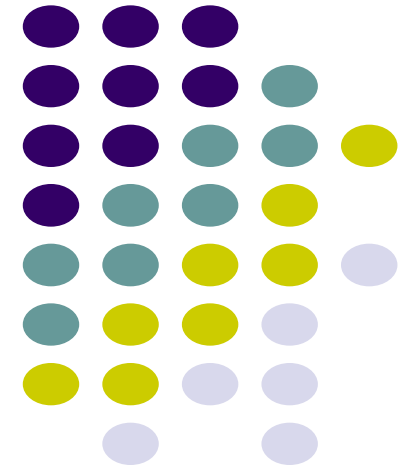
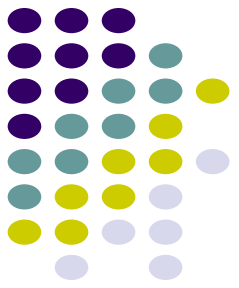


Modifications to Meaningful Use in 2015 through 2017 (Modified Stage 2) and the NC Medicaid Electronic Health Record Incentive Program

Presented by:
Layne Roberts, Data Analyst



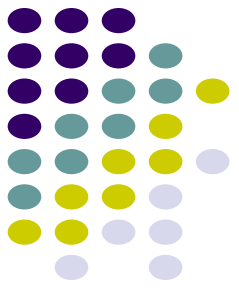


Overview

NC MEDICAID EHR INCENTIVE PROGRAM

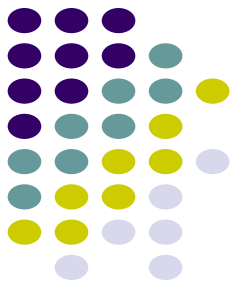


NC Medicaid Electronic Health Record (EHR) Incentive Program



The program provides incentive payments for Medicaid providers to encourage them to **adopt and meaningfully use** EHR technology in ways that can positively affect patient care.





Incentive Payments

To earn the full incentive payment, EPs must participate for six years before the program ends in 2021.

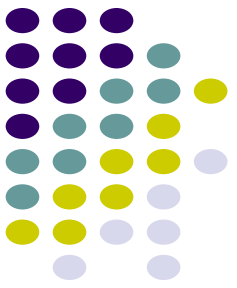
Program Year 2016 is the last year to begin.

Year 1: \$21,250

Years 2-6: \$8,500 each year

Total: \$63,750

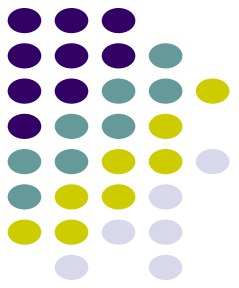




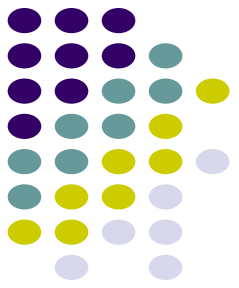
Are you one of the following?

- Physician (doctor of medicine or doctor of osteopathy)
- Nurse practitioner
- Certified nurse-midwife
- Dentist
- Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant

Can you meet the Medicaid patient volume threshold?



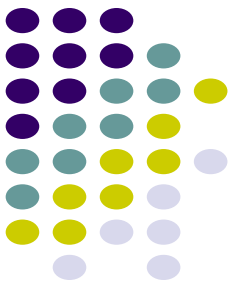
- **Were at least 30% of your services furnished to Medicaid patients?**
- OR are you a pediatrician with a minimum of 20% Medicaid patient volume?
- Or did you practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals?



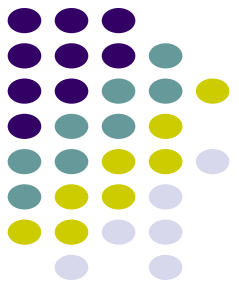
Did you perform less than 90 percent of your services in an inpatient hospital or emergency room hospital setting?

AIU

- Adopt: acquiring certified EHR technology
- Implement: beginning the use of EHR
- Upgrade: expanding the use of EHR



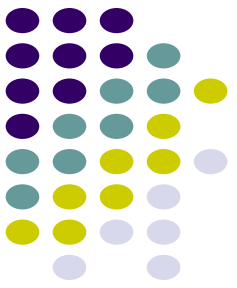
The Three Main Components of Meaningful Use (MU)



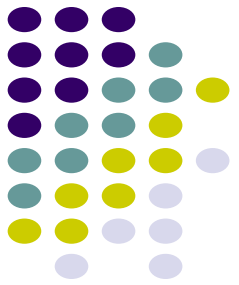
Use of certified EHR

1. in a meaningful manner (e.g., e-prescribing)
2. for electronic exchange of health information to improve quality of health care
3. to submit clinical quality measures (CQM) and other measures selected by the Secretary

Certified EHR technology



- adheres to the standards and criteria of the EHR Incentive Program
- includes the ability to calculate the numerators and denominators for all of the objectives based on the patient information you enter as part of your everyday workflow



Comprehensive List of Certified Health Information Technology

Start by searching the list of certified products:

Product Name

- Product Name
- Vendor Name
- CHPL Product Number



Using the CHPL Application

Find out how to select your Certified Health Information Technology so you can get your CMS EHR Certification ID.

