



**Department
of Health**

**Office of
Health Insurance
Programs**

NY Medicaid EHR Incentive Program

Eligible Professionals
2015 Meaningful Use
Stage 2 Webinar

November 2015

Webinar Agenda

- Reminders about Program Requirements
- Overview of 2015 Final Rule
- 2015 Meaningful Use (MU)
 - Objectives & Measures
 - Public Health Reporting
 - Clinical Quality Measures
- Alternate Attestation Method
- Closing Comments

Reminders about NY Medicaid EHR Incentive Program Requirements

Medicaid Patient Volume (MPV)

For each payment year, eligible professionals (EPs) must meet one of the following conditions:

30% Medicaid patient volume

20% MPV for pediatricians

- Two-thirds of the incentive payment

Needy patient volume

- Federally Qualified Health Center
- Rural Health Clinic

More details available at www.emedny.org/meipass/ep/elig.aspx

Medicaid Patient Volume (MPV)

The Medicaid patient volume must be a continuous 90-day period from either:

Previous calendar year

Preceding 12 months from the date of attestation

More details available at www.emedny.org/meipass/ep/elig.aspx

EHR Reporting Period

The meaningful use EHR reporting period must be within the payment year, which is based on the calendar year.

Example: To attest for 2015, the EHR reporting period must be within calendar year 2015.

Meaningful Use and Multiple Locations

- To be a meaningful user, 50% of the EP's total outpatient encounters must be at locations equipped with certified EHR technology (CEHRT).
- EPs must report on MU data from all locations equipped with CEHRT during the EHR reporting period.

Program Integrity

Providers must retain all supporting documentation for attestations for no less than six years after each payment year.

Examples:

- Date-stamped reports generated from the EHR system
- Screenshots of the EHR system's interface
- Dated correspondence with the public health registries

Overview of 2015 Final Rule

Legislation

2009

- HITECH Act

2010

- Stage 1 Final Rule

2012

- Stage 2 Final Rule

2014

- CEHRT Flexibility Final Rule

2015

- Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule

2015-2017 MU Provisions

- Referred to as **Modified Stage 2**
- Effective December 15, 2015

Goals of Modified Stage 2

- 1 Align with Stage 3 to achieve overall goals of the EHR Incentive Programs
- 2 Synchronize reporting period, objectives and measures to reduce burden
- 3 Continue to support advanced use of health IT to improve outcomes for patients

Key points of Modified Stage 2

- Reduced EHR reporting period for 2015
- Removal of redundant, duplicative, and topped out measures
- Modified public health reporting requirements

2015 Meaningful Use

EHR Certification

- No changes to EHR certification requirements for 2015
- Continue to use **2014 Edition** of certified EHR technology (CEHRT)

Optional: Upgrade to 2015 Edition but this is not required until 2018

EHR Reporting Period

For 2015 only, meaningful use has been reduced to a continuous **90-day EHR reporting period.**

2015 Meaningful Use

Under the final rule, EPs must attest to **10 Meaningful Use objectives:**

9 objectives (variation of threshold and activity)
1 Public Health Reporting objective

Additionally, EPs must report on **9 (of 64) Clinical Quality Measures.**

Modified Stage 2 Objectives

- 1 Protect Patient Health Information
- 2 Clinical Decision Support
- 3 Computerized Provider Order Entry (CPOE)
- 4 Electronic Prescribing (eRx)
- 5 Health Information Exchange
- 6 Patient-Specific Education
- 7 Medication Reconciliation
- 8 Patient Electronic Access (VDT)
- 9 Secure Messaging
- 10 Public Health Reporting

Objective 1

Protect
Patient
Health
Information

Measure: Conduct or review a security risk analysis, including:

- Address security of ePHI
- Implement security updates
- Correct identified security deficiencies

Objective 2

Clinical Decision Support

For Stage 1 providers in 2015 only:
Measure 1: Implement 5 clinical decision support interventions

Alternate Objective: Implement one clinical decision support rule relevant to safety or high clinical

Measure 2: Enable and implement the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.

Alternate Measure 1: Implement one clinical decision support rule.

Objective 3

Computerized
Provider
Order Entry
(CPOE)

Measure 1: More than 60% of medication orders

Measure 2: More than 30% of laboratory orders

Measure 3: More than 30% of radiology orders

Objective 4

Electronic Prescribing (eRx)

Measure: More than 50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT

Objective 5

Health Information Exchange

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must

1. use CEHRT to create a summary of care record; and
2. electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.

Objective 6

Patient- Specific Education

Measure: Patient specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.

Objective 7

Medication Reconciliation

Measure: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

Objective 8

Patient Electronic Access (VDT)

Measure 1: More than 50% of all unique patients are provided timely access to view online, download, and transmit their health information to a third party

Measure 2: At least 1 patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period

Objective 9

Secure Messaging

Measure: the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

Objective 10

Public Health Reporting

For 2015, Stage 2 EPs must meet at least 2 measures:

Measure 1 (Immunization): Active engagement with a public health agency to submit immunization data

Measure 2 (Syndromic Surveillance): Active engagement with a public health agency to submit syndromic surveillance data

Measure 3 (Specialized): Active engagement to submit data to a specialized registry

Objective 10

Public Health Reporting

Alternate Exclusions

Stage 2 providers in 2015 may claim an alternate exclusion for measure 2 (Syndromic Surveillance) or measure 3 (Specialized Registry) since they were formerly menu objectives.

