NY Medicaid EHR Incentive Program

Eligible Professionals
2015 Meaningful Use
Stage 2 Webinar
Webinar Agenda

- Reminders about Program Requirements
- Overview of 2015 Final Rule
- 2015 Meaningful Use (MU)
  - Objectives & Measures
  - Public Health Reporting
  - Clinical Quality Measures
- Alternate Attestation Method
- Closing Comments
Reminders about NY Medicaid EHR Incentive Program Requirements
Medicaid Patient Volume (MPV)

For each payment year, eligible professionals (EPs) must meet one of the following conditions:

- **30% Medicaid patient volume**
- **20% MPV for pediatricians**
  - Two-thirds of the incentive payment
- **Needy patient volume**
  - Federally Qualified Health Center
  - Rural Health Clinic

More details available at [www.emedny.org/meipass/ep/elig.aspx](http://www.emedny.org/meipass/ep/elig.aspx)
Medicaid Patient Volume (MPV)

The Medicaid patient volume must be a continuous 90-day period from either:

- Previous calendar year
- Preceding 12 months from the date of attestation

More details available at www.emedny.org/meipass/ep/elig.aspx
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.
Meaningful Use and Multiple Locations

➢ 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.
Program Integrity

Providers must retain all supporting documentation for attestations for no less than six years after each payment year.

Examples:

- Date-stamped reports generated from the EHR system
- Screenshots of the EHR system’s interface
- Dated correspondence with the public health registries
Overview of 2015 Final Rule
<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>

- 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
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 Public Health Reporting objective

Additionally, EPs must report on 9 (of 64) Clinical Quality Measures.
## Modified Stage 2 Objectives

1. Protect Patient Health Information
2. Clinical Decision Support
3. Computerized Provider Order Entry (CPOE)
4. Electronic Prescribing (eRx)
5. Health Information Exchange
6. Patient-Specific Education
7. Medication Reconciliation
8. Patient Electronic Access (VDT)
9. Secure Messaging
10. Public Health Reporting
Objective 1

**Measure**: Conduct or review a security risk analysis, including:

- Address security of ePHI
- Implement security updates
- Correct identified security deficiencies
Objective 2

Measure 1: Implement one clinical decision support rule.

Alternate Objective: Implement one clinical decision support rule by an inpatient or high-risk clinical specialty.

Measure 2: Enable and implement the function for drug-drug and drug allergy interaction checks for the entire EHR reporting period.
Objective 3

**Measure 1:** More than 60% of medication orders

**Measure 2:** More than 30% of laboratory orders

**Measure 3:** More than 30% of radiology orders
Objective 4

Electronic Prescribing (eRx)

**Measure:** More than 50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT
Objective 5

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must

1. use CEHRT to create a summary of care record; and

2. electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.
Objective 6

**Measure**: Patient specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.
Objective 7

**Measure:** The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.
Objective 8

**Measure 1:** More than 50% of all unique patients are provided timely access to view online, download, and transmit their health information to a third party.

**Measure 2:** At least 1 patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.
Objective 9

Secure Messaging

**Measure:** the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.
Objective 10

For 2015, Stage 2 EPs must meet at least 2 measures:

**Measure 1 (Immunization):** Active engagement with a public health agency to submit immunization data

**Measure 2 (Syndromic Surveillance):** Active engagement with a public health agency to submit syndromic surveillance data

**Measure 3 (Specialized):** Active engagement to submit data to a specialized registry
Objective 10

**Alternate Exclusions**
Stage 2 providers in 2015 may claim an alternate exclusion for measure 2 (Syndromic Surveillance) or measure 3 (Specialized Registry) since they were formerly menu objectives.
# Public Health Matrix

<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) NYC DOHMH</td>
<td>NYS Immunization Information System (NYSIIS) NYSDOH</td>
</tr>
<tr>
<td>Syndromic Surveillance Reporting</td>
<td>NYC Department of Health and Mental Hygiene NYC DOHMH</td>
<td>This option is not available for EPs outside of NYC</td>
</tr>
<tr>
<td>Specialized Registry Reporting</td>
<td>Cancer Case Reporting New York State Cancer Registry (NYSCR) NYSDOH</td>
<td>Cancer Case Reporting New York State Cancer Registry (NYSCR) NYSDOH</td>
</tr>
<tr>
<td></td>
<td>Notifiable Conditions NYC Department of Health and Mental Hygiene NYC DOHMH</td>
<td>This option is not available for EPs outside of NYC</td>
</tr>
</tbody>
</table>
Clinical Quality Measures for 2015
For 2015 only, EPs must report on CQMs for a continuous 90-day reporting period within the calendar year.

