NY Medicaid EHR Incentive Program

Eligible Professionals
Meaningful Use Stage 2 (MU2) Webinar

May 2015

Meaningful Use Stage 2

- ✓ Overview of EHR Incentive Program
- ✓ Introduction to Meaningful Use
- ✓ Meaningful Use Stage 2 Objectives
- ✓ Clinical Quality Measures
- ✓ Proposed Changes to Meaningful Use
- ✓ Closing Comments

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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	• Stage 3 Proposed Rule • Modifications to Meaningful Use in 2015 through 2017 Proposed Rule

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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.**

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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%.

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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.

MU Stage 2: Emphasis on maturing Meaningful Use

- Increased Meaningful Use requirements
- Focus on expanding Heath Information Exchange

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

MU Stage 2 Requirements

Meaningful Use Stage 2 (MU2) Requirements

EPs must attest to having met **20** out of **23** Meaningful Use Stage 2 objectives:

- ✓ 17 required core objectives
- ✓ 3 objectives out of a menu set of 6

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

MU2 Attestation Details

- • All Meaningful Use Stage 2 reporting should fall under the same reporting period
- • EHR Technology must be certified to 2014 Edition.

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EHR Reporting Periods

Providers will attest to two years of Meaningful Use Stage 2 (MU2) when participating in the NY Medicaid EHR Incentive Program.

MU Stage 2 – First Year
- Report on Meaningful Use Stage 2 for the full calendar year

MU Stage 2 – Second Year
- Report on Meaningful Use Stage 2 for the full calendar year.

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Meaningful Use Stage 2 Objectives

MU Stage 2 Core Objectives

EPs must attest to **all 17** core objectives:

- Variation of threshold and activity objectives
- 1 Public Health Reporting requirement

MU Stage 2 Menu Objectives

EPs must attest to **3** out of **6** menu objectives:

- 3 Public Health objectives (optional)
- Exclusions do not count toward meeting the 3 menu set requirements.

For a full list, please consult the CMS Meaningful Use Website and the Stage 2 Tipsheet

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MU Stage 2 Core Objectives

	Core Objectives	Measures
1	Computerized Provider Order Entry (CPOE)	• More than 60% of medication orders • More than 30% of laboratory orders • More than 30% of radiology orders
2	Electronic Prescriptions (eRx)	More than 50%
3	Record Demographics	More than 80%
4	Record Vital Signs	More than 80%
5	Record Smoking Status	More than 80%
6	Clinical Decision Support	• Implement 5 interventions • Enable drug & allergy interaction checks
7	Patient Electronic Access (VDT)	• More than 50% provided timely access • More than 5% patient VDT to third party
8	Clinical Summaries	More than 50%
9	Protect Electronic Health Information	Security risk analysis

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MU Stage 2 Core Objectives

	Core Objectives	Measures
10	Clinical Lab-Test Results	More than 55%
11	Patient Lists	At least 1 report
12	Patient Reminders	More than 10%
13	Patient Specific Education	More than 10%
14	Medication Reconciliation	More than 50%
15	Summary of Care	• More than 50% of transitions • More than 10% of transitions electronically • Electronic exchange or successful test
16	Immunization Data (Public Health)	Ongoing submission
17	Secure Messaging	More than 5%

For a full list of MU objective details, please consult the CMS Meaningful Use website.

MU Stage 2 Menu Objectives

	Menu Objectives	Measures
1	Syndromic Surveillance Data (Public Health)	Ongoing submission
2	Electronic Notes	More than 30%
3	Imaging Results	More than 10%
4	Patient Family History	More than 20%
5	Identify and Report Cancer Cases (Public Health)	Ongoing submission
6	Identify and Report Specialized Cases (Public Health)	Ongoing submission

For a full list of MU objective details, please consult the CMS Meaningful Use website.

