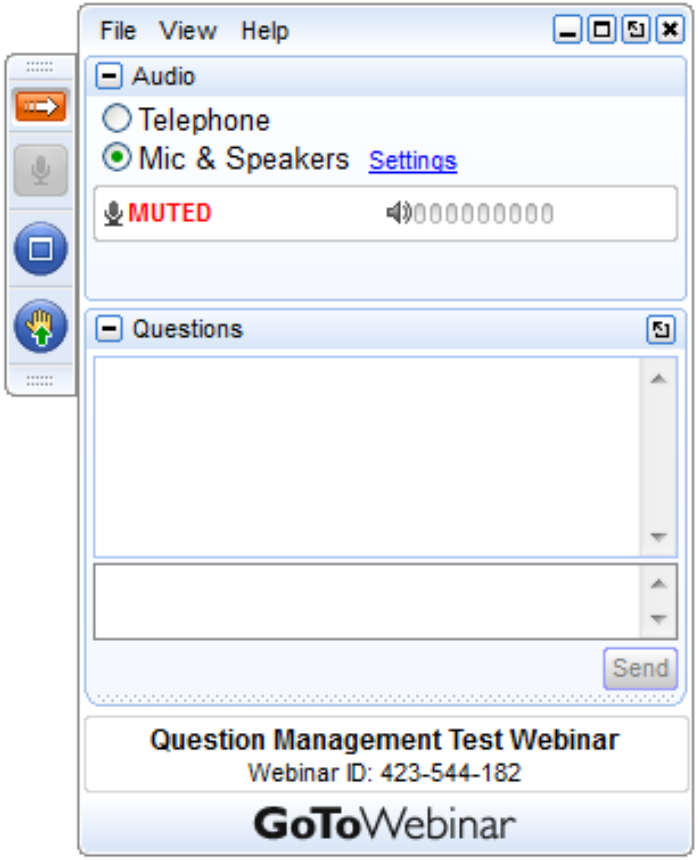
NEW YORK STATE | Department of Health | Office of Health Insurance Programs

NY Medicaid EHR Incentive Program

Eligible Professionals
Modified Stage 2

Webinar Logistics

- Audio PIN
- Q&A at the end



Agenda

- Program Eligibility Overview
- Modified Stage 2 Overview
- CQM Overview
- Program Reminders
- Questions & Answers

Program Eligibility Overview

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)

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

Payment Year:	2016 Meaningful Use
Date of Attestation:	November 1, 2017
Attestation Method:	Previous Calendar Year

January 1, 2015 – December 31, 2015

MPV Reporting Period Scenario

Payment Year:	2016 Meaningful Use
Date of Attestation:	November 1, 2017
Attestation Method:	Preceding 12 months from the date of attestation

November 1, 2016 – November 1, 2017

Medicaid / Needy Encounter

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

Modified Stage 2 Overview

Meaningful Use (MU) Policies

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

2016	2017
Continuous 90 days during the calendar year	Continuous 90 days during the calendar year

MU data must be from the calendar year that the EP attests to (e.g 2016 MU must be within calendar year 2016).

Modified Stage 2

- 10 objectives (variation of threshold & activity)
- Required to meet the measures or qualify for the exclusions

Modified Stage 2

#	Objectives	2016 Measures	2017 Measures
1.	Protect Patient Health Information	Security risk analysis	Same

Security Risk Analysis Tip Sheet: Protect Patient Health Information

Security Risk Analysis Tip Sheet: Protect Patient Health Information

Performing a Security Risk Analysis

Today many patients' protected health information is stored electronically, so the risk of a breach of their ePHI, or electronic protected health information, is very real. To help you conduct a risk analysis that is right for your medical practice, OCR has issued Guidance on Risk Analysis.

