



**Department
of Health**

**Office of
Health Insurance
Programs**

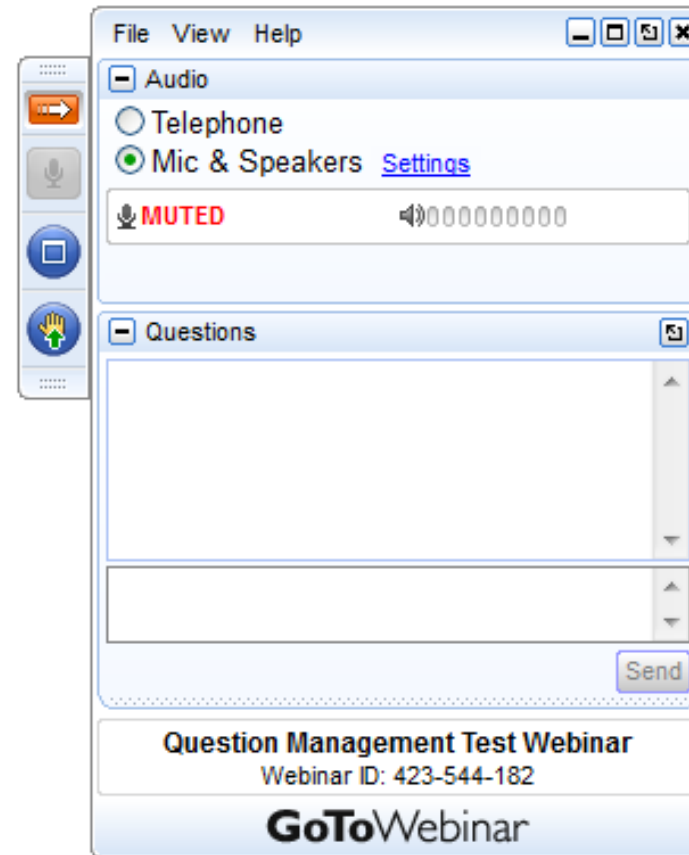
NY Medicaid EHR Incentive Program

Eligible Professionals
Modified Stage 2

November 2016

Webinar Logistics

- Audio PIN
- Q&A at the end



Agenda

- Patient Volume Reminders
- Modified Stage 2 Overview
- Clinical Quality Measures
- Program Reminders
- Questions & Answers

Patient Volume Reminders

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 (FQHC)
- Rural Health Clinic (RHC)

MPV Reporting Period

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

Previous calendar year

Preceding 12 months from the date of attestation

Medicaid / Needy Encounter

| Type of Service | Medicaid Encounter | Needy Encounter |
|--------------------------|--------------------|-----------------|
| Medicaid Fee-for-Service | ✓ | ✓ |
| Medicaid Managed Care | ✓ | ✓ |
| Family Health Plus | ✓ | ✓ |
| Child Health Plus | | ✓ |
| Uncompensated Care | | ✓ |
| Sliding Scale | | ✓ |

Modified Stage 2 Overview

Stage 3 & Modified Stage 2 Final Rule

Published: Oct. 16, 2015

Changes to the Medicaid EHR Incentive Program include:

- 90-day EHR reporting for 2015
- 10 required objectives & measures for EPs
- Alternate measures & exclusions
- Separate reporting period for CQMs
- Stage 3 option in 2017; mandatory starting in 2018

Link to final rule: <https://www.federalregister.gov/d/2015-25595>

Hospital Outpatient Prospective Payment System Final Rule

Published: Nov. 14, 2016

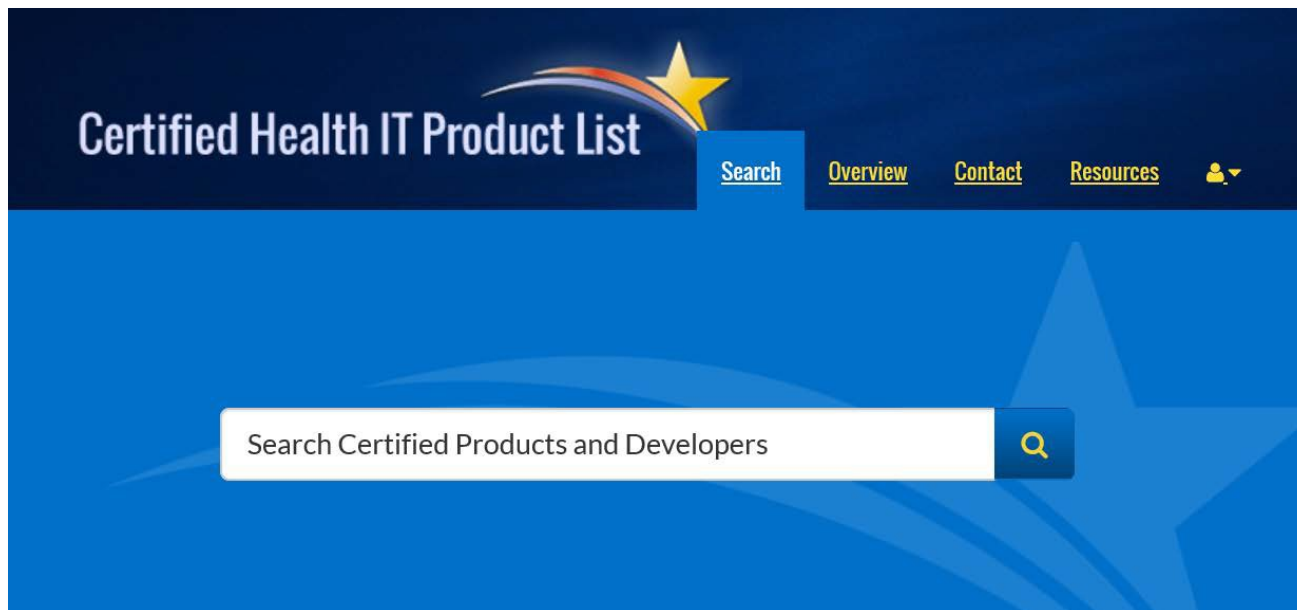
Changes to the Medicaid EHR Incentive Program include:

