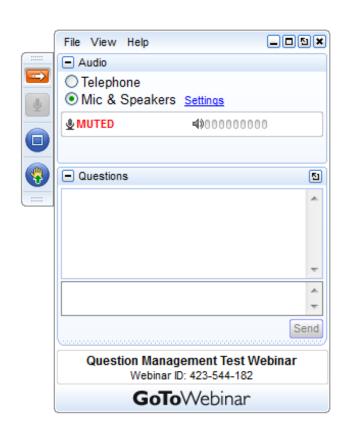
## **Webinar Logistics**

- The webinar will begin momentarily.
- For the duration of this webinar you will be in listenonly 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.







## **NY Medicaid EHR Incentive Program**

**Public Health Reporting in 2021** 



## Agenda

- Public Health Reporting in 2021
- Meaningful Use Registration for Public Health (MURPH)
- NYS Public Health Registries
- Program Reminders
- Q & A



## **Commonly Used <u>Acronyms</u>**

| 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   |

## Public Health Reporting in 2021

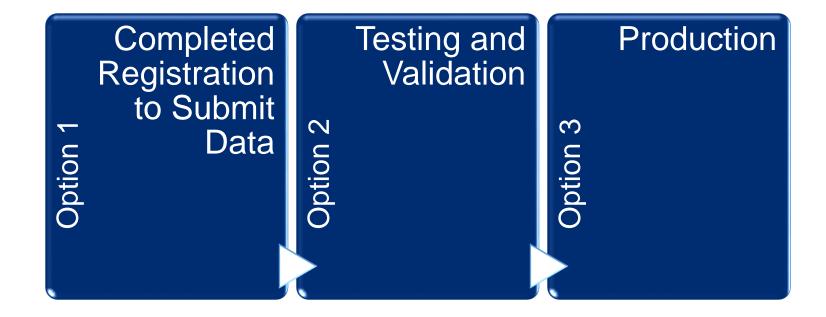


## **Public Health Reporting**





## **Active Engagement**

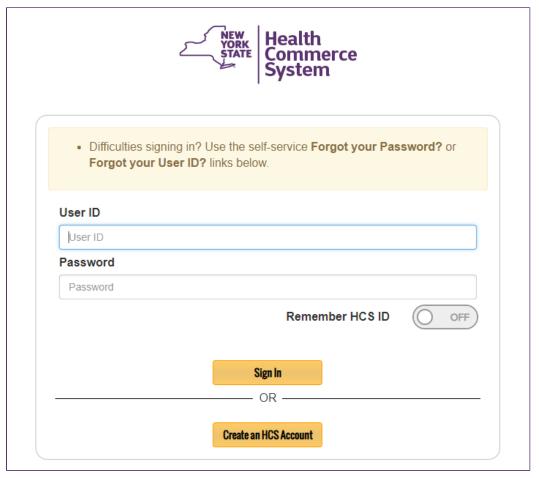




## **MURPH Registration**

Access the MURPH Application on the HCS website.

To start an HCS Account, please refer to the Paperless HCS User Account Guide

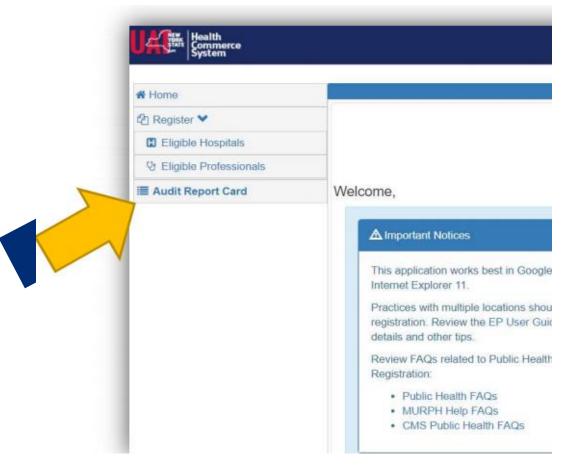




NEW YORK STATE

Department of Health

### **MURPH Audit Report Card**



| Eligible P                            | rofessional           |
|---------------------------------------|-----------------------|
| NPI                                   | 144444444             |
| Name                                  |                       |
| Provider was deleted from this regist | ration                |
| Practice I                            | nformation            |
| MURPH Registration ID                 |                       |
| Practice Name                         | Phase 3 Test Practice |
| Practice NPI                          | 1122334455            |
| Registrati                            | on Contact            |
| Registration Contact HCS ID           |                       |
| Registration Contact Name             |                       |
| Registration Contact Phone Number     |                       |
| Registration Contact Extension        |                       |
| Registration Contact Email            |                       |
| Alternate                             | Contact - 1           |
| Alternate Contact HCS ID              |                       |
| Alternate Contact Name                |                       |
| Alternate Contact Phone Number        |                       |
| Alternate Contact Extension           |                       |
| Alternate Contact Email               |                       |

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



## **EHR Reporting Period 2021**

Continuous 90 days during the calendar year



Providers: You MUST register intent in MURPH to report to a public health registry before, or within 60 days of, the start of your chosen EHR Reporting Period.



