



**Department
of Health**

**Office of
Health Insurance
Programs**

NY Medicaid EHR Incentive Program

Eligible Professionals
Meaningful Use Stage 1 (MU1) Webinar

May 2015

Meaningful Use Stage 1

- ✓ Overview of EHR Incentive Program
- ✓ Introduction to Meaningful Use
- ✓ Meaningful Use Stage 1 Objectives
- ✓ Clinical Quality Measures
- ✓ Proposed Changes to Meaningful Use
- ✓ Closing Comments

EHR Incentive Program Background

Original Legislation

The Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA).

The HITECH Act Established:

- Medicaid EHR Incentive Program
- Medicare EHR Incentive Program
- Office of the National Coordinator for Health Information Technology (ONC)
- Certified EHR Technology

Goals of the HITECH Act:

- Improve patient quality of care
- Promote the adoption and meaningful use of health information technology
- Increase health information exchange
- Standardize health information technology

Legislation

| | |
|------|--|
| 2009 | HITECH Act |
| 2010 | Stage 1 Final Rule |
| 2012 | Stage 2 Final Rule |
| 2014 | CEHRT Flexibility Final Rule |
| 2015 | <ul style="list-style-type: none">• Stage 3 Proposed Rule• Modifications to Meaningful Use in 2015 through 2017 Proposed Rule |

Medicaid EHR Incentive Program

Provides incentive payments to:

- **Eligible Professionals (EPs)**
- **Eligible Hospitals (EHs)**

as these providers:

- **Adopt,**
- **Implement, or**
- **Upgrade**

and subsequently, demonstrate **Meaningful Use**
of **ONC certified EHR technology.**

Medicaid Patient Volume (MPV)

Eligible Professionals must meet one of the following conditions throughout **all** participation years in the NY Medicaid EHR Incentive Program:

- Demonstrate a minimum 30% Medicaid patient volume, or
- Be a pediatrician* and demonstrate a minimum 20% Medicaid patient volume, or
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and demonstrate a minimum 30% patient volume attributable to needy individuals

**Pediatricians have the reduced option of demonstrating 20-30% Medicaid patient volume but will only receive 2/3 the incentive payment when their percentage is below 30%.*

Certified EHR Technology

As of 2014, all providers must use 2014 Edition Certified EHR Technology.

- 2014 Certified EHR Technology (CEHRT) has been certified by the ONC to meet Meaningful Use (MU) standards and criteria.
- 2011 CEHRT no longer meets MU standards and criteria.
- Please contact your vendor or refer to the [ONC CHPL website](#) to verify that you have the correct edition.

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What is Meaningful Use (MU)?

Meaningful Use means providers need to show that they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.

Achieving Meaningful Use

- Use certified EHR in a meaningful manner
- Use certified EHR technology for electronic exchange of health information to improve quality of health care
- Use certified EHR technology to submit clinical quality and other measures

Being a Meaningful User

- Have to have 50% of their total patient encounters at locations where certified EHR technology is available
- Would base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available

MU1 Requirements

Meaningful Use Stage 1 (MU1) Requirements

EPs must attest to having met **18** out of **22** Meaningful Use Stage 1 objectives:

- ✓ 13 required core objectives
- ✓ 5 objectives out of a menu set of 9, including 1 (of 2) public health reporting objectives

Additionally, EPs must report on 9 (of 64) clinical quality measures.

MU1 Attestation Details

- All Meaningful Use Stage 1 reporting should fall under the same reporting period
- EHR Technology must be certified to 2014 Edition.

EHR Reporting Periods

Providers will attest to two years of Meaningful Use Stage 1 when participating in the NY Medicaid EHR Incentive Program.

MU Stage 1 – First Year

- Report on Meaningful Use Stage 1 for any continuous 90-day period within the calendar year

MU Stage 1 – Second Year

- Report on Meaningful Use Stage 1 for the full calendar year

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Meaningful Use Stage 1 Objectives

MU Stage 1 Core Objectives

EPs must attest to **all 13** core objectives:

- 10 threshold measures
- 3 activity measures
- 1 Public Health Reporting requirement

MU Stage 1 Menu Objectives

EPs must attest to **5** out of **9** menu objectives:

- Includes 1 (of 2) Public Health Reporting objectives
- Exclusions do not count toward meeting the 5 menu set requirements.

