NY Medicaid EHR Incentive Program

Meaningful Use Public Health Reporting Eligible Professionals Scheduled for Stage 2 in 2015

[Website Link]
Agenda: 2015 MU Public Health Reporting - Stage 2 EPs

- EHR Incentive Program Background
- Overview of CMS MU 2015-2017 Final Rule
- Demonstrating Meaningful Use in 2015
  - Public Health Reporting Objective
  - NYS Registries
  - Exclusions
- Meaningful Use Registration for Public Health
- Resources
EHR Incentive Program
Background
<table>
<thead>
<tr>
<th>Year</th>
<th>Legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>• HITECH Act</td>
</tr>
<tr>
<td>2010</td>
<td>• Stage 1 Final Rule</td>
</tr>
<tr>
<td>2012</td>
<td>• Stage 2 Final Rule</td>
</tr>
<tr>
<td>2014</td>
<td>• CEHRT Flexibility Final Rule</td>
</tr>
<tr>
<td>2015</td>
<td>• Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule</td>
</tr>
</tbody>
</table>
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 2015, the EHR reporting period must be within calendar year 2015.
Overview of the CMS MU 2015-2017 Final Rule

- Referred to as Modified Stage 2
- Effective December 15, 2015
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
Key points of Modified Stage 2

- Reduced EHR reporting period for 2015
- Removal of redundant, duplicative, and topped out measures
- Modified public health reporting requirements
Demonstrating Meaningful Use in 2015
EHR Certification

- No changes to EHR certification requirements for 2015

- Continue to use **2014 Edition** of certified EHR technology (CEHRT)

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

For 2015 only, meaningful use has been reduced to a continuous 90-day EHR reporting period.
2015 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

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

For 2015, Stage 2 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

<table>
<thead>
<tr>
<th>Measures</th>
<th>NY City Report To</th>
<th>NY State (outside of NY City) Report To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Registry Reporting</td>
<td>Citywide Immunization Registry (CIR)</td>
<td>NYS Immunization Information System (NYSIIS)</td>
</tr>
<tr>
<td></td>
<td>NYC DOHMH</td>
<td>NYSDOH</td>
</tr>
<tr>
<td>Syndromic Surveillance Reporting</td>
<td>NYC Department of Health and Mental Hygiene</td>
<td>This option is not available for EPs outside of NYC</td>
</tr>
<tr>
<td></td>
<td>NYC DOHMH</td>
<td></td>
</tr>
<tr>
<td>Specialized Registry Reporting</td>
<td>Cancer Case Reporting</td>
<td>Cancer Case Reporting</td>
</tr>
<tr>
<td></td>
<td>New York State Cancer Registry (NYSCR)</td>
<td>New York State Cancer Registry (NYSCR)</td>
</tr>
<tr>
<td></td>
<td>NYSDOH</td>
<td>NYSDOH</td>
</tr>
<tr>
<td></td>
<td>Notifiable Conditions</td>
<td>This option is not available for EPs outside of NYC</td>
</tr>
<tr>
<td></td>
<td>NYC Department of Health and Mental Hygiene</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NYC DOHMH</td>
<td></td>
</tr>
</tbody>
</table>
Objective 10: 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

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
Objective 10: Public Health Reporting

Alternate Exclusions:

- Stage 2 EPs in 2015 may claim the alternate exclusion for measure 2 or 3
- 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
Alternate Exclusion for the Public Health Reporting Objective

• CMS released [FAQ#12985](#) which clarifies that alternate exclusions to the measures in the public health reporting objective are available for providers in 2015 based on the changes to the public health reporting objective:
  • “we will allow providers to claim an alternate exclusion for a measure if they did not intend to attest to the equivalent prior menu objective”
Meeting the Public Health Reporting Objective

• An EP cannot count an exclusion as meeting the measure

• EPs scheduled for Stage 2 in 2015 must meet at least 2 Public Health Reporting Measures

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.