There is no single method or "best practice" that guarantees compliance, but most risk analysis and risk management processes have steps in common. Here are some considerations as you conduct your risk analysis[2]:

- Define the scope of the risk analysis and collect data regarding the ePHI pertinent to the defined scope.[3]
- Identify potential threats and vulnerabilities to patient privacy and to the security of your practice's ePHI.
- Assess the effectiveness of implemented security measures in protecting against the identified threats and vulnerabilities.
- Determine the likelihood a particular threat will occur and the impact such an occurrence would have to the confidentiality, integrity and availability of ePHI.
- Determine and assign risk levels based on the likelihood and impact of a threat occurrence.
- Prioritize the remediation or mitigation of identified risks based on the severity of their impact on your patients and practice.
- Document your risk analysis including information from the steps above as well as the risk analysis results.
- Review and update your risk analysis on a periodic basis.

Modified Stage 2

#	Objectives	2016 Measures	2017 Measures
2.	Clinical Decision Support (CDS)	• Measure 1: 5 CDS interventions related to 4 CQMs • Measure 2: Drug-drug and drug-allergy checks	Measure 1: Changed to align with MIPs Measure 2: Same

IPPS Final Rule made changes to CQM Reporting for 2017 and beyond

Modified Stage 2

#	Objectives	2016 Measures	2017 Measures
3.	Computerized Provider Order Entry	• More than 60% medication • More than 30% laboratory • More than 30% radiology	Same

Providers can use an alternate exclusion in 2016 for measures 2 or 3 if they are scheduled to be in Stage 1 this year

Modified Stage 2

#	Objectives	2016 Measures	2017 Measures
4.	Electronic Prescribing	More than 50% prescriptions	Same

Exclusion applies if EP does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles

Modified Stage 2

#	Objectives	2016 Measures	2017 Measures
5.	Health Information Exchange	• Use CEHRT to create summary of care record; and • Electronically transmit summary of care for more than 10% transitions/referrals	Same

EP can request an exclusion if they transfer a patient less than 100 times during the EHR reporting period

Modified Stage 2

#	Objectives	2016 Measures	2017 Measures
6.	Patient-Specific Education	More than 10% patients	Same

The EP must use these elements within their CEHRT to identify educational resources specific to patients' needs, materials do not have to be stored within or generated by the CEHRT

Modified Stage 2

#	Objectives	2016 Measures	2017 Measures
7.	Medication Reconciliation	More than 50% transitions of care received	Same

Information included is appropriately determined by the provider and patient

Modified Stage 2

#	Objectives	2016 Measures	2017 Measures
8.	Patient Electronic Access	• Timely access for more than 50% of patients • At least 1 patient view, download or transmit (VDT)	• Same • More than 5% of patients VDT

Additional information on the details of satisfying this measure can be found on the Patient Electronic Access Tip Sheet

Modified Stage 2

#	Objectives	2016 Measures	2017 Measures
9.	Secure Electronic Messaging	At least 1 patient	More than 5% of patients

The thresholds for this measure increases over time between to allow providers to work incrementally toward a high goal, to build toward the Stage 3 threshold

Modified Stage 2

#	Objectives	2016 Measures	2017 Measures
10.	Public Health Reporting	Must meet at least 2 measures: • Immunization • Syndromic Surveillance • Specialized Cases	Same

- 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

Clinical Quality Measures

CQM Reporting for EPs - 2016

- At least 9 clinical quality measures (CQMs) that cover at least 3 National Quality Strategy domains
- CQM reporting period may be different from the EHR reporting period

National Quality Strategy Policy Domains

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes and Effectiveness

Recommended Adult CQMs

eM ID & NQF	CQM Title	Domain
• CMS165v1 • NQF 0018	Controlling High Blood Pressure	Clinical Process/ Effectiveness
• CMS156v1 • NQF 0022	Use of High-Risk Medications in the Elderly	Patient Safety
• CMS138v1 • NQF 0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/ Public Health
• CMS166v1 • NQF 0052	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources
• CMS2v1 • NQF 0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health
• CMS68v1 • NQF 0419	Documentation of Current Medications in the Medical Record	Patient Safety
• CMS69v1 • NQF 0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/ Public Health
• CMS50v1	Closing the referral loop: receipt of specialist report	Care Coordination
• CMS90v1	Functional status assessment for complex chronic conditions	Patient and Family Engagement

Recommended Pediatric CQMs

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

CQM Reporting for EPs - 2017

IPPS Final Rule:

- Modified 2017 CQM reporting period for EPs from a full year to a 90-day period
- Reduced the number of CQMs that EPs must report on for 2017 from 9 CQMs to 6
- Reduced CQM pool from 64 to 53 – to align with MIPs
- Eliminated the requirement to report 3 of the 6 policy domains.

