MU | **Meaningful Use**
INDIAN HEALTH SERVICE
Improving Health Care within the Indian Health System

EP REGISTRATION AND ATTESTATION FOR CY 2013

Deadline

With the end of CY 2013 on December 31, 2013, EPs who are participating in the Medicare EHR Incentive Program should begin preparing to attest to demonstrating MU for either a 90-day period or the full year, depending on participation year.

Note that February 28, 2014, is the last day that EPs can register and attest to receive an incentive payment for CY 2013. EPs participating in the Medicaid EHR Incentive Program should refer to their state's attestation deadlines.

It is essential that providers *eligible* for Medicare–even if they are only participating in the Medicaid EHR Incentive Program—demonstrate MU in 2013 to avoid a payment adjustment in FY 2015.

Assistance

National MU Consultants are available to assist with questions regarding MU, participation, eligibility, registration and attestation. See the table in the next column for the specific consultant assigned to your area.

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To suggest a specific topic for the newsletter, email meaningfuluseteam@ihs.gov.

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Resources

These resources may help with attestation preparations.

- Registration Guide for Medicare EPs
  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf

- Attestation Guide for Medicare EPs
  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP_Attestation_User_Guide.pdf

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- Meaningful Use Attestation Calculator
  http://www.cms.gov/apps/stage-1-meaningful-use-attestation-calculator/
- Attestation Worksheet for EPs
  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP_Attestation_Worksheet.pdf

INTRODUCING RPMS DIRECT MESSAGING

Meaningful Use Measures

Meaningful Use (MU) Stage 2 introduces patient engagement measures through electronic means of transmission. As part of the 2014 Certified RPMS EHR, the following MU Stage 2 measures will be met via RPMS DIRECT Messaging (DIRECT), a secure, web-based messaging system.

Secure Messaging: A secure message was sent using the electronic messaging function of certified EHR technology (CEHRT) by more than five percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.

Summary of Care (measure 2): For more than 10 percent of transitions and referrals, EPs, EHs, and CAHs that transition or refer their patient to another setting of care or provider of care must provide a summary of care record electronically.

Patient Electronic Access (measure 2) More than five percent of all unique patients seen by the EP, EHs, CAHs during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.

RPMS DIRECT Messaging supports the exchange of health information among providers, patients, and their authorized representatives. Specifically designed to transmit and receive Protected Health Information/Personally Identifiable Information (PHI/PII), RPMS DIRECT Messaging is compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Functionality and Benefits

DIRECT can be used to fulfill a variety of health-related purposes:

- Sending a patient referral to a specialist
- Sharing a Transition of Care (TOC) summary
- Transmitting a Continuity of Care Document (CCD)
- Providing follow-up on a care plan
- Facilitating email communication between a patient and his or her health care providers

In addition, DIRECT has many benefits, two of which include:

- Reducing and/or eliminating the use of fax or postal services that include the inherent risk of misplacing, compromising, or providing unauthorized access of information
- Supporting security features such as point-to-point encryption of an entire message, including the message body and headers

Roles and Responsibilities

Implementation of DIRECT requires the creation of several roles, described below.

- National Administrators: OIT CIO will appoint this role. The Certification Authority will vet the identity at Level of Assurance 3 (LoA 3). The national administrator will:
  - Work directly with the Certification Authority (CA) to manage facility onboarding and issuance of organization certificates;
  - Manage IHS HISP and public and private keys;
  - Complete DNS mapping for both organizational and address-bound certificates;
  - Administer access for area and site/facility administrators (i.e., granting access to the

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DIRECT admin portal, resetting passwords, providing training, etc.);

- Complete identity proofing of alternate national administrators, area administrators, and others upon request; and

- Perform appropriate audits across the HISP as required.

- **Area Administrators:** National administrators will work with areas to designate area administrators and complete their identity proofing at LoA 3. Responsibilities of the area administrator include:

  - Delegating DIRECT access to local site unit/facility administrators;

  - Performing identify proofing; and

  - Sharing some of the national administrator's responsibilities, such as managing requests for organization certificates and domain management.

- **Site/Facility Administrators:** The area administrator will work with each site/facility administrator and complete their identity proofing at LoA3. Responsibilities of the site/facility administrator include:

  - Appointing and granting access to facility message agents and PHR registrar(s);

  - Completing the ITAC System (federal only), while urban and tribal complete ITAC-like or other internal processes;
    Administering access and completing identity proofing for message agents, PHR registrars, and health care professionals at the local facility; and

  - Running routine, required audits.

- **Message Agents:** Designated by site/facility administrators, message agents will receive incoming secure messages from assigned patients or patient groups, route messages appropriately and possibly respond to them. Designated Primary Provider Package in the RPMS will be used to assign individuals or groups of patients to the message agent(s).

- **Health Care Professionals**: This role includes health care providers within the facility as well as other health care professionals. Their identity must be vetted at LoA 3.

- **PHR Administrators:** These individuals will assign access to the PHR Administrative application, enabling the PHR Registrar to link patients' PHR accounts with their medical data.

- **PHR Registrars:** Site unit/facility administrators will designate this role and complete their identity proofing at LoA 3 if applicable. PHR registrars will administer PHR access and complete identity proofing along with an IHS-810 form for minor patients and/or their authorized representatives. In addition, they will disassociate a PHR account from an RPMS account should a breach or error occur.

  For more information about DIRECT, contact Glenn Janzen at Glenn.Janzen@ihs.gov or Meghna Patel at Meghna.Patel@ihs.gov.

PHR: WHAT'S NEXT?

First, take the PHR quiz on p. 4. After you've refreshed your PHR knowledge, why not use this time to develop a PHR awareness campaign at your facility? Listed below are three easy steps to help you get started.

1. Identify tools and resources to make patients aware of the PHR.

2. As go-live approaches, begin to provide information about how patients can register for a PHR account.

3. Educate patients how to access the PHR.

   a. Disseminate handouts to patient registration staff and clinical staff.

   b. Document that education was provided (patient education code Administrative Functions - Personal Health Record).

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WHAT'S YOUR PHR IQ?

As part of the 2014 Certified Electronic Health Record Technology (CEHRT), Indian Health Service is creating a personal health record (PHR) that will assist patients in accessing some of their medical information via a web browser at home or on a mobile device. By using the PHR, patients will be able to view, download, and transmit demographic information, medications, lab results, problems, vital signs, immunizations, and other visit-related information.

Take the quiz below to test your PHR IQ and see whether you're ready for the changes coming in 2014!

____ Area PHR administrator

____ DIRECT Messaging

____ Master Patient Index (MPI)

____ Message agent

____ One of three major PHR components

____ PHR administrator

____ PHR registrar

c. Connects patients' PHR accounts to their medical records and provides ongoing support

d. Integration with this allows the patient to view health information from multiple RPMS facilities using one PHR account

e. Patient portal to view health information in the CCDA

f. Person who assigns privileges for someone to access the PHR administrative application

g. Person who delegates access to local PHR administrators

h. Receives and manages secure messages (email) from a group of patients

i. Secure messaging system for sending and receiving health-related information

Correct answers to PHR Quiz

e—Area PHR administrator; g—DIRECT Messaging; b—MPI; f—Message agent; c—One of three major PHR components; d—P HR administrator; a—PHR registrar

If you scored 6-7 correctly, congratulations! You're a PHR guru! If you scored 3-5 correctly, refresh your memory by reviewing the PHR articles at http://www.ihs.gov/meaningfuluse/stage2overview/prepforstage2/. If you scored 1-2 correctly, do then the same re-take the test.

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