# Webinar Logistics

- The webinar will begin momentarily.

- For the duration of this webinar you will be in listen-only mode and your station will be muted.

- We welcome your questions, and you can submit them at any time during the Webinar by typing them in the "Questions" section of the GoToWebinar control panel.

- At the end of the presentation we will address your questions during our Q&A session.
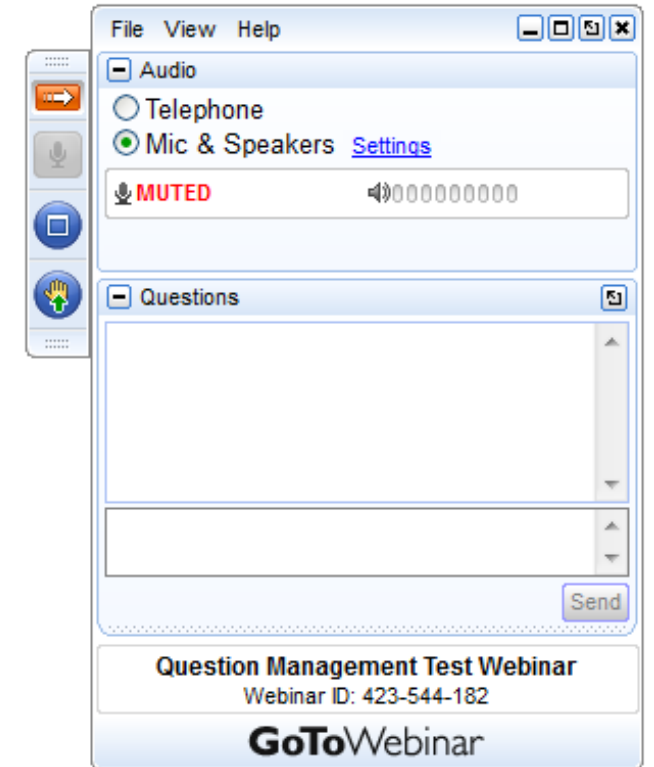
2021

NY Medicaid EHR Incentive Program

Eligible Professionals:

Stage 3 Meaningful Use

Preparing for Payment Year 2021

2021

Agenda

- Program Eligibility Overview: Medicaid Patient Volume
- Stage 3 Meaningful Use
- Clinical Quality Measure Reporting
- Program Reminders
- Q & A

Commonly Used [Acronyms](#)

Term	Description
CEHRT	Certified EHR Technology
CMS	Centers for Medicare and Medicaid Services
CQM	Clinical Quality Measure
EHR	Electronic Health Record
EP	Eligible Professional
ePACES	Electronic Provider Assisted Claim Entry System
ETIN	Electronic Transmitter Identification Number
FQHC	Federally Qualified Health Center
MEIPASS	Medicaid EHR Incentive Program Administrative Support Service
MU	Meaningful Use
MURPH	Meaningful Use Registration for Public Health
PDF	Portable Document Format
NPI	National Provider Identifier
RHC	Rural Health Clinic

NEW YORK STATE | Department of Health

Program Eligibility and Medicaid Patient Volume

2021

Certified EHR Technology (CEHRT)

- Minimum requirement: 2015 Edition

- Visit https://chpl.healthit.gov/ to obtain the CEHRT ID or contact your vendor.

Meaningful Use

50% or more...

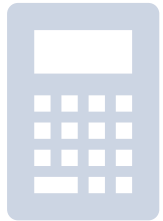of your patient <u>encounters</u> are at locations equipped with certified EHR technology

80% or more...

of your <u>unique patients</u> have data stored in your certified EHR technology

2021

Calculate Your Percentages

50%

$$\frac{\text{Number of encounters in the denominator at locations with CEHRT}}{\text{Number of encounters at all locations (including locations without CEHRT)}}$$

80%

$$\frac{\text{Number of unique patients in the denominator with data stored in the EHR system at locations with CEHRT}}{\text{Number of unique patients for all locations with CEHRT}}$$
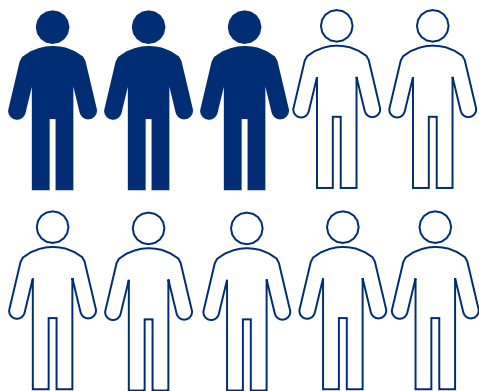
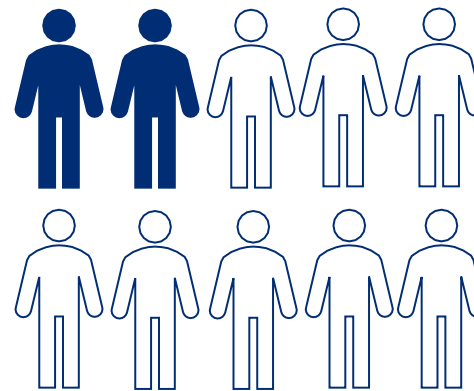NEW YORK STATE | Department of Health

