Medicaid Meaningful Use: 2015 Final Rule and Stage 3

Stephanie Rose, HCNNY
Amy Tammam, CHCANY

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Agenda

1. Medicaid Meaningful Use Program Overview
2. Overview of Meaningful Use Modifications
   - Modified Stage 2 Measures
   - Alternate Exclusion Options
4. Stage 3 Modifications
5. Next Steps
MEDICAID MEANINGFUL USE FOR ELIGIBLE PROVIDERS PROGRAM OVERVIEW
About Meaningful Use

• Eligible Professionals can receive incentive payments for attesting annually to “meaningful use” of Certified Electronic Health Record Technology (CEHRT)
• National program administered by Centers for Medicare and Medicaid (CMS) and Office of National Coordinator for Health IT (ONC)
• Medicaid MU program in New York administered by DOH
• Focus today is on Medicaid and eligible providers
  – Similar but not identical MU programs available for Medicare providers, hospitals
Medicaid Meaningful Use

Eligible Providers

- Physicians (M.D. and D.O.)
- Nurse Practitioners
- Certified Nurse Midwives
- Dentists
- Physician Assistants (only if they practice in an FQHC or RHC that is led by a PA)

- EPs must demonstrate 30% or more Medicaid or Needy Patient volume in a 90 day period (20% for pediatricians)
Medicaid Incentive Payment

- Incentives paid over 6 participation years
- No Medicaid penalty for missing a year
- Payments
  - $21,250 for Year 1 for Adopt, Implement Upgrade (AIU)
  - $8,500 for Years 2-6 for Meaningful Use

Important Dates

- 2016 – last year to start receiving incentive payments
- 2021 – last year to receive a payment
Meaningful Use 2015 Final Rule Overview
Final Rule Documentation

- **Federal Register**

- **Center for Medicare and Medicaid (CMS) Resources**
Additional Comment Period

• The final rules comes with a comment period
• Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) passed after the NPRMs were published. Specifies that MU will be part of the Merit-Based Incentive Payment System (MIPS)
• CMS is specifically seeking comments about transition of Meaningful Use into MIPS
Key Changes for Medicaid MU 2015-2017

For 2015 only, all EPs report for a continuous 90 days

No change to Medicaid Year 1 AIU (adopt, implement, upgrade). For Year 2, reporting period remains 90 Days. Starting in 2016, all other EPs report for a full calendar year

Starting in 2015, all EPs move to single set of objectives. Some exclusions are available for Stage 1 EPs in 2015 ONLY

Several redundant or topped out are removed. Patient engagement thresholds are reduced

Clinical Quality Measure (CQM) reporting is still required
2015 90 Day Reporting Period

- All providers, regardless of stage, will attest to a 90 day period in 2015 (excluding AIU)
- If you already attested for AIU or Participation Year 2 for 90 days – no impact
- DOH indicated they plan to continue taking MEIPASS attestations using the existing requirements until November. After they change their system, you will attest to the new Modified Stage 2 for 2015.
MU Building Blocks Remain the Same

- **Use Certified EHR Technology**
  - 2016: 2014 Edition

- **Meet and attest to MU Measures**
  - 2015: Modified Stage 2 measures
  - 2016: Modified Stage 2 measures
  - 2017: Modified Stage 2 measures
  - Optional Stage 3 measures
  - 2018+: Stage 3 measures

- **Report Clinical Quality Measures**
  - Minor tweaks to CQMs
Clinical Quality Measures

You still need to submit 9 CQMS across 3 domains.

