



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

# **NY Medicaid EHR Incentive Program**

Eligible Professionals  
2015 Meaningful Use  
Stage 1 Webinar

November 2015

# 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](http://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

# Legislation

2009

- HITECH Act

2010

- Stage 1 Final Rule

2012

- Stage 2 Final Rule

2014

- CEHRT Flexibility Final Rule

2015

- Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule

# 2015-2017 MU Provisions

- Referred to as **Modified Stage 2**
- Effective December 15, 2015

*EPs who attest MU Stage 1 for 2015 before this date must comply with the previous requirements for [Stage 1 \(13 core, 5 menu\)](#).*

# 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

# 2015 Meaningful Use

# 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.**

# 2015 Alternate Exclusions

Alternate exclusions and/or specifications are available for Stage 1 EPs in 2015 because:

- the modified MU is based on Stage 2
- former menu objectives are now required objectives

# 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

Protect  
Patient  
Health  
Information

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

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

# Objective 2

Clinical  
Decision  
Support

**Measure 1:** Implement 5 clinical decision support interventions  
*For Stage 1 providers in 2015 only:*

**Measure 2:** Enable a non-physician support role relevant to specialty or high clinical functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.  
*Alternate Objective: Implement medical decision support rules.*

**Alternate Measure 1:** Implement one clinical decision support rule.  
**2015 Alternate Measure 1:** Implement one clinical decision support rule

## Objective 3

Computerized  
Provider  
Order Entry  
(CPOE)

**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 3

Computerized  
Provider  
Order Entry  
(CPOE)

***Alternate Measure 1:*** More than 30% of all unique patients with at least one medication in their medication list; or more than 30% of medication orders

***Alternate Exclusions for Measures 2 & 3:***  
Stage 1 providers in 2015 may claim exclusions for these measures (laboratory and/or 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

***Alternate Measure:*** More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT



## Objective 5

### Health Information Exchange

**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.

***Alternate Exclusion:*** Since this measure was based on Stage 2 and there was no equivalent measure, Stage 1 providers in 2015 may claim an exclusion for this measure.

## Objective 6

### Patient- Specific Education

**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.

***Alternate Exclusion:*** Since this was formerly a menu objective, Stage 1 providers in 2015 may claim an exclusion.

# Objective 7

## Medication Reconciliation

**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.

***Alternate Exclusion:*** *Since this was formerly a menu objective, Stage 1 providers in 2015 may claim an exclusion.*

## Objective 8

### Patient Electronic Access (VDT)

**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 8

Patient  
Electronic  
Access  
(VDT)

*Alternate Exclusion Measure 2: Since it was based on Stage 2 and there was no equivalent measure, Stage 1 providers in 2015 may claim an exclusion for measure 2.*

## 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.

***Alternate Exclusion:*** Since this measure was based on Stage 2 and there was no equivalent measure, Stage 1 providers in 2015 may claim an exclusion for this measure.

# Objective 10

## Public Health Reporting

**For 2015, Stage 1 EPs must meet at least 1 measure:**

**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

## Public Health Reporting

### *Alternate Exclusions:*

- Stage 1 providers in 2015 may claim alternate exclusions for measure 1, 2, or 3
- Maximum 2 alternate exclusions may be claimed
- Provider must meet the remaining measure or exclusion criteria



# Public Health Matrix

Measures	NY City Report To	NY State (outside of NY City) Report To
<b>Immunization Registry Reporting</b>	Citywide Immunization Registry (CIR) <a href="#">NYC DOHMH</a>	NYS Immunization Information System (NYSIIS) <a href="#">NYSDOH</a>
<b>Syndromic Surveillance Reporting</b>	NYC Department of Health and Mental Hygiene <a href="#">NYC DOHMH</a>	This option is not available for EPs outside of NYC
<b>Specialized Registry Reporting</b>	<b>Cancer Case Reporting</b> New York State Cancer Registry (NYSCR) <a href="#">NYSDOH</a>  <b>Notifiable Conditions</b> NYC Department of Health and Mental Hygiene <a href="#">NYC DOHMH</a>	<b>Cancer Case Reporting</b> New York State Cancer Registry (NYSCR) <a href="#">NYSDOH</a>  This option is not available for EPs outside of NYC

