# NY Medicaid EHR Incentive Program

Eligible Professionals - Dentists
2016 Meaningful Use Suggestions

# Webinar Logistics
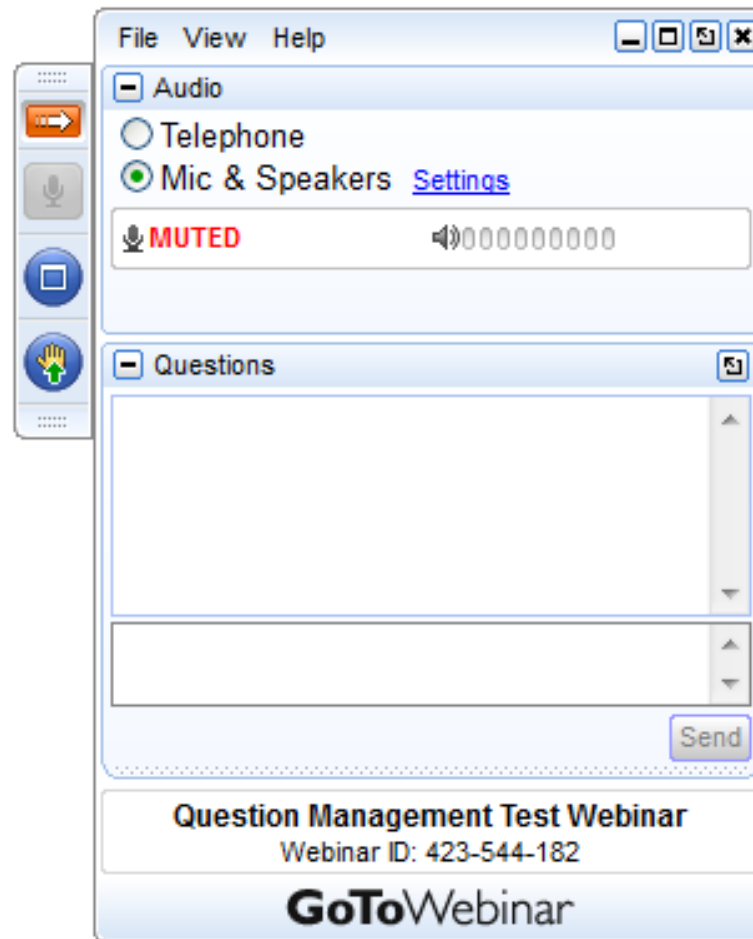
# **Webinar Agenda**

➢Purpose

➢Brief Overview of Program Requirements

➢Modified Stage 2 Overview

  ➢Objectives & Measures

  ➢Public Health Reporting

  ➢Clinical Quality Measures

  ➢Suggestions for Dentists

➢Closing Comments

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# Purpose of this Webinar

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# **Purpose**

**To provide guidance for dental EPs completing meaningful use**

Dental-specific resources
- ➢Webinar
- ➢New Dental Provider Registration Welcome Email
- ➢Tip Sheet

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# Important Note

➢This webinar is for guidance only
  ➢Dentists are not required to follow these suggestions exactly


➢Details for the measures and exclusions of each objective are available [here](here)
  ➢Attend a [meaningful use webinar](meaningful-use-webinar) for more information on meaningful use and patient volume reporting periods

# **Brief Overview of Program Requirements**

# 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)

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# Medicaid Patient Volume (MPV)

The Medicaid patient volume must be a continuous 90-day period from either:

**Previous calendar year**

**Preceding 12 months from the date of attestation**

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# EHR Reporting Period

➢Reporting period for your meaningful use data

➢Must be within the payment year

| MU Completion | Reporting Period |
|---|---|
| EPs new to MU | 90 days |
| All others | Full calendar year |

# Modified Stage 2 – Overview and Suggestions for Dentists

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# Legislation

| | |
|---|---|
| **2009** | • HITECH Act |
| **2010** | • Stage 1 Final Rule |
| **2012** | • Stage 2 Final Rule |
| **2014** | • CEHRT Flexibility Final Rule |
| **2015** | • Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule |

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# 2015-2017 MU Provisions

➢Referred to as **Modified Stage 2**

➢Effective December 15, 2015

➢Removal of redundant, duplicative, and topped out measures

➢Modifications to public health reporting requirements

# **Modified Stage 2**

EPs must attest to **10 Meaningful Use objectives**:

9 objectives (variation of threshold and activity)
1 Public Health Reporting objective

Additionally, EPs must report on **9 (of 64) Clinical Quality Measures.**

# Modified Stage 2 Objectives

1. Protect Patient Health Information
2. Clinical Decision Support
3. Computerized Provider Order Entry (CPOE)
4. Electronic Prescribing (eRx)
5. Health Information Exchange
6. Patient-Specific Education
7. Medication Reconciliation
8. Patient Electronic Access (VDT)
9. Secure Messaging
10. Public Health Reporting

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# 1. Protect Patient Health Information

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| Conduct or review a security risk analysis | None | Dentists must meet this measure – consult your EHR vendor if you have questions about completing this |

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# 2. Clinical Decision Support (Measure 1)

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| 1. Implement five (5) clinical decision support interventions related to four (4) or more clinical quality measures or high-priority health conditions | None | Use recommended CQMs as guidance or relate to high-priority dental conditions. |

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# 2. Clinical Decision Support (Measure 2)

| Measure | Exclusion | Suggestions – Dentists |
|---------|-----------|------------------------|
| 2. Enable drug-drug and drug allergy interaction checks for the entire EHR reporting period | Any EP who writes fewer than 100 medication orders during the EHR reporting period | ➢ Consult your EHR vendor for assistance enabling this functionality<br>➢ Enter current medications during patient appointments |

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# 3. Computerized Provider Order Entry (CPOE)

| Measures | Exclusion | Suggestions – Dentists |
|---|---|---|
| 1. More than 60% of medication orders<br>2. More than 30% of lab orders<br>3. More than 30% of radiology orders | Any EP who writes fewer than 100 medication, lab, or radiology orders during the EHR reporting period (exclusion for each measure respectively) | ➢ May be able to claim exclusions<br>➢ If medications aren't already inputted by the physician, enter manually into your system |

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# 4. Electronic Prescribing (eRx)

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| More than 50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT | Any EP who:<br>➢ Writes fewer than 100 prescriptions during EHR reporting period<br>➢ OR does not have a pharmacy accepting e-prescriptions | ➢ May be able to claim exclusions<br>➢ Order all prescriptions through your CEHRT in place of written prescriptions |

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# 5. Health Information Exchange

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| EP who transitions/refers patient to another setting of care must:<br>• use CEHRT to create a summary of care record and<br>• electronically transmit the summary for more than 10% of referrals | Any EP who transfers patients to another setting/refers patients to another provider less than 100 times during the EHR reporting period | ➢ May be able to claim exclusions<br>➢ Evaluate how you provide summary of care. How would the provider and patient receive it? |

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# **Check-in Question**

Can dentists claim exclusion for Objective 1 – conduct a security risk analysis?

a)  Yes.
b)  No, there is no exclusion for this measure.

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# Check-in Question

Can dentists claim exclusion for Objective 1 – conduct a security risk analysis?

a) Yes.

b) **No, there is no exclusion for this measure.**

# 6. Patient Specific Education

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| Patient specific education resources identified by CEHRT are provided to more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period | Any EP who has no office visits during the EHR reporting period | ➢ Use your EHR system to identify resources<br>➢ Contact your vendor about this functionality<br>➢ Track your distribution |

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# 7. Medication Reconciliation

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transition into the EP's care | Any EP who was not the recipient of any transitions of care during the EHR reporting period | ➢ May be able to claim the exclusion<br>➢ Perform and document medication reconciliation for all transitions of care in your EHR |

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# 8. Patient Electronic Access (VDT) (Measure 1)

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, or transmit their health information | ➢ Any EP who neither orders or creates any of the information listed for inclusion | ➢ Capture requests to provide electronic copies of health information |