Medicare is moving to eCQMs but states have the option on how providers will submit.
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** Alternate Exclusions available for some measures
Modified Stage 2 Measures
## Modified Stage 2 Pocket Guide

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<tr>
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<th>CPOE</th>
<th>E-Prescribing</th>
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<td>Conduct or review a <strong>security risk analysis</strong> and address security including encryption</td>
<td>Implement <strong>5 CDSS Rules</strong> associated with 4 or more CQMS and Enable drug/drug and drug/allergy checking</td>
<td>&gt;60% of medication Orders entered using CPOE and &gt;30% of lab orders entered using CPOE</td>
<td>&gt;50% of permissible prescriptions are queried for a drug formulary and transmitted electronically</td>
<td>&gt;10% of transitions of care/referrals include a summary of care document created by the CEHRT and is exchanged electronically</td>
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### Patient Education
- **Medication Reconciliation**
- **Electronic Access**
- **Secure Messaging**
- **Public Health/Clinical Data Registry Reporting**

- **Patient Education**
  - >10% of patients receive patient specific education resources identified by the EHR
- **Medication Reconciliation**
  - >50% of transitions of care have the medications reconciled
- **Electronic Access**
  - >50% of unique patients seen by the EP are provided online access to view, download and transmit (VDT) within 4 business days;
  - 2015-2016: 1 patient VDT
  - 2017: >5% VDT
- **Secure Messaging**
  - 2015: Enable capability for patients to send and receive a secure message
  - 2016: At least one patient was sent a secure message
  - 2017: >5% of patients was sent a secure message.
- **Active Engagement for 2 out of 3 registries**
  - Immunization Registry (1x)
  - Syndromic Registry (1x)
  - Specialized Registry (2x)
Measures No Longer Required for Attestation

- Record Demographics*
- Record Allergies**
- Record Problems**
- Record Vital Signs*
- Structured Lab Results*
- Record Smoking Status*
- Clinical Summaries/Visit Summary
- Patient List
- Electronic Notes
- Imaging Results
- Family Health History
- Summary of care any method
- Summary of care test with another EHR

* required to be included on the summary of care if available
** Must be included on all summary of care documents
Modified Stage 2 Measure  
Protect ePHI

- **Objective:** Protect e-health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities

- **Measure:**
  - Conduct or review a security risk analysis, including addressing the security (to include encryption) of ePHI created or maintained in CEHRT.
  - Implement security updates as necessary and correct identified security deficiencies

You must conduct or update your security risk assessment during the payment year. Needs to be documented annually for audits.  
Risk Assessment tool(s) available:  
Modified Stage 2 Measure
Clinical Decision Support (CDSS)

- **Objective:** Use clinical decision support to improve performance on high-priority health conditions

- **Measure:**
  1. Implement 5 CDSS rules associated to 4 or more CQMs for the entire EHR reporting period
     - If there are no relevant clinical quality measures they must be related to high-priority health conditions
  2. Enable drug/drug, drug/allergy checking for the entire EHR reporting period
     - *Exclusion - Provider who writes fewer than 100 medication orders during the EHR reporting period*
Modified Stage 2 Measure

Computerized Order Entry (CPOE)

- **Objective:** Use computerized provider order entry for *medication*, *laboratory*, and *radiology* orders directly entered by any *licensed healthcare professional* that can enter orders into the medical record per state, local, and professional guidelines.
Modified Stage 2 Measure

CPOE Measures

1. >60% of Medication orders entered using CPOE by licensed healthcare professional
   • *Exclusion: provider writes less than 100 medication orders in the reporting period*

2. >30% of Lab orders entered using CPOE by licensed healthcare professional
   • *Exclusion: provider writes less than 100 lab orders in the reporting period*

3. >30% of Radiology orders entered using CPOE by a licensed healthcare professional
   • *Exclusion: Provider writes less than 100 radiology orders in the reporting period*
Modified Stage 2 Measure  
Electronic Prescribing

- **Objective:** Generate and transmit permissible prescriptions electronically (eRx)
- **Measure:** >50% of permissible prescriptions are queried for a drug formulary and transmitted electronically.
  - **Numerator:** The number of permissible prescriptions that were queried for a drug formulary and transmitted electronically using CEHRT.
  - **Denominator:** Number of permissible prescriptions written during the EHR reporting period.
- **Exclusions:**
  - Any EP that writes less than 100 permissible prescriptions during the reporting period
  - Does not have a pharmacy within their organization and no pharmacy that accepts electronic prescriptions within 10 miles of the practice location.
Modified Stage 2 Measure
Health Information Exchange (HIE)

