



What's new?

Medicaid Promoting Interoperability Program for Electronic Health Records Requirements for Program Years 2020 and 2021

For Program Years (PY) 2020 and 2021, the EHR reporting period for Medicaid Eligible Providers (EPs) and Eligible Hospitals is a minimum of any continuous 90-day period within Calendar Years (CY) 2020 and 2021. Eligible Professionals (EP's), Eligible Hospitals (EH's), Dually Eligible Hospitals, and Critical Access Hospitals (CAHs) are required to use 2015 Edition Certified Electronic Health Record Technology (CEHRT) to meet the requirements of the Promoting Interoperability Program.

Program Years (PY) 2020 and 2021

- CMS has released the Program Years 2020 and 2021 Stage 3 Specification Sheets for Medicaid providers. The 2020 and 2021 Program Requirements for Medicaid can be found [here](#).
- All providers must be utilizing 2015 Edition CEHRT.
- The final rule aligns the eQMs available for Medicaid EPs in 2020 and 2021 with those available for MIPS eligible clinicians for the CY 2020 and 2021 performance period. Specifically, the eQMs available for Medicaid EPs in 2020 and 2021 will consist of the list of quality measures available under the eQm collection type on the final list of quality measures established under MIPS for the CY 2020 and 2021 performance period.
- For 2020 and 2021, CMS is retaining the requirement from 2019 that Medicaid EPs will report on any 6 eQMs that are relevant to their scope of practice.
- In addition, for 2020 and 2021 the Medicaid Promoting Interoperability Program will continue the policy from 2019 that EPs report on at least one outcome measure (or, if an outcome measure is not available or relevant, one other high priority measure) which aligns with the MIPS eQm collection type requirement for the 2020 and 2021 performance period of the quality performance category.
- The eQm reporting period for EPs in the Medicaid Promoting Interoperability Program will be a minimum of any continuous 90-day period within CY 2020 and 2021 for EPs who have demonstrated meaningful use in a prior year. This differs from the NPRM, which proposed a minimum of any continuous 274-day period within CY 2020 and 2021.



- The eCQM reporting period for Medicaid EPs demonstrating meaningful use for the first time will remain any continuous 90-day period. The final rule can be viewed in full here [Final Rule](#).

2015 Edition Certified EHR Technology

All participants in the Medicaid Promoting Interoperability Program are required to use 2015 Edition CEHRT. This requirement will benefit health care providers and patients by using the most up-to-date standards and functions to better support interoperable exchange of health information and improve clinical workflows. The 2015 Edition CEHRT **did not** have to be implemented on January 1, 2020. However, the functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. The EP, hospital or CAH must be using the 2015 Edition functionality for the full EHR reporting period. In many situations the product may be deployed but pending certification. [2020 CEHRT Requirements](#)



Medicaid Promoting Interoperability Program for Electronic Health Records Requirements for Program Years 2020 and 2021

For PY 2020 and 2021 the reporting period is any continuous 90-day period within Calendar Years (CY) 2020 and 2021. All participating EPs are required to report on any six (6) eCQMs related to their scope of practice. In addition, Medicaid EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one other high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures. The list of available eCQMs can be found on the [eCQI Resource Center](#).

eCQM Policies for Performance Years 2020 and 2021

The 2020 Physician Fee Schedule (PFS) [Final Rule](#) established that in 2020, all Medicaid EPs must report on a 90-day eCQM reporting period. EPs are required to report on any six eCQMs related to their scope of practice. In addition, Medicaid EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one other high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures. *The following five CQM's were designated as High-Priority CQM's to align with the Delaware Spending and Quality Benchmarks: CMS 155 Weight Assessment; CMS 138 Tobacco Use; CMS 145 Beta-Blocker Therapy; CMS 69 Body Mass Index; CMS 347 Statin Therapy.*

The list of available eCQMs for EPs in 2020 and 2021 is aligned with the list of eCQMs available for Eligible Clinicians under MIPS in 2020 and 2021. Those eCQMs can be found at <https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms>.

eCQM Resources

- [eCQI Resource Center](#)
- [CMS eCQM Library](#)
- [eCQM Reporting Requirements from 2019](#)



Objectives and Measures

Objective 5 Measure 1 Application Program Interface (API)

In the Stage 3 regulation and 2019 specification sheet for Objective 5, Measure 1 was unclear. CMS allowed flexibility on the requirement to meet this measure for 2019 and clarified the requirement for **Program Year (PY) 2020**.

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).

Please see the Medicaid Specification sheets for more information on the requirements to meet all eight Objectives:

Additional Resources

- [2020 and 2021 Medicaid EP Specification Sheets \(PDF\)](#)
- [2020 Medicare Physician Fee Schedule \(PFS\) Final Rule](#)



Audits

In accordance with CFR 42, Chapter 4, Subchapter G, Part 495, Subpart 495.332, we must audit the Promoting Interoperability Program for Electronic Health Records to ensure that funds have been correctly paid to providers. Delaware will not require Post Payment desk or site audits for Program Years 2019 – 2021. We will use the EP’s pre-payment documentation to perform an internal audit after payment is issued. We appreciate your cooperation in ensuring that we have issued payments properly in a high-quality and efficient Provider Incentive Program.

Audits for Eligible Professionals for Program Year 2019 are completed.

For more information about the Delaware Medicaid Promoting Interoperability Program for Electronic Health Records contact Delawarepipteam@dxc.com

Security Risk Assessment (SRA) Requirement for Program Year 2021

Due to the December 31, 2021 statutory deadline for making incentive payments, we are changing the SRA measure to allow an EP to conduct a security risk assessment at any time during CY 2021, even if the SRA occurs after the EP attests to the state. An EP who has not completed a security risk assessment by the time the EP attests will be required to attest that they will complete one by December 31, 2021. States will have the flexibility to require EPs to submit evidence that the security risk assessment has been completed, even after the incentive payment has been issued.