Meaningful Use

EPs must report on data from ALL locations equipped with CEHRT.

Medicaid Patient Volume (MPV)

Eligible Professional
30% patient volume from
Medicaid Recipients

Pediatrician
20% patient volume from
Medicaid Recipients

NEW YORK STATE | Department of Health

Medicaid Encounters/Needy Encounters

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

2021

NEW YORK STATE | Department of Health

Medicaid Patient Volume (MPV) Reporting

Continuous 90-day period from either:

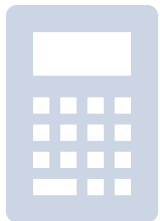Previous calendar year **OR** Preceding 12 months from the date of attestation

NEW YORK STATE | Department of Health

Calculate Your MPV

Standard Calculation Method
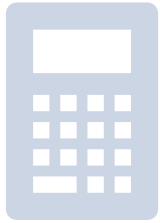
$$\frac{\text{Medicaid Encounters}}{\text{Total Encounters}}$$

Alternate Calculation Method

$$\frac{\text{(Medicaid Patient Panel)} + \text{(Medicaid Encounters)}}{\text{Total Patient Panel} + \text{Total Encounters}}$$

2021

NEW YORK STATE | Department of Health

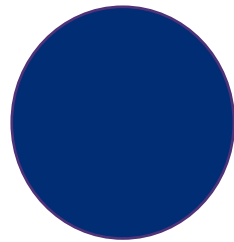# Stage 3 Meaningful Use

NEW YORK STATE | Department of Health

Payment Year 2021 Key Dates
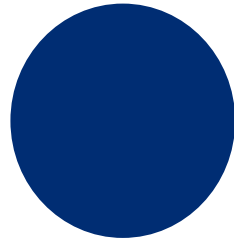
Soft Opening

Soft Opening Start Date:
April 1, 2021

Official Opening

Official Opening Date:
July 1, 2021
Official Opening End Date:
August 31, 2021

NEW YORK STATE | Department of Health

EHR Reporting Period
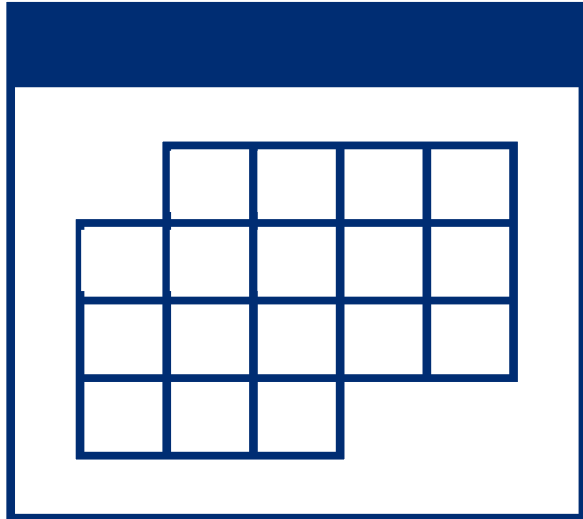
- Continuous 90-day period
- Within the Reporting Year
- Prior to the date of attestation

NEW YORK STATE | Department of Health

Objective 0: ONC Questions

Objective Zero (0): ONC Questions

Objective	I understand that I am required to attest to cooperating with ONC's EHR system surveillance and review activities as part of demonstrating meaningful use under the Medicaid EHR Incentive Program. Furthermore, I certify that I have cooperated with the surveillance and direct review of certified EHR technology under the ONC Health IT Certification Program, as authorized by 45 CFR part 170, subpart E.
	As it relates to ONC Direct Review, the attestation is required. As it relates to ONC-ACB surveillance, the attestation is optional and you therefore have the option to 'Decline to Answer'.

Measure 1: Activities related to supporting providers with the performance of Certified EHR Technology:

* 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?

○ Yes   ○ No

* 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program?

○ Yes   ○ No

a. If yes, did you and your organization cooperate in good faith with ONC direct review or your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?