- **Objective**: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral

- **Measure**: >10% of transitions of care/referrals include a summary of care document created by the CEHRT and transmitted electronically
  - **Numerator**: Number of transitions of care/referrals where a summary of care was created using CEHRT and exchanged electronically
  - **Denominator**: Number of transitions of care/referrals during the reporting period where the EP was the referring/transferring provider
  - **Exclusion**: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the reporting period
“Transmit Electronically” - FAQ

• An FAQ available from (CMS FAQ 9064) clarifies “transmit electronically” to include using:
  1. CEHRT Direct capability
  2. CEHRT SOAP-based transport
  3. CEHRT to create a summary of care (C-CDA) and electronic transmission accomplished through eHealth Exchange that enables electronic transmission of summary care record to its intended recipient
Exchanging Summary of Care Electronically via Direct

Direct is specifically designed to allow electronic exchanges of summary of care records:

- The capability is built directly into your MU2 certified EHR.
- Direct enables information exchange across disparate EHR products helping you achieve MU2 requirements.

Source: NYeC
How Do I Get Direct For My Organization?

• Consult with your **RHIO** to discuss connecting your organization on the Direct network

  OR

• Contact your **EHR vendor**

• In either case, fully understand the pricing to enable Direct for your organization as well as the workflow implications
Exchanging Summary of Care Electronically via RHIO (Integrated to EHR)

Source: Hixny
Please see the Appendix for more information re: a financial incentive program to support your FQHC’s connection to a RHIO.
Modified Stage 2 Measure
Patient Education

• **Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

• **Measure:** >10% of patients seen by the EP during the reporting period receive patient specific education resources identified by CEHRT
  - **Numerator:** Number of patients who were provided patient-specific education resources identified by the CEHRT
  - **Denominator:** Number of unique patients with office visits seen by the EP during the reporting period
  - **Exclusion:** Any EP who has no office visits during the reporting period

➢ **Note:** CMS FAQ 8231 – *Education resources are supposed to be given in the same year of the reporting period*
Modified Stage 2 Measure
Medication Reconciliation

• **Objective**: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP

• **Measure**: >50% of transitions of care have the medications reconciled
  - **Numerator**: The number of transitions of care where medication reconciliation was performed
  - **Denominator**: Number of transitions of care during the reporting period where the EP was the receiving party of the transition
  - **Exclusion**: Any EP who was not the recipient of any transitions of care during the reporting period
Modified Stage 2 Measure
Electronic Access Measures

- **Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

- **Measure 1 of 2 (Access):** >50% of unique patients seen by the EP during the reporting period are provided online access to view, download and transmit within 4 business days.
  - **Numerator:** The number of patients who have access to view online, download and transmit their health information within 4 business days
  - **Denominator:** Number of unique patients seen by the EP during the reporting period
Modified Stage 2 Measure
Electronic Access: Measure 2 of 2

• Measure 2 of 2 (View, Download, Transmit):
  – 2015 & 2016: At least one patient seen by the EP during the reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.
  – 2017: >5% of unique patients seen by the EP during the reporting period views, downloads, or transmits their health information during the reporting period.
Modified Stage 2 Measure
Electronic Access: Measure 2 of 2

• Measure 2 of 2 (cont):
  – **Numerator**: The number of patients (or patient-authorized representative) who view, download, or transmit to a third party their health information.
  – **Denominator**: Number of unique patients seen by the Eligible Provider during the EHR Reporting Period.
  – **Exclusions**:
    1. Any EP who doesn’t order or create any information listed for inclusion on the portal
    2. Conducts > 50% of patient encounters in a county that does not have 50% or more of its housing units with 4MBPS broadband on the first day of the EHR reporting period
Electronic Access: Portal Requirements

Information required to be available on the portal, include:

- Patient Name
- Provider’s Name
- Current and past problem list
- Procedures
- Current medication list and history
- Current medication allergy list and history
- Vitals (height, weight, blood pressure, BMI, growth charts)
- Smoking Status
- Demographics
- Care plan goals and instructions
- Care team members, including PCP of record
Electronic Access: Broadband Exclusion

- Check the broadband download speed in your county through the [National Broadband Map](http://www.broadbandmap.gov/nbm/rank).

