Notes on Timeline for EHR Incentive Program

- The New Mexico Medicaid EHR Incentive Program is open for Program Year (PY) 2017 attestations between February 16 and April 30, 2018.

- PY 2017 Attestations are based on Meaningful Use encounters and actions that took place in Calendar Year (CY) 2017.

- Eligible Professionals (EPs) who wish to attest in PY 2017, and in subsequent years, must have been paid in prior PYs. It is now too late for an EP to begin the program.

- Attesting to Adopt, Implement, Upgrade (AIU) is no longer an option. Beginning with PY 2017, all EPs must attest to Meaningful Use (MU).
Notes on Timeline for EHR Incentive Program

• EPs who have received a payment for a past PY (from PY 2011 to PY 2016) can participate in the program, even if they only attested once and even if they only attested to AIU.

• EPs who will attest for the second time in PY 2017 can still receive all six years of incentive payments if they continue to attest every year through PY 2021.

• EPs who do not wish to attest for PY 2017 may attest for PY 2018 and/or in subsequent years if they received payments for PY 2016 or earlier.

• Participation in Medicare’s Merit-based Incentive Payment System (MIPS) does not preclude participation in the Medicaid EHR Incentive Program. The EHR component of MIPS is known as Advancing Care Information (ACI). For information on MIPS, click here.
CEHRT for PY 2017

• For PY 2017, EPs may either attest to Modified Stage 2 MU or Stage 3 MU of Certified Electronic Health Records Technology (CEHRT).
• Stage 3 will not become required until PY 2019.
• To be eligible for Stage 3, EPs must have CEHRT that is certified to the 2015 edition or to a combination of the 2014 edition and 2015 edition.
• EPs with CEHRT that is certified to the 2014 edition must attest to Modified Stage 2.
• CEHRT ID #s for the 2014 edition have “14E” as the third through fifth digits (ex: A014E01ORFW1EAJ)
• CEHRT ID #s for the 2015 edition have “15E” as the third through fifth digits (ex: A015E01ORFW1EAJ)
• CEHRT ID #s for the 2014/2015 combination edition have “15H” as the third through fifth digits (ex: A015H01ORFW1EAJ)
• CERHT ID #s can be found at the website of the Office of the National Coordinator for Health Information Technology (ONC) at https://chpl.healthit.gov/#/search
# NM Medicaid EHR Incentive Program
## Program Year 2017 Requirements

## CEHRT for PY 2017

<table>
<thead>
<tr>
<th>Certification Edition</th>
<th>CMS EHR Certification ID Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>A014E01ORFW1EAJ</td>
</tr>
<tr>
<td>2014 / 2015 Hybrid</td>
<td>A015H01ORFW1EAJ</td>
</tr>
<tr>
<td>2015</td>
<td>A015E01ORFW1EAJ</td>
</tr>
</tbody>
</table>
NM Medicaid EHR Incentive Program
Program Year 2017 Requirements

CEHRT for PY 2017

2014 Edition
- Stage 2 Modified

Combination
- Stage 2 Modified
- Stage 3 (if they have the capability)

2015 Edition
- Stage 2 Modified
- Stage 3
EHR Reporting Period

• For PY 2017 and PY 2018, all EPs may select an EHR Reporting Period of 90 days, regardless of how many previous times they have attested to MU.

• The 90-day EHR Reporting Period must occur within CY 2017.

• For certain objectives, specific numerator actions may occur outside of the 90-day EHR Reporting Period as long as they are within CY 2017.
  o The numbers that go into the numerators and denominators for these objectives must be based on patients seen within the 90-day EHR Reporting Period.
  o See webinar titled “PY 2017: EPs Modified Stage 2 & Stage 3 MU Objectives with Flexible Reporting Periods & CQMs.” Click here.
Modified Stage 2/Stage 3 for PY 2017

• EPs attesting to Modified Stage 2 must meet 10 objectives. Click here for the CMS tipsheet on Stage 2.

• EPs attesting to Stage 3 must meet 8 objectives. Click here for the CMS tipsheet on Stage 3.

• There are no alternate exclusions for either stage in PY 2017.

• There continue to be “regular exclusions” that EPs can claim based on the specifics of their practice.

• EPs who change their minds on which stage to attest to can switch from Stage 3 to Modified Stage 2, or vice versa, prior to submitting the attestation, provided that they have the appropriate Certified EHR technology for their desired stage.
  o If you decide to switch, you will be required to re-enter most data and all attachments already entered in Step 3, the MU section of the SLR.
Poll Question #1

Which edition of Certified EHR Technology are you or your practice planning to attest with for PY 2017?

- 2014 Edition
- Combo 2014/2015 Edition
- 2015 Edition
- Not Sure
Poll Question #2

Which stage of Meaningful Use are you or your practice planning to attest to for PY 2017?

- Modified Stage 2
- Stage 3
- Not sure
Existing Users

Enter the User ID and password you created to login to the SLR. If you have not already created a User ID, please select the Create Account option to create a new User ID. *Red asterisk indicates a required field.

User ID *

Password *

The State Level Registry (SLR) for Provider Incentive Payments and related websites (such as the SLR Provider Outreach page) require a minimum screen resolution of 1024x768. The SLR and related websites are best viewed with Internet Explorer version 7 and above. Using Compatibility Mode or Compatibility View in Internet Explorer may result in the application displaying incorrectly.

