2019 Program Requirements Medicaid

Beginning in 2019, all eligible professionals (EPs), eligible hospitals, dual-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 Programs. Note that the requirements for eligible hospitals, dual-eligible hospitals, and CAHs that submit an attestation to CMS under the Medicare Promoting Interoperability Program were updated in the 2019 IPPS final rule.

EHR Reporting Period in 2019

For 2019, the EHR reporting period for Medicaid EPs and eligible hospitals is a minimum of any continuous 90-day period. Please contact your State Medicaid Agency for information on the attestation period and deadline.

2015 Edition Certified EHR Technology

Beginning with the EHR reporting period in calendar year 2019, 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, 2019. 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 eligible 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.

eCQM Policies for Performance Year 2019

The 2019 Physician Fee Schedule (PFS) Final Rule established that in 2019, Medicaid EPs who are returning participants must report on a one year eCQM reporting period, and first-time meaningful users 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 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 for EPs in 2019 is aligned with the list of eCQMs available for Eligible Clinicians under MIPS in 2019. Those eCQMs can be found at https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms.

Objectives and Measures

The 2019 Medicare Physician Fee Schedule (PFS) Final Rule made changes to the previously established Stage 3 Objectives and Measures. The threshold for Stage 3 Objective 6, Measure 1 (View, Download, Transmit) and Measure 2 (Secure Messaging) was set at five percent for the remainder of the Medicaid Promoting Interoperability Program. In addition, the requirement that only EPs in urgent care settings can use the Syndromic Surveillance measure to meet the Objective 8 (Public Health) was removed.

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

- 2019 Medicaid Hospital specification sheets
- 2019 Medicaid Eligible Professional specification sheets

Additional Resources

- 2019 Medicare Physician Fee Schedule (PFS) Final Rule fact sheet
- FY 2019 IPPS and Medicare Promoting Interoperability Program Overview Fact Sheet

Contact Information

- Medicaid EPs and hospitals participating in the Medicaid Promoting Interoperability Program with inquiries about their participation should contact their State Medicaid Agencies.