## **Stage 3 Requirements**

EPs Stage 3

| Measure                          | Maximum Times Measure Can Count Towards Objective |  |  |
|----------------------------------|---|--|--|
| Immunization Registry Reporting  | 1   |  |  |
| Syndromic Surveillance Reporting | 1   |  |  |
| Electronic Case Reporting        | 1   |  |  |
| Public Health Registry Reporting | 2   |  |  |
| Clinical Data Registry Reporting | 2   |  |  |



### **Exclusion Qualifications**

EP should make two checks to locate a registry.

Check with:

Any jurisdiction (State, Local, Territorial, or Federal Government Entity) to which you belong

Any specialty society or organization with which you are affiliated



# NYS/NYC Public Health Registries



## 2021 Stage 3 Available Registries

| Measure                             | NYC   | NYS   |
|-------------------------------------|---|---|
| Immunization Reporting              | Citywide Immunization<br>Registry (CIR)               | NYS Immunization<br>Information System<br>(NYSIIS)    |
| Syndromic Surveillance<br>Reporting | NYC Dept. of Health & Mental Hygiene (NYC DOHMH)      | NYS Department of Health (NYSDOH)                     |
| Electronic Case Reporting           | NYC DOHMH Electronic Case<br>Reporting Registry (ECR) | NYSDOH Electronic<br>Case Reporting (eCR)<br>Registry |
| Public Health Registry<br>Reporting | NYS Cancer Regis                                      | try (NYSCR)   |



## **Immunization Registry Reporting**

#### Registries Available

<u>Citywide Immunization Registry (CIR)</u> – Inside the 5 boroughs of NYC

<u>NYS Immunization Information System (NYSIIS)</u> – Outside the 5 boroughs of NYC

#### **Information Collected**

Immunizations administered to patients ages 18 years and under or age 19 and over, with verbal or written consent.



## Syndromic Surveillance Registry Reporting

#### Registries Available

NYC Department of Health & Mental Hygiene (NYC DOHMH) – Inside the 5 boroughs of NYC

NYS Department of Health (NYSDOH) – Outside the 5 boroughs of NYC

#### **Information Collected**

Chief complaint and syndromic data from EPs practicing in urgent care centers.

NYC DOHMH - respiratory, vomiting, diarrhea, fever, influenza-like-illness (ILI), and asthma

**NYSDOH** - asthma, carbon monoxide, drug overdose, fever, gastrointestinal infection, heatwave, heroin overdose, hypothermia, neurological, rash, respiratory, and synthetic drugs



## **Electronic Case Reporting Registry**

#### Registries Available

NYC DOHMH ECR - Inside the 5 boroughs of NYC

NYS DOH eCR – Outside the 5 boroughs of NYC

#### **Information Collected**

Reportable Diseases and Conditions (List)



## Public Health Registry Reporting: NYS Cancer Registry (NYSCR) and Population Health Registry

#### Registries Available

The **NYSCR** (NYS Cancer Registry)

Population Health Registry\* - Inside the five boroughs of NYC only

#### Information Collected

NYSCR collects data on cancer cases from EPs who are directly diagnosing or treating cancer cases.

The Population Health Registry collects information on Influenza Like Illness (ILI).



## Public Health Registry Reporting: National Health Care Surveys Registry

#### Registries Available

National Ambulatory Medical Care Survey (NAMCS)/National Hospital Ambulatory Medical Care Survey (NHAMCS)

National Hospital Care Survey (NHCS)

National Study of Long Term Care Providers (NSLTCP)

#### Information Collected

Each survey type collects different information based on the populations being monitored.



## Clinical Data Registry Reporting

#### Registries Available

Any registry operated by or on behalf of a non-public health entity (i.e Local, State, or National Specialty Societies).

#### **Information Collected**

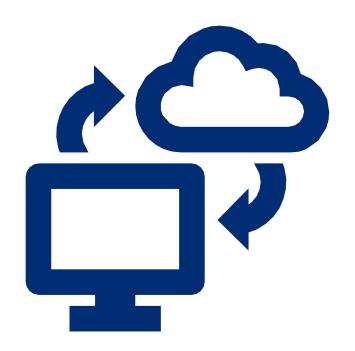
Information about the health status of patients and the health care they receive over varying periods of time, usually with a focus on a specific patient population.



