



**Department
of Health**

**Office of
Health Insurance
Programs**

NY Medicaid EHR Incentive Program

Meaningful Use Public Health Reporting
in 2016

www.health.ny.gov/ehr/publichealth/



December 2016

Agenda: MU Public Health Reporting - 2016

- ✓ EHR Incentive Program Background
- ✓ Overview of CMS MU 2015-2017 Final Rule
- ✓ Demonstrating Meaningful Use in 2016
 - Public Health Reporting Objective
 - NYS Registries
 - Exclusions
- ✓ Meaningful Use Registration for Public Health
- ✓ Resources

EHR Incentive Program Background

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

What is Meaningful Use (MU)?

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

Achieving Meaningful Use

- Use certified EHR technology 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

- 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.

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 2016, the EHR reporting period must be within calendar year 2016.

Overview of the CMS MU 2015-2017 Final Rule

2015-2017 MU Provisions

- Referred to as **Modified Stage 2**
- Removed redundant, duplicative, and topped out measures
- Modified public health reporting requirements

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

Demonstrating Meaningful Use in 2016

EHR Certification

- No changes to EHR certification requirements for 2016
- Continue to use **2014 Edition** of certified EHR technology (CEHRT)

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

2016 EHR Reporting Period

- All Eligible Providers demonstrating Meaningful Use will have any continuous 90-day EHR Reporting Period during the calendar year.

2016 Meaningful Use

- ✓ Under the final rule, EPs must attest to **10 Meaningful Use objectives**:
 - 9 objectives (variation of threshold and activity)
 - 1 consolidated Public Health Reporting objective with multiple measures
- ✓ Additionally, EPs must report on **9 (of 64) Clinical Quality Measures**.

Objective 10: Public Health Reporting

Public Health Reporting

The EP, eligible hospital or CAH is in **active engagement** with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice

Objective 10: Public Health Reporting

Public Health Reporting

EPs must meet at least 2 measures:

Measure 1 Immunization Registry Reporting:

Active engagement with a public health agency to submit immunization data

Measure 2 Syndromic Surveillance Reporting:

Active engagement with a public health agency to submit syndromic surveillance data

Measure 3 Specialized Registry Reporting (can be counted up to two times):

Active engagement to submit data to a specialized registry

Public Health Reporting Objective: Active Engagement

- ✓ Option 1 – Completed Registration to Submit Data
 - The EP registered to submit data with the PHA within 60 days of the start of the EHR reporting period
 - The EP is awaiting an invitation to begin testing from the PHA
- ✓ Option 2 – Testing and Validation
 - The EP is in the process of testing and validation of the electronic submission of data
 - EPs must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in not meeting the measure
- ✓ Option 3 – Production
 - The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA

Public Health Reporting with NYS Registries

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	New York City 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	Cancer Case Reporting New York State Cancer Registry (NYSCR) NYSDOH
	Case Reporting Provider Notifiable Conditions (PNC) Registry NYC DOHMH	This option is not available for EPs outside of NYC
	Population Health Reporting Population Health Registry NYC DOHMH	This option is not available for EPs outside of NYC

What can count as a specialized registry?

- Per CMS [FAQ#13653](#), in order to count as a specialized registry, a receiving entity needs to:
 - Receive electronic data generated from CEHRT
 - Use the data to improve population health outcomes
 - Declare that they are ready to accept data as a specialized registry
 - Have a registration of intent process, a process to take the provider through testing and validation, and a process to move into production
 - Provide appropriate documentation for the sending provider of their current status in Active Engagement
- Reporting to a QCDR may count as long as the submission to the registry is **not only** for the purposes of meeting CQM requirements for PQRS or the EHR Incentive Programs.

Objective 10: Public Health Reporting

Public Health Reporting

Exclusions, first criterion by measure:

Immunization Registry Reporting:

- Does not administer any immunizations...

Syndromic Surveillance Reporting:

- Is not in a category of providers from which ambulatory syndromic surveillance data is collected...

Specialized Registry Reporting:

- Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry...

Objective 10: Public Health Reporting

Public Health Reporting

Exclusions, second and third criteria for all measures (generalized):

- Operates in a jurisdiction for which no registry is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period
- Operates in a jurisdiction where no registry has declared readiness to receive electronic data at the start of the EHR reporting period

Alternate Exclusion for the Public Health Reporting Objective

- CMS [FAQ#14397](#)
- Providers may claim an alternate exclusion for certain public health reporting measure(s) in 2016
 - “which might require the acquisition of additional technologies providers did not previously have”
 - “if they did not previously intend to report to the Stage 2 menu measure”

Objective 10: Public Health Reporting

Public Health Reporting

Alternate Exclusion Cont...