[LEARN MORE](#)



Download Product Information

Access the complete listings of Certified Health Information Technology here, including the 2011 edition, the 2014 edition, or a combination of the 2011 and 2014 edition.

[DOWNLOAD](#)



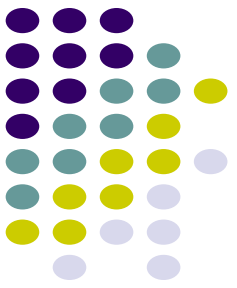
Health IT Certification Program

Learn about the standards and certification criteria adopted by the Secretary of Health and Human Services.

[LEARN MORE](#)



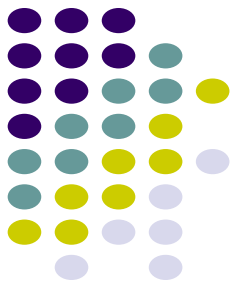
Register with CMS



You must:

First register with CMS online at <https://ehrincentives.cms.gov/>.

Registering does not mean that you have to participate. You can cancel your registration at any time.



Attestation

Attestation is a legal statement that you have met the thresholds and all of the requirements of the Medicaid EHR Incentive Program submitted through NC-MIPS

- AIU - report your CMS EHR Certification Number and other requirements to show you meet all eligibility criteria such as such as license number, Medicaid affiliation through NCTracks, and the patient volume threshold
- MU – also enter into NC-MIPS the information from your EHR for the required objectives and measures

Welcome to the NC-MIPS Portal

Program Year 2016 is the last year an EP may begin participating in the NC Medicaid EHR Incentive Program and the last year an EP may attest to AIU.

Program Year 2016 is the last year an EH may participate in the NC Medicaid EHR Incentive Program.

If your NCID username has been updated on ncid.nc.gov since creating your First Time Account Setup with NC-MIPS, please use the NC-MIPS NCID Username Update tool to update your NCID with NC-MIPS. This tool will allow an EP to login to NC-MIPS using their updated NCID username. Please note, the NC-MIPS NCID Username Update Tool will only allow you to update an already updated NCID username on NC-MIPS. If you need to update your NCID username and password, please do so on NCID's website at ncid.nc.gov.

NC-MIPS is North Carolina's Medicaid EHR Incentive Payment System.

The NC-MIPS Portal will guide Eligible Professionals (EPs) and Eligible Hospitals (EHs) through the attestation process for the North Carolina Medicaid Electronic Health Record (EHR) Incentive Program. For more information on NC-MIPS or the EHR Incentive Program, please refer to the links on the right.

Tips for Navigation

We have designed the NC-MIPS 2.0 Portal to be intuitive and user-friendly, but if at any point during your attestation you have a question, click on the *Click for Page Help* link on the right rail. This link will take you to the page in the Attestation Guide that corresponds to the page of the Portal you are viewing.

If after viewing the guide, you still have questions, please let us know. Throughout the Portal, the contact information for the NC-MIPS Help Desk will be displayed on the right rail.

Sign In

NCID Username

Testmips127

NCID Password

.....

Login

[First time Account Setup?](#)

[Forgot Username?](#)

[Forgot Password?](#)

[NCID Username Update](#)

[Click for Page Help](#)

For Additional Information

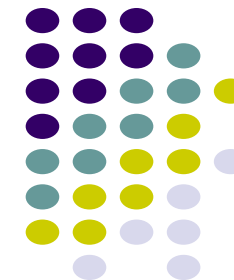
- » [EP AIU Attestation Guide](#)
- » [EP Modified MU Attestation Guide](#)
- » [EH AIU/MU Attestation Guide](#)
- » [Download Adobe Acrobat to read guides](#)
- » [DMA Incentive Program home page](#)

Contact Information

Can't find what you need in the NC-MIPS Attestation Guide?

NC-MIPS Help Desk

Email:
NCMedicaid.HIT@dhhs.nc.gov





Patient Volume

* indicates a required field

Enter the start and end dates of the continuous 90-day period for your patient volume reporting period.