HIPAA Warning: The EHR Incentive Program through the State Level Registry (SLR) application does NOT require entry or submission of protected health information (PHI). Please ensure conformance to your organization’s Notice of Privacy Practices and that any information provided and/or attachments uploaded do NOT contain or are otherwise IDENTIFIED of information that can be considered PHI under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Failure to comply with HIPAA rules may put you or your organization at risk for civil and criminal penalties.*

Log In

Forgot User ID?

Forgot Password?
After Log-In you will get the 5-Step Dashboard.

Step 1 should have data from EP’s last attestation, including EP’s Medicaid and License numbers. Contact listed should be person entering data in the SLR for the EP. Correct any data as necessary.
Patient Volume data input on Step 2.

- *30%> Medicaid PV over continuous 90-day Representative Period
- Choose 90 days from Prior CY (2016), OR
- 12 months preceding attestation.
- Attach supporting documentation for PV.
  —See slide 58.
- Click here for information on PV.

*Pediatricians have the option of a 20% threshold for Patient Volume for a 2/3 payment.
2. Confirm Medicaid Eligibility

Please complete the requested information related to your Medicaid and/or Other Needy Individuals patient encounters, including volumes for multiple states for the 90-Day Representative Period you have chosen to determine eligibility. This information is used to verify that you meet the criteria established for patient volume thresholds and practicing predominately in an FQHC or RHC.

Practice Eligibility Details

Enter your eligibility information below. * Red asterisk indicates a required field.

To qualify, Eligible Professionals (EPs) must achieve at least 30% New Mexico Medicaid patient volumes, though Pediatricians who achieve a 20% volume may qualify to receive a reduced incentive payment amount. However Pediatricians who practice predominantly in a FQHC/RHC must achieve at least 30%.

Enter Representative Period *

Select...
- 90-day period in previous calendar year
- 90-day Period in 12 months preceding the attestation
- 90 days in CY 2016 or 2017 prior to timeframe used in previous year attestation

New Option for PY 2017

Draft Screen
Meaningful Use data on Step 3.

Step 3 is where EPs select which stage they will be attesting to. It is also where they enter all of the data for the different objectives and Clinical Quality Measures (CQMs).
3. Attestation of EHR

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure is only required if any Core CQM has a denominator of zero. The system will show checks for each item when completed.

<table>
<thead>
<tr>
<th>Status</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
<td>EHR Certification</td>
</tr>
<tr>
<td>Complete</td>
<td>EHR Reporting Period</td>
</tr>
<tr>
<td>Not Started</td>
<td>MU - Import</td>
</tr>
<tr>
<td>Not Started</td>
<td>MU Objective Summary</td>
</tr>
<tr>
<td>Not Started</td>
<td>Public Health Reporting</td>
</tr>
<tr>
<td>Not Started</td>
<td>CQM - Import</td>
</tr>
<tr>
<td>Not Started</td>
<td>Clinical Quality Measures</td>
</tr>
</tbody>
</table>

Please select the 'Previous Screen' button to go back or the 'Continue' button to proceed.

Draft Screen
This is where the EHR CEHRT number is entered. It must 2015 Edition or 2014/2015 Combination in order to do Stage 3.

1) Go to the CNC website: https://chpl.healthit.gov.
2) Search for your product(s) and select "+CertID" to add to the CMS EHR Certification ID widget on the right side of the page.
3) Once you have entered all of the desired products, click the 'Get EHR Certification ID button'.
4) Your CMS EHR Certification ID will be displayed on the screen. This is the number you will need to enter above as part of your attestation.

NOTE: ONC does not allow you to mix Inpatient products and Ambulatory products together to represent a complete EHR solution. Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click "Get CMS EHR Certification ID" in step 3.

You must enter an EHR Certification ID that meets the 2014 certification criteria, 2015 certification criteria, or a combination of 2014/2015 certification criteria. Systems certified to the 2011 criteria no longer qualify toward meeting Meaningful Use.

Attach Documentation

The following attachments are optional:

- Documentation of CEHRT
- Screenshot of CMS EHR Certification

Should attach two documents to this page.
Have to complete this table even if EP practices in only one location.
SLR will not allow advancement if CEHRT MU Report is not attached.
If you entered a 2014 CEHRT number earlier, then you will not be able to select Stage 3.
3. Attestation of EHR

Meaningful Use

Please select which Stage of MU you will report for 2017. You must have 2015 Edition certified EHR technology if you attest to Stage 3 MU. You may not change your MU Stage selection option on individual MU objectives pages.

- [ ] I will report Stage 2 objectives in 2017
- [x] I will report Stage 3 objectives in 2017 (you must have 2015 edition CEHRT or 2014/2015 combination edition to attest to Stage 3)

Objectives

Select the Save and Continue button to open each Objective Detail page in turn to complete the information for Meaningful Use attestation. Alternatively, select any of the links below to complete that Objective’s Detail page. All objectives must be answered.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect Patient Health Information</td>
<td></td>
</tr>
<tr>
<td>Electronic Prescribing (eRx)</td>
<td></td>
</tr>
<tr>
<td>Clinical Decision Support</td>
<td></td>
</tr>
<tr>
<td>Computerized Provider Order Entry (CPOE)</td>
<td></td>
</tr>
<tr>
<td>Patient Electronic Access</td>
<td></td>
</tr>
<tr>
<td>Coordination of Care</td>
<td></td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td></td>
</tr>
<tr>
<td>Public Health and Clinical Data Registry Reporting</td>
<td></td>
</tr>
</tbody>
</table>

Please select the ‘Previous Screen’ button to go back or the ‘Save & Continue’ button to proceed.
NM Medicaid EHR Incentive Program
Program Year 2017 Requirements

Protect Patient Health Information

Objective: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by 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 EP’s risk management process.