1. Select Geography
   - Go to “Rank within a State” section
   - Click “County” button
   - Select State field – enter State

2. Select Metric
   - Click “Speed” button
   - Click “Generate the List” button

3. Select "Manage metrics"
   - Click "% housing units"
Modified Stage 2 Measure
Secure Messaging

• **Objective:** Use secure electronic messaging to communicate with patients on relevant health information

• **Measure:**
  – 2015: *Capability* for patients to send and receive a secure electronic message with the EP was fully enabled.
  – 2016: At least 1 patient seen by the EP during the EHR reporting period was sent a secure message.
  – 2017: >5% of unique patients seen by the EP during the reporting period was sent a secure message.
Modified Stage 2 Measure
Secure Messaging

• Measure (cont):
  – **Numerator**: The number of patients that were sent a secure electronic message, or in response to a secure message sent by the patient.
  – **Denominator**: Number of unique patients seen by the Eligible Provider during the EHR Reporting Period.
  – **Exclusion**: Conducts > 50% of patient encounters in a county that does not have 50% or more of its housing units with 4MBPS broadband on the first day of the EHR reporting period.
Modified Stage 2 Measure
Public Health

- The EP is in **active engagement** with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.
Providers that fail to respond within 30 calendar days to PHA requests for action on two (2) separate occasions will not meet the public health measure for which action was requested.
Modified Stage 2 Measure

Public Health – 3 Measure Options

- Immunization Registry
  Use only 1 registry

- Syndromic Registry
  Use only 1 registry

- Specialized Registry
  Use up to 2 registries

- Must be Actively Engaged in 2 out of 3 registries to meet the measure
- Must start Active Engagement within 60 days of the start of the reporting period
- Some exclusions may apply but don’t count as meeting the measure
Modified Stage 2 Measure
Immunization Registry Reporting

• The Eligible Provider is in active engagement with a public health agency to submit immunization data.
  – Maximum of 1 immunization registry can be used

• Exclusions:
  – **Does not administer any immunizations** to any of the populations for which data is collected by its jurisdiction’s immunization registry or immunization information system.
  – **No immunization registry is capable** of accepting the standards required at the start of the reporting period.
  – No immunization registry has declared readiness.
Modified Stage 2 Measure
Syndromic Surveillance Reporting

• The Eligible Provider is in active engagement with a public health agency to submit syndromic surveillances data.

• Exclusions:
  – Is not in a category of providers from which syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system
  – Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards at the start of the reporting period OR
  – Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data at the start of the reporting period
Modified Stage 2 Measure
Specialized Registry Reporting

• The EP is in active engagement to submit data to a specialized registry. Includes cancer case reporting. Can count the measure up to two times.

• Exclusions:
  – **Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;**
  – Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  – Operates in a jurisdiction where no specialized registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
Public Health – Using a Specialized Registry

1. Confirm data supplied to the registry is collected in the CEHRT

2. Verify the registry publically broadcasts they are a “specialized registry” for MU and has an onboarding process that matches “Active Engagement”
   - Document you are in one of the 3 Active Engagement Steps

3. Submit data electronical from CEHRT or via electronic file upload based on the requirements of the registry.

Additional Considerations

- Broadly defined
- No Certification requirements
- Cancer case reporting requires CEHRT standards
- Registry needs to document provider’s “active engagement”
- Actively engage within 60 days after the start of the reporting period
- Hand-entered data into web-based portal does not qualify

Specialized registries could include, but are not limited to: birth defects registries, chronic disease registries, traumatic injury registries, and registries focused on healthcare associated infections. (Does not have to be within state health departments)

http://www.cdc.gov/ehrmeaningfuluse/specialized_registry.html
Special Exclusion for Stage 2 Providers in 2015

CMS FAQ #12985

Must attest to at least 2 measures unless they meet the exclusion criteria

May claim an Alternate Exclusion for Syndromic or Specialized Registry

“we will allow providers to claim an alternate exclusion for a measure if they did not intend to attest to the equivalent prior menu objective consistent with our policy for other objectives and measures
Modified Stage 2 Measures
- Alternate Exclusions