* Select the date range **1**

* Start Date **2**

* End Date **3**

* Patient Volume Reporting Method Individual **4** Group

FQHCs and RHCs can reach the 30 percent threshold by including needy individuals, e.g., sliding scale and no pay, in addition to their Medicaid PV in their numerator. For more information on FQHCs and RHCs, visit the DMA EHR FAQ page at <http://www.ncdhhs.gov/dma/eher/faq.htm>.

You may use your individual patient volume from multiple practices where you worked to meet the threshold. It is not required to report on more than one practice.

* Do your patient volume numbers come from your work with more than one practice?

Yes **5** No

Enter the patient volume information for your selected 90-day period below. Add a separate line for each billing MPN/NPI if the practice used more than one during the 90-day period.

Medicaid patient volume from eligible billable services that were not billed or were not reimbursed ('zero-pay') should be included separately from Medicaid patient volume from paid claims. Enter the 'zero-pay' portion of your numerator in the 'zero-pay' column below.

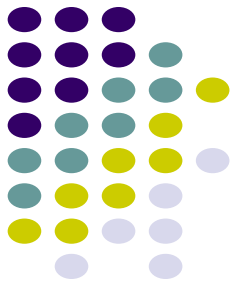
Practice Name		Your Total Encounters at Practice		
6		7		
Practice's Billing MPN	Practice's Billing NPI	Medicaid Encounters Billed under this MPN	Medicaid Enrolled Zero Pay Encounters	Were you Listed as Attending for all these Encounters?
8	9	10	11	<input checked="" type="radio"/> Yes <input type="radio"/> No 12
Add another MPN for this Practice 13				
Add Another Practice Name 14				
Medicaid Patient Encounters (Numerator)		15		
Total Patient Encounters (Denominator)		16		
Medicaid Patient Volume Percentage (Medicaid / Total)		17		

NC-MIPS Attestation Guide

Figure 24 - Patient Volume Page using Individual Methodology (part 1)

If the EP is attesting using individual methodology:

1. Select the date range. From the drop down box, choose either *12 months preceding today* (any consecutive 90-day range from the 12 months preceding today) or *previous calendar year* (any consecutive 90-day range from the calendar year preceding the program year for which you are attesting, e.g., if you are attesting for program year 2014, previous calendar year would be 2013 regardless of today's date).
2. Enter the Start Date of your selected 90-day PV reporting period, using the calendar tool or by typing the date. Your start date must fall within your selected date range.
3. Enter the End Date of your selected 90-day PV reporting period, using the calendar tool or by



LET AHEC HELP YOU ACHIEVE MEANINGFUL USE OF YOUR EHR

As a federally-designated "Regional Extension Center," the North Carolina Area Health Education Centers Program (NC AHEC) provides individualized, on-site electronic health record (EHR) consulting tailored to your practice's specific needs at no charge to you.

Consultants from AHEC can help you:

- Prepare your practice for an EHR by assessing and redesigning your office systems.
- Evaluate and select a certified EHR that offers the best value for your practice.
- Identify and enhance workflows in your practice.
- Successfully implement a certified EHR.
- Achieve state and federal standards for "meaningful use" of EHR incentive payments to providers in your practice.
- Use your EHR as a tool to help improve care and satisfaction for you, your patients and staff.

Each provider in your practice may be eligible for up to \$44,000 or more! Incentives are time-limited. Whether you are searching for a new EHR or a way to meet meaningful use requirements with your current EHR, we can help. There is no charge to your practice although federal funding for this service is time-limited.

Get started by completing an application today!



Sign In

User Name

Password

[Forgot Username/Password](#)



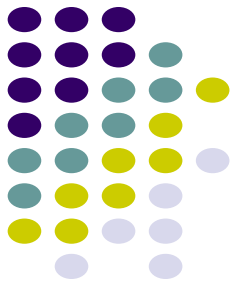
NC Area Health Education Centers
(AHECs)/Regional Extension Centers
(REC)