The ONC worked with Regional Extension Centers to create a security risk assessment tool to assist providers in carrying out this objective. To obtain the HIT Security Risk Assessment Tool, contact the state at Benjamin.rogers@state.nm.us.

Complete the following information:

* Have you conducted or reviewed a security risk analysis in accordance with the requirements?

- Yes
- No

Date security risk analysis was completed

Draft Screen

SRA must be completed within Calendar Year 2017.

Attach Files

The following attachment is required:

- Complete Security Risk Analysis for Program Year 2017

EP will not be able to continue if attachment is not added here.
Information on Protect Patient Health Information Objective

- EPs must conduct or update a security risk analysis (SRA) including addressing encryption/security of data, and implement updates as necessary at least once each CY and attest Yes to conducting the analysis or review.

- An analysis must be done upon installation or upgrade to a new system and a review must be conducted covering each EHR reporting period. Any security updates and deficiencies that are identified should be included in the provider’s risk management process and implemented or corrected as dictated by that process.

- It is acceptable for the SRA to be conducted outside the EHR Reporting Period; however, the analysis must be unique for each EHR Reporting Period, the scope must include the full reporting period, and it must have been conducted/completed between January 1, 2017 and December 31, 2017.

- The SRA must be added as an attachment to the SLR at this objective’s screen.
Information on Protect Patient Health Information Objective

• The SRA must include the following 4 elements:

  • For PY 2017, the 2017 date on which the SRA/SRA update was completed within the document itself—i.e., on report cover or tab with revision date
  • The asset inventory of all hardware and software that store, transmit or process ePHI—this asset inventory having been taken into account during the ranking of threats or vulnerabilities
  • A ranking of high, medium or low risks, threats or vulnerabilities in the areas of:
    • People and Processes (Administrative)
    • Technology
  • Remediation Plan: EP/Practice Response as to what measures will be taken to address high- and medium-rated risks. Should include target date to address or complete and name or position of individual responsible for completion. A consultant report with recommendations to address risks but with no response from the practice or EP as to how they will address or implement the recommendation is not a complete SRA for Meaningful Use.
Electronic Prescribing

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Click here to view the CMS Stage 3 specification sheet for EPs.

Exclusion Criteria: Meeting either of the following criteria qualifies for the exclusion for this measure.

Did you write fewer than 100 permissible prescriptions during the EHR reporting period?  
- No  
- Yes

What if I still want to report on the measure?

Do you have a pharmacy within your organization or one that accepts electronic prescriptions within 10 miles of your practice location at the start of his or her EHR reporting period?  
- No  
- Yes

Measure: More than 60% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

**PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

Please make a selection for Patient Records.

Complete the following information:

- **Numerator** = The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT.

Please enter a numerator.

- **Denominator** = Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

Please enter a denominator.
Information on Electronic Prescribing

• For Electronic Prescribing, more than 60% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

• The threshold for this objective in PY 2016 was “more than 50%.”

• Instances where patients specifically request a paper prescription may not be excluded from the denominator.

• EPs who are part of an organization that owns or operates its own pharmacy within a 10 mile radius are not eligible for an exclusion regardless of whether that pharmacy can accept electronic prescriptions from EPs outside of the organization.
Clinical Decision Support

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

Exclusion Criteria
Did you write fewer than 100 of the following orders during the EHR reporting period? Writing fewer than 100 orders qualifies for the exclusion for Measure #2 only.

Medication Orders (Measure #2)
No ☐ Yes ☐

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 the EP’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Complete the following information:
* Have you implemented five clinical decision support interventions related to four or more clinical quality measures or high-priority health conditions at a relevant point in patient care for the entire EHR reporting period?

No ☐ Yes ☐

Measure #2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Complete the following information:
* Have you enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

No ☐ Yes ☐
Information on Clinical Decision Support

- For Measure #1, the EP must 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.

- For Measure #2, the EP must have enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR Reporting Period.

- The requirements for the two measures in this objective are the same as they were in PY 2016.

- Drug-drug and drug-allergy interaction alerts are separate from the five clinical support interventions and do not count toward the five required for Measure #1.
NM Medicaid EHR Incentive Program
Program Year 2017 Requirements

Computerized Provider Order Entry (CPOE)

Red asterisk indicates a required field.

Objective: Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

Click here to view the CMS Stage 3 specification sheet for EPs.

Exclusion Criteria: Did you write fewer than 100 of the following orders during the EHR reporting period? Writing fewer than 100 orders qualifies for the exclusion for the associated measure

Medication Orders (Measure #1)

No ☐ Yes ☐

Laboratory Orders (Measure #2)

No ☐ Yes ☐

Diagnostic Imaging Orders (Measure #3)

No ☐ Yes ☐

Measure #1: More than 60% of medication orders created by the EP during the EHR Reporting period are recorded using CPOE.

- PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Please make a selection for Patient Records.

Complete the following information:

- Numerator = The number of orders in the denominator recorded using CPOE. Please enter a numerator.

- Denominator = Number of medication orders created by the EP during the EHR reporting period. Please enter a denominator.
Computerized Provider Order Entry (CPOE)

**Measure #2:** More than 60% of laboratory orders created by the EP during the EHR Reporting period are recorded using CPOE.

*PATIENT RECORDS:* Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

Please make a selection for Patient Records.

Complete the following information:

- Numerator = The number of orders in the denominator recorded using CPOE.
  Please enter a numerator.

- Denominator = Number of laboratory orders created by the EP during the EHR reporting period.
  Please enter a denominator.

**Measure #3:** More than 60% of diagnostic imaging orders created by the EP during the EHR Reporting period are recorded using CPOE.

*PATIENT RECORDS:* Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

Please make a selection for Patient Records.

Complete the following information:

- Numerator = The number of orders in the denominator recorded using CPOE.
  Please enter a numerator.

- Denominator = Number of diagnostic orders created by the EP during the EHR reporting period.
  Please enter a denominator.
Information on CPOE

• For CPOE, there are three measures:
  o For Measure #1, more than 60% of medication orders created by the EP during the EHR Reporting Period must be recorded using CPOE.
  o For Measure #2, more than 60% of lab orders created by the EP during the EHR Reporting Period must be recorded using CPOE.
  o For Measure #3, more than 60% of radiology orders created by the EP during the EHR Reporting Period must be recorded using CPOE.

• There are no alternate exclusions for Measures #2 and #3 as there were in PY 2016.

• CPOE is the entry of the order into the patient’s EHR that use a specific function of CEHRT. CPOE does not otherwise specify how the order is filled or otherwise carried out.

• Orders involving tele-health or remote communications may be included in the numerator as long as the order entry otherwise meets the requirements of the objective and measures.
Patient Electronic Access

Objective: Provide patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education

Click here to view the CMS Stage 3 specification sheet for EPs.

Exclusion Criteria: Meeting either of the following criteria qualifies for the exclusion for both measures.

Did you have any office visits during the EHR reporting period?
- No
- Yes

Did you conduct 50% or more of your encounters in a county/area that does not have more than 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period?
- No
- Yes

Measure#1: More than 80% of all unique patients seen by the EP during the EHR reporting period are 1) provided timely access to view online, download, and transmit his or her health information; and 2) the EP ensures the patient’s health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider’s CEHRT.

Complete the following information:

- Numerator = The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider’s CEHRT.

Please enter a numerator.

- Denominator = Number of unique patients seen by the EP during the EHR reporting period.

Please enter a denominator.

Measure#2: The provider must use clinically relevant information from CEHRT to identify patient-specific education resources and provide electronic access to those materials to more than 35% of unique patients seen by the EP during the EHR reporting period.

Complete the following information:

- Numerator = The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the EHR reporting period.

Please enter a numerator.

- Denominator = Number of unique patients seen by the EP during the EHR reporting period.

Please enter a denominator.
Information on Patient Electronic Access

• For Measure #1, more than 80% of all unique patients seen by the EP during the EHR Reporting Period must be provided timely access to view online, download, and transmit to a third party their health information.
  • The threshold for this measure was “more than 50%” in PY 2016.
  • The patient must be able to access this information on demand, such as through a patient portal or other online means.

• For Measure #2, the EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35% of unique patient seen during the EHR Reporting Period.
  • The threshold for his measure was “more than 10%” in PY 2016.
  • For this measure, the numbers of patients listed in the numerator and denominator must represent patients seen during the EHR Reporting Period, but the provisions of educational resources based on those patient visits may take place at any time within CY 2017.
Coordination of Care

Objective: Use CEHRT to engage with patients or their authorized representatives about the patient’s care (providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective).

Click here to view the CMS Stage 3 specification sheet for EPs.

Exclusion Criteria: Meeting either of the following criteria qualifies for the exclusion for this measure.

Did you have any office visits during the EHR reporting period?

- [ ] No
- [x] Yes

Did you conduct 50% or more of your encounters in a count/area that does not have more than 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period?

- [ ] No
- [ ] Yes

Measure#1: During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information; or (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider’s CEHRT; or (3) a combination of (1) and (2).

Complete the following information:

- **Numerator** = The number of patients (or patient authorized representative) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient’s health information during the EHR reporting period and the number of unique patients (or patient authorized representative) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.

Please enter a numerator.

- **Denominator** = Number of unique patients seen by the EP during the EHR reporting period

Please enter a denominator.
Information on Coordination of Care

- Although Coordination of Care is a new objective, its measures include ones that have been within “Patient Electronic Access” and “Secure Electronic Messaging” in Modified Stage 2.

- EPs must attest to all three measures in the objective, and must meet the thresholds for at least two of the measures to meet the objective.

- EPs can be excluded from all three measures if they meet either of the two listed objectives.

- For Measure #1, more than 5% of unique patients seen by the EP during the EHR Reporting Period must view, download or transmit to a third party their health information. The threshold for this measure was “at least one patient” in PY 2016.
  - The patients listed in the numerator and denominator must represent patients seen during the 90-day EHR Reporting Period, but the viewing, downloading or transmitting of health information to a third party, based on those patient visits, may take place at any time within CY 2017.
NM Medicaid EHR Incentive Program
Program Year 2017 Requirements

Coordination of Care

Measure #2: For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient authorized representative), or in response to a secure message sent by the patient or their authorized representative.