This CQM reporting period may be different from the EHR reporting period for the meaningful use objectives and measures.
Clinical Quality Measures (CQMs)

- No changes to CQM selection or reporting scheme from CQM requirements in Stage 2 final rule

- 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

<table>
<thead>
<tr>
<th>eM ID &amp; NQF</th>
<th>CQM Title</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS165v1</td>
<td>Controlling High Blood Pressure</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>NQF 0018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS156v1</td>
<td>Use of High-Risk Medications in the Elderly</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>NQF 0022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS138v1</td>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>Population/Public Health</td>
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<tr>
<td>NQF 0028</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS166v1</td>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>Efficient Use of Healthcare Resources</td>
</tr>
<tr>
<td>NQF 0052</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS2v1</td>
<td>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</td>
<td>Population/Public Health</td>
</tr>
<tr>
<td>NQF 0418</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS68v1</td>
<td>Documentation of Current Medications in the Medical Record</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>NQF 0419</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS69v1</td>
<td>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</td>
<td>Population/Public Health</td>
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<tr>
<td>NQF 0421</td>
<td></td>
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<tr>
<td>CMS50v1</td>
<td>Closing the referral loop: receipt of specialist report</td>
<td>Care Coordination</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>CMS90v1</td>
<td>Functional status assessment for complex chronic conditions</td>
<td>Patient and Family Engagement</td>
</tr>
</tbody>
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For more information please visit the [CMS Clinical Quality Measures website](https://www.cms.gov/Medicare/Quality-Programs/Clinical-Quality-Improvement-Incentive-Program/CQI-Incentive-Program.html)
### Recommended Pediatric CQMs

<table>
<thead>
<tr>
<th>eM ID &amp; NQF</th>
<th>CQM Title</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS146v1</td>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>Efficient Use of Healthcare Resources</td>
</tr>
<tr>
<td>NQF 0002</td>
<td></td>
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<tr>
<td>CMS155v1</td>
<td>Weight Assessment and Counseling for Nutrition and Physical</td>
<td>Population/ Public Health</td>
</tr>
<tr>
<td>NQF 0024</td>
<td>Activity for Children and Adolescents</td>
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<tr>
<td>CMS153v1</td>
<td>Chlamydia Screening for Women</td>
<td>Population/ Public Health</td>
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<tr>
<td>NQF 0033</td>
<td></td>
<td></td>
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<tr>
<td>CMS126v1</td>
<td>Use of Appropriate Medications for Asthma</td>
<td>Clinical Process/ Effectiveness</td>
</tr>
<tr>
<td>NQF 0036</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS154v1</td>
<td>Appropriate Treatment for Children with Upper Respiratory</td>
<td>Efficient Use of Healthcare Resources</td>
</tr>
<tr>
<td>NQF 0069</td>
<td>Infection (URI)</td>
<td></td>
</tr>
<tr>
<td>CMS117v1</td>
<td>Childhood Immunization Status</td>
<td>Population/ Public Health</td>
</tr>
<tr>
<td>NQF 0038</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS136v1</td>
<td>ADHD: Follow-Up Care for Children Prescribed Attention Deficit/</td>
<td>Clinical Process/ Effectiveness</td>
</tr>
<tr>
<td>NQF0108</td>
<td>Hyperactivity Disorder (ADHD) Medication</td>
<td></td>
</tr>
<tr>
<td>CMS2v1</td>
<td>Preventive Care and Screening: Screening for Clinical Depression</td>
<td>Population/ Public Health</td>
</tr>
<tr>
<td>NQF 0418</td>
<td>and Follow-Up Plan</td>
<td></td>
</tr>
<tr>
<td>CMS75v1</td>
<td>Children who have dental decay or cavities</td>
<td>Clinical Process/ Effectiveness</td>
</tr>
</tbody>
</table>

For more information please visit the [CMS Clinical Quality Measures website](#)
Alternate Attestation Method for Medicaid EPs
Alternate Attestation Method

Beginning in 2015, EPs unable to meet Medicaid patient volume may attest for meaningful use through the CMS Registration and Attestation System in order to avoid Medicare payment adjustments.
Alternate Attestation Method

By exercising this alternate attestation method, Medicaid EPs:

➢ would not switch to the Medicare EHR Incentive Program

➢ would not receive an incentive payment for that year
Closing Comments
Prior to Attesting

- Verify your CMS registration information (including phone and email)
- If it needs to be changed, please update your record in the CMS Registration and Attestation System.
- Verify ETIN, ePACES, and MEIPASS credentials
Support Services

Numerator Data Requests
EPs may request a summary of their Medicaid claims. This report may only be used as guidance and does not suffice as supporting documentation.

Pre-validation
Individual and group EPs who have already determined their Medicaid patient volume may submit their data prior to attesting.

Contact hit@health.ny.gov to request these services.
Deadlines

- 2015 attestation deadline is March 31, 2016.
- Providers can submit an Attestation Deadline Extension Request up to 30 days after the attestation deadline.
2015 Attestations

- Modified Stage 2 is not yet available in NY Medicaid’s attestation system, MEIPASS.
- Announcements will be made via LISTSERV and the program website when providers may attest to Modified Stage 2 for 2015.
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/
• Office of the National Coordinator 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:** 1-877-646-5410

**Option 2:** Program Policies, Patient Volume, Meaningful Use, and Attestation Reviews
**email:** hit@health.ny.gov

**Option 3:** Public Health Reporting Guidance, Registration, and Status
**email:** MUPublicHealthHELP@health.ny.gov