Timeline of PI Program

- In 2018, the Centers for Medicare & Medicaid Services (CMS) changed the name of the Medicaid Electronic Health Records (EHR) Incentive Program to the Medicaid Promoting Interoperability (PI) Program.
- The name change does not, in itself, change the nature of the program. Incentives will continue to be paid to Eligible Professionals (EPs) who meet Meaningful Use (MU) requirements.
- The New Mexico Medicaid PI Program is open for Program Year (PY) 2018 attestations January 2 through April 30, 2019.
- There are four remaining attestation years in the program (PYs 2018-2021).
- EPs may receive a total of six years in payments in the program; so EPs who have thus far received only two payments may still receive the maximum program total of $63,750.
- EPs who wish to attest in PY 2018 must have been paid at least once for a prior program year, even if the payment(s) was/were in another state.
PI Program in PY 2018

- Attesting to Adopt, Implement, Upgrade (AIU) is not an option. All EPs must attest to MU from now on.
- As in PY 2017, there are 10 MU objectives for Modified Stage 2, and 8 objectives for Stage 3.
- PY 2018 Attestations are based on MU encounters and actions that have taken place in Calendar Year (CY) 2018.
- All EPs may select an EHR Reporting Period of 90 days. The 90 days must be entirely within CY 2018.
- EPs attesting to MU for the second time or greater for PY 2018 must report Clinical Quality Measures (CQMs) over the entire CY of 2018. *This is the main difference between Stage 2 in PY 2017 and Stage 2 in PY 2018.*
- EPs attesting to MU for the first time for PY 2018 may select a 90-day CQM period; this period must be entirely within CY 2018, but can be dates that are different than the EHR Reporting Period.
PI Program in PY 2018

- Several MU objectives/measures have exclusions that EPs can take based on the natures of their practices. (ex: EPs who do not perform immunizations can take an exclusion for that measure within the Public Health Reporting objective)

- Participation in Medicare’s Merit-based Incentive Payment System (MIPS) does not preclude participation in the Medicaid PI Program. The Promoting Interoperability component of MIPS has many of the same requirements as the Medicaid PI program. For information on MIPS, click here.

- To view the NM Medicaid PI program’s website, click here.
PI Program in PY 2018-Patient Volume

- EPs must meet a minimum 30% Medicaid patient volume threshold for all patient encounters over a continuous 90-day representative period.
- This 90-day patient volume period is distinct from the 90-day EHR Reporting Period.
- For the 90-day patient volume period for PY 2018, EPs can select from within one of two time frames:
  - 1) Calendar Year 2017; or,
  - 2) 12 months before date of attestation (ex: if the EP attests on 2/2/19, the 90-day period could be any 90 days between 2/2/18 and 2/1/19)
- EPs cannot choose a 90-day patient volume period that overlaps with a 90-day period selected for a previous attestation.
- For Medicaid patient volume, EPs can use their own encounters over 90 days, or all the encounters that fall under their practice’s Tax ID number over 90 days.
PI Program in PY 2018-Patient Volume-Documentation

- **Group Volume**: email 1 copy of Encounter Data Report/ Patient Management Report (PMR) in Excel format to valorie.vigil@state.nm.us with subject line: PMR for “name of group” for PY 2018.
  - When emailing a PMR, encrypt the document and call Valorie Vigil at 505-827-1321 with the password. Do not email the password with document or separately.

