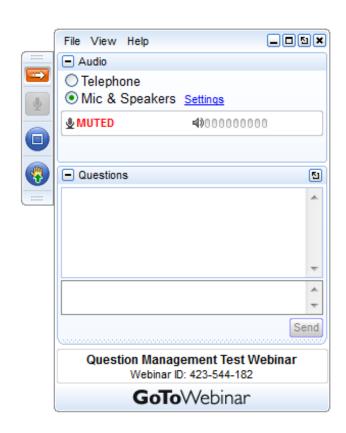
Webinar Logistics

- The webinar will begin momentarily.
- For the duration of this webinar you will be in listenonly mode and your station will be muted.
- We welcome your questions, and you can submit them at any time during the Webinar by typing them in the "Questions" section of the GoToWebinar control panel.
- At the end of the presentation we will address your questions during our Q&A session.







NY Medicaid EHR Incentive Program

Eligible Professionals:

Stage 3 Meaningful Use

Preparing for Payment Year 2020

Agenda

- Program Eligibility Overview: Medicaid Patient Volume
- Stage 3 Meaningful Use
- Clinical Quality Measure Reporting
- Program Reminders
- Q & A



Acronyms Glossary – Medicaid EHR Team (MeT)

CEHRT Certified EHR Technology

CMS Centers for Medicare and Medicaid Services

CQM Clinical Quality Measure

EHR Electronic Health Records

MEIPASS Medicaid EHR Incentive Program Administrative Support Service

MURPH Meaningful Use Registration for Public Health

NEW YORK STATE Of Health

Program Eligibility Overview: Medicaid Patient Volume



Certified EHR Technology (CEHRT)

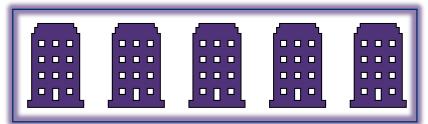
Required: 2015 Edition

Visit https://chpl.healthit.gov/ to obtain your CEHRT ID.

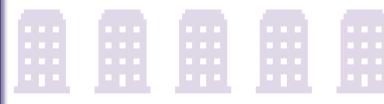




Meaningful Use



50% or more...



of your patient <u>encounters</u> are at locations equipped with certified EHR technology



80% or more...

of your <u>unique patients</u> have data stored in your certified EHR technology



Calculate Your Patient Encounters

50%



Number of encounters in the denominator at locations with CEHRT

Number of encounters at all locations (including locations without CEHRT)

80%

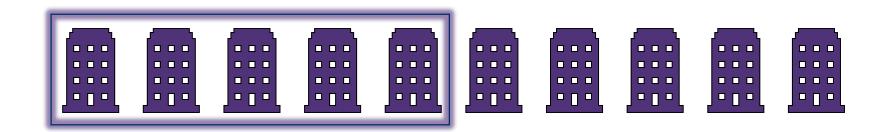


Number of unique patients in the denominator with data stored in the EHR system at locations with CEHRT

Number of unique patients for all locations with CEHRT



Meaningful Use

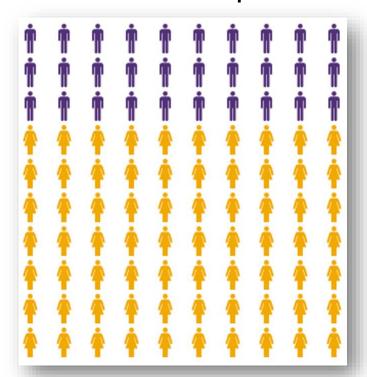


EPs must report on data from ALL locations equipped with CEHRT.

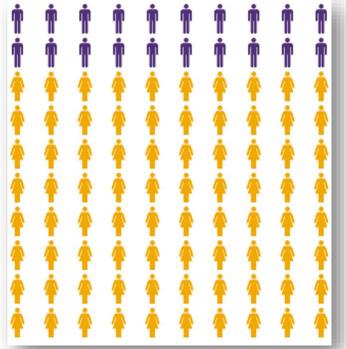


Medicaid Patient Volume (MPV)