Program Reminders

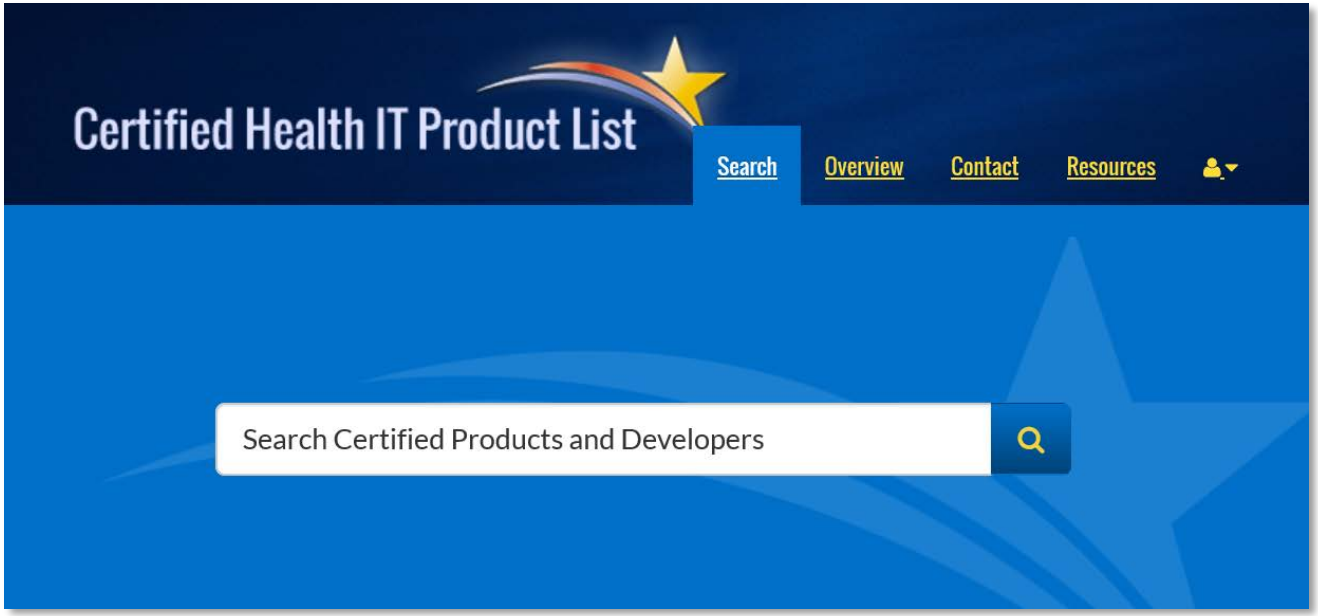
EP Checklist

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 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

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

Resources for EPs

Modified Stage 2 Webinar
Stage 3 Webinar
Public Health Reporting Webinar
MU Attestation Workbook Tutorials & Resources

IPPS Final Rule Summary

- Reduced 2018 MU reporting period from a full year to a minimum 90-day period
- Allows providers to use 2014 CEHRT for 2018
- Reduced 2017 CQM reporting period from a full year to be a minimum 90-day period
- Reduced 2017 CQMs from 9 CQMs to 6
- Eliminated the requirement to report 3 of the 6 policy domains.
- Aligned with MIPS - CQMs from 64 to 53

IPPS Final Rule

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

http://health.ny.gov/ehr