

Electronic Health Record (EHR) Adoption

This document reflects the decisions made at the August 2013 Metrics & Scoring Committee to finalize the approach for the measure. The document has been updated to reflect 2016 measurement.

Name and date of specifications used: OHA-developed.

URL of Specifications: N/A

Measure Type: HEDIS PQI Survey Other Specify: OHA-developed

Measure Utility: CCO Incentive Core Performance CMS Adult Set CHIP Set State Performance Other Specify:

This measure was dropped as an incentive measure after CY 2015; it remains a state performance measure for CY 2016 and 2017.

Measurement Period: January 1, 2016 – December 31, 2016.

Note: The measurement period tied to the quality pool is cumulative, and looks for all providers *ever* receiving an EHR Incentive Payment; it is not limited to just those providers who received an EHR Incentive Payment in CY 2016. In other words, all providers who have received an EHR Incentive Payment since 2011 will “count” towards the 2016 measurement.

Note: the measure will capture any payments made for 2016 participation in the federal EHR Incentive Program through March 31, 2016.

2013 Benchmark: 49.2%, from the Federal assumed rates for non-hospital based EHR adoption and meaningful use by 2014.¹

2014 Benchmark: 72%, from Metrics & Scoring Committee consensus, based on the highest performing CCO as of July 2013.

2015 Benchmark: 72%

2016 Benchmark: 72%

Incentive Measure changes in specifications from 2015 to 2016: N/A

Note OHA is developing an alternate EHR adoption measure which will not use the adjustment factor methodology (described below). The alternate measure may replace this measure in 2017 or future years, pending CMS approval.

Denied claims: Included: N/A Not included: N/A

¹ Listed in the Stage 2 fiscal analysis, Table 29, page 54,143. <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>

Measure Description

Population Group: Providers included in the incentive measure are those providers who are identified as being part of the CCO in the contractually required provider network tables submitted to OHA. CCOs are responsible for the accuracy of these provider network tables.

The set of providers is further limited to only include the providers whose zip code in Medicaid Management Information Systems (MMIS) data is located within the CCOs' service area, and to providers that are eligible provider types for the Medicaid, Medicare, or Medicare Advantage EHR Incentive Programs.

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| <p>Medicaid Eligible Professionals (EP) types include:</p> <ul style="list-style-type: none"> • Physicians (must be DO or MD); • Nurse Practitioners, including Certified Nurse Midwives; and • Physician Assistants in certain settings.² | <p>Medicare Eligible Professional types include:</p> <ul style="list-style-type: none"> • Physicians (must be DO or MD); • Podiatrists; • Chiropractors. |
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Note: Mental health professionals were only included if they were classified as a physician (i.e. psychiatrist or nurse practitioner).

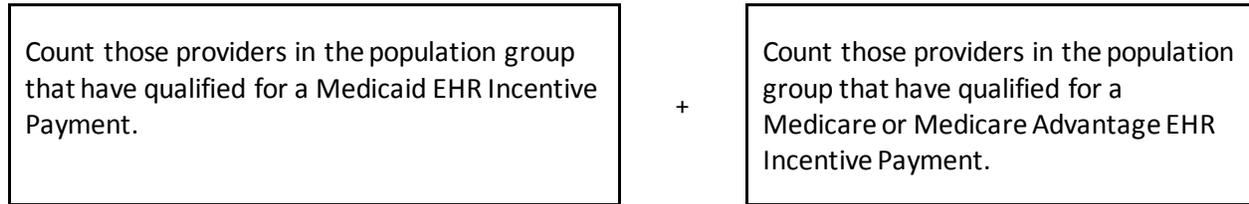
| |
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| <p>Population Group Calculation Steps</p> <ol style="list-style-type: none"> 1. Start with all providers in a CCO's network using the contractually required provider network table provided by CCOs. 2. Identify those providers in a CCO's network that are eligible provider types for the EHR Incentive Program. 3. Refine to only include those providers with zip codes in the CCOs assigned service area. |
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Numerator: The numerator is the total number of individual providers in the population group that qualified for an incentive payment during the measurement year through the Medicaid, Medicare, or Medicare Advantage EHR Incentive Programs.

Although EHR incentive payments can be made to a clinic or provider group, the payment is still tied to the individual provider, using their National Provider Identifier (NPI). CCOs will receive credit in the numerator for individual providers who qualify for the payment under the federal programs, even if they are listed at the clinic or provider group level in the provider network tables submitted to OHA.

² Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant

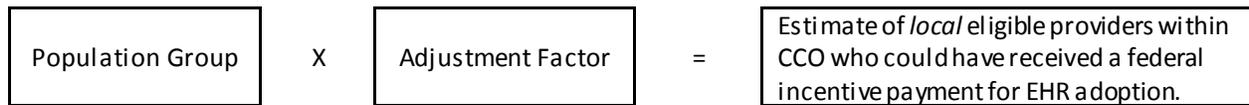
Numerator Calculation Steps:



Denominator: The denominator is an estimate of those providers in the population group who were eligible to receive an EHR Incentive Payment. The denominator is calculated by taking the CCO’s total population group and multiplying by an adjustment factor that represents the portion of Medicaid or Medicare/Advantage providers who are eligible to participate in the EHR Incentive Programs.

The adjustment factor was developed from estimates in the Stage 2 Federal Register, MMIS data, and EHR Incentive Program payment data. The same adjustment factor was used for all CCOs. Additional information about the adjustment factor is available in the EHR adoption FAQ document online at <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>.

Denominator Calculation Steps:



Exclusions: Providers are excluded from the measure calculation if:

- They are not an eligible provider type;
- They are not located within a CCO’s service area, as determined by zip codes.

Data Sources:

| Population Group | Numerator | Denominator |
|--|---|------------------|
| Contractually required Provider Network tables submitted to OHA. | Medicare and Medicare Advantage EHR Payment data ³ | Population group |
| Medicaid Management Information System (MMIS) | Medicaid EHR Incentive Program data ⁴ | |
| | Population group | |

³ <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>

⁴ Oregon Medicaid EHR Incentive Program data are not published, but can be provided to CCOs upon request. Contact Medicaid.ehrincentives@state.or.us to request CCO specific data.



OHA will use the contractually required CCO provider network tables to identify providers for the denominator. OHA uses the network tables submitted in June to update the denominator for that measurement year, but will use any updated network tables submitted to OHA before March 31, 2017 to calculate the measure for CY 2016. Please notify us at metrics.questions@state.or.us if you wish to submit an updated provider network table for this measure.

For More Information: For additional details about the measure, as well as the adjustment factor methodology, see the EHR Adoption FAQ document posted online at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

For questions or additional information about this measure, please contact Metrics.Questions@state.or.us.