2015 Requirements *only* for Providers that would have attested to Stage 1 in 2015
## Modified Stage 2 – Alternate Exclusion Options

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| Conduct or review a **security risk analysis** and address security including encryption | Implement 1 CDSS Rule and Enable drug/drug and drug/allergy checking | >30% of medication Orders entered using CPOE  
>30% of lab orders entered using CPOE  
>30% of radiology orders entered using CPOE  
Alternate Exclusion Option | >40% of permissible prescriptions are transmitted electronically | >10% of transitions of care/referrals include a summary of care document created by the CEHRT and is exchanged electronically  
Alternate Exclusion Option |

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| >10% of patients receive patient specific education resources identified by the EHR | >50% of transitions of care have the medications reconciled | >50% of unique patients seen by the EP are provided online access to view, download and transmit (VDT) within 4 business days; 1 patient VDT  
Alternate Exclusion Option | 2015: Enable capability for patients to send and receive a secure message  
Alternate Exclusion Option | Active Engagement for 1 out of 3 registries  
• Immunization Registry (1x)  
• Syndromic Registry (1x)  
• Specialized Registry (2x) |

*Alternate Exclusion Option*
# Modified Stage 2 – Alternate Exclusion Options

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<td>Protect ePHI</td>
<td>Conduct/review security risk assessment, including addressing security/encryption of ePHI, implement security updates and correct deficiencies</td>
</tr>
<tr>
<td>Clinical Decision Support</td>
<td>Implement 1 CDSS Rule and Enable Drug-Drug, Drug-Allergy Checking for the entire EHR reporting period.</td>
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</table>
| CPOE                            | >30% of Medication ordered entered using CPOE.  
  *Alternate Exclusion for Lab and Radiology orders for CPOE in 2015* |
| eRX                             | >40% of permissible prescriptions are transmitted electronically.       |
| Health Information Exchange (HIE) | >10% of transitions of care/referrals include a summary of care document created by the CEHRT and is transmitted electronically.  
  *Alternate Exclusion – not required* |
| Patient-Specific Education      | >10% of patients seen by the EP during the reporting period receive patient specific education resources identified by CEHRT  
  *Alternate Exclusion - not required if you did not intend to select this menu measure.* |
| Medication Reconciliation        | >50% of transitions of care have the medications reconciled.  
  *Alternate Exclusion - not required if you did not intend to select this menu measure.* |
### Modified Stage 2 – Alternate Exclusion Options (cont)

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<td><strong>Patient Electronic Access</strong></td>
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</table>
|                            | At least one patient seen by the EP during the reporting period views, downloads, or transmits (VDT) their health information during the reporting period  
**VDT Alternate Exclusion - not required** |
| **Secure Messaging**       | Capability for patients to send and receive a secure electronic message with the EP was fully enabled  
**Alternate Exclusion - not required** |
| **Public Health/Clinical Data Registries** | Report 1 Measure – **Active Engagement** (registration, testing or on-going submission of electronic data): Immunization Registry, Syndromic Registry, Specialized Registry (includes Cancer Registries)  
**Same exclusions as previous Meaningful Use**  
- Provider does not administer/diagnose  
- No registry available in the jurisdiction  
- No registry that has declared readiness |
Meaningful Use Stage 3
## Stage 3 Objectives 2018+ Pocket Guide

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<td>Enable drug/drug and drug/allergy checking</td>
<td>&gt;60% of lab orders entered using CPOE</td>
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<td></td>
<td>&gt;60% of diagnostic imaging orders entered using CPOE</td>
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### HIE
(Report all, meet threshold for 2 out of 3)

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<th>Patient Engagement</th>
<th>Public Health/Clinical Data Reporting</th>
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| >50% of transitions of care/referrals include a summary of care document created by the CEHRT and is transmitted electronically | >50% of unique patients are provided online access to view, download and transmit their health information; AND ensures the information is available to access using an API | >10% of unique patients see by the EP views, downloads, or transmits their health information; OR access their health information through an API; or a combination of the 2 options. | • Immunization Registry  
• Syndromic Registry  
• Case Reporting  
• Public Health Registry*  
• Clinical Data Registry * |
| >40% of transitions/referrals/new patients received, the EP incorporates the summary of care into the EHR. | >35% of patients seen by the EP are provided electronic access to patient-specific education resources | >25% of patients seen by the EP was sent a secure message | * can have up to 2 different public health and clinical data registries each |
| >80% of transitions/referrals/new patients received have their medication, allergies, and problem list reconciled. | | >5% of patients seen by the EP have patient generated health data or data from a non-clinical setting is incorporated into the CEHRT. | |
### Meaningful Use Stage 3
Public Health/Clinical Data Reporting