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# 8. Patient Electronic Access (VDT) (Measure 2)

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| At least 1 patient views, downloads, or transmits their health information during the EHR reporting period | ➢ Any EP who neither orders or creates any of the information listed for inclusion<br>➢ Conducts 50% or more of encounters in a county that does not have broadband availability | ➢ Use broadband availability tool<br>➢ Capture requests to provide electronic copies of health information |

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# 9. Secure Messaging

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| Functionality for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period | ➢ Any EP who has no office visits during the EHR reporting period.<br>➢ Conducts 50% or more of encounters in a county that does not have broadband availability | ➢ Use broadband availability tool<br>➢ Contact your vendor about how to enable this functionality |

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# 10. Public Health Reporting Measure Option 1

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| **Immunization:** Active engagement with a public health agency to submit immunization data. | ➢ Any EP who does not administer immunizations to any populations for which data is collected by its jurisdiction's registry or information system during the EHR reporting period | ➢ Dentists can likely claim the exclusion |

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# 10. Public Health Reporting Measure Option 2

| Measure | Exclusion | Suggestions – Dentists |
|---|---|---|
| **Syndromic Surveillance:** Active engagement with a public health agency to submit syndromic surveillance data. | ➢ Any EP who is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system | ➢ Dentists can likely claim the exclusion |

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# 10. Public Health Reporting Measure Option 3

| Measure | Exclusion | Suggestions – Dentists |
|---------|-----------|------------------------|
| **Specialized Registry:** Active engagement to submit data to a specialized registry | ➢ Any EP who does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period | ➢ Dentists can possibly claim the exclusion depending on if specialized diseases that the dentists sees are included in the registry |

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# **Active Engagement**

There are 3 options for active engagement under the Public Health Reporting Objective:

1. Option 1: Completed Registration to Submit Data

2. Option 2: Testing and Validation

3. Option 3: Production

# Public Health Matrix

| Measures | NY City Report To | NY State (outside of NY City) Report To |
|---|---|---|
| **Immunization Registry Reporting** | Citywide Immunization Registry (CIR) NYC DOHMH | NYS Immunization Information System (NYSIIS) NYSDOH |
| **Syndromic Surveillance Reporting** | NYC Department of Health and Mental Hygiene NYC DOHMH | This option is not available for EPs outside of NYC |
| **Specialized Registry Reporting** | **Cancer Case Reporting** New York State Cancer Registry (NYSCR) NYSDOH <br><br> **Notifiable Conditions** NYC Department of Health and Mental Hygiene NYC DOHMH | **Cancer Case Reporting** New York State Cancer Registry (NYSCR) NYSDOH <br><br> This option is not available for EPs outside of NYC |

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# **Check-in Question**

How many Public Health Reporting Objectives are there?

a) 3 objectives, 1 measure each

b) 2 objectives

c) 1 objective, 3 measure options

d) 4 objectives

# **Check-in Question**

How many Public Health Reporting Objectives are there?

a)  3 objectives, 1 measure each

b)  2 objectives

**c)  1 objective, 3 measure options**

d)  4 objectives

# Clinical Quality Measures

# Clinical Quality Measures (CQMs)

➢ No changes to CQM selection or reporting scheme from CQM requirements in Stage 2 rule

➢ EPs must attest to **9** of the approved 64 CQMs
- 9 recommended CQMs for the adult population
- 9 recommended  CQMs for the pediatric population
- Must select CQMs **from at least 3 of the 6 policy domains**
- [For more information please view the CMS Clinical Quality Measures website](#)

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# CQM Reporting Period

➤ This CQM reporting period may be different from the EHR reporting period for the meaningful use objectives and measures

| MU Completion | Reporting Period |
|---|---|
| EPs new to MU | 90 days |
| All others | Full calendar year |