For a full list, please consult the CMS [Meaningful Use Website](#)

MU Stage 1 Core Objectives

| | Core Objectives | Measures |
|---|---|------------------------------------|
| 1 | Computerized Provider Order Entry (CPOE) | More than 30% of medication orders |
| 2 | Drug-Drug & Drug-Allergy Checks | Enable EHR Functionality |
| 3 | Maintain Problem List of Current & Active Diagnoses | More than 80% |
| 4 | Electronic Prescriptions (eRx) | More than 40% |
| 5 | Maintain Active Medication List | More than 80% |
| 6 | Maintain Active Medication Allergy List | More than 80% |

For a full list of MU objective details, please consult the [CMS Meaningful Use website](#).

MU Stage 1 Core Objectives

| | Core Objectives | Measures |
|----|---------------------------------------|--------------------------------------|
| 7 | Record Demographics | More than 50% |
| 8 | Record Vital Signs | More than 50% |
| 9 | Record Smoking Status | More than 50% |
| 10 | Clinical Decision Support | Implement 1 Rule |
| 11 | Patient Electronic Access (VDT) | More than 50% provided timely access |
| 12 | Clinical Summaries | More than 50% |
| 13 | Protect Electronic Health Information | Security Risk Analysis |

For a full list of MU objective details, please consult the [CMS Meaningful Use website](#).

MU Stage 1 Menu Objectives

| | Menu Objectives | Measures |
|---|---|------------------------------|
| 1 | Immunization Data (Public Health) | Perform at least 1 test |
| 2 | Syndromic Surveillance Data (Public Health) | Perform at least 1 test |
| 3 | Drug Formulary Checks | Enable EHR Functionality |
| 4 | Clinical Lab Test Results | More than 40% |
| 5 | Generate Patient Lists by Specific Conditions | Generate at least 1 Report |
| 6 | Patient Reminders | More than 20% |
| 7 | Patient Specific Education | More than 10% |
| 8 | Medication Reconciliation | More than 50% |
| 9 | Summary of Care | More than 50% of transitions |

For a full list of MU objective details, please consult the [CMS Meaningful Use website](#).

Public Health Reporting

Stage 1 requires EPs to attest to 1 (of 2) Public Health Reporting (PHR) objectives:

- Submit immunization data
- Submit syndromic surveillance data
- EP must perform at least one test of certified EHR technology's capacity to submit electronic data to the public health agency
- EP is then required to perform a follow-up submission if the test is successful

Frequently Asked Questions

- CMS allows providers to use fictional data for testing if the public health agency allows it
- Initial testing can be done once at the group level to suffice for all EPs under that group
- Follow up submissions must be by individual EP
- Failing the test still meets the PHR objective for MU Stage 1
- If an EP is able to meet the measure of one of the public health menu objectives but can be excluded from the other, the EP should select and report the public health objective they are able to meet.

MU Stage 1 Public Health Matrix

| Measure | NY City report To | NY State (outside of NY City) report To |
|------------------------|--|--|
| Immunizations | Citywide Immunization Registry (CIR) NYC DOHMH | NYS Immunization Information System (NYSIIS) NYSDOH |
| Syndromic Surveillance | NYC Department of Health and Mental Hygiene NYC DOHMH | This option is not available for EPs outside of NYC |

Helpful Resources

- PH Website: <https://www.emedny.org/meipass/publichealth/>
- Support Email: MUPublicHealthHELP@health.ny.gov

Public Health Website

The screenshot shows the top navigation bar with a search box, home link, and login options. A main menu includes 'Program Information', 'Healthcare Practitioners', 'Hospitals', 'Resources', 'FAQs', and 'Public Health'. The 'Public Health' dropdown menu is open, showing 'Overview', 'HCS / MURPH', and 'PH FAQs'. The main content area features a heading 'Public Health Objectives and Reporting Guidance' and a sub-section for 'MU STAGE 1 Eligible Providers'. This section includes text about testing requirements and a 'New 3-Step Testing Process' diagram with steps: Contact, Test, and Archive.

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Clinical Quality Measures (CQMs)

Clinical quality measures (CQMs) are tools that help measure and track the quality of health care services. These measures use data associated with providers' ability to deliver high-quality care or relate to long term goals for quality health care.

CQMs measure many aspects of patient care including:

- health outcomes
- clinical processes
- patient safety
- efficient use of health care resources
- care coordination
- patient engagements
- population and public health
- adherence to clinical guidelines

Clinical Quality Measures (CQMs)

To participate in the Medicaid EHR Incentive Program and receive an incentive payment, providers are required to submit CQM data from certified EHR technology.

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](#)

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Proposed Changes to Meaningful Use

On April 15, 2015 CMS published a proposed rule to modify meaningful use for 2015 through 2017.