○ Yes   ○ No   ○ Not Applicable

NEW YORK STATE | Department of Health

Measure 1: ONC-ACB Surveillance & ONC Direct Review

ONC Direct Review

Safety Concerns
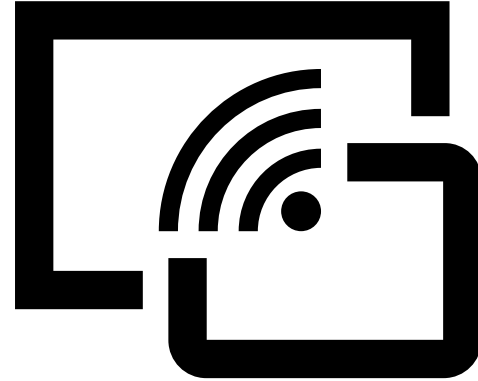
Necessity

ONC/ACB Surveillance

Reactive

Randomized
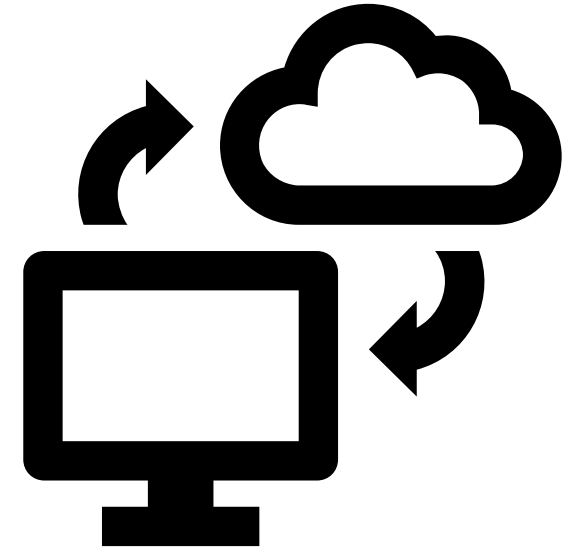
2021

CEHRT Functionality

Compatibility & Interoperability

Health Information Exchange (HIE)

Measure 2: Prevention of Information Blocking

2021

Objective 1: Protect Patient Health Information

Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.

Measure(s): Conduct a security risk analysis (SRA), implement security updates as necessary, and correct identified deficiencies

2021

NEW YORK STATE | Department of Health

Security Risk Analysis Completion Date

The SRA MUST be conducted

Within Calendar Year 2021

but

Can be completed after the date of attestation

NEW YORK STATE | **Department of Health**

Objective 2: Electronic Prescribing

Generate and transmit permissible prescriptions electronically (eRx).

Measure(s): 1. More than 60% of prescriptions queried for a drug formulary and transmitted electronically using CEHRT

NEW YORK STATE | **Department of Health**

Objective 3: Clinical Decision Support (CDS)

Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

Measure(s):

1. 5 CDS interventions

2. Drug-drug and drug-allergy checks

Objective 4: Computerized Provider Order Entry (CPOE)

Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders.

Measure(s):

Use computerized order entry for:
1. More than 60% medication orders
2. More than 60% laboratory orders
3. More than 60% radiology orders

NEW YORK STATE | Department of Health

Objective 5: Patient Electronic Access

EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Measure(s):

1. Provide timely access for more than 80% of patients

2. CEHRT identifies patient-specific educational resources for more than 35% of patients

NEW YORK STATE | Department of Health
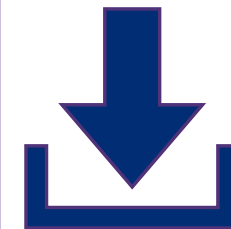
Objective 6: Coordination of Care through Patient Engagement

Use CEHRT to engage with patients or their authorized representatives about the patient's care.

Measure(s): Must meet at least 2:

1. More than 5% of patients view, download, transmit or access their health info via API

2. Send a secure message to more than 5% of patients

3. Patient generated health data or non-clinical setting data incorporated into CEHRT for more than 5% of patients

NEW YORK STATE | Department of Health

Objective 7: Health Information Exchange

A summary of care record is transmitted when the EP: transitions or refers their patient to another setting of care; receives receipt of a transition or referral; or upon a new patient encounter. EPs will incorporate summary of care information from other providers into their EHR, using the functions of CEHRT.

Measure(s): Must meet at least 2:

1. CEHRT-created summary of care record is electronically transmitted for more than 50%

2. Incorporate electronic summary of care into new patients' EHR for more than 40%

3. Clinical information reconciliation for more than 80% received.

NEW YORK STATE | Department of Health

Objective 8: Public Health Reporting

EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology.