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# Recommended Adult CQMs

| eM ID & NQF | CQM Title | Domain |
|---|---|---|
| • CMS165v1<br>• NQF 0018 | Controlling High Blood Pressure | Clinical Process/ Effectiveness |
| • CMS156v1<br>• NQF 0022 | Use of High-Risk Medications in the Elderly | Patient Safety |
| • CMS138v1<br>• NQF 0028 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | Population/ Public Health |
| • CMS166v1<br>• NQF 0052 | Use of Imaging Studies for Low Back Pain | Efficient Use of Healthcare Resources |
| • CMS2v1<br>• NQF 0418 | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | Population/ Public Health |
| • CMS68v1<br>• NQF 0419 | Documentation of Current Medications in the Medical Record | Patient Safety |
| • CMS69v1<br>• 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 |

For more information please visit the CMS Clinical Quality Measures website

# Recommended Pediatric CQMs

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

For more information please visit the CMS Clinical Quality Measures website

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# Recommended Dental CQMs

| eM ID & NQF | CQM Title | Domain |
|---|---|---|
| • CMS138v4<br>• NQF 0028 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | Population/ Public Health |
| • CMS68v5<br>• NQF 0419 | Documentation of Current Medicine in the Medical Record | Patient Safety |
| • CMS50v4 | Closing the Referral Loop: Receipt of Specialist Report | Care Coordination |
| • CMS75v4 | Children Who Have Dental Decay or Cavities | Clinical Process/Effectiveness |
| • CMS74v5 | Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists | Clinical Process/Effectiveness |

Note: There are only <u>five </u>CQMs suggested in this list. The dentist would need to select four more CQMs to fulfill the <u>reporting requirement of nine</u>.

For more information please visit the CMS Clinical Quality Measures website

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# CQM Recommendations

- Use one of the suggested sets

- Use as many CQMs as possible that are relevant to the dental scope of practice

- A "0" may be submitted for CQM data
  - [FAQ: May a provider report zero for a clinical quality measure (CQM)?](#)

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# **Check-in Question**

EPs must report on 9 CQMs from at least ____ policy domains.

a)  6 domains

b)  3 domains

c)  9 domains

d)  2 domains

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# **Check-in Question**

EPs must report on 9 CQMs from at least ___ policy domains.

a) 6 domains

**b) 3 domains**

c) 9 domains

d) 2 domains

# Closing Comments

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# Prior to Attesting

➢Verify your CMS registration information (including
  phone and email)

➢If it needs to be changed, please update your record
  in the [CMS Registration and Attestation System](#).

➢Verify ETIN, ePACES, and MEIPASS credentials

# Support Services

## Numerator Data Requests

EPs may request a summary of their Medicaid claims.  This report may only be used as guidance and does not suffice as supporting documentation.

## Pre-validation

Individual and group EPs who have already determined their Medicaid patient volume may submit their data prior to attesting.

Contact [hit@health.ny.gov](mailto:hit@health.ny.gov) to request these services.

# **Deadlines**

➤ Attestation deadline is 90 days after the

payment year

    ➤ March 31, 2017 for Payment Year 2016

➤ [Providers can submit an Attestation Deadline

Request up to 30 days after the attestation](#)

deadline.

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# Resources

## State Resources

- **NY Medicaid EHR Incentive Program website** www.emedny.org/meipass

- **MEIPASS** https://meipass.emedny.org/

- **eMedNY LISTSERV** www.emedny.org/Listserv/EHR_Email_Alert_System.aspx

- **New York State Medicaid HIT Plan (NY-SMHP)**
  http://health.ny.gov/regulations/arra/docs/medicaid_health_information_technology_plan.pdf

## Other Resources

- **CMS Website for the Medicare and Medicaid EHR Incentive Programs**
  http://www.cms.gov/ehrincentiveprograms/

- **ONC Home Page** http://www.healthit.gov/

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# CMS Help Desk

*phone:* 888-734-6433

Program Registration, Meaningful Use, Medicare Program

# NY Medicaid EHR Incentive Program Support Teams

*phone:* 1-877-646-5410

**Option 2:** Program Policies, Patient Volume, Meaningful Use, and Attestation  Reviews
*email:* hit@health.ny.gov

**Option 3:** Public Health Reporting Guidance, Registration, and  Status
*email:* MUPublicHealthHELP@health.ny.gov

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