Public Health Matrix

Measures	NY City Report To	NY State (outside of NY City) Report To
Immunization Registry Reporting	Citywide Immunization Registry (CIR) NYC DOHMH	NYS Immunization Information System (NYSIIS) NYSDOH
Syndromic Surveillance Reporting	NYC Department of Health and Mental Hygiene NYC DOHMH	This option is not available for EPs outside of NYC
Specialized Registry Reporting	Cancer Case Reporting New York State Cancer Registry (NYSCR) NYSDOH Notifiable Conditions NYC Department of Health and Mental Hygiene NYC DOHMH	Cancer Case Reporting New York State Cancer Registry (NYSCR) NYSDOH This option is not available for EPs outside of NYC

Clinical Quality Measures for 2015

2015 CQM Reporting Period

- For 2015 only, EPs must report on CQMs for a continuous 90-day reporting period within the calendar year.
- This CQM reporting period may be different from the EHR reporting period for the meaningful use objectives and measures.

Clinical Quality Measures (CQMs)

- No changes to CQM selection or reporting scheme from CQM requirements in Stage 2 final rule

- EPs must attest to **9** of the approved 64 CQMs
 - 9 recommended CQMs for the adult population
 - 9 recommended CQMs for the pediatric population
 - Must select CQMs **from at least 3 of the 6 policy domains**
 - [For more information please view the CMS Clinical Quality Measures website](#)

Recommended Adult CQMs

eM ID & NQF	CQM Title	Domain
<ul style="list-style-type: none"> • CMS165v1 • NQF 0018 	Controlling High Blood Pressure	Clinical Process/ Effectiveness
<ul style="list-style-type: none"> • CMS156v1 • NQF 0022 	Use of High-Risk Medications in the Elderly	Patient Safety
<ul style="list-style-type: none"> • CMS138v1 • NQF 0028 	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/ Public Health
<ul style="list-style-type: none"> • CMS166v1 • NQF 0052 	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources
<ul style="list-style-type: none"> • CMS2v1 • NQF 0418 	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health
<ul style="list-style-type: none"> • CMS68v1 • NQF 0419 	Documentation of Current Medications in the Medical Record	Patient Safety
<ul style="list-style-type: none"> • CMS69v1 • NQF 0421 	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/ Public Health
<ul style="list-style-type: none"> • CMS50v1 	Closing the referral loop: receipt of specialist report	Care Coordination
<ul style="list-style-type: none"> • CMS90v1 	Functional status assessment for complex chronic conditions	Patient and Family Engagement

For more information please visit the [CMS Clinical Quality Measures website](#)

Recommended Pediatric CQMs

eM ID & NQF	CQM Title	Domain
<ul style="list-style-type: none"> CMS146v1 NQF 0002 	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources
<ul style="list-style-type: none"> CMS155v1 NQF 0024 	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/ Public Health
<ul style="list-style-type: none"> CMS153v1 NQF 0033 	Chlamydia Screening for Women	Population/ Public Health
<ul style="list-style-type: none"> CMS126v1 NQF 0036 	Use of Appropriate Medications for Asthma	Clinical Process/ Effectiveness
<ul style="list-style-type: none"> CMS117v1 NQF 0038 	Childhood Immunization Status	Population/ Public Health
<ul style="list-style-type: none"> CMS154v1 NQF 0069 	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources
<ul style="list-style-type: none"> CMS136v1 NQF0108 	ADHD: Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/ Effectiveness
<ul style="list-style-type: none"> CMS2v1 NQF 0418 	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health
<ul style="list-style-type: none"> CMS75v1 	Children who have dental decay or cavities	Clinical Process/ Effectiveness

For more information please visit the [CMS Clinical Quality Measures website](#)

Alternate Attestation Method for Medicaid EPs

Alternate Attestation Method

Beginning in 2015, EPs unable to meet Medicaid patient volume may attest for meaningful use [through the CMS Registration and Attestation System in order to avoid Medicare payment adjustments.](#)

Alternate Attestation Method

By exercising this alternate attestation method, Medicaid EPs:

- would not switch to the Medicare EHR Incentive Program
- would not receive an incentive payment for that year

Closing Comments

Prior to Attesting

- Verify your CMS registration information (including phone and email)
- If it needs to be changed, please update your record in the [CMS Registration and Attestation System](#).
- Verify ETIN, ePACES, and MEIPASS credentials

Support Services

Numerator Data Requests

EPs may request a summary of their Medicaid claims. This report may only be used as guidance and does not suffice as supporting documentation.

Pre-validation

Individual and group EPs who have already determined their Medicaid patient volume may submit their data prior to attesting.

Contact hit@health.ny.gov to request these services.

Deadlines

- 2015 attestation deadline is March 31, 2016.
- Providers can submit an Attestation Deadline Extension Request up to 30 days after the attestation deadline.

2015 Attestations

- Modified Stage 2 is not yet available in NY Medicaid's attestation system, MEIPASS.
- Announcements will be made via LISTSERV and the program website when providers may attest to Modified Stage 2 for 2015.

Resources

State Resources

- NY Medicaid EHR Incentive Program website www.emedny.org/meipass
- MEIPASS <https://meipass.emedny.org/>
- eMedNY LISTSERV www.emedny.org/Listserv/EHR_Email_Alert_System.aspx
- New York State Medicaid HIT Plan (NY-SMHP)
http://health.ny.gov/regulations/arra/docs/medicaid_health_information_technology_plan.pdf

Other Resources

- CMS Website for the Medicare and Medicaid EHR Incentive Programs
<http://www.cms.gov/ehrincentiveprograms/>
- Office of the National Coordinator <http://www.healthit.gov/>

CMS Help Desk

phone: 888-734-6433

Program Registration, Meaningful Use, Medicare Program

NY Medicaid EHR Incentive Program Support Teams

phone: 1-877-646-5410

Option 2: Program Policies, Patient Volume, Meaningful Use, and Attestation Reviews

email: hit@health.ny.gov

Option 3: Public Health Reporting Guidance, Registration, and Status

email: MUPublicHealthHELP@health.ny.gov