Measure(s):

Must attest to active engagement with at least 2 registries of the following types:
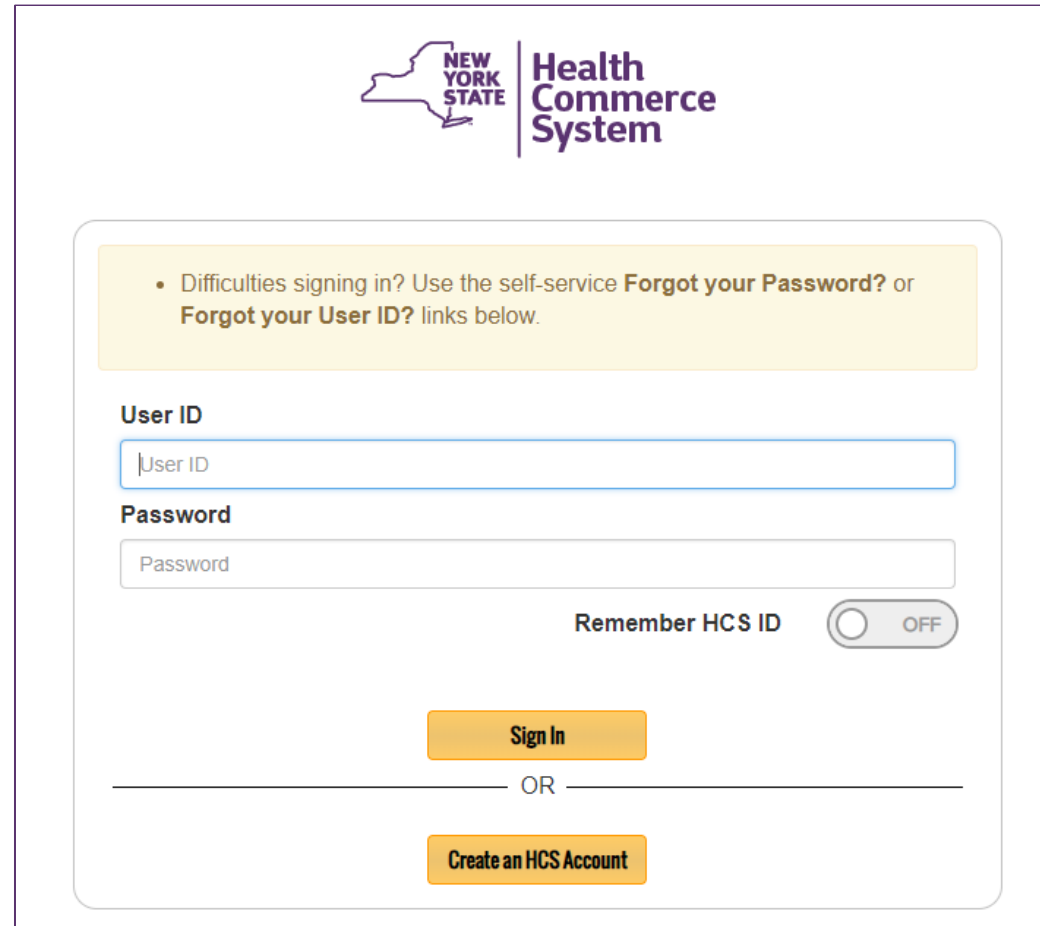
  1. Immunization   2. Syndromic Surveillance

  3. Electronic Case   4. Public Health Registry

  5. Clinical Data Registry

Contact the Public Health Support Team
       Phone: 1-877-646-5410 Option 3
       Email: MUPublicHealthHELP@health.ny.gov

NEW YORK STATE | Department of Health

MURPH Registration

Access the MURPH Application on the HCS website.

To start an HCS Account, please refer to the [Paperless HCS User Account Guide](#)

MURPH Audit Report Card

MURPH Onboarding Status Quick Reference Guide

For a detailed explanation of the any status found in the Audit Report Card, please see the [MURPH Status Quick Reference Guide](#).

Please note that this report card provides a full history of Onboarding statuses associated with the practice registration detailed above across all registries.

