



**Department
of Health**

Office of
Health Insurance
Programs

NY Medicaid EHR Incentive Program

Modified Stage 2 for First Time Meaningful Users

Q3 2018

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

Protected
 Objectives
 Privacy
 Security
 Health Use
 Measures
 Medicare Incentive
 Meaningful Quality
 Medicaid
 Information Portability
 Interoperability

Improving quality, safety and efficiency, and reducing health disparities;

CMS Promoting Interoperability Priorities

Protected
Objectives
Privacy
Security
Health Use
Measures
Medicare Incentive
Meaningful Quality
Information Portability
Interoperability
Medicaid

Engaging patients and families in their health

CMS Promoting Interoperability Priorities

Protected
Objectives
Privacy
Security
Health Use
Measures
Medicare Incentive
Meaningful Quality
Information Portability
Interoperability
Medicaid

Improving care
coordination

CMS Promoting Interoperability Priorities

Protected
Objectives
Privacy
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Health Use
Measures
Medicare Incentive
Meaningful Quality
Information Portability
Interoperability
Medicaid

Improving population
and public health

CMS Promoting Interoperability Priorities

Protected
Objectives
Privacy
Security
Health Use
Measures
Medicare Incentive
Quality
Meaningful
Medicaid
Information Portability
Interoperability

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 useable 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

Total Medicaid Encounters
Total Encounters

Alternate Calculation Method

Medicaid Patient Panel + Medicaid Encounters **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

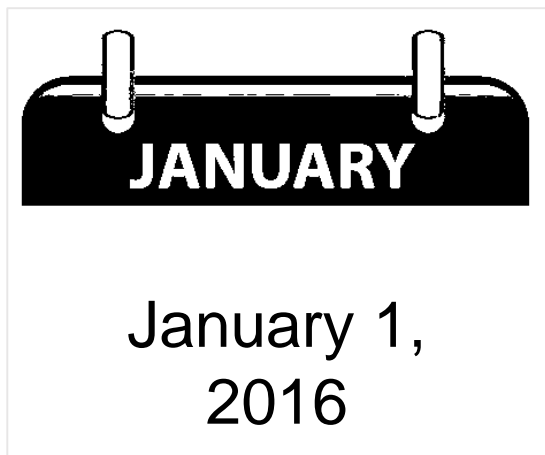
Preceding 12 months from the date of attestation

MPV Reporting Period Scenario 1

Payment Year: 2017

Date of Attestation: June 10, 2018

Attestation Method: Previous Calendar Year

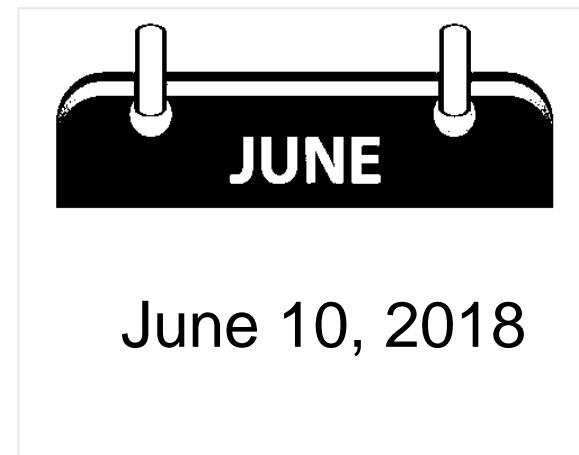


MPV Reporting Period Scenario 1

Payment Year: 2017

Date of Attestation: June 10, 2018

Attestation Method: Previous Calendar Year



What counts?

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

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



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

Objective 1	2017 & 2018 Measures
<u>Protect Patient Health Information</u>	Security risk analysis

Meaningful Use: Modified Stage 2

Objective 2	2017 & 2018 Measures
<p><u>Clinical Decision Support (CDS)</u></p>	<p>Measure 1: Five CDS interventions related to 4 or more CQMs (changed to align with MIPs)</p> <p>Measure 2: Drug to drug and drug to allergy interaction checks</p>

Meaningful Use: Modified Stage 2

Objective 3	2017 & 2018 Measures
<u>Computerized Provider Order Entry</u>	<ul style="list-style-type: none">• More than 60% medication• More than 30% laboratory• More than 30% radiology

Meaningful Use: Modified Stage 2

Objectives 4	2017 & 2018 Measures
<u>Electronic Prescribing</u>	More than 50% prescriptions

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

Objective 5	2017 & 2018 Measures
<u>Health Information Exchange</u>	<ul style="list-style-type: none"> • 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

Objective 6	2017 & 2018 Measures
<u>Patient-Specific Education</u>	Resources provided to more than 10% patients

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

Objective 7	2017 & 2018 Measures
<u>Medication Reconciliation</u>	Performed for more than 50% transitions into provider care

Information included is appropriately determined by the provider and patient.

