



**Department
of Health**

**Office of
Health Insurance
Programs**

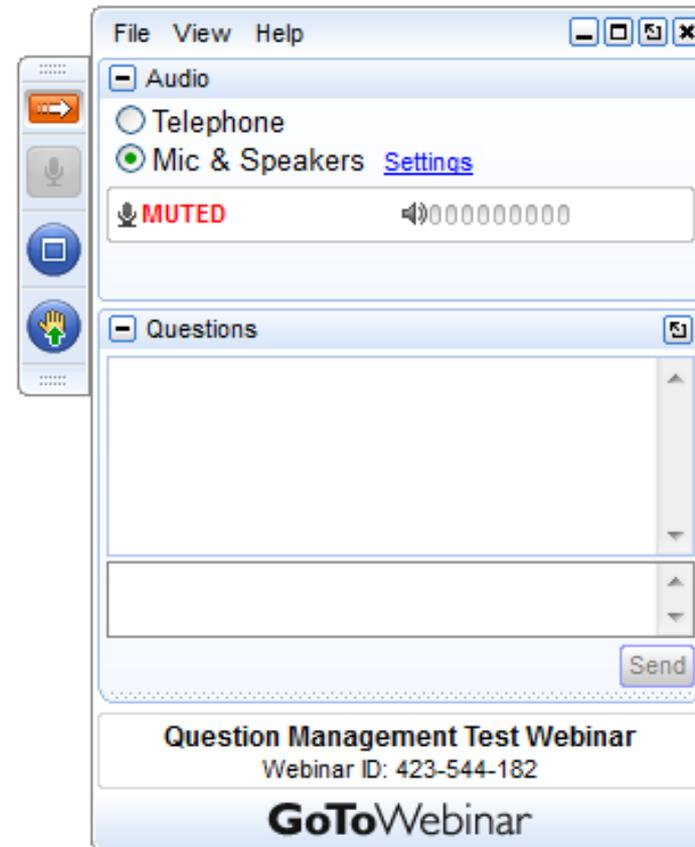
NY Medicaid EHR Incentive Program

Eligible Professionals
Meaningful Use and Stage 3

Host: Cassandra Bixler

Webinar Logistics

- Audio PIN
- Q&A at the end



Agenda

- Program Eligibility Overview
- Stage 3 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: 2017 Meaningful Use
Date of Attestation: February 1, 2018
Attestation Method: Previous Calendar Year

January 1, 2016 – December 31, 2016

MPV Reporting Period Scenario

Payment Year:	2017 Meaningful Use
Date of Attestation:	February 1, 2018
Attestation Method:	Preceding 12 months from the date of attestation

February 1, 2017 – February 1, 2018

Medicaid / Needy Encounter

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

Stage 3 Overview

Meaningful Use 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.

Stage 3 EHR Reporting Period

2017	2018
Continuous 90 days during the calendar year	Continuous 90 days during the calendar year

Stage 3

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

Stage 3

#	Objectives	Measures
1.	Protect Patient Health Information	Security risk analysis
2.	Electronic Prescribing	More than 60% prescriptions
3.	Clinical Decision Support (CDS)	<ul style="list-style-type: none"> • 5 CDS interventions • Drug-drug and drug-allergy checks

Stage 3

#	Objectives	Measures
4.	Computerized Provider Order Entry (CPOE)	<ul style="list-style-type: none"> • More than 60% medication orders • More than 60% laboratory orders • More than 60% radiology orders
5.	Patient Electronic Access	<ul style="list-style-type: none"> • Timely access for more than 80% of patients • Patient-specific educational resources for more than 35% of patients

Stage 3

#	Objectives	Measures
6.	<u>Coordination of Care through Patient Engagement</u>	<p>Must meet at least 2 measures:</p> <ul style="list-style-type: none"> • More than 10% of patients view, download, transmit or access via API their health info • Secure messaging with more than 5% of patients • Patient generated health data or nonclinical setting data incorporated into CEHRT for more than 5% of patients

Stage 3

#	Objectives	Measures
7.	Health Information Exchange	<p>Must meet at least 2 measures:</p> <ul style="list-style-type: none"> Use CEHRT to create summary of care record and electronically transmit for more than 50% transitions/referrals Incorporate electronic summary of care into patient's EHR for more than 40% of transitions/referrals received Clinical information reconciliation for more than 80% of transitions/referrals received

Stage 3

#	Objective	Measures
8.	Public Health Reporting	Must meet at least 2 measures: <ul style="list-style-type: none"> • Immunization • Syndromic Surveillance • Electronic Case • Public Health Registry • Clinical Data Registry

MU Public Health Support

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

Recommended Pediatric CQMs

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

Program Reminders

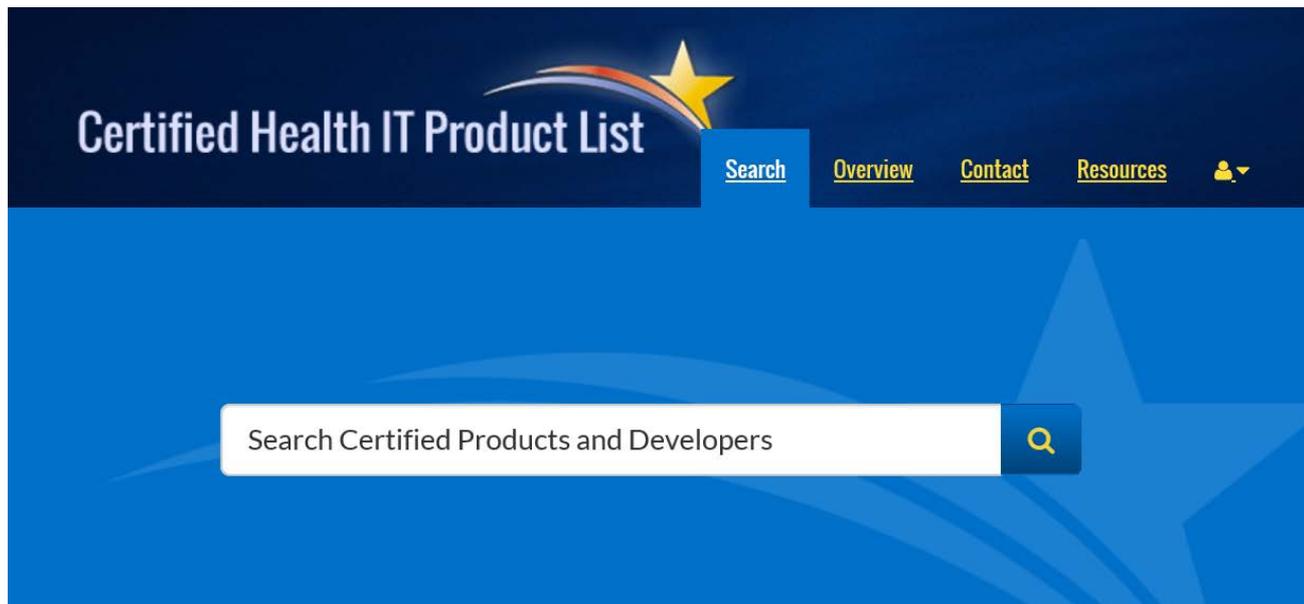
EP Checklist

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.

Resources for EPs

Modified Stage 2 Webinar

Stage 3 Webinar

Public Health Reporting Webinar

MU Attestation Workbook Tutorials & Resources

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

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
- Aligned with MIPS - CQMs from 64 to 53
- Can report on any NQS Domain, relevant to the EPs scope of practice

[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>