Complete the following information:

* Numerator = The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.

Please enter a numerator.

* Denominator = The number of unique patients seen by the EP during the EHR reporting period.

Please enter a denominator.

Measure #3: Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.

Complete the following information:

* Numerator = The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the CEHRT into the patient record during the EHR reporting period.

Please enter a numerator.

* Denominator = The number of unique patients seen by the EP during the EHR reporting period.

Please enter a denominator.
Information on Coordination of Care

- For Measure #2, a secure message must be sent to the patient using the electronic messaging function of CEHRT for more than 5% of unique patients seen during the EHR Reporting Period. The threshold for this objective was “at least one patient” in PY 2016.
  - The numbers of patients listed in the numerator and denominator must represent patients seen during the EHR Reporting Period, but the secure electronic messages based on those patient visits may be sent at any time within CY 2017.

- For Measure #3, patient-generated health data or data from a non-clinical setting must be incorporated into the CEHRT for more than 5% of unique patients seen by the EP during the EHR Reporting Period.
  - “Data from a non-clinical setting” can be from a variety of different sources, including social service data, home health monitoring data, and fitness monitor data.
Health Information Exchange

Red asterisk indicates a required field.

Objective: The EP provides a summary of care or record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT (providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective).

Click here to view the CMS Stage 3 specification sheet for EPs

Exclusion Criteria: Meeting the following criteria qualifies for the exclusion for the relevant measures.

Did you transfer a patient to another setting or refer a patient to another provider less than 100 times during the EHR reporting period? (Measure #1)

Did you conduct 50% or more of your encounters in a county/area that does not have more than 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period? (Measure #1)

Were transitions or referrals received and patient encounters in which the provider has never before encountered the patient fewer than 100 during the EHR reporting period? (Measure #2)

Did you conduct 50% or more of your encounters in a county/area that does not have more than 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period? (Measure #2)

Were transitions or referrals received and patient encounters in which the provider has never before encountered the patient fewer than 100 during the EHR reporting period? (Measure #3)

What if I still want to report on the measure?

Measure #1: For more than 50 percent of transitions of care and referrals, the EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record.

Complete the following information:

Numerator = The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR technology and is exchanged electronically. Please enter a numerator.

Denominator = Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider. Please enter a denominator.
Information on Health Information Exchange

- EPs must attest to all three measures in the objective, and must meet the thresholds for at least two of the measures to meet the objective.

- Taking an exclusion is the equivalent of meeting a measure, so, for example, taking two exclusions allows the EP to satisfy the requirements of the objective.

- For Measure #1, the EP must create a summary of care record using CEHRT and electronically exchange the summary of care record for more than 50% of their transitions of care and referrals. The threshold for this measure was “more than 10%” of transitions of cares and referrals in PY 2016.
  - The transitions and referrals must occur within the EHR Reporting Period in order to count in the numerator and denominator, but the actual electronic exchanges connected to the transitions and referrals may take place at any time within CY 2017.

- For Measure #1, the referring EP must have reasonable certainty of receipt by the receiving provider in order to count the transitions and referrals in the numerator.
Health Information Exchange

Measure #2: For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient’s EHR an electronic summary of care document from a source other than the provider’s EHR system.

Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology:

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.

- This data was extracted only from patient records maintained using certified EHR technology.

Please make a selection for Patient Records.

Complete the following information:

Numerator = Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the certified EHR technology.

Denominator = Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

Measure #3: For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient’s current and active diagnoses.

Complete the following information:

Numerator = The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: Medication list, medication allergy list, and current problem list.

Denominator = Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

Please enter a numerator.
Information on Health Information Exchange

- For Measure #2, the EP must incorporate into the patient’s EHR an electronic summary of care document for more than 40% of their transitions or referrals received and new patient encounters.
  - A record cannot be considered to be incorporated if it is discarded without the reconciliation of clinical information or if it is stored in a manner that is not accessible for provider use within the EHR.

- For Measure #3, the EP must perform a clinical information reconciliation for more than 80% of transitions or referrals received and new patient encounters for three clinical information sets.
  - Medication;
  - Medication Allergy; and,
  - Current Problem List

- For Measures #1 and #3, EPs only need to include in the denominators patients whose record are maintained using CEHRT.
### Public Health Reporting Across Stages for PY 2017

<table>
<thead>
<tr>
<th>Measure</th>
<th>Stage 2</th>
<th>Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Measures</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Number of Measures required to be met</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Measures that NM DOH enables Active Engagement for</td>
<td>Immunization &amp; Syndromic Surveillance (Awaiting guidance from NM DOH, <a href="https://www.nmhit.org">https://www.nmhit.org</a>)</td>
<td>Immunization &amp; Syndromic Surveillance (Only for Urgent Care EPs)</td>
</tr>
</tbody>
</table>
Public Health Reporting

- The Public Health Reporting Objective has 5 official measures for Stage 3, but Measure 3: *Electronic Case Reporting* is not required until PY 2018. Therefore, Measure 3 is not included as a measure for PY 2017. The 4 listed measures are:
  - Immunization Registry
  - Syndromic Surveillance
  - Public Health Registry
  - Clinical Data Registry

- Must meet 2 measures or attest to exclusions for all the measures not met. For example, if you only meet Immunizations measure, take exclusions for the other 3.