The proposed rule is open for public comment until June 15, 2015.

Proposed Changes to Meaningful Use

Proposed EHR Reporting Periods

- For 2015, all providers would demonstrate meaningful use for a continuous 90-day reporting period within the calendar year.
- For 2016 and beyond, all providers (except those in their first year of MU) would demonstrate meaningful use for the full calendar year.

Proposed Changes to Meaningful Use

Proposed Objectives

- CMS has proposed to simplify MU requirements by removing redundant, duplicative, and topped out objectives due to advancements in EHR functions and provider performances since the inception of the EHR Incentive Program.
- All providers would be required to attest to certain objectives and measures finalized in the Stage 2 final rule.
- CMS aims to align the 2015 – 2017 MU with Stage 3 that will begin in 2018.
- Distinctions between Core and Menu objectives would be eliminated.

Proposed Changes to Meaningful Use

EHR Certification

CMS has not proposed changes to EHR Certification requirements. Providers must continue to use 2014 Edition Certified EHR Technology for 2015 through 2017.

Proposed Changes to Meaningful Use

Under the proposed rule, EPs would attest to **10 Meaningful Use objectives**:

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

Additionally, EPs would continue to report on **9 (of 64) Clinical Quality Measures**.

For 2015 only

- All providers would attest to a continuous 90-day EHR reporting period within the calendar year for payment year 2015.
- Since the proposed modifications are based on Stage 2, alternate measures and exclusions would be available for Stage 1 providers for payment year 2015.

Proposed Changes to Meaningful Use

| | Proposed Objectives | Proposed Measures | Proposed Alternate Measures & Exclusions for 2015 MU1 |
|---|--|--|--|
| 1 | Computerized Provider Order Entry (CPOE) | <ul style="list-style-type: none"> • More than 60% of medication • More than 30% of laboratory • More than 30% of radiology | <ul style="list-style-type: none"> • More than 30% of medication • Exclusion for laboratory • Exclusion for radiology |
| 2 | Electronic Prescriptions | More than 50% | More than 40% |
| 3 | Clinical Decision Support | <ul style="list-style-type: none"> • Implement 5 interventions • Enable drug & allergy interaction checks | Implement 1 rule |
| 4 | Patient Electronic Access (VDT) | <ul style="list-style-type: none"> • More than 50% provided timely access • At least 1 patient VDT to a third party | Exclusion from at least 1 patient VDT to a third party |
| 5 | Protect Electronic Health Information | Security risk analysis | |

Proposed Changes to Meaningful Use

| | Proposed Objectives | Proposed Measures | Proposed Alternate Measures & Exclusions for 2015 MU1 |
|----|----------------------------|---|--|
| 6 | Patient Specific Education | More than 10% | Exclusion |
| 7 | Medication Reconciliation | More than 50% | Exclusion |
| 8 | Summary of Care | More than 10% | Exclusion |
| 9 | Secure Messaging | Fully enabled | Exclusion |
| 10 | Public Health Reporting | Active engagement for at least 2 (of 5) measure options | Active engagement for at least 1 (of 5) measure options |

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Details and Deadlines

- 2016 is the last year that an eligible professional can begin participation in the NY Medicaid EHR Incentive Program.
- Providers must attest to the Medicaid patient volume to maintain eligibility in the NY Medicaid EHR Incentive Program.
- Numerator requests and Pre-Validation Services are available. Contact hit@health.ny.gov for more information.
- Providers must use 2014 Edition CEHRT.
- EHR reporting period must be within the payment year.
- Please verify that your contact information shown in MEIPASS is accurate. If it needs to be changed, please update your record in the [CMS Registration and Attestation System](#).

Details and Deadlines

- Announcements will be made via the NY Medicaid EHR Incentive Program [website](#) and [LISTSERV](#) when the proposed rule has been finalized for 2015 meaningful use.
- Attestations must be submitted online via MEIPASS.
- Providers must print, sign, and return (by mail) the complete attestation before payment may be issued.
- After attesting in MEIPASS, please do not log back into the CMS Registration and Attestation System during the attestation review process or else your attestation will have to be resubmitted.
- Attestation deadline is 90 days after the given payment year, i.e. March 31. For payment year 2015, the attestation deadline for EPs is March 31, 2016.

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/>
- ONC Home Page <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: 877-646-5410

Option 2: Calculation, Eligibility, Reviews, Rejections

email: hit@health.ny.gov

Option 3: Public Health Registrations, Status Updates, Guidance

email: MUPublicHealthHELP@health.ny.gov