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Public Health Reporting

EPs must attest to **1** PHR core MU objective:
- ✓ On-going submission of immunization registry data

EPs may choose attest to **3** PHR menu MU objectives:
- ✓ On-going submission of syndromic surveillance data
- ✓ On-going submission of cancer-registry data
- ✓ On-going submission of specialized-registry data

New **onboarding** process to facilitate:
- ✓ Registration
- ✓ Testing
- ✓ Tracking

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

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PH Onboarding Requirement

Meaningful Use Stage 2 requires Eligible Professionals (EPs) to register and onboard with Public Health (PH) to become meaningful users of Certified EHR Technology.

- Not adhering to this requirement will cause you to be ineligible to attest to the NY Medicaid EHR Incentive Program.

- PH has developed a unified registration and onboarding system to support PY2014 and beyond.

- Onboarding is only required for EPs in MU Stage 2, **not currently required** for MU Stage 1.

- Must register with Public Health within the first 60 days of your EHR Reporting Period.

- There are four new onboarding statuses which meet the PH objective MU Stage 2 requirements.

- Onboarding instructions available at www.emedny.org/meipass/publichealth

- For additional support, contact MUPublicHealthHELP@health.ny.gov

MU Stage 2 Public Health Matrix

Objectives	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
Cancer Registry	New York State Cancer Registry (NYSCR) NYSDOH	New York State Cancer Registry (NYSCR) NYSDOH
Specialized Disease Registry	NYC Department of Health and Mental Hygiene NYC DOHMH	This option is not available for EPs outside of NYC

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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

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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
• CMS165v1 • NQF 0018	Controlling High Blood Pressure	Clinical Process/ Effectiveness
• CMS156v1 • NQF 0022	Use of High-Risk Medications in the Elderly	Patient Safety
• CMS138v1 • NQF 0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/ Public Health
• CMS166v1 • NQF 0052	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources
• CMS2v1 • NQF 0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health
• CMS68v1 • NQF 0419	Documentation of Current Medications in the Medical Record	Patient Safety
• CMS69v1 • NQF 0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/ Public Health
• CMS50v1	Closing the referral loop: receipt of specialist report	Care Coordination
• CMS90v1	Functional status assessment for complex chronic conditions	Patient and Family Engagement

For more information please visit the CMS Clinical Quality Measures website

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Recommended Pediatric CQMs

eM ID & NQF	CQM Title	Domain
• CMS146v1 • NQF 0002	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources
• CMS155v1 • NQF 0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/ Public Health
• CMS153v1 • NQF 0033	Chlamydia Screening for Women	Population/ Public Health
• CMS126v1 • NQF 0036	Use of Appropriate Medications for Asthma	Clinical Process/ Effectiveness
• CMS117v1 • NQF 0038	Childhood Immunization Status	Population/ Public Health
• CMS154v1 • NQF 0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources
• CMS136v1 • NQF0108	ADHD: Follow-Up Care for Children Prescribed Attention Deficit / Hyperactivity Disorder (ADHD) Medication	Clinical Process/ Effectiveness
• CMS2v1 • NQF 0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health
• 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.

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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.

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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.

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Proposed Changes to Meaningful Use

	Proposed Objectives	Proposed Measures
1	Computerized Provider Order Entry (CPOE)	• More than 60% of medication orders • More than 30% of laboratory orders • More than 30% of radiology orders
2	Electronic Prescriptions	More than 50%
3	Clinical Decision Support	• Implement 5 interventions • Enable drug & allergy interaction checks
4	Patient Electronic Access (VDT)	• More than 50% provided timely access • At least 1 patient VDT to a third party
5	Protect Electronic Health Information	Security risk analysis

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Proposed Changes to Meaningful Use

	Proposed Objectives	Proposed Measures
6	Patient Specific Education	More than 10%
7	Medication Reconciliation	More than 50%
8	Summary of Care	More than 10%
9	Secure Messaging	Fully enabled
10	Public Health Reporting	Active engagement for at least 2 (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.

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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/

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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

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