# Clinical Quality Measures for 2015

# 2015 CQM Reporting Period

- 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

eM ID & NQF	CQM Title	Domain
<ul style="list-style-type: none"> <li>• CMS165v1</li> <li>• NQF 0018</li> </ul>	Controlling High Blood Pressure	Clinical Process/ Effectiveness
<ul style="list-style-type: none"> <li>• CMS156v1</li> <li>• NQF 0022</li> </ul>	Use of High-Risk Medications in the Elderly	Patient Safety
<ul style="list-style-type: none"> <li>• CMS138v1</li> <li>• NQF 0028</li> </ul>	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/ Public Health
<ul style="list-style-type: none"> <li>• CMS166v1</li> <li>• NQF 0052</li> </ul>	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources
<ul style="list-style-type: none"> <li>• CMS2v1</li> <li>• NQF 0418</li> </ul>	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health
<ul style="list-style-type: none"> <li>• CMS68v1</li> <li>• NQF 0419</li> </ul>	Documentation of Current Medications in the Medical Record	Patient Safety
<ul style="list-style-type: none"> <li>• CMS69v1</li> <li>• NQF 0421</li> </ul>	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/ Public Health
<ul style="list-style-type: none"> <li>• CMS50v1</li> </ul>	Closing the referral loop: receipt of specialist report	Care Coordination
<ul style="list-style-type: none"> <li>• CMS90v1</li> </ul>	Functional status assessment for complex chronic conditions	Patient and Family Engagement

For more information please visit the [CMS Clinical Quality Measures website](#)

# Recommended Pediatric CQMs

eM ID & NQF	CQM Title	Domain
<ul style="list-style-type: none"> <li>CMS146v1</li> <li>NQF 0002</li> </ul>	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources
<ul style="list-style-type: none"> <li>CMS155v1</li> <li>NQF 0024</li> </ul>	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/ Public Health
<ul style="list-style-type: none"> <li>CMS153v1</li> <li>NQF 0033</li> </ul>	Chlamydia Screening for Women	Population/ Public Health
<ul style="list-style-type: none"> <li>CMS126v1</li> <li>NQF 0036</li> </ul>	Use of Appropriate Medications for Asthma	Clinical Process/ Effectiveness
<ul style="list-style-type: none"> <li>CMS117v1</li> <li>NQF 0038</li> </ul>	Childhood Immunization Status	Population/ Public Health
<ul style="list-style-type: none"> <li>CMS154v1</li> <li>NQF 0069</li> </ul>	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources
<ul style="list-style-type: none"> <li>CMS136v1</li> <li>NQF0108</li> </ul>	ADHD: Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/ Effectiveness
<ul style="list-style-type: none"> <li>CMS2v1</li> <li>NQF 0418</li> </ul>	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health
<ul style="list-style-type: none"> <li>CMS75v1</li> </ul>	Children who have dental decay or cavities	Clinical Process/ Effectiveness

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

Contact: [meipasshelp@csgov.com](mailto:meipasshelp@csgov.com) or 877-646-5410 option 1

# 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](mailto: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](http://www.emedny.org/meipass)
- MEIPASS <https://meipass.emedny.org/>
- eMedNY LISTSERV [www.emedny.org/Listserv/EHR\\_Email\\_Alert\\_System.aspx](http://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](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](mailto:hit@health.ny.gov)

**Option 3:** Public Health Reporting Guidance, Registration, and Status

*email:* [MUPublicHealthHELP@health.ny.gov](mailto:MUPublicHealthHELP@health.ny.gov)