Process Overview

- Registration 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 ID is required to utilize system
- A third party user can submit a registration for one or multiple providers
Registration of Intent

Registration and MURPH System Details

- Registration must be completed before or within 60 days from the start of the provider’s EHR Reporting Period.
- The registration must be updated for each Payment Year.
- The data captured in a provider’s registration assists the registries in streamlining the onboarding process.
- A provider must register their intent even if submission of production data has already been achieved.
- Providers excluded from all MU PH 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](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**
Welcome,

**Attention:** Before completing a 2016 registration, click here for important updates!

**Important:** Review the Summary Status for each existing registration. The Summary Status of an Eligible Hospital should read **Submitted**. The Summary Status of an Eligible Professional should read **All Providers Submitted**. If you have a different Summary Status, please contact the Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3 or MUPublicHealthHELP@health.ny.gov for assistance.

To view or modify an existing registration, please select a registration from the list below

<table>
<thead>
<tr>
<th>Registration Name</th>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Type</th>
<th>NPI</th>
<th>Primary Contact Name</th>
<th>Summary Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Practice</td>
<td>20 Main Street</td>
<td>Springfield</td>
<td>11122</td>
<td>Practice</td>
<td>1112223334</td>
<td>Jane Smith</td>
<td>All Providers Submitted</td>
</tr>
</tbody>
</table>

**Or Add a New Registration**

Add Eligible Hospital | Add Eligible Professional | Data Export | Counts Export | Export Admin

Please contact MUPublicHealthHELP@health.ny.gov or 1-877-646-5410, Option 3 to speak to a navigator who can assist you through the registration process.
**Required to Save as Draft**

**Required to Save and Submit**

### Practice Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Name:*</td>
<td>Sample Practice</td>
</tr>
<tr>
<td>Practice Address:*</td>
<td>20 Main Street</td>
</tr>
<tr>
<td>Practice City:*</td>
<td>Springfield</td>
</tr>
<tr>
<td>Practice State:*</td>
<td>NY</td>
</tr>
<tr>
<td>Practice Zip:* (5 digits)</td>
<td>11122</td>
</tr>
<tr>
<td>Practice County Name:*</td>
<td>Ulster</td>
</tr>
</tbody>
</table>

**Important: Verify your County selection is correct.**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice NPI:* (10 digits)</td>
<td>1112223334</td>
</tr>
<tr>
<td>Primary Contact First Name:*</td>
<td>Jane</td>
</tr>
<tr>
<td>Primary Contact Last Name:*</td>
<td>Smith</td>
</tr>
<tr>
<td>Primary Contact Phone:* (999-999-9999)</td>
<td>555-555-5555</td>
</tr>
<tr>
<td>Primary Contact HCSId:*</td>
<td>jps26</td>
</tr>
<tr>
<td>Primary Contact Email:*</td>
<td><a href="mailto:MUPublicHealthHELP@health.ny.gov">MUPublicHealthHELP@health.ny.gov</a></td>
</tr>
<tr>
<td>Alternate Contact First Name:</td>
<td>John</td>
</tr>
<tr>
<td>Alternate Contact Last Name:</td>
<td>Jones</td>
</tr>
<tr>
<td>Alternate Contact Phone:* (999-999-9999)</td>
<td>555-555-5556</td>
</tr>
<tr>
<td>Alternate Contact HCSId:</td>
<td>jti42</td>
</tr>
</tbody>
</table>

**HCS IDs must be all lower case letters.**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Contact Email:</td>
<td><a href="mailto:MUPublicHealthHELP@health.ny.gov">MUPublicHealthHELP@health.ny.gov</a></td>
</tr>
<tr>
<td>EHR Vendor Name:</td>
<td>eClinicalWorks LLC</td>
</tr>
<tr>
<td>EHR Software and Version:</td>
<td>eClinicalWorks V10</td>
</tr>
</tbody>
</table>
The data in the fields below will automatically be entered into any empty associated Provider fields when adding or editing Providers. The Provider fields can then be updated during the edit process.