- Unlike in PY 2016, there are no alternate exclusions for any of the Public Health measures.

- EPs must document that they were in “Active Engagement” with a public health registry or specialized registry for two measures during 2017.
Public Health Reporting

Objective: The EP is in active engagement with a Public Health Agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Click [here](http://example.com) to view the CMS Stage 3 specification sheet for EPs.

In order to meet this objective, EPs must meet two of the total number of measures available to them. Reporting an exclusion for a measure does not qualify towards meeting the objective unless the EP can report on fewer than 2 measures. If an EP can report on fewer than 2 measures, the EP must report on any possible measures and claim the exclusion for the remaining measures. If no measures remain available, the EP can meet the objective by claiming applicable exclusions for all measures.

For Measure 4, EPs may choose to report to more than one public health registry to meet the number of measures required to meet the objective. For Measure 5, EPs may choose to report to more than one clinical data registry to meet the number of measures required to meet the objective. Select “I will report on this measure” to report for the specific measure. Select “I will claim exclusion for this measure” to claim exclusion for the specific measure.

<table>
<thead>
<tr>
<th>Measure</th>
<th>I will report on this measure</th>
<th>I will claim exclusion for this measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure 1 – Immunization Registry Reporting</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Measure 2 – Syndromic Surveillance Reporting</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Measure 3 – Electronic Case Reporting</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Measure 4 – Public Health Registry Reporting (Registry #1)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Measure 4 – Public Health Registry Reporting (Registry #2)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Measure 4 – Public Health Registry Reporting (Registry #3)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Measure 5 – Clinical Data Registry Reporting (Registry #1)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Measure 5 – Clinical Data Registry Reporting (Registry #2)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Measure 5 – Clinical Data Registry Reporting (Registry #3)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>
Public Health Reporting: Active Engagement

- “Active Engagement” means that the EP is in the process of moving towards sending production data to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry.
  - Production data refers to data generated through clinical processes involving patient care.
- There are three Active Engagement options for each measure within the Public Health Reporting Objective:
  - **Option 1-Completed Registration to Submit Data:** The EP registered to submit data with the agency/registry. Registration must have been completed within 60 days after the start of the EHR reporting period;
  - **Option 2-Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. The EP must respond to requests from the agency/registry within 30 days;
  - **Option 3-Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the agency/registry.
- EPs may have registered, tested or begun submitting production data in a year prior to 2017 for any measure and still attest to the corresponding Active Engagement option.
  - EPs cannot attest to the registration option (#1) in more than one PY for immunizations.
  - EPs who have tested in a prior year (option #2) must still have conducted testing in PY 2017.
Public Health Reporting: Active Engagement

- EPs may choose different Active Engagement options for each of the Public Health measures.
  - Example: an EP may be submitting immunization data to the NMSIIS registry (Option 3) but may have just registered for syndromic surveillance during the EHR Reporting Period (Option 1).

- NM Department of Health (DOH) has Active Engagement capabilities for both Immunizations and Syndromic Surveillance.

- For both Immunizations and Syndromic Surveillance, EPs who select Active Engagement Option 1 (Completed Registration) must have completed registration within 60 days after the start of their EHR Reporting Period.

- Attach DOH documentation of your Active Engagement, in the form of either a letter, email, or website screenshot, to the SLR.
Measure 1 – Immunization Registry Reporting

Measure: The EP is in active engagement with a Public Health Agency (PHA) health immunization registry/immunization information system.

Exclusion Criteria: Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply.

- Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.
- Operates in a jurisdiction where no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.

Active Engagement: Select the level of active engagement you demonstrate for this measure. Only one level may be selected.

- Option 1 – Completed Registration to Submit Data: the EP registered to submit data with the PHA, or where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
  - I registered in a prior year
    - Yes
    - No

- Option 2 – Testing and Validation: the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.

- Option 3 – Production: the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or clinical data registry.

Attach Files

The following attachments are optional:

- If no exclusion taken, NM Department of Health documentation supporting active engagement (ie, NM DOH letter, email or website screenshot from https://www.nmhealth.org/)
Measure 2 – Syndromic Surveillance Reporting

The EP is in active engagement with a Public Health Agency (PHA) to submit syndromic surveillance data from an urgent care setting. Click here to view the CMS Stage 3 specification sheet for EPs.

Exclusion Criteria:
Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply.

- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system.
- Operates in a jurisdiction where no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from the EP as of 6 months prior to the start of the EHR reporting period.

Active Engagement:
Select the level of active engagement you demonstrate for this measure. Only one level may be selected.

- Option 1 – Completed Registration to Submit Data: the EP registered to submit data with the PHA, or where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

- Option 2 – Testing and Validation: the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.

- Option 3 – Production: the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or clinical data registry.

Attach Files
The following attachments are optional:
- If no exclusion taken, NM Department of Health documentation supporting active engagement (ie, NM DOH letter, email or website screenshot from https://www.nmhit.org/)

DOH Documentation is attached here.
Public Health Reporting: Immunizations & Syndromic Surveillance

- For **Immunizations**, EPs who choose Stage 3 have the requirement to be in Active Engagement with NM DOH to both submit immunization data and receive immunization forecasts and histories.
  - EPs could be at two different options for Active Engagement within the Immunization measure, as submitting and receiving data are different actions. In such cases, EPs can select either option number in the SLR.