| 2016 | 2017 |
|---|---|
| <ul style="list-style-type: none">• 90-day EHR reporting• 90-day CQM reporting | <ul style="list-style-type: none">• 90-day EHR reporting• Modified Stage 2 for first-time MU providers |

Link to final rule: <https://www.federalregister.gov/d/2016-26515>

Certified EHR Technology (CEHRT)

- Current minimum requirement: 2014 Edition
- Visit <https://chpl.healthit.gov/> to obtain CEHRT ID



Meaningful Use (MU) Policies

During the EHR reporting period:

80% of unique patients must have data stored in EP's CEHRT.

50% of the EP's total outpatient encounters must be at locations equipped with CEHRT.

An EP must report on MU data from all locations equipped with CEHRT.

EHR Reporting Period

| 2016 | 2017 |
|---|---|
| Continuous 90 days during the calendar year | Continuous 90 days during the calendar year |

MU data must be from the calendar year that the EP attests to (e.g 2016 MU must be within calendar year 2016).

Modified Stage 2

- 10 objectives (variation of threshold & activity)
- Required to meet the measures or qualify for the exclusions

Modified Stage 2

| # | Objectives | 2016 Measures | 2017 Measures |
|----|------------------------------------|---|---------------|
| 1. | Protect Patient Health Information | Security risk analysis | Same |
| 2. | Clinical Decision Support (CDS) | <ul style="list-style-type: none"> • 5 CDS interventions • Drug-drug and drug-allergy checks | Same |
| 3. | Computerized Provider Order Entry | <ul style="list-style-type: none"> • More than 60% medication • More than 30% laboratory • More than 30% radiology | Same |

Modified Stage 2

| # | Objectives | 2016 Measures | 2017 Measures |
|----|-----------------------------|--|---------------|
| 4. | Electronic Prescribing | More than 50% prescriptions | Same |
| 5. | Health Information Exchange | <ul style="list-style-type: none"> • Use CEHRT to create summary of care record; and • Electronically transmit summary of care for more than 10% transitions/referrals | Same |
| 6. | Patient-Specific Education | More than 10% patients | Same |

Modified Stage 2

| # | Objectives | 2016 Measures | 2017 Measures |
|----|-----------------------------|--|--|
| 7. | Medication Reconciliation | More than 50% transitions of care received | Same |
| 8. | Patient Electronic Access | <ul style="list-style-type: none"> Timely access for more than 50% of patients At least 1 patient view, download or transmit (VDT) | <ul style="list-style-type: none"> Same More than 5% of patients VDT |
| 9. | Secure Electronic Messaging | At least 1 patient | More than 5% of patients |

Modified Stage 2

| # | Objectives | 2016 Measures | 2017 Measures |
|-----|-------------------------|--|---------------|
| 10. | Public Health Reporting | Must meet at least 2 measures: <ul style="list-style-type: none"> • Immunization • Syndromic Surveillance • Specialized Cases | Same |

- Sign up for public health reporting webinar
- Review website
- Contact support team

Phone: 1-877-646-5410 Option 3

Email: MUPublicHealthHELP@health.ny.gov

Clinical Quality Measures

CQM Reporting for EPs

- At least 9 clinical quality measures (CQMs) that cover at least 3 National Quality Strategy domains
- CQM reporting period may be different from the EHR reporting period

CQM Reporting Period

| 2016 | 2017 |
|---|--|
| Continuous 90 days during the calendar year | <ul style="list-style-type: none">• Continuous 90 days for first-time MU providers• Full calendar year for returning MU providers |

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 |

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 |

Program Reminders

EP Checklist

Please make sure this information is up to date:

- [CMS Registration](#) – phone & email contacts
- Medicaid fee-for-service enrollment
- Payee affiliation

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

For post payment audit guidance, contact hitech@omig.ny.gov.

Attestation Deadlines

- To be determined
- MEIPASS SLR has been delayed due to issues found during testing
- Sign up for [LISTSERV](#) to receive notifications

Regional Extension Centers

| | |
|---------------------------------|--|
| New York City | NYC Regional Electronic Adoption Center for Health (NYC REACH) Website: www.nycreach.org Email: pcip@health.nyc.gov Phone: 347-396-4888 |
| Outside of New York City | New York eHealth Collaborative (NYeC) Website: www.nyehealth.org Email: hapsinfo@nyehealth.org Phone: 646-619-6400 |

Webinars for EPs

Eligibility and Adopt, Implement, or Upgrade

Prepayment Review

Modified Stage 2

Public Health Reporting

Stage 3 – Coming soon

MEIPASS SLR Tutorials – Coming soon

Questions & Answers

1. Please type your questions into the console.
2. Your line will be unmuted.

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