



Program Year 2019: EPs
Stage 3 Meaningful Use—Required

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NM Medicaid Promoting Interoperability Program

Program Year 2019

Today's Presentation

- Several slides in this webinar are provided for your reference. Stage 3 has higher thresholds and/or more measures for each objective.
- Today's presentation will focus on objectives with big changes & CQMs.
- Contact Valorie Vigil if you want to schedule a separate call or webinar for your practice.

Obj #	Objective	Enable New Function in CEHRT	Attest 3 Measures; Meet 2 or Take Exclusions for All Remaining Measures
5	Patient Electronic Access	Application Programming Interface (API)	
6	Coordination of Care	Application Programming Interface (API)	✓
7	Health Information Exchange		✓
8	Public Health and Clinical Data Registry Reporting Immunization Registry	Bi-Directional Query; Begin querying NMSIIS	

NM Medicaid Promoting Interoperability Program

Program Year 2019

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 will open for Program Year (PY) 2019 attestations in January 2020, **exact date TBD**.
- There are three remaining attestation years in the program (PYs 2019-2021).
- EPs may receive a total of six years in payments in the program; EPs who have received only three payments to date may still receive the maximum program total of \$63,750 by 2021.
- EPs who wish to attest in PY 2019 must have been paid at least once for a prior program year, even if the payment(s) was/were in another state, but not yet received 6 payments.

NM Medicaid Promoting Interoperability Program

Program Year 2019

PI Program in PY 2019

- **EPs must use 2015 Edition CEHRT for the entire 90-day EHR Reporting Period for the Objectives and Measures.** The 90 days must be entirely within CY 2019.
- The functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period.
- CEHRT 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>
- Attach a screenshot of the CEHRT number from the ONC website.
- Attach a letter from the vendor stating the 2015 CEHRT Edition, Product name, Version and date the practice/clinic installed or implemented the CEHRT.
- 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.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

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: 0015E244MTA7J5R

Listing 1

Certifying Body	Drummond Group
Practice Type	N/A
Product Certification #	15.04.04.1447.Epic.17.06.1.180927
Developer	Epic Systems Corporation
Product Name	EpicCare Ambulatory EHR Suite
Version	Epic 2017
Classification	N/A
Certification Edition	2015
Relied Upon Software Required	

<https://chpl.healthit.gov>

NM Medicaid Promoting Interoperability Program

Program Year 2019

PI Program in PY 2019

- All EPs **must attest to Stage 3 MU**, even if PY 2019 is the EP's first year to attest to MU.
- There are 8 objectives for Stage 3. Most objectives have multiple measures.
- PY 2019 Attestations are based on MU encounters and actions that have taken place in Calendar Year (CY) 2019.
- Cannot take the "broadband availability" exclusion in NM for objectives 5-7.

NM Medicaid Promoting Interoperability Program

Program Year 2019

PI Program in PY 2019

- **50 CQMs available for EPs in PY 2019, including 27 High Priority measures, 6 of which are also designated as Outcome Measures. [PY 2019 CQMs—PDF](#)**
 - **EPs must attest to 6 Clinical Quality Measures (CQMs) relevant to their scope of practice; EPs should report on Outcome and High Priority CQMs if they are relevant to the EP's scope of practice.**
 - EPs attesting to MU for the second time or greater for PY 2019 must report Clinical Quality Measures (CQMs) over the entire CY of 2019.
 - EPs attesting to MU for the first time for PY 2019 may select a 90-day CQM period; this period must be entirely within CY 2019, but can be dates that are different than the EHR Reporting Period.
 - EPs are not required to have 2015 Edition CEHRT for all of Calendar Year 2019, but the CQM data must be reported out of the 2015 Edition CEHRT which should integrate all of the data from the year reporting period.
 - **Confirm with your vendor which CQMS are available in your CEHRT.**
- List of Outcome and High Priority CQMs on Slides 64 to 66


NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

<https://nm.ara incentive.com/>

Draft Screen

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 web sites (such as the SLR Provider Outreach page) require a minimum screen resolution of 1024x768. The SLR and related web sites are best viewed with Internet Explorer version 7 and above. Using Compatibility Mode/ 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 DE-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."

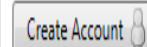
 Log In

[Forgot User ID?](#)

[Forgot Password?](#)

Need to Create an Account?

 If you are an Eligible Professional, Eligible Hospital Representative, or Group Practice/Clinic Representative, you can create a user account for the SLR. If you have not already created a User ID, please select the Create Account button below to create a new User ID.

