NY Medicaid EHR Incentive Program

Modified Stage 2 for First Time Meaningful Users
Webinar Agenda

Before You Begin Your Attestation

Medicaid Patient Volume

Modified Stage 2 Overview

CQM Reporting

Program Reminders

Q&A Session
Before You Begin Attestation
CMS Promoting Interoperability Priorities

Improving quality, safety and efficiency, and reducing health disparities;
CMS Promoting Interoperability Priorities

Engaging patients and families in their health
CMS Promoting Interoperability Priorities

Improving care coordination
CMS Promoting Interoperability Priorities

Improving population and public health
CMS Promoting Interoperability Priorities

Ensuring adequate privacy and security protection for personal health information
How is EHR Promoting Interoperability?

Using Health Information Technology that:

a. Ensures PHI is exchanged securely in an easily usable way;

b. Allows for easy and complete access to exchange and use all authorized and electronically accessible health information; and

c. Protects information sharing.
Prepare for attestation

- Choose your MPV period.

- Work with your certified EHR vendor.

- You must be registered with a Public Health Agency.

- Your personal information must match in:
  - CMS
  - eMedNY
  - MEIPASS
Program Eligibility Overview: Medicaid Patient Volume
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 (FQHC)
  - Rural Health Clinic (RHC)
Calculate Your MPV

**Standard Calculation Method**

\[
\frac{\text{Total Medicaid Encounters}}{\text{Total Encounters}}
\]

**Alternate Calculation Method**

\[
\frac{\text{Medicaid Patient Panel + Medicaid Encounters}}{\text{Total Patient Panel + Total encounters}}
\]
Select an MPV Reporting Period

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

- Previous calendar year
- Preceding 12 months from the date of attestation
MPV Reporting Period Scenario 1

Payment Year: 2017

Date of Attestation: June 10, 2018

Attestation Method: Previous Calendar Year

January 1, 2016

December 31, 2016
MPV Reporting Period Scenario 1

Payment Year: 2017

Date of Attestation: June 10, 2018

Attestation Method: Previous Calendar Year
## What counts?

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Medicaid Encounter</th>
<th>Needy Encounter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Fee–For–Service</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Family Health Plus</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Child Health Plus</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Uncompensated Care</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Sliding Scale</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Modified Stage 2 Overview
How do you show Meaningful Use?

**During the EHR Reporting period**

- **80% of unique patients must have data stored in EP’s CEHRT.**
- **50% of the EP’s total outpatient encounters must be at locations equipped with CEHRT.**
- **An EP must report on MU data from all locations equipped with CEHRT.**
EHR Reporting Period

2017 & 2018

Continuous 90 days during the calendar year
Satisfying 10 MU Attestation Objectives

Each Objective has its own measures (variation of threshold & activity)

EPs are required to meet each measure or may qualify for exclusions on some of the measures.

Some Objectives do not have exclusions.
## Meaningful Use: Modified Stage 2

<table>
<thead>
<tr>
<th>Objective 1</th>
<th>2017 &amp; 2018 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect Patient Health Information</td>
<td>Security risk analysis</td>
</tr>
</tbody>
</table>
## Meaningful Use: Modified Stage 2

<table>
<thead>
<tr>
<th>Objective 2</th>
<th>2017 &amp; 2018 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Decision Support (CDS)</strong></td>
<td>Measure 1: Five CDS interventions related to 4 or more CQMs (changed to align with MIPs)</td>
</tr>
<tr>
<td></td>
<td>Measure 2: Drug to drug and drug to allergy interaction checks</td>
</tr>
</tbody>
</table>
### Meaningful Use: Modified Stage 2

<table>
<thead>
<tr>
<th>Objective 3</th>
<th>2017 &amp; 2018 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Computerized Provider Order Entry</strong></td>
<td>• More than 60% medication&lt;br&gt;• More than 30% laboratory&lt;br&gt;• More than 30% radiology</td>
</tr>
</tbody>
</table>
## Meaningful Use: Modified Stage 2

<table>
<thead>
<tr>
<th>Objectives 4</th>
<th>2017 &amp; 2018 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Prescribing</td>
<td>More than 50% prescriptions</td>
</tr>
</tbody>
</table>

Exclusion applies if EP does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles.
### Meaningful Use: Modified Stage 2

<table>
<thead>
<tr>
<th>Objective 5</th>
<th>2017 &amp; 2018 Measures</th>
</tr>
</thead>
</table>
| **Health Information Exchange** | • Use CEHRT to create summary of care record; and  
• Electronically transmit summary of care for more than 10% transitions/referrals |

EP can request an exclusion if they transfer a patient less than 100 times during the EHR reporting period.
Meaningful Use: Modified Stage 2

<table>
<thead>
<tr>
<th>Objective 6</th>
<th>2017 &amp; 2018 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-Specific Education</td>
<td>Resources provided to more than 10% patients</td>
</tr>
</tbody>
</table>

Elements to identify educational resources specific to patients' needs must be stored within their CEHRT.