Eligible Professional 30% patient volume from Medicaid Recipients



Pediatrician
20% patient volume from
Medicaid Recipients



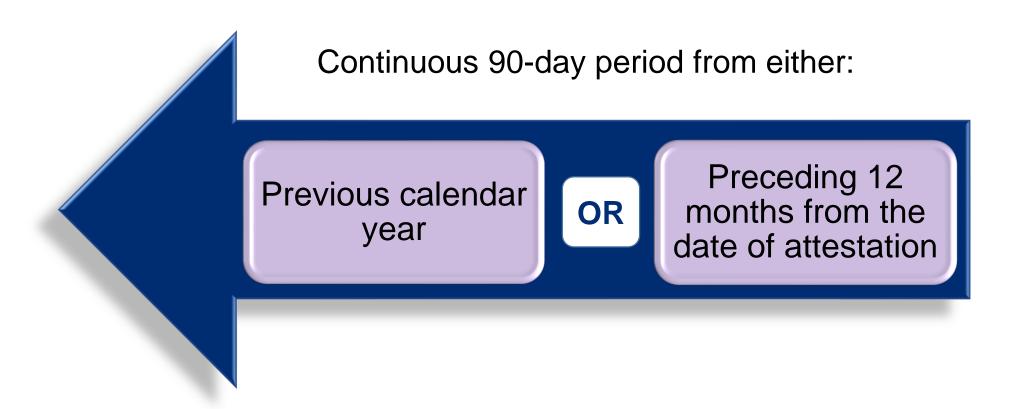


Medicaid Encounters/Needy Encounters

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



MPV Reporting Period





MPV Reporting Period Scenario 1

Payment Year 2020

Date of Attestation June 10, 2021

Attestation Method Previous Calendar Year







MPV Reporting Period Scenario 2

Payment Year 2020

Date of Attestation June 10, 2021

Attestation Method Previous 12 months







Calculate Your MPV

Standard Calculation Method



Medicaid Encounters

Total Encounters

Alternate Calculation Method



(Medicaid Patient Panel) + (Medicaid Encounters)

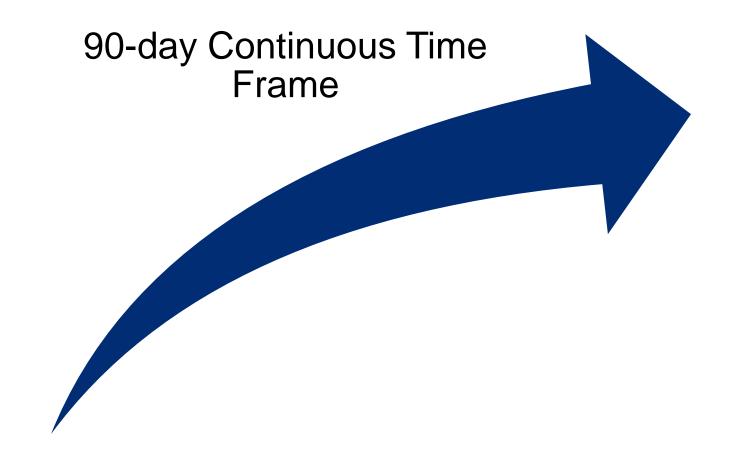
Total Patient Panel + Total Encounters



Stage 3 Meaningful Use



Stage 3 EHR Reporting Period - 2020



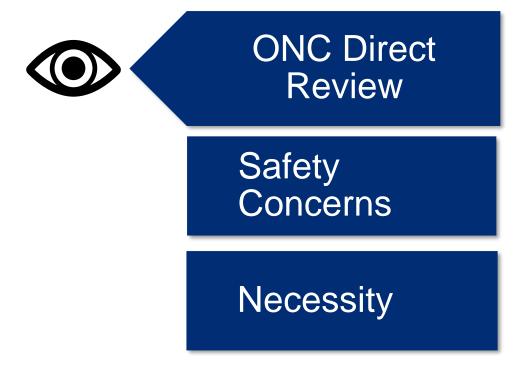


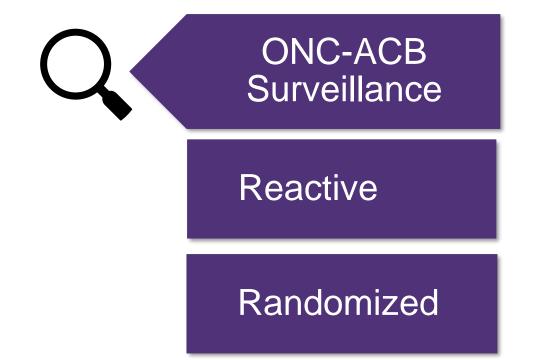
Objective 0: ONC Questions

	Objective Zero (0): ONC Questions
Objective	I understand that I am required to attest to cooperating with ONC's EHR system surveillance and review activities as part of demonstrating meaningful use under the Medicaid EHR Incentive Program. Furthermore, I certify that I have cooperated with the surveillance and direct review of certified EHR technology under the ONC Health IT Certification Program, as authorized by 45 CFR part 170, subpart E.
	As it relates to ONC Direct Review, the attestation is required. As it relates to ONC-ACB surveillance, the attestation is optional and you therefore have the option to 'Decline to Answer'.
Measure	1: Activities related to supporting providers with the performance of Certified EHR Technology:
	Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?
	○ Yes ○ No
	Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program?
	○ Yes ○ No
	a. If yes, did you and your organization cooperate in good faith with ONC direct review or your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?
	○ Yes ○ No ○ Not Applicable



Measure 1: ONC-ACB Surveillance & ONC Direct Review







Measure 2: Prevention of Information Blocking



Compatibility & Interoperability







Health Information Exchange (HIE)



Objective 1: Protect Patient Health Information

Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.