<http://www.ncahec.net>

919-966-2461

ncahec@med.unc.edu



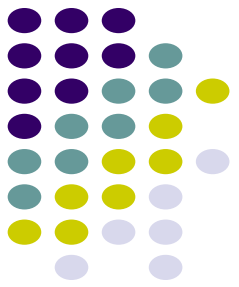


Modified Stage 2 Meaningful Use

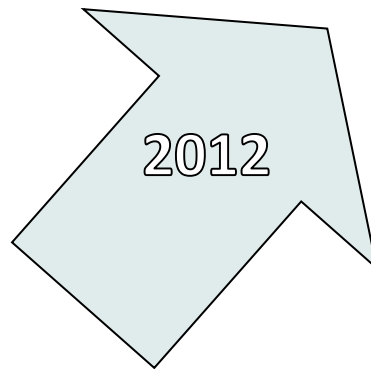
NC MEDICAID EHR INCENTIVE PROGRAM



Meaningful Use

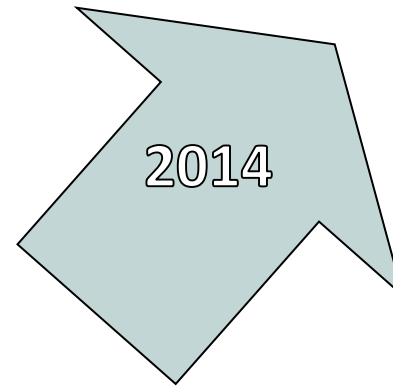


Stage 1:
Data capture
and sharing



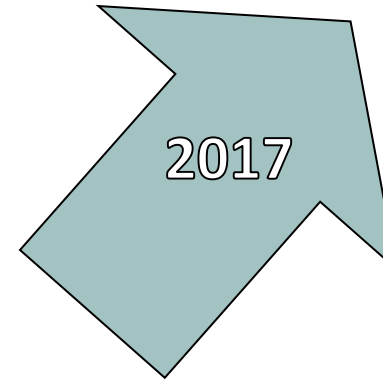
Years 2 & 3

Stage 2:
Advanced
Clinical
Processes

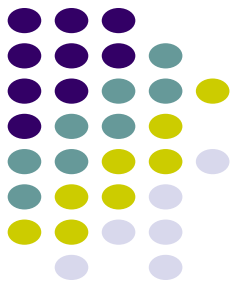


Years 4 & 5

Stage 3:
Improved
Outcomes



Year 6



Modified Stage 2 MU for EPs

Stage 1

- 13 required core objectives
- 5 menu objectives from a list of 9
- Total of 18 objectives

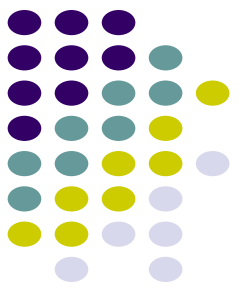
Stage 2

- 17 core objectives
- 3 menu objectives from a list of 6
- Total of 20 objectives

Modified Stage 2

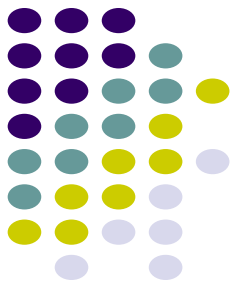
- Single set of objectives & measures
- Total of 10 objectives

Modified Stage 2 Objectives



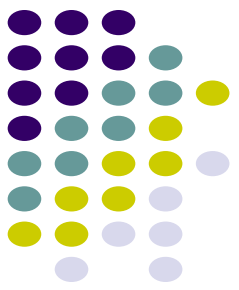
Eligible Professionals

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



Eligible Professional Objectives and Measures	
(1)	Protect electronic protected health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
(2)	Use clinical decision support to improve performance on high-priority health conditions.
(3)	Use computerized provider order entry 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.
(4)	Generate and transmit permissible prescriptions electronically (eRx) .
(5)	Health Information Exchange -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.
(6)	Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.
(7)	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation .
(8)	Patient electronic access - 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.
(9)	Use secure electronic messaging to communicate with patients on relevant health information.
(10)	Public Health Reporting -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.

Modified Stage 2 MU Public Health Reporting



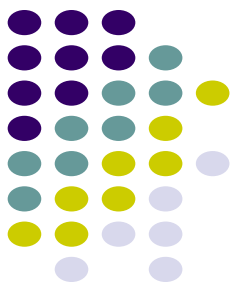
Public Health Reporting

Objective

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.

Measure Options

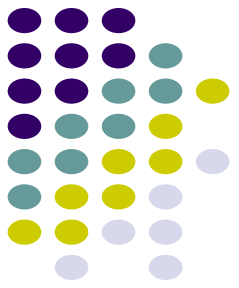
- Measure 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.
- Measure 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.
- Measure 3 – Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.



Modified Stage 2 Public Health Reporting

- All the public health reporting objectives are consolidated into one objective with measure options.
- In Program Year 2015, ALL EPs in NC are required to claim an exclusion for all three measures.
- **NC DPH is now accepting the electronic submission of data for the NCIR and Cancer Registries. For more information, please see their website:**
http://epi.publichealth.nc.gov/cd/meaningful_use/.