1. Completed registration of intent to submit data
2. Testing or validation
3. Ongoing submission

<table>
<thead>
<tr>
<th>Public Health Measures</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>1. Immunization Registry</td>
<td>Bi-directional data exchange proposed</td>
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<tr>
<td>2. Syndromic Surveillance</td>
<td>EPs report data from non-urgent care ambulatory settings; EHS from emergency or urgent care departments</td>
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<tr>
<td>3. Case Reporting (expanded cancer reporting)</td>
<td>“Reportable conditions&quot; as defined by state, territorial, or local public health agencies (PHA)</td>
</tr>
<tr>
<td>4. Public Health Registry</td>
<td>Registry administered by, or on behalf of, a local, state, territorial, or national PHA</td>
</tr>
<tr>
<td>5. Clinical Data Registry (CDR) (formerly specialized registry)</td>
<td>Registry administered by, or on behalf of, non-public health agency entities; Includes Cancer Registry for EPs only</td>
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</table>

**Action!** Identify options for a certified Clinical Data Registry if needed for 2016+.

11/2/15 [www.chcanys.org](http://www.chcanys.org)
Special Note: Social Determinants of Health CEHRT Requirements

All 2015 certified EHRs must have the capability to collect data on Social Determinants of Health:

- Financial resource strain
- Stress
- Depression
- Physical activity
- Alcohol use
- Social connection and isolation
- Education
- Exposure to Violence
- Sexual Orientation
- Gender Identity
Preparing for Attestation: Next Steps

1. Review performance data
2. Collect audit documentation for evidence
3. Focus on:
   - Sending referrals electronically
   - Identify Public Health or Specialized Registry reporting options
   - Enable drug formulary checking and see if your EHR can run it automatically
   - Increase patient portal enrollment and utilization
   - Import C-CDA (summary of care) from the RHIO on new patients if available to prepare for Stage 3
   - See what options your EHR vendor has to import patient reported data to prepare for Stage 3
NYeC Medicaid Eligible Professional (EP2) Adoption & MU Support

• Provides technical and support services for EHR adoption and Meaningful Use
• Medicaid Meaningful Use EPs, including Dentists
• Extended until 9/30/16
• FQHC Practices who are not currently participating in the EP2 program should contact Lisa Perry or Stephanie Rose for potential assistance.
Resources

- **CMS.gov EHR Incentive Program**

- **NY Medicaid EHR Incentive Program**

- **EHR Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017 Final Rule**
  [https://www.emedny.org/meipass/index.aspx](https://www.emedny.org/meipass/index.aspx)

- **2015 Edition Certification Criteria Final Rule**

- **HIMSS Article on MU Payment Adjustments**

- **DartNet Specialized Registry Information**
Final Note:

• Portions of the information presented today were to support the Medicaid Eligible Professional Expansion Program and Meaningful Use activities and adoption of electronic health records (EHR). The related content was adopted from either or both NY Stage DOH eMedNY or CMS resources
  – (NYeC)
QUESTIONS?
APPENDIX
Tips for Attestation and Audits
Preparing for Attestation: Calculating Medicaid Patient Volume

30% or more Medicaid patient volume during a 90 day period (20% for Pediatricians)

a) Standard Patient Volume:

\[
\frac{\text{Total Medicaid Encounters}}{\text{Total Encounters}}
\]

OR

b) Alternate Patient Volume:

\[
\frac{\text{Medicaid Patient Panel} + \text{Medicaid Encounters}}{\text{Total Patient Panel} + \text{Total Encounters}}
\]
Preparing for Attestation: Calculating Medicaid Patient Volume (cont)