Default Incentive Program: Medicaid
Default Meaningful Use Stage: 1
Default Meaningful Use Year: 2
Default Meaningful Use Start Date: 10/01/2015
Default Meaningful Use End Date: 12/29/2015

Providers Associated with this Practice

There are currently No Providers Associated with this Practice

Important: Before submitting this registration, make sure you associate all providers who will be attesting yes to any Meaningful Use Public Health Measures. Click 'Add Provider' below, fill out all required Provider Information, then click 'Continue'. Repeat this process until all providers have been associated.

Back | Save as Draft | Save and Submit | Add Provider

Please contact MUPublicHealthHELP@health.ny.gov or 1-877-646-5410, Option 3 to speak to a navigator who can assist you through the registration process.
Provider Information

Provider First Name:* Susan
Provider Last Name:* Smith
Provider HCSId:
Provider NPI:** (10 digits) 1234567890
Provider CMS Registration Id:** (10 digits) 1000456789
10-digit identifier assigned by CMS upon registration for the EHR Incentive Program.
Provider Email:** susiesmith@docsoffice.com
Incentive Program:** Medicaid
Meaningful Use Stage:** 2
Meaningful Use Year:** 1
Meaningful Use Start Date:** 10/01/2015
Meaningful Use End Date:** 12/29/2015

For each public health measure listed below, please indicate whether the Provider intends to submit data or is claiming an exclusion.

<table>
<thead>
<tr>
<th>Public Health Measure</th>
<th>Intend to Submit Data</th>
<th>Claiming an Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations Reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Registry Reporting – Cancer cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syndromic Surveillance Reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Registry Reporting - Notifiable Conditions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pressing continue will take you to the Practice Registration Page. Your provider information will not be saved until you Save the Practice Registration.

Continue Cancel
Meaningful Use Registration for Public Health

Edit Practice Registration

Important Information

- A practice registration should include every Eligible Professional associated with the practice and planning to attest yes to at least one Meaningful Use Public Health Measure.
- A single user with an active HCS account may complete a practice registration on behalf of all affiliated Eligible Professionals.
- Do NOT complete separate registrations for each Eligible Professional.
- If you are unsure how to register your practice or Eligible Professionals, please contact the Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3 or MUPublicHealthHELP@health.ny.gov

- Provider Susan Smith successfully updated to Provider list

### Providers Associated with this Practice

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>HCSID</th>
<th>NPI</th>
<th>CMS Reg ID</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith</td>
<td>Susan</td>
<td>1234567890</td>
<td>1000456789</td>
<td>Not Submitted</td>
<td></td>
</tr>
</tbody>
</table>

**Important:** Before submitting this registration, make sure you associate all providers who will be attesting yes to any Meaningful Use Public Health Measures. Click ‘Add Provider’ below, fill out all required Provider Information, then click ‘Continue’. Repeat this process until all providers have been associated.

Back | Save as Draft | Save and Submit | Add Provider

Please contact MUPublicHealthHELP@health.ny.gov or 1-877-646-5410, Option 3 to speak to a navigator who can assist you through the registration process.
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 2015 Resources

- EHR Incentive Program – 2015 Program Requirements
- EP 2015 Specification Sheet
- CMS Frequently Asked Questions (FAQs)

NY Medicaid EHR Incentive Program Meaningful Use 2015 Resources

- Meaningful Use Public Health Reporting Website
- NY Medicaid EHR Incentive Program Website
NY Medicaid EHR Incentive Program Support Teams

**Option 2:** Calculation, Eligibility, Reviews, Rejections

*phone:* 877-646-5410

*email:* hit@health.ny.gov

**Option 3:** Public Health Registrations, Status Updates, Guidance

*email:* MUPublicHealthHELP@health.ny.gov