Materials do not have to be stored within or generated by the CEHRT.
## Meaningful Use: Modified Stage 2

<table>
<thead>
<tr>
<th>Objective 7</th>
<th>2017 &amp; 2018 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Reconciliation</td>
<td>Performed for more than 50% transitions into provider care</td>
</tr>
</tbody>
</table>

Information included is appropriately determined by the provider and patient.
## Meaningful Use: Modified Stage 2

<table>
<thead>
<tr>
<th>Objective 8</th>
<th>2017 &amp; 2018 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Electronic Access</strong></td>
<td>• Timely access for more than 50% of patients</td>
</tr>
<tr>
<td></td>
<td>• More than 5% of patients VDT</td>
</tr>
</tbody>
</table>
## Meaningful Use: Modified Stage 2

<table>
<thead>
<tr>
<th>Objective 9</th>
<th>2017 &amp; 2018 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secure Electronic Messaging</strong></td>
<td>Secure message sent through the electronic messaging function of the EHR for more than 5% of patients</td>
</tr>
</tbody>
</table>

The threshold for this measure increases over time to allow providers to work incrementally toward a high goal; to build toward the Stage 3 threshold.
Meaningful Use: Modified Stage 2

<table>
<thead>
<tr>
<th>#</th>
<th>Objective 10</th>
<th>2017 &amp; 2018 Measures</th>
</tr>
</thead>
</table>
| 10 | Public Health Reporting      | Must meet at least 2 measures:  
• Immunization  
• Syndromic Surveillance  
• Specialized Cases |

- Sign up for the public health reporting webinar
- Contact the Public Health Support Team
  Phone: 1-877-646-5410 Option 3
  Email: MUPublicHealthHELP@health.ny.gov
Should I Attest to Meaningful Use Stage 3?

MU Stage 3 has consolidated Objectives and higher thresholds.

EPs can attest to Stage 3 in 2017 and in 2018 but it is not required until 2019.

If you plan to attest to Meaningful Use Stage 3, please watch our Webinar titled *Meaningful Use Stage 3*. 
Clinical Quality Measure Reporting
### IPPS Final Rule CQM Reporting for EPs – 2017 and 2018

<table>
<thead>
<tr>
<th><strong>Modified 2017 CQM reporting period for EPs</strong></th>
<th>Down from a full year to a 90-day period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduced the number of CQMs that EPs must report on for 2017</strong></td>
<td>Down from 9 CQMs to 6</td>
</tr>
<tr>
<td><strong>Reduced CQM pool</strong></td>
<td>Down from 64 to 53 (to align with MIPs)</td>
</tr>
</tbody>
</table>
# EP Checklist

Please make sure this information is up to date:

- **CMS Registration** – phone & email contacts
- Medicaid fee-for-service enrollment
- Payee affiliation
Certified EHR Technology (CEHRT)

- Current minimum requirement: 2014 Edition
- Visit [https://chpl.healthit.gov/](https://chpl.healthit.gov/) to obtain CEHRT ID
Program Integrity

Providers! Retain all attestation supporting documentation 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

For post payment audit guidance, contact hitech@omig.ny.gov
Regional Extension Centers

<table>
<thead>
<tr>
<th>New York City</th>
<th>NYC Regional Electronic Adoption Center for Health (NYC REACH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: <a href="http://www.nycreach.org">www.nycreach.org</a></td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:pcip@health.nyc.gov">pcip@health.nyc.gov</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 347-396-4888</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outside of New York City</th>
<th>New York eHealth Collaborative (NYeC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: <a href="http://www.nyehealth.org">www.nyehealth.org</a></td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:hapsinfo@nyehealth.org">hapsinfo@nyehealth.org</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 646-619-6400</td>
<td></td>
</tr>
</tbody>
</table>
NY Medicaid EHR Incentive Program Support Teams
Phone: 1-877-646-5410

Option 1: ePACES, ETIN, MEIPASS Technical Issues, Enrollment
Email: meipasshelp@csra.com

Option 2: Calculations, Eligibility, Attestation Support and Review, Attestation Status Updates, General Program Questions
Email: hit@health.ny.gov

Option 3: Public Health Reporting Objective Guidance, MURPH Registration Support, Registry Reporting Status
Email: MUPublicHealthHelp@health.ny.gov

Website: http://health.ny.gov/ehr
Survey: https://www.surveymonkey.com/r/ny_ehr