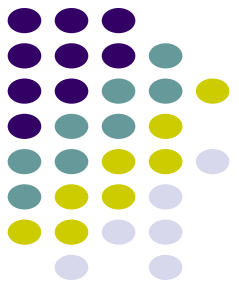
Modified Stage 2 Public Health Reporting



- In Program Year 2016, participants in the NC Medicaid EHR Incentive Program will be required to attest to the Specialized Registry Reporting measure of the Public Health Objective.
- Per CMS, for the purposes of MU, “public health registries” are those administered by, or on behalf of, a local, state, territorial, or national public health agency and which collects data for public health purposes.

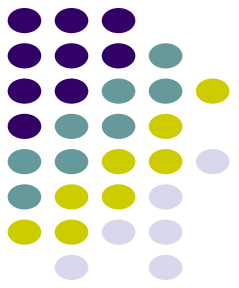
Modified Stage 2

Alternate measures & exclusions



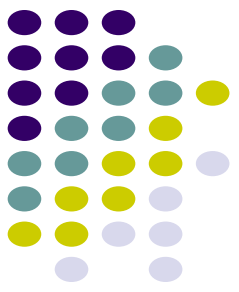
There are several alternate exclusions and specifications for certain measures in 2015 and 2016, which some providers may not otherwise be able to meet for those years because they require the implementation of certified EHR technology beyond the functions required for Stage 1.

Modified Stage 2 EHR Reporting Period



Starting in 2015, the EHR reporting period will be based on the calendar year.

- The EHR reporting period in 2015 is any continuous 90-day period for everyone
- The EHR reporting period in 2016 and 2017 is any continuous 90-day period for new participants but a full calendar year for returning participants



Modified Stage 2

- Modified Stage 2 patient engagement objectives that require “patient action”
- Streamlined the program by removing redundant, duplicative, and topped out measures
- CQM reporting for both (EPs) and eligible hospitals/CAHs remains as previously finalized



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For Providers

STATISTICS AND REPORTS

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Medicaid Providers

A-Z Provider Topics

Calendars

Claims and Billing

Community Care (CCNC/CA)

Contacts for Providers

Enrollment

EPSDT and Health Check

Fee Schedules/Cost Reports

Forms

Fraud and Abuse

HIPAA

Library (bulletins, policies)

National Provider Identifier

Programs and Services

Seminars

ABOUT DMA

CONTACT DMA

DHHS > DMA > Medicaid Providers > Electronic Health Records Incentives

NC Medicaid Electronic Health Record Incentive Program

Breaking News!

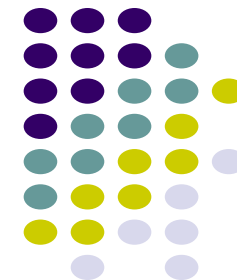
[Get Connected for Stage 2 Meaningful Use Webinar](#)

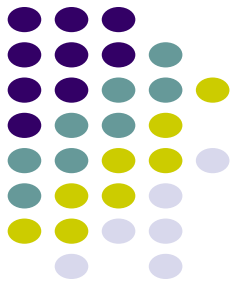
Google: dma ehr

- Electronic immunization submission
- Electronic cancer case reporting
- Electronic disease registry submission
- eClinical Quality Measure reporting

There will be two sessions available:

- Friday, September 6th, 2013 from 12:00pm to 1:00pm – [Click here to register](#)
- Thursday, September 12th, 2013 from 12:00pm to 1:00pm – [Click here to register](#)