Measure(s): Conduct a security risk analysis (SRA), implement security updates as necessary, and correct identified deficiencies



Objective 2: Electronic Prescribing

Generate and transmit permissible prescriptions electronically (eRx).

Measure(s): 1. More than 60% of prescriptions queried for a drug formulary and transmitted electronically using CEHRT





Objective 3: Clinical Decision Support (CDS)

Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.



Measure(s):

- 1. 5 CDS interventions
- 2. Drug-drug and drug-allergy checks



Objective 4: <u>Computerized Provider Order</u> Entry (CPOE)

Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders.



Measure(s):

Use computerized order entry for:

- 1. More than 60% medication orders
- 2. More than 60% laboratory orders
- 3. More than 60% radiology orders



Objective 5: Patient Electronic Access

EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.



Measure(s):

- 1. Provide timely access for more than 80% of patients
- 2. CEHRT identifies patient-specific educational resources for more than 35% of patients



Objective 6: Coordination of Care through Patient Engagement

Use CEHRT to engage with patients or their authorized representatives about the patient's care.



Measure(s): Must meet at least 2:

- 1. More than 5% of patients view, download, transmit or access their health info via API
- 2. Send a secure message to more than 5% of patients
- 3. Patient generated health data or non-clinical setting data incorporated into CEHRT for more than 5% of patients



Objective 7: Health Information Exchange

A summary of care record is transmitted when the EP: transitions or refers their patient to another setting of care; receives receipt of a transition or referral; or upon a new patient encounter. EPs will incorporate summary of care information from other providers into their EHR, using the functions of CEHRT.



Measure(s): Must meet at least 2:

- CEHRT-created summary of care record is electronically transmitted for more than 50%
- Incorporate electronic summary of care into new patients' EHR for more than 40%
- 3. Clinical information reconciliation for more than 80% received.



Objective 8: Public Health Reporting

EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology.



Measure(s):

Must meet at least 2 measures:

- 1. Immunization
- 2. Syndromic Surveillance
- 3. Electronic Case
- 4. Public Health Registry
- 5. Clinical Data Registry

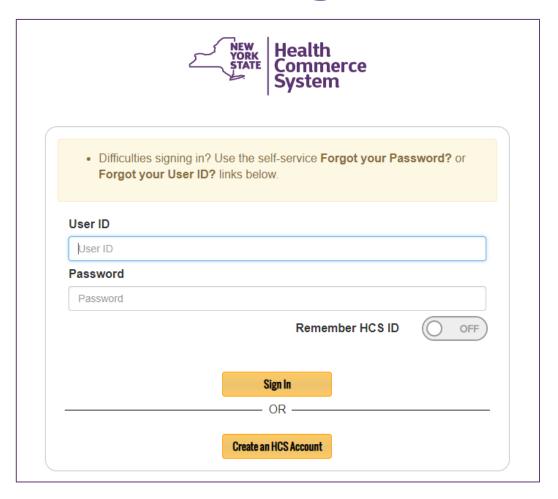
Contact the Public Health Support Team

Phone: 1-877-646-5410 Option 3

Email: MUPublicHealthHELP@health.ny.gov



MURPH Registration



Access the Meaningful Use Registration for Public Health (MURPH) application on the HCS website.



MURPH Audit Report Card

Meaningful Use Registration for Public Health Audit Report Card Eligible Professional NPI 1444444444 Name Provider was deleted from this registration Practice Information MURPH Registration ID Practice Name Phase 3 Test Practice Practice NPI 1122334455 Registration Contact Registration Contact HCS ID Registration Contact Name Registration Contact Phone Number Registration Contact Extension Registration Contact Email Alternate Contact HCS ID Alternate Contact Name Alternate Contact Phone Number Alternate Contact Extension Alternate Contact Email

Please note that this report card provides a full history of Onboarding statuses associated with the practice registration detailed above across all registries.