- **Individual Patient Volume**: Attach PMR to attestation in SLR, Step 2.
  - PMR should **NOT** include PHI (Protected Health Information).
  - For more information on patient volume, click [here](#).
  - For information on how to complete an PMR, click [here](#).
PI Program in PY 2018-CEHRT

- EPs may either attest to Modified Stage 2 MU or Stage 3 MU. Stage 3 is not required until PY 2019.
- To be eligible for Stage 3, EPs must have Certified Electronic Health Records Technology (CEHRT) that is certified to the 2015 edition or to a combination of the 2014 edition and 2015 edition.
- To view the CEHRT ID# associated with your product, go to the Certified Health IT Product List
  - A screenshot of the CEHRT ID# obtained from this site should be attached to the attestation in the SLR, Step 3.
### NM Medicaid Promoting Interoperability Program
#### Program Year 2018

**CEHRT for PY 2018**

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<thead>
<tr>
<th>Certification Edition</th>
<th>CMS EHR Certification ID Example</th>
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<td>2014</td>
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CEHRT for PY 2018

2014 Edition
- Stage 2 Modified

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

2015 Edition
- Stage 2 Modified
- Stage 3
For verification of obtaining CEHRT, EP must attach documentation to the attestation that the EP or practice obtained their certified EHR technology by the beginning of the PY 2018 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.
CEHRT for PY 2018 - Example for Documentation

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**

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<thead>
<tr>
<th>Listing 1</th>
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</tr>
</tbody>
</table>
Information on Protect Patient Health Information: Objective #1

- 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 Calendar Year 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, 2018 and December 31, 2018.

- The complete SRA must be added as an attachment to the SLR at this objective’s screen in Step 3.
Information on Protect Patient Health Information: Objective #1

- The SRA must include the following 4 elements:
  - For PY 2018, the 2018 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.
Information on Patient Electronic Access: Objective #8

- For Measure #1, more than 50% 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 patient must be able to access this information on demand, such as through a patient portal or other online means.

- For Measure #2, 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 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 Calendar Year 2018.
  - Click here for tips on increasing patient involvement in patient portal.
Information on Secure Electronic Messaging: Objective #9

- For this objective, 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.

- For a secure message to count in the numerator, someone at the EP’s office other than the EP may send the message as long it contains health-related information, and the EP is copied.

- 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 Calendar Year 2018.

- Patient-initiated messages can count toward the numerator, but only if the EP responds to the patient.
Information on Public Health Reporting: Objective #10

- For the Public Health Reporting objective, all attesting EPs must have been, during the EHR Reporting Period, in Active Engagement for two of the following measures, unless they meet the appropriate exclusions:
  - Immunization (maintained by NM Department of Health)
  - Syndromic Surveillance
  - Specialized Registry (click [here](#) for access to country-wide database of registries)

- EPs must meet two measures or attest to exclusions for all the measures not met. For example, if you only meet Immunizations measure, take exclusions for the other two (assuming you’re eligible).
Information on Public Health Reporting: Objective #10

- “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 (NM DOH) or clinical data registry.

- 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 who began submitting production data for Immunizations in a year prior to 2018 may continue to select option #3.

- EPs may take an exclusion for Syndromic Surveillance unless they operate in an urgent care facility.
CQMs in PY 2018

- To align with MIPS requirements:
  - EPs will choose 6 CQMs instead of 9 CQMs out of a total of 53.
  - EPs do not have to choose the CQMs from 3 NQS health domains.
  - This applies whether attesting to Modified Stage 2 or to Stage 3 Meaningful Use
- There are not specific thresholds that EPs have to meet for the CQMs they select.
- The length of the CQM Reporting Period for PY 2019 has not yet been determined.
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 slide 11) (SLR Step 3)
- EP’s CEHRT MU Summary Report of Objectives and CQMs (SLR Step 3)
- SRA completed in CY 2018 for PY 2018 (SLR Step 3)
- Documentation for the Public Health Measures (SLR Step 3)

**NOTE:** Attach all of these even if SLR says they are “optional.”
Helpful Hints for PY 2018

• When affiliating individual EP accounts to a group account in the SLR, 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 2018. 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 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 2018 attestation.
Helpful Hints for PY 2018

- 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 2018. 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 2018 attestation for six years.

- Review the Attestation Checklist before page 1 of the agreement which offers helpful tips on completing and submitting the attestation.

- Prior to submitting the attestation, ensure that the payee information is correct. If not, correct the payee information at CMS.
For more information, Contact:

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