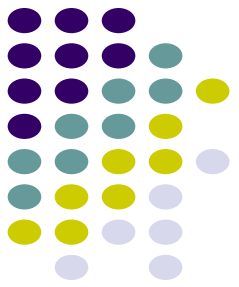




Participation

NC MEDICAID EHR INCENTIVE PROGRAM





Paid Providers

Eligible professionals

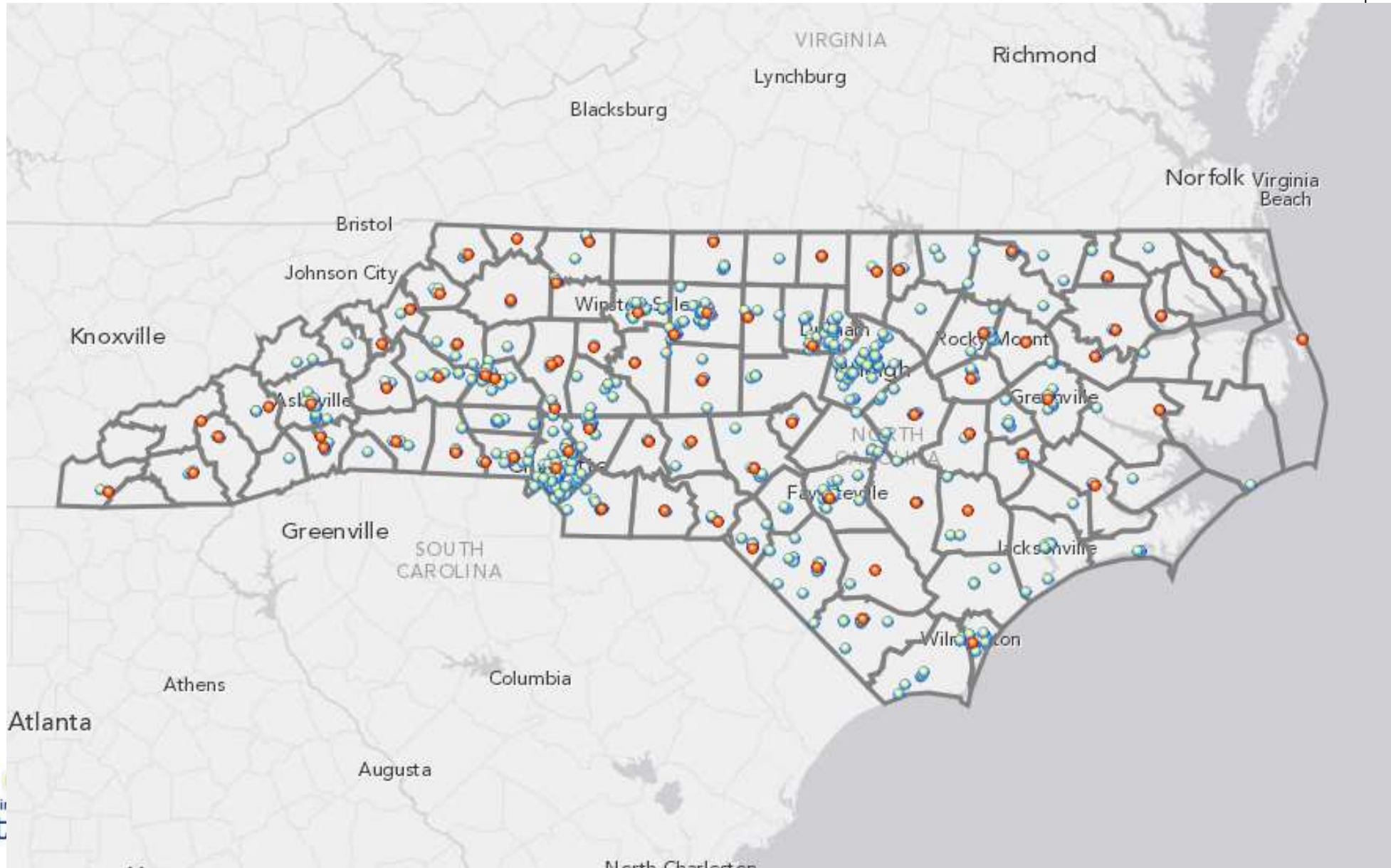
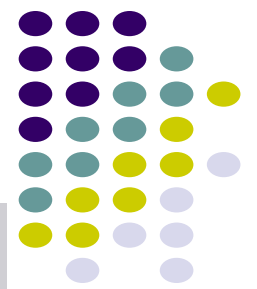
\$140,166,518