Location 1 : 333 Main , Albany, NY, 13333

Location Name: Phase 3 Test Practice

Registry: NYC Bureau of Communicable Disease - Syndromic Surveillance	
Measure: Syndromic Surveillance Reporting	
Current Declaration of Intent: Yes	
Declaration of Intent Date: 08-09-2018	
Onboarding Status History	

Status	Date Status Changed
In Queue(AE1)	08-09-2018
Awaiting Invitation to Test (AE1)	11-28-2018
Invited to Test	11-28-2018

Need more informationor help? Please feel free to reach out to our support team at:
MU Public Health Reporting Objective Support Team
Phone: (877) 6465410, Option 3(Mon-Fri, 8:30 AM 5:00PM)
E-Mail: MUPublicHealthHELP@health.ny.gov

2021

NEW YORK STATE | Department of Health

Clinical Quality Measure Reporting

2021

See a complete list of CQMs in the [eCQI Resource Center](#)

2021 Reporting Periods

| **Medicaid Patient Volume**	Continuous 90 days *Previous calendar year or preceding 12 months from the date of attestation*
EHR Reporting	Continuous 90 days in 2021 *Ending prior to the date of attestation*
Clinical Quality Measures	Continuous 90 days in 2021 *Ending prior to the date of attestation*

Program Reminders & Resources

2021

Prior Attestations

Before attesting, determine if the provider submitted for PY2020. If they did, ensure the provider has received payment for that submission prior to attesting for PY2021.

Attesting to a new payment year before payment is received for a prior year will remove the older attestation data. This can cause problems, including disqualifying the provider from the incentive payment for the prior year.

NEW YORK STATE | Department of Health
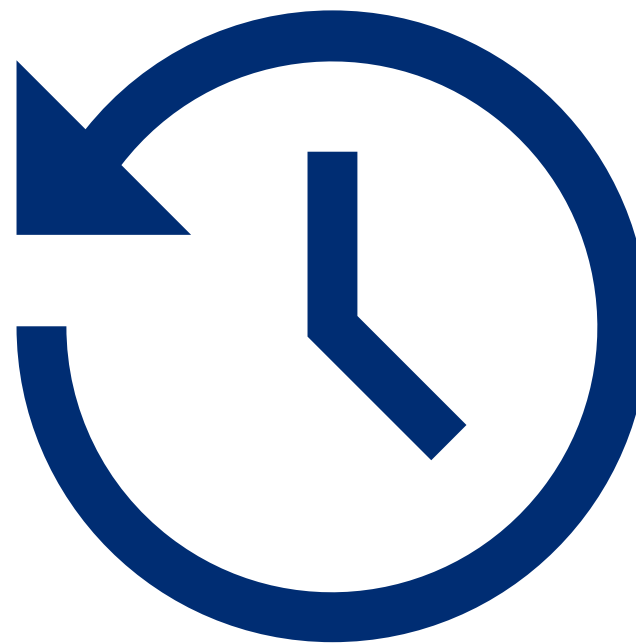
Program Integrity

Retain all supporting documentation for 6 Years

For post payment audit guidance, contact: hitech@omig.ny.gov

or review the materials available on our website
https://www.health.ny.gov/health_care/medicaid/redesign/ehr/audit/

NEW YORK STATE | Department of Health

Review Checklist

Payment Year 2021 Pre-Attestation Checklist

2015 CEHRT			Public Health and Clinical Data Registry Reporting
Contact and Login Information			MPV Reporting
Medicaid Enrollment & Medical License			EHR Reporting
Security Risk Analysis			CQM Reporting

Program Resources

LISTSERV

YouTube Tutorials

Website

Webinars

Survey

NEW YORK STATE | Department of Health

Additional Resources

CEHRT 2014/2015 Comparison

CMS Final Rules

CMS Registration & Attestation System

CMS EHR Incentive Program Information

CDC EHR Incentive Program Information

ONC EHR Incentive Program Information

Certified Health IT Product List

Health Commerce System (HCS)

NEW YORK STATE | **Department of Health**

NY Medicaid EHR Incentive Program Support Teams

Phone: 1-877-646-5410

Select	Types of Questions/Information	Email
Option 1	ePACES, ETIN, MEIPASS Technical Issues, Enrollment	meipasshelp@csra.com
Option 2	Calculations, Eligibility, Attestation Support and Review, Attestation Status Updates, General Program Questions	hit@health.ny.gov
Option 3	Public Health Reporting Objective Guidance, MURPH Registration Support, Registry Reporting Status	MUPublicHealthHelp@health.ny.gov

NEW YORK STATE | Department of Health

Regional Extension Centers

NYC Regional Electronic Adoption Center for Health (NYC REACH) (**inside** the 5 boroughs of NYC)

New York eHealth Collaborative (NYeC) (**outside** the 5 boroughs of NYC)

Website:
www.nycreach.org
Email: nycreach@health.nyc.gov
Phone: 347-396-4888

Website:
www.nyehealth.org/services/meaningful-use/
Email: ep2info@nyehealth.org
Phone: 646-817-4101

2021

NEW YORK STATE | Department of Health

EHR Incentive Program Survey

Q & A