- For **Syndromic Surveillance**, EPs who choose Stage 3 have the requirement to meet this measure only if they practice in an urgent care setting. If they don’t practice in one, they can take an exclusion for this measure.
Measure 4 – Public Health Registry Reporting (Registry #1)

Red asterisk indicates a required field.

**Measure:**
The EP is in active engagement with a Public Health Agency (PHA) to submit data to public health registries.

**Exclusion Criteria:**
Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply.

- Does not diagnose or treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.
- Operates in a jurisdiction where no public health agency 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.
- Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

**Active Engagement:**
Select the level of active engagement you demonstrate for this measure. Only one level may be selected.

- Option 1 - Completed Registration to Submit Data: the EP registered to submit data with the PHA, or where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

  - Enter the date of your most recent test or submission.

- Option 2 – Testing and Validation: the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.

- Option 3 – Production: the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or clinical data registry.

  - Registry Name

Attach Files
The following attachments are optional.

- If no exclusion taken, a letter from the public health registry confirming that electronic data was accepted during the EHR reporting period in accordance with the registry’s standards.
Measure 5 – Clinical Data Registry Reporting (Registry #1)

The EP is in active engagement to submit data to a clinical data registry (CDR).

Exclusion Criteria: Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply.

- Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.
- Operates in a jurisdiction for which no clinical data 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.
- Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

Active Engagement: Select the level of active engagement you demonstrate for this measure. Only one level may be selected.

- Option 1 - Completed Registration to Submit Data: the EP registered to submit data with the PHA, or where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

- Option 2 – Testing and Validation: the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.

- Option 3 – Production: the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or clinical data registry.

* Registry Name:

Attach Files

The following attachments are optional.

- If no exclusion taken, a letter from the clinical data registry confirming that electronic data was accepted during the EHR reporting period in accordance with the registry’s standards.
Public Health Reporting:
Registries outside of NM DOH

- For Public Health Registry Reporting and Clinical Data Registry Reporting, NM DOH does not accept data that would satisfy the Active Engagement requirements.

- CMS has developed a centralized repository of registries that accept data for the measures listed above.

- For these measures, data is not required to be reported in a specific format as long as it is submitted electronically and is submitted in accordance with the registry’s standards.

- Supporting Documentation: Registry must provide a signed letter confirming that data was received and on what date(s). It is the EP’s responsibility to ensure that data was submitted during the EHR Reporting Period.
Public Health Reporting:
Registries outside of NM DOH

• A Public Health Registry is one that “is administered by, or on behalf of, a local, state, territorial, or national public health agency and which collects data for public health purposes.”

• Clinical Data Registries are “those that record information about the health status of patients and the health care they receive over varying periods of time,” and that “are administered by, or on behalf of, other non-public health agency entities.”

• For either Public Health or Clinical Data Registries, EPs may be in Active Engagement with up to two of the same category of registries to meet the objective.
  o Example: an EP may be in Active Engagement with two clinical data registries, and those alone would satisfy the Public Health Reporting Objective requirements.
Clinical Quality Measures

EPs must report on a total of six (6) Clinical Quality Measures. EPs should select the CQMs that best apply to their scope of practice and/or unique patient population. If the EP’s CEHRT does not contain patient data for at least 6 CQMs, then the EP must report the CQMs for which there is patient data and report the remaining CQMs for which there is patient data and report the remaining required CQMS as “zero denominators” as displayed by the EP’s CEHRT.

<table>
<thead>
<tr>
<th>CMS eMeasure ID</th>
<th>Title</th>
<th>Description</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS146</td>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.</td>
<td></td>
</tr>
<tr>
<td>CMS137</td>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
<td>Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Percentage of patients who initiated treatment within 14 days of the diagnosis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.</td>
<td></td>
</tr>
<tr>
<td>CMS165</td>
<td>Controlling High Blood Pressure</td>
<td>Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/90mmHg) during the measurement period.</td>
<td></td>
</tr>
<tr>
<td>CMS156</td>
<td>Use of High-Risk Medications in the Elderly</td>
<td>Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Percentage of patients who were ordered at least one high-risk medication.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Percentage of patients who were ordered at least two different high-risk medications.</td>
<td></td>
</tr>
</tbody>
</table>
CQMs in PY 2017

- All EPs may choose a 90-day reporting period for Clinical Quality Measures (CQMs). This 90-day period must be in CY 2017, and may cover the exact same dates as the EHR Reporting Period.

- To align with MIPS requirements:
  - EPs will choose 6 CQMs instead of 9 CQMs out of a total of 53.
  - EPs no longer have to choose the CQMs from 3 NQS health domains.
  - This applies whether attesting to Modified Stage 2 or to Stage 3 Meaningful Use

- The length of the CQM Reporting Period for PY 2018 has not yet been determined.
Poll Question #3

Do you or EPs in your practice intend to attest with the MIPS program?