Eligible hospitals

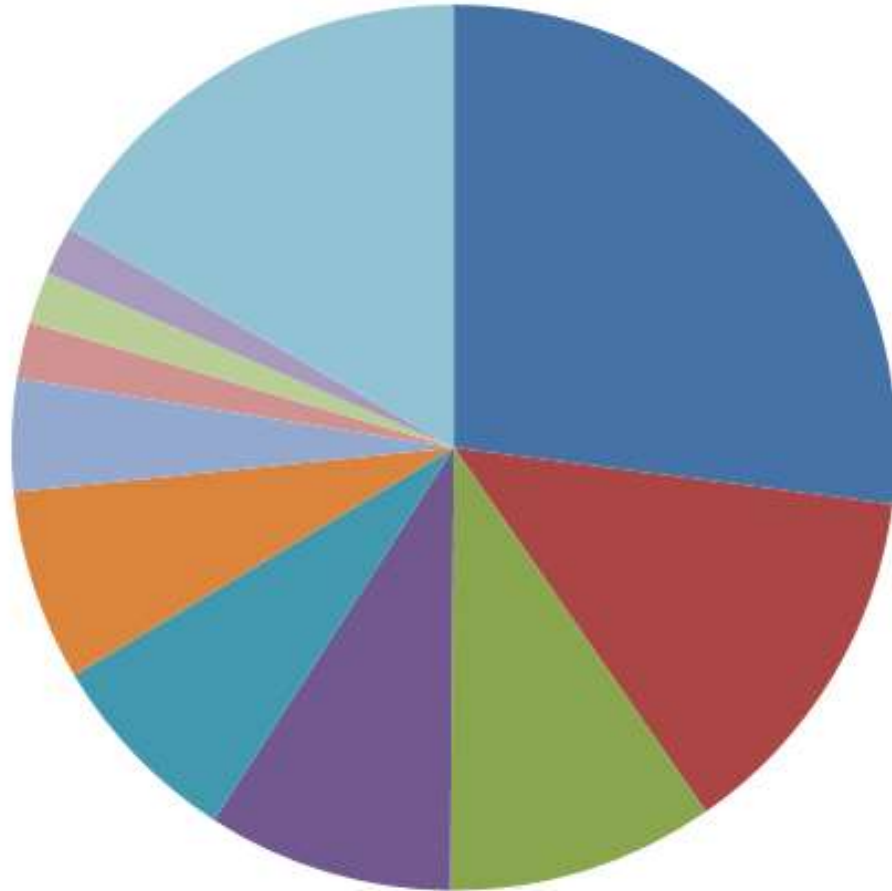
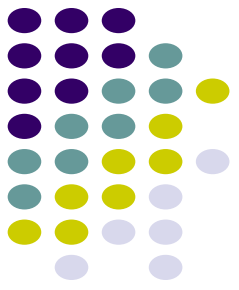
\$134,359,994

\$272,339,321

Paid Providers

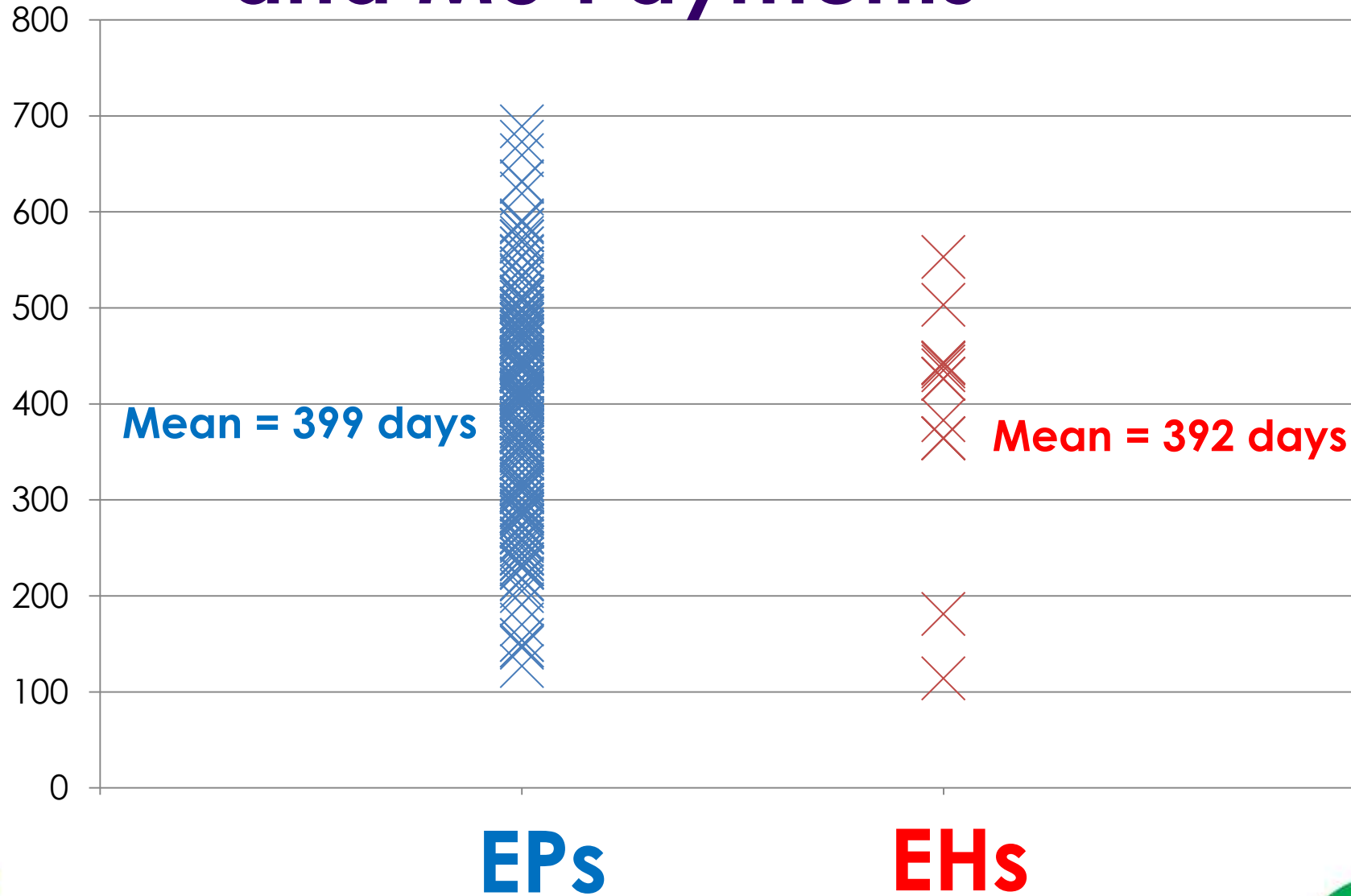
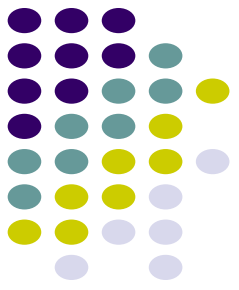