- 90 consecutive days may be calculated:
  a) within the calendar year prior to the payment year, OR
  b) preceding 12 months from the date of attestation

- May use aggregate data from all providers at the practice

⚠️ Use of the preceding 12 month option may delay payment due to availability of claims data
Preparing for Attestation: Needy Patient Option

- FQHC’s may use Needy Patients volume instead of the Medicaid volume. Best used only if you don’t have 30% Medicaid patient volume since additional calculations are required.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Medicaid Volume</th>
<th>Needy Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Fee-For Service</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Family Health Plus</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Child Health Plus</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Uncompensated Care</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Sliding Scale</td>
<td>✗</td>
<td>✓</td>
</tr>
</tbody>
</table>
Audits

- Medicaid and Medicare are required to conduct audits. They can deny or recoup payments!

**Pre-payment**
- Provider level
- Verifies information
- Compares to DOH data

**Post-Payment**
- Provider level
- Back end data audit
- More intense after AIU attestation
Medicare Incentive Payments

Timeline for PFS Payment Adjustment and Remaining Incentive

*Part B (PFS) Penalties Start in 2015*

- **2015**
  - Medicare PFS 2% payment reduction begins for providers that did not attest for Meaningful Use in 2013

- **2016**
  - Last year for Medicaid providers to start collecting incentives

- **2019**
  - Last year of Medicaid incentive payments

- **2021**
  - Modifications to Medicare payment adjustment structure and amount by the Medicare Access and CHIP Reauthorization Act (MACRA) bill

- **Future Years**

256,000

Estimated number of EPs subject to payment adjustment in 2015

Sustainable Growth Rate Repeal Impacts EP Adjustment Calculation

Separate payment adjustment for EPs that don’t meet MU is now replaced with a Merit-based Incentive Payment System (MIPS). MU is one of the four inputs to a provider’s annual MIPS score.

Data Exchange Incentive Program
Overview

Objective: To increase Clinical Data Exchange contributions from Practices and their Medicaid Eligible providers.

Goal: Enlist at least 3,000 new Medicaid providers who will be contributing Clinical Data, as the result of their Practices executing new Qualified Entity* (QE) Participation Agreements.

* Qualified Entity – Previously referred to as Regional Health Information Organizations (RHIO)
Eligibility

– Organization needs to have a signed QE Participation Agreement **AND** agree to contribute at least 5 of 7 Clinical Data Elements
  • Clinical Data Elements include: Demographics, Encounters, Labs, Allergies, Medications, Procedures, & Diagnoses
– The Go-Live of Clinical Data Exchange needs to occur **AFTER 4/1/2014**
  • If Organization was sending only ADT or Demographics prior to April 1, 2014, it may be eligible if it upgrades exchange capability to include at least 5 of 7 Clinical Data Elements required for this program
– A maximum of 40 Eligible Providers per Site are eligible for Incentive payments
– Organizations need to attest they will keep the connection active and contribute data for a minimum of one year*

* NYeC/DOH reserves the right to change standards for the new organizations that participate.
  There will be a claw-back of incentive payment if organization terminates clinical data sharing before one year from Go-Live
## Incentive Payments

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization confirms that it has a signed RHIO Participation Agreement &amp; Attests to contribute clinical data for 1 year</td>
<td>$2,000 (20% of $10,000)</td>
</tr>
<tr>
<td>Organization Attests EHR Interface’s “Go-Live” date (i.e. It is contributing 5 of 7 Clinical Data Elements: Demographics, Encounters, Labs, Allergies, Medications, Procedures, &amp; Diagnoses)</td>
<td>$8,000 (80% of $10,000)</td>
</tr>
<tr>
<td>Organization Attests on behalf of its EPs (up to a maximum of 40 providers per site)</td>
<td>$500 per provider (Maximum of $20,000)</td>
</tr>
</tbody>
</table>
Program Facilitation

- NYeC is coordinating the Data Exchange Incentive Program

- Primary **NYeC** contact is:
  
  Peggy Frizzell  
  pfrizzell@nyehealth.org  
  Phone: 646 619 6562

- For RHIO contact information:
  