



Oklahoma State Health Information Network & Exchange - OKSHINE

How can OKSHINE assist providers with regulatory compliance?

Health information exchange aids providers and healthcare organizations with state and federal mandated reporting by improving organizational efficiencies and reducing provider burden.

Inpatient (Hospitals, Critical Access Hospitals and Long-Term Care Hospitals)

In the Medicare FY 2021 Inpatient Prospective Payment System Final Rule (IPPS)ⁱ, the Medicare program requires reporting on three objectives that the HIE can assist with: Electronic Prescribing, Health Information Exchange (HIE), and Public Health and Clinical Data Exchangeⁱⁱ. In addition to these three reporting objectives, the IPPS increased the quality reporting requirement. OKSHINE can assist providers with these requirements.

Electronic Prescribing: Meeting 2021 regulations, OKSHINE will streamline the way prescribers access the PMP to reconcile current and newly prescribed Class II controlled medications. With easy and secure access to the PMP through OKSHINE, prescribers meet the current mandate of reviewing actively prescribed controlled medications, prior to prescribing new Class II controlled medications (exclusions for Hospice, palliative care, and patients residing in a nursing facility). In addition, there is a requirement that a patient assessment is completed every 180 days by the prescriber. Any new or continued controlled medications must be reported to the PMP, which is accomplished using the OKSHINE – PMP connection. The patient assessment visit will also be viewable in the OKSHINE platform.

Health Information Exchange (HIE): Support Health Information Referral Loops by sending, receiving, and reconciling health information. HIEs reconcile patient records through utilizing a patient matching index (eMPI) identifier and aggregating longitudinal patient health records for a comprehensive view of the patient's health history. This provides real time secure access to patient records and no need to wait for records to be faxed or mailed.

Quality Reporting: CMS plans to progressively increase the quality reporting requirements by increasing the number of quarters for which hospitals are required to report electronic Clinical Quality measure (eCQM) data, from the current requirement of one self-selected calendar quarter of data, to four calendar quarters of data, over a three-year period. Specifically, two self-selected calendar quarters of data for the CY 2021 reporting period; (b) three self-selected calendar quarters of data for the CY 2022 reporting period; and (c) four calendar quarters of data beginning with the CY 2023 reporting period.

Healthcare Providers (Physicians, ARNPs and Physician Assistants)

Quality Reporting: The CY 2020 CMS PFSⁱⁱⁱ established that Medicaid eligible providers (EP) must report on any continuous 90-day period within CY 2020. 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. The list of available eCQMs for EPs in 2020 and 2021 is aligned with the list of eCQMs available for Eligible Clinicians under the Merit-based Incentive Payment System (MIPS) in 2020 and

2021. Those eQMs can be found at <https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms>.

OKSHINE, using the HealthTech eQm platform, can perform this reporting for providers through the HIE. The eQm platform will have 35 prebuilt quality measures and over 50 reports that will include MIPS Quality reporting measures. These measures are calculated based on the Continuity of Care Documents (CCD) and other HL7 transactions submitted through the HIE. In addition to measure reporting there are comparative reports that will be made available at various levels such as clinical, regional, and state level reporting. Reports are available for measure gap analysis as well as allowing drill down to patient level detail for clinicians.

Admission, Discharge and Transfer (ADT) notifications: Effective May 1, 2021, CMS modified Medicare Conditions of Participation (CoPs) to require hospitals, including psychiatric hospitals and CAHs, to send electronic patient event notifications of a patient’s admission, discharge, and/or transfer to another healthcare facility or to another community provider or practitioner. These types of alerts to providers will empower them to proactively monitor their patients throughout the entire continuum of care, significantly improving patient outcomes and care continuity, while reducing preventable readmissions. OKSHINE will receive ADT messages from participating hospitals and allow providers to set-up alerts that deliver notification for patients.

Public Health and Clinical Data Exchange: OKSHINE provides a pathway for Public Health Reporting and may support your organizational needs for Medicare Promoting Interoperability requirements and provide reporting on mandated public health reportable conditions.

Reportable data types may include:

	Inpatient Hospitals	Healthcare Providers
Immunizations	✓	✓
Syndromic Surveillance	✓	✓
Electronic Case Reporting	✓	✓
Electronic Lab Reporting	✓	
Public Health Registry i.e. Birth Defects. Cancer, Injury, HIV/STD	✓	✓

ⁱ <https://www.federalregister.gov/documents/2020/09/18/2020-19637/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>

ⁱⁱ <https://www.cms.gov/regulations-guidance/promoting-interoperability/2021-program-requirements>

ⁱⁱⁱ <https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>