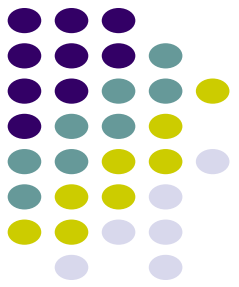
Paid EPs



- Pediatrics
- Nurse Practitioner
- General Practice
- Ob/Gyn
- Dentist
- Internal Medicine
- Psychiatry
- Nurse Midwife
- General/Thoracic Surgery
- Anesthesiology
- All Other

Number of Days Between AIU and MU Payments



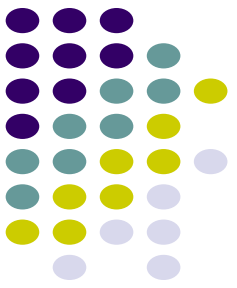


Summary

NC MEDICAID EHR INCENTIVE PROGRAM



Key take-aways



- \$63,750 over six years of participation
- Begin by 2016 for full incentive
- Attest for Program Year 2015 by midnight on 4/30/16
- Attest for Program Year 2016 beginning in May 2016
- Modified Stage 2 began October 2015
 - Restructured to 10 objectives
 - EHR reporting period aligns with the calendar year for all providers
 - Modified Stage 2 patient engagement objectives that require “patient action”
 - CQM reporting remains as previously finalized



NC Department of Health and Human Services

NC Division of Medical Assistance

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ABOUT DMA

CONTACT DMA

DHHS > DMA > Medicaid Providers > Electronic Health Records Incentives

NC Medicaid Electronic Health Record Incentive Program

Breaking News!

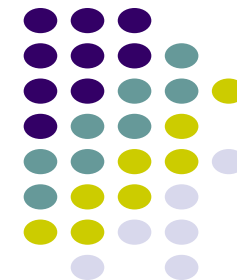
[Get Connected for Stage 2 Meaningful Use Webinar](#)

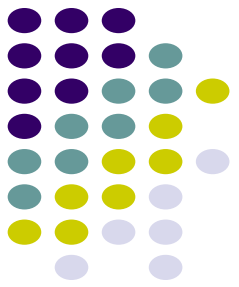
Google: dma ehr

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- Friday, September 6th, 2013 from 12:00pm to 1:00pm – [Click here to register](#)
- Thursday, September 12th, 2013 from 12:00pm to 1:00pm – [Click here to register](#)





Questions

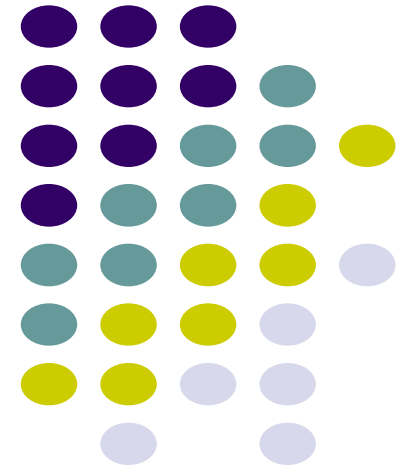
NC MEDICAID EHR INCENTIVE PROGRAM



Contact

<https://www2.ncdhhs.gov/dma/provider/ehr.htm>
(google DMA EHR)

NCMedicaid.HIT@dhhs.nc.gov



Thanks!