## Program Reminders & Resources



## Remember: Registration of Intent



Eligible Providers planning to meet any MU Public Health Reporting measures must register their intent in MURPH to submit data to the appropriate Public Health registries before or within 60 days from the start of their EHR Reporting Period.



## Public Health Reporting Home Page:

https://www.health.ny.gov/health\_care/medicaid/redesign/ehr/publichealth/

- Walkthroughs and User Guides
  - Eligible Professional MURPH Registration User Guide
  - Eligible Hospital MURPH Registration User Guide
  - Eligible Professional MURPH Registration Video Guide
  - Eligible Hospital MURPH Registration Video Guide
  - Audit Report Card User Guide
- Other Resources
  - HCS Quick Reference Guide
  - Registration & MURPH System FAQs
  - MURPH Onboarding Status Quick Reference Guide



### Meaningful Use Resources

- CMS Meaningful Use 2021 Resources
  - EHR Incentive Program 2021 Program Requirements
  - CMS Frequently Asked Questions (FAQs)
  - Quality Payment Program (QPP)



## **Program Integrity**

Retain all supporting documentation for 6 Years

For post payment audit guidance, contact: <a href="mailto:hitech@omig.ny.gov">hitech@omig.ny.gov</a>

or review the materials available on our website

https://www.health.ny.gov/health\_care/med icaid/redesign/ehr/audit/



## **Certified EHR Technology (CEHRT)**

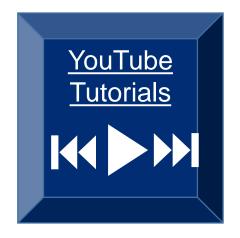
- Minimum requirement: 2015 Edition
- Visit <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a> to obtain the CEHRT ID





### **Program Resources**













#### NY Medicaid EHR Incentive Program Support Teams

Phone: 1-877-646-5410

| ١ | Select   | Types of Questions/Information   | Email                            |
|---|----------|--|----------------------------------|
|   | Option 1 | ePACES, ETIN, MEIPASS<br>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 |



## **Regional Extension Centers**

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



Website:

www.nycreach.org

Email: nycreach@health.nyc.gov

Phone: 347-396-4888

**New York eHealth Collaborative** 

(NYeC)

(outside the 5 boroughs of NYC)



Website:

www.nyehealth.org/services/meaningful-use/

Email: ep2info@nyehealth.org

Phone: 646-619-6400



Department of Health

## **EHR Incentive Program Survey**

| Y Medicaid EHR Ince   | ntive Progra         | m, a CMS Pron   | noting Interd  | perability Pr    | ogram                |               |
|---|----------------------|-----------------|----------------|------------------|----------------------|---------------|
| Program Satisfaction Su   | urvey                |                 |                |                  |                      |               |
|   |                      |                 |                |                  |                      |               |
| he NY Medicaid EHR Incen<br>his survey to help make prog  |                      |                 | best program e | experience. Plea | se take a few minute | s to complete |
| 1. How would you rate the phone and email support provided by the NY Medicaid EHR Incentive Program |                      |                 |                |                  |                      |               |
|   | Very<br>Dissatisfied | Dissatisfied    | Neutral        | Satisfied        | Very Satisfied       | N/A           |
| Timeliness of response  | 0                    | 0               | 0              | 0                | 0                    | 0             |
| Knowledge of staff  | 0                    | 0               | 0              | 0                | 0                    | 0             |
| Professionalism/Politeness  | 0                    | 0               | 0              | 0                | 0                    | 0             |
| Quality of resolution   | 0                    | 0               | 0              | 0                | 0                    | 0             |
| Overall experience  | 0                    | 0               | 0              | 0                | 0                    | 0             |
| . How would you rate ti   | he website fe        | atures provided | d by the NY N  | ledicaid EHR     | Incentive Progra     | m?            |
|   | Very                 |                 | ,              |                  |                      |               |
|   |                      |                 | Neutral        | Satisfied        | Very Satisfied       |               |
|   | Dissatisfied         | Dissatisfied    | Neutrai        | Satisfied        | very causiled        | N/A           |
| Ease of navigation  | Dissatisfied         | Dissatisfied    | O              | Satisfied        | O                    | N/A           |
|   | Dissatisfied         |                 | O              | O                |                      | N/A           |
| Ease of navigation Trustworthiness of   | Dissatisfied         |                 |                |                  | O O                  | O O           |
| Ease of navigation Trustworthiness of content   | Dissatisfied  O  O   |                 |                |                  | O O                  | O O           |





