry Reporting for MU Stage 3
Because **Vermont** providers must take exclusions to four of the five Public Health Reporting options, Clinical Data Registry reporting is the only option for demonstrating Active Engagement under Meaningful Use Stage 3 requirements.

Clinical Data Registries may be sponsored or maintained by national or medical societies, patient safety organizations, or quality improvement organizations, such as the Vermont Blueprint for Health Clinical Data Registry.

Providers are only allowed to exclude from this reporting requirement after they have done their due diligence in assessing their ability to engage with a clinical data registry:

- What local, state, regional or national society memberships or affiliations do they maintain? AND
- Do those entities endorse or sponsor a registry?

CMS and the Office of National Coordinator recently confirmed the importance of preserving the flow of flat file data while health care organizations work toward meeting the electronic transmission requirements defined by 2015 Edition CEHRT and MU Stage 3.

Therefore, if providers achieved Active Engagement in the previous year under Meaningful Use Stage 2 (2018) by sending production data to a Clinical Data Registry, and they have continued to send production data in 2019, they are 'grandfathered' into Active Engagement status, even if the data was sent by some method other than direct electronic transmission from the CEHRT. For example, a flat file produced by the CEHRT that is securely emailed to the registry is acceptable under MU3 in 2019, only if sending production data this way was achieved in 2018.

Otherwise, for Meaningful Use Stage 3, providers must be:

1. *Registered* to send, or
2. In *testing/validation phase* for sending, or
3. In *production* with sending

HL7 file format electronic data directly from their CEHRT to the registry in accordance with 2015 Edition CEHRT standards.

MU Stage 3 Implications for Blueprint Practices and the Vermont Clinical Data Registry

If a Blueprint practice did not achieve transmission of production data to the Vermont Clinical Data Registry in 2018 under broader Meaningful Use Stage 2 requirements, Eligible Professionals applying for a PIP payment must be in good standing with the registry for one of the three Active Engagement Options to send HL7 file format data. NOTE that registration must occur by the 60th day of the EHR Reporting Period.

Active Engagement good standing will be confirmed by the registry.

Providers at Blueprint practices are by definition affiliated with a Clinical Data Registry, and therefore **cannot take an exclusion** to this measure in order to meet Meaningful Use Stage 3 reporting requirements.

If a provider at a Blueprint practice is not in good standing with the Vermont Clinical Data Registry, they must be in good standing with two other registries in order to meet the Stage 3 Meaningful Use requirements for Objective 8.

More information, and illustrated examples on how to attest to MU3 Public Health/CDR Reporting Requirements in 2019, can be found here:
https://healthdata.vermont.gov/ehrip/PY2019/PH