- EPs may claim an alternate exclusion for measure 2 (Syndromic Surveillance Reporting) or 3 (Specialized Registry Reporting)
- A maximum of 2 alternate exclusions may be claimed
- EPs must meet active engagement or one of the standard exclusion criteria for the Immunization Registry Reporting Measure

Meeting the Public Health Reporting Objective

- An EP cannot count an exclusion as meeting the measure
- EPs must meet at least 2 Public Health Reporting Measures in 2016

OR

- If an EP cannot meet at least 2 Public Health Reporting Measures, the EP must meet 1 measure and be eligible to exclude from the other 2 measures

OR

- If an EP cannot meet any Public Health Reporting Measures, the EP must be eligible to exclude from all 3 measures

Meaningful Use Registration for Public Health (MURPH) System

Registration of Intent

Eligible Providers planning to meet any MU Public Health Reporting measures must register their intent to submit data to the appropriate Public Health registries within 60 days from the start of their EHR Reporting Period.

Process Overview

- Registration to submit data to a NYSDOH or NYC DOHMH sponsored registry is completed using the Meaningful Use Registration for Public Health (MURPH) System.
- The MURPH System is hosted on the NYSDOH Health Commerce System. An HCS User ID is required to utilize system.
- The data captured in a provider's registration assists the registries in streamlining the onboarding process.

Registration of Intent

Registration and MURPH System Details

- ✓ A third party user can submit a registration for one or multiple providers
- ✓ The registration must be kept up-to-date for each Payment Year.
- ✓ A provider must register their intent even if submission of production data has already been achieved
- ✓ Providers excluded from all Public Health Reporting Measures should not register
- ✓ The same system will be used by EPs and EHs in NYC and outside NYC
- ✓ Providers practicing in both the NYS and NYC jurisdiction should register twice to the respective registries

Obtaining an HCS User Account

Health Commerce System (HCS)

- The individual completing the registration will need a Health Commerce System (HCS) user account.
- Reference the HCS [Quick Reference Guide](#) for detailed instructions on obtaining an HCS user account.

Commerce Accounts Management Unit (CAMU) Help Desk

Support: HCS user account assistance and log in assistance.

Phone: 1-866-529-1890

Email: hinhpn@health.state.ny.us.

Accessing MURPH on HCS

Accessing the Meaningful Use Registration for Public Health System:

1. Log into HCS: <https://commerce.health.state.ny.us>
2. Click on the "My Content" on the top navigation bar
3. Click on "All Applications" in the drop down
4. Click on the letter "M"
5. Click on **Meaningful Use Registration for Public Health**

PLEASE LOGIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)

NEW YORK STATE Health Commerce System

HCS Login

User ID
User ID

Password
Password

The sharing of user accounts is strictly forbidden. Repeat offenses may result in the permanent removal of your account.

Sign In

Forgot your password? | Forgot your user ID?

Or sign up for an account
L.C. Med. Prof. | All Others

Site Policies/Terms of Use | Important Site Notes

Health Commerce System Applications

Browse by **A** **B** **C** **D** **E** **F** **G** **H** **I** **J** **K** **L** **M** **N** **O** **P** **Q** **R** **S** **T** **U** **V** **W** **X** **Y** **Z**

Application Name

Managed Care Complaint Summary

Managed Care Operations Report

Managed Care Operations Rpt - HIV SNP Report

Managed Care Portal to Treo Solutions

Managed Care Provider Network Data System

Managed Care Provider Search and Directory Tool

Managed Care Roster/Report Download

Meaningful Use Registration for Public Health

Live Registration Demonstration

For assistance in navigating the MURPH System please review our step-by-step registration guides or contact the MU Public Health Objective Support Team by email at MUPublicHealthHELP@health.ny.gov or by phone at 1-877-646-5410 Option 3 to receive one-on-one support.

Resources

MURPH and HCS Resources

Walkthroughs and User Guides

- [Eligible Professional MURPH Registration User Guide](#)
- [Eligible Hospital MURPH Registration User Guide](#)
- [HCS Quick Reference Guide](#)

Meaningful Use Resources

CMS Meaningful Use 2016 Resources

- [EHR Incentive Program – 2016 Program Requirements](#)
- [EP 2016 Specification Sheet](#)
- [CMS Frequently Asked Questions \(FAQs\)](#)

NY Medicaid EHR Incentive Program Meaningful Use 2016 Resources

- [Meaningful Use Public Health Reporting Website](#)
- [NY Medicaid EHR Incentive Program Website](#)
- [Public Health Reporting FAQs](#)

CMS Help Desk

phone: 888-734-6433

EHR Incentive Program Registration, Meaningful Use, Medicare Program

NY Medicaid EHR Incentive Program Support Teams

phone: 877-646-5410

Option 2: Program Policies, Medicaid Patient Volume, Attestation Review

email: hit@health.ny.gov

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

email: MUPublicHealthHELP@health.ny.gov