NEW YORK STATE OF OPPORTUNITY. Department of Health

NY Medicaid EHR Incentive Program Version 1. October 2015

Guide for Eligible Professionals Practicing in Multiple Locations and Meaningful Use Stage 2

Meaningful Use and Multiple Locations

In order to achieve meaningful use, eligible professionals (EPs) must demonstrate the following:

- at least 50% of their patient encounters occurred at locations equipped with certified EHR technology (CEHRT) during the EHR reporting period
- at least 80% of their unique patients have stored data in certified EHR technology during the EHR reporting period

EPs who practice in multiple locations must attest with complete meaningful use data from all locations equipped with CEHRT during the EHR reporting period, i.e. combine numerator and denominator data from each CEHRT.

It is a provider's responsibility to retain supporting documentation for all meaningful use data (such as reports generated from the CEHRT or screenshots of the user interface). All supporting documentation must be retained for no less than six years after the payment year.

Measure Calculation

The following tables sort the Stage 2 objectives and measures based on method of calculation for the denominators. Similar tables are available for the Stage 1 objectives and measures on page 44376 of the Stage 1 final rule.

For the objectives and measures in Table 1, EPs must calculate the denominators based on all patient records regardless of whether the records are maintained using certified EHR technology (e.g. paper records).

For the objectives and measures in Table 2, EPs must attest which calculation method they used.

See Figure A for a screenshot example of the attestation form in MEIPASS where providers must indicate how they calculated meaningful use data.

Table 3 lists the objectives that are activity-based and therefore, do not require numerator and denominator information. Supporting documentation must still be retained to prove that the activities were achieved during the EHR reporting period.

Click the links below to navigate to a specific objective in this document.

Table 1

Denominator must include ALL Patient Records	
Stage 2 Objectives	**Stage 2 Measures**
Record all of the following demographics: preferred language, gender, race, ethnicity, and date of birth	More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.
Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.
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: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information, with the ability to view, download, and transmit to a third party. Measure 2: More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.
Use secure electronic messaging to communicate with patients on relevant health information.	A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.
Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period.

	The text of the electronic note must be text searchable and may contain drawings and other content.
Record patient family health history as structured data.	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.

Table 2

Denominator may include ALL Patient Records OR Only patient records maintained using certified EHR technology	
Stage 2 Objectives	**Stage 2 Measures**
Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.
Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.	More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.

Record smoking status for patients 13 years old or older.	More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.
Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.
Incorporate clinical lab-test results into Certified EHR Technology (CEHRT) as structured data.	More than 55 percent of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as structured data.
Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.	More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.	Measure 1: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals. Measure 2: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a

	NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN. Note: An EP must satisfy one of the criteria under measure 3 to meet the objective. Measure 3 only requires a yes/no answer. Measure 3: Exchange a summary of care with a provider or third party who has different CEHRT (and different vendor) as the sending provider as part of the 10% threshold for measure #2, allowing the provider to meet the criteria for measure #3 without the CMS Designated Test EHR (for EPs the measure at §495.6(j)(14)(ii)(C)(1) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2). If unable to exchange summary of care documents with recipients using a different CEHRT in common practice, retain documentation on circumstances and attest "Yes" to meeting measure 3 if using a certified EHR which meets the standards required to send a CCDA (§ 170.202).
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.

Figure A: Screenshot example of the attestation form in MEIPASS

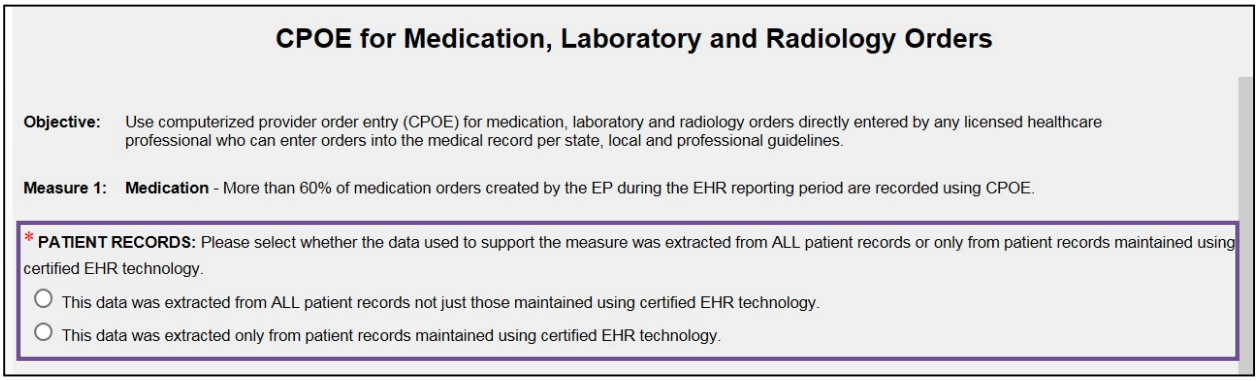

Table 3

Measures requiring only a Yes/No Attestation	
Stage 2 Objectives	**Stage 2 Measures**
Use clinical decision support to improve performance on high-priority health conditions.	Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the EP with a specific condition.
Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.
Protect electronic health information created or maintained by the certified EHR technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a) (1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.

Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.
Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.
Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.

Additional Resources

For further guidance about meaningful use and practicing in multiple locations, please refer to these resources:

- CMS FAQ 3609 https://questions.cms.gov/faq.php?id=5005&faqId=3609
- CMS FAQ 7815 https://questions.cms.gov/faq.php?faqId=7815&id=5005&r=p
- CMS Guide for EPs Practicing in Multiple Locations https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_MultipleLocationsTipsheet.pdf
- Stage 1 Final Rule http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17207.pdf
- Stage 2 Final Rule http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf

Questions?

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