Meaningful Use: Modified Stage 2

Objective 8	2017 & 2018 Measures
<u>Patient Electronic Access</u>	<ul style="list-style-type: none">• Timely access for more than 50% of patients• More than 5% of patients VDT

Meaningful Use: Modified Stage 2

Objective 9	2017 & 2018 Measures
<u>Secure Electronic Messaging</u>	Secure message sent through the electronic messaging function of the EHR for more than 5% of patients

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

#	Objective 10	2017 & 2018 Measures
10.	Public Health Reporting	Must meet at least 2 measures: <ul style="list-style-type: none"> • 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?



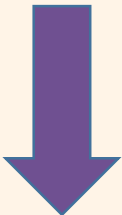
MU Stage 3 has consolidated Objectives and higher thresholds.

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

Modified 2017 CQM reporting period for EPs		Down from a full year to a 90-day period
Reduced the number of CQMs that EPs must report on for 2017		Down from 9 CQMs to 6
Reduced CQM pool		Down from 64 to 53 (to align with MIPs)

Program Reminders

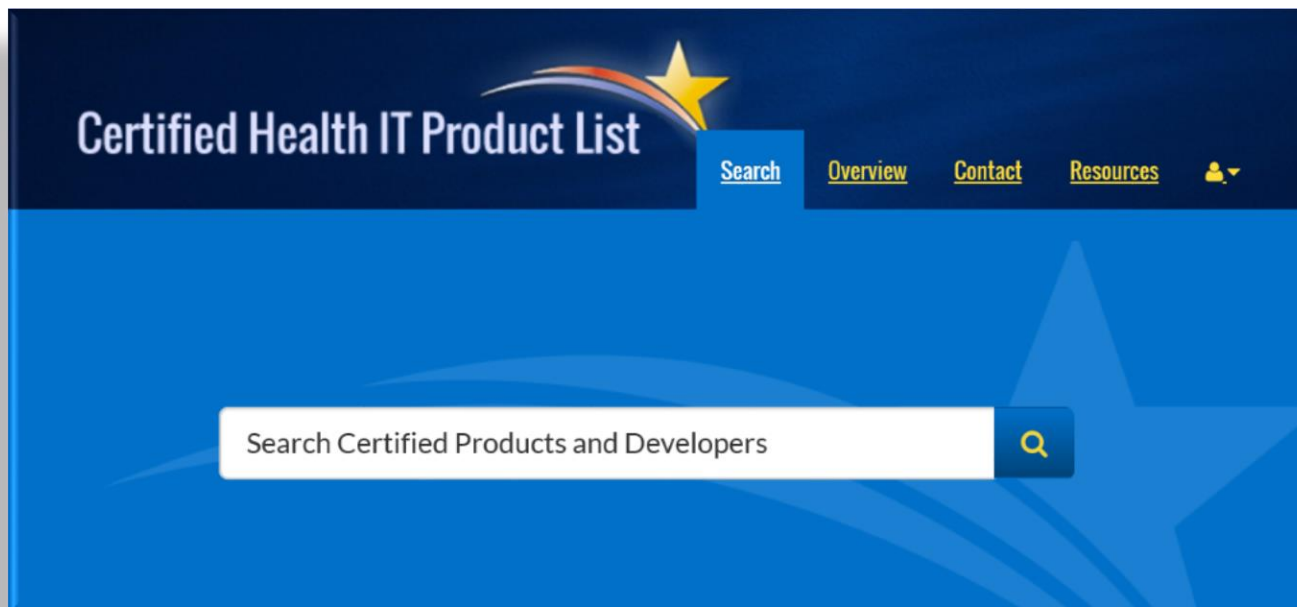
EP Checklist

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/> 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

New York City	NYC Regional Electronic Adoption Center for Health (NYC REACH) Website: www.nycreach.org Email: pcip@health.nyc.gov Phone: 347-396-4888
Outside of New York City	New York eHealth Collaborative (NYeC) Website: www.nyehealth.org Email: hapsinfo@nyehealth.org Phone: 646-619-6400

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