- Yes
- No
- Not Sure
Supporting Documentation

At time of attestation EP must attach the following in the SLR:

- Patient Management report (PMR) or Encounter Data Report for the EP’s patient volume—must be in Excel (SLR Step 2)
- Vendor Documentation for CEHRT Edition you are using (SLR Step 3)
- Screenshot of CMS EHR Certification ID (see example on slides 60 & 61) (SLR Step 3)
- EP’s CEHRT MU Summary Report of Objectives and CQMs (SLR Step 3)
- SRA completed in CY 2017 for PY 2017 (SLR Step 3)
- Documentation for the Public Health Measures (SLR Step 3)

**NOTE:** Attach all of these even if SLR says they are “optional.”
Supporting Documentation—Patient Volume

- **Group Volume**: email 1 copy of Encounter Data Report/PMR to melodee.koehler@state.nm.us with subject line: PMR for “name of group” for PY 2017.
- **Individual Patient Volume**: Attach PMR to the attestation during Step 2.
- [Click here](#) for Tip Sheet on what the PMR should include.
- PMR should **NOT** include PHI (Protected Health Information).
Vendor Documentation of CEHRT

- For verification of obtaining CEHRT, EP must attach documentation that the EP or practice obtained their EHR technology by the beginning of the **PY 2017 90-day EHR Reporting Period or earlier**. This documentation should be:
  - A letter from the vendor stating the CEHRT Edition, Product name, Version and date the practice/clinic installed or implemented.
  - In cases where more than one version was in use during the EHR Reporting Period, the vendor letter should address all versions in use during the EHR Reporting Period.

- If the CMS EHR Certification ID contains items under the “Additional Software Required” column or “Relied Upon Software Required” row, then either the vendor letter should show that the additional software was included in the package, or the EP should provide evidence that the software was purchased separately and was in use during the entire 90-day EHR Reporting Period.
The CMS EHR Certification ID shown corresponds to the collection of products listed below. Submit this ID as part of the attestation process for the CMS EHR Incentive Programs.

* Additional certification criteria may need to be added in order to meet submission requirements for Medicaid and Medicare programs.

<table>
<thead>
<tr>
<th>Certifying Body</th>
<th>Practice Type</th>
<th>Product Certification #</th>
<th>Developer</th>
<th>Product Name</th>
<th>Version</th>
<th>Classification</th>
<th>Certification Edition</th>
<th>Additional Software Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICSA Labs</td>
<td>Ambulatory</td>
<td>CHP-023369</td>
<td>NextGen Healthcare</td>
<td>NextGen Ambulatory EHR</td>
<td>5.8.1</td>
<td>Complete EHR</td>
<td>2014</td>
<td>Health Quality Measure (HQM), Rosetta</td>
</tr>
</tbody>
</table>
# Certified Health IT Product List

The CMS EHR Certification ID shown corresponds to the collection of products listed below. Submit this ID as part of the attestation process for the CMS EHR Incentive Programs.

* Additional certification criteria may need to be added in order to meet submission requirements for Medicaid and Medicare programs.

## CMS EHR ID: 1314E01QL7NBEAD

<table>
<thead>
<tr>
<th>Listing 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certifying Body</td>
</tr>
<tr>
<td>Practice Type</td>
</tr>
<tr>
<td>Product Certification #</td>
</tr>
<tr>
<td>Developer</td>
</tr>
<tr>
<td>Product Name</td>
</tr>
<tr>
<td>Version</td>
</tr>
<tr>
<td>Classification</td>
</tr>
<tr>
<td>Certification Edition</td>
</tr>
<tr>
<td>Relied Upon Software Required</td>
</tr>
</tbody>
</table>
Other Helpful Hints for PY 2017

- When affiliating individual EP accounts to a group account, do not complete Step 5 of the attestation for the last EP on the list until you have added all EPs who will attest for PY 2017. Once the last EP has attested, you can’t add any new EPs to the list.

- For the contact name in the SLR, put the person who will be addressing any follow-up questions that NM EHR staff have. (i.e., avoid putting the EP if they only signed the attestation and did not enter the data in the SLR.)

- Ensure that the EP is currently enrolled in NM Medicaid, as the SLR will give an error for inactive EPs. Check recertification status of each EP prior to beginning the PY 2017 attestation.
Other Helpful Hints for PY 2017

- When in the SLR, make sure that the correct year in the program is listed for the EP. For example, if the EP has received two incentive payments in another state and one payment in NM, then he/she should be listed as being in Year 4 for PY 2017. Contact us if you believe an incorrect year is listed.

- EHR Program retention requirement is six years. Keep all materials and documents used for the PY 2017 attestation for six years.

- Prior to submitting the attestation, ensure that the payee information is correct. If not, correct payee information at CMS.
Attestation Changes for PY 2017

- There is now an [Attestation Checklist](#) before page 1 of the agreement which offers helpful tips on completing and submitting the attestation.

- There is language advising not to alter the agreement in the header of each page.

- The name and NPI of the EP, as well as the print date, are shown in a footer at the bottom of each page.

- There is language on the signature page advising that only the EP’s original signature is acceptable.
New Mexico Medicaid EHR Incentive Program

Contacts

Policy Questions: Valorie Vigil, Staff Manager at 505-827-1321
Email: Valorie.Vigil@state.nm.us

For Questions or to be added to our email list, contact:
Benjamin Rogers, Program Manager at 505-827-3137
Email: Benjamin.Rogers@state.nm.us
QUESTIONS???
THANK YOU!