Location 1: 333 Main, Albany, NY, 13333

Location Name: Phase 3 Test Practice

Registry: NYC Bureau of Communicable Disease - Syndromic Surveillance

Measure: Syndromic Surveillance Reporting

Current Declaration of Intent: Yes

Declaration of Intent Date: 08-09-2018

Onboarding Status History

Status	Date Status Changed	
In Queue(AE1)	08-09-2018	
Awaiting Invitation to Test (AE1)	11-28-2018	
Invited to Test	11-28-2018	

Need more informationor help? Please feel free to reach out to our support team at:

MU Public Health Reporting Objective Support Team

Phone: (877) 6465410, Option 3(Mon-Fri, 8:30 AM 5:00PM)

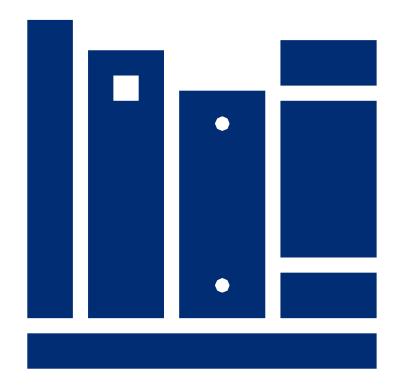
E-Mail: MUPublicHealthHELP@health.ny.gov

Department of Health

Clinical Quality Measure Reporting



See a complete list of eCQMs @ eCQI Resource Center





2020 Reporting Periods

Medicaid Patient Volume	Continuous 90 days Previous calendar year or preceding 12 months from the date of attestation
EHR Reporting	Continuous 90 days in 2020
Clinical Quality Measures	Continuous 90 days in 2020



Record keeping and Program Integrity





Program Reminders



Preparing for 2020

- ✓ Use 2015 Edition Certified EHR Technology exclusively
- ✓ Determine your 90-day MPV reporting period
- ✓ Choose your minimum 90-day EHR reporting period
- ✓ Choose 6 clinical quality measures (CQMs) to include one outcome or high priority measure
- ✓ Prepare to report CQMs for a minimum 90-day period



Preparing for 2020

- ✓ Conduct your Security Risk Assessment (SRA) within calendar year 2020
- ✓ Be prepared to answer the information blocking questions in Objective 0
- ✓ Utilize the MURPH Audit Report Card
- ✓ Make sure your information is accurate in MEIPASS, CMS, and eMedNY



Preparing for 2020

- ✓ Check out our other webinars:
 - ✓ Patient Engagement
 - ✓ Security Risk Assessment (SRA)
 - ✓ Public Health Reporting
- ✓ Watch our tutorial series:
 - ✓ Meaningful Use Attestation
 - ✓ MURPH Walkthrough
 - ✓ Post-Payment Audit



Visit our Website (www.health.ny.gov/ehr)





Additional Resources

CEHRT 2014/2015 Comparison

CMS Final Rules

CMS Registration & Attestation System

CMS EHR Incentive Program Information

CDC EHR Incentive Program Information

ONC EHR Incentive Program Information

Certified Health IT Product List

Health Commerce System (HCS)



NY Medicaid EHR Incentive Program Support Teams

Phone: 1-877-646-5410

Select	Types of Questions/Information	Email
Option 1	ePACES, ETIN, MEIPASS Technical Issues, Enrollment	meipasshelp@csra.com
Option 2	Calculations, Eligibility, Attestation Support and Review, Attestation Status Updates, General Program Questions	hit@health.ny.gov
Option 3	Public Health Reporting Objective Guidance, MURPH Registration Support, Registry Reporting Status	MUPublicHealthHelp@health.ny.gov



Regional Extension Centers

NYC Regional Electronic Adoption
Center for Health (NYC REACH)
(inside the 5 boroughs of NYC)



Website:

www.nycreach.org

Email: nycreach@health.nyc.gov

Phone: 347-396-4888

2020

New York eHealth Collaborative (NYeC)
(outside the 5 boroughs of NYC)



Website:

www.nyehealth.org/services/meaningful-use/

Email: ep2info@nyehealth.org

Phone: 646-619-6400



EHR Incentive Program Survey

NY Medicaid EHR Incentive Program, a CMS Promoting Interoperability Program						
Program Satisfaction Survey						
The NY Medicaid EHR Incentive Program strives to deliver the best program experience. Please take a few minutes to complete this survey to help make program improvements.						
1. How would you rate the phone and email support provided by the NY Medicaid EHR Incentive Program?						
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Timeliness of response	0	0	0	0	0	0
Knowledge of staff	0	0	0	0	0	0
Professionalism/Politeness	0	0	0	0	0	0
Quality of resolution	0	0	0	0	0	0
Overall experience	0	0	0	0	0	0
. How would you rate t	he website fe	atures provided	d by the NY M	ledicaid EHR	Incentive Progra	m?
,	Very					
	-					
	Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Ease of navigation	Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Ease of navigation Trustworthiness of content	Dissatisfied		Neutral	Satisfied	Very Satisfied	N/A
Trustworthiness of	Dissatisfied		Neutral	Satisfied	Very Satisfied	N/A
Trustworthiness of content	Dissatisfied		Neutral O	Satisfied	Very Satisfied	N/A