 Create Account

Only EPs who received EHR incentives from another state & are attesting in NM for the first time will need to Create an Account.

SLR will show participation year based on # of prior payments.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements



1. About You

Additional Registration Information and CMS Medicaid EHR Incentive Program Registration site data



2. Confirm Medicaid Eligibility

Practice Demographics and Volumes



3. Attestation of EHR

Related to Adopting, Implementing, Upgrading or Meaningful Use



4. Review and Sign Agreement

Review, Print, Sign and Upload the SLR Agreement



5. Send Year 2 Attestation

Send and lock all information to State

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.



HUMAN SERVICES
DEPARTMENT

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements



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Patient Volume data input on Step 2.


- *30%> Medicaid PV over continuous 90-day Representative Period
- Choose 90 days from Prior CY (2018), OR
- 12 months preceding date of attestation.
- Attach supporting documentation for PV.
- Click [here](#) for information on PV.

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

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

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.  [more info](#)

Draft Screen

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 2018 or 2019 prior to timeframe used in previous year attestation

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements



1. About You

Additional Registration Information and CMS Medicaid EHR Incentive Program Registration site data



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Practice Demographics and Volumes



3. Attestation of EHR

Related to Adopting, Implementing, Upgrading or Meaningful Use



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Send and lock all information to State

Meaningful Use data on Step 3.

Step 3 is where EPs will enter all of the data for the Stage 3 Meaningful Use Objectives and the 6 Clinical Quality Measures (CQMs).

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

[« Back to Dashboard](#)

[Print Registration Information](#) 


3. Attestation of EHR


Topics

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.

Status	Topics
	EHR Certification
	EHR Reporting Period
Not Started	MU - Import
Not Started	MU Objective Summary
Not Started	Public Health Reporting
Not Started	CQM - Import
Not Started	Clinical Quality Measures


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

 Previous Screen

Continue 

Icon Legend

 Complete

 Warning

 Hard Stop

Draft Screen

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

EHR Certification

Providers must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). The ONC Certified HIT Product List (CHPL) contains the list of all certified EHR technology products and is used by the providers to generate the unique EHR Certification ID that represents the system or combination of modules that is capable of meeting Meaningful Use. The State is required to validate the verification of the Certified EHR information before making any payment to providers.

It is the provider's responsibility to generate an EHR Certification ID that accurately reflects the complete EHR or combination of modules representing a complete EHR used by the provider before attesting to the State. Failure to do so could result in a false negative result that may disqualify the provider from receiving payment.

To proceed, please indicate your understanding of this responsibility by agreeing to the following statement: [more info...](#)

Provider Understands Responsibility*

☒ Eligible Professionals must attest that they engaged in SPPC activities by attesting that they: (1) acknowledge of the requirement to cooperate in good faith with ONC direct review of their health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and (2) if a requested, cooperate in good faith in ONC direct review of health information technology under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the EP in the field.

☐ Optionally, EPs may also attest that they engaged in SPPC activities by attesting: (1) acknowledge the option to cooperate in good faith with ONC-ACB surveillance of their health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and (2) if requested, cooperated in good faith with ONCACB surveillance of their health information technology certified under the ONC Health IT Certification Program, as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the EP in the field.

☒ Eligible Professionals must attest that they engaged in the prevention of information blocking by attesting that they: (1) Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology; and (2) Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times: (i) Connected in accordance with applicable law; (ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; and (iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300j(3)), including unaffiliated providers, and with disparate certified EHR technology and vendors; and (3) Responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300j(3)), and other persons, regardless of the requestor's affiliation or technology vendor.

☒ I understand that it is my responsibility, as the provider, to ensure that my certified EHR technology code is listed on the [ONC public web service](#) before submitting my attestation to the State. I understand that failing to ensure my code is listed may result in a false negative result that may disqualify me from receiving payment.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Your EHR Certification Information

EHR Certification Number 0015E244MTA7J5R

This is where the EHR CEHRT number is entered. It must be 2015 Edition to attest to Stage 3.

- 1) Go to the ONC 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.

Draft Screen

File Name	Subject	Remove
No records to display.		

Add Files

Remove Selected

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

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[Print Registration Information](#)

EHR Reporting Period

EHR Reporting Period

CMS requires that providers meet the following regulations for attesting to Meaningful Use:

- 80% of patients must have records in the certified EHR technology

Numerator * Denominator * Percentage

Required Field

Required Field

Numerator = number of patients with records in the certified EHR technology during this reporting period

Denominator = total number of patients during this reporting period

- Eligible Professionals who work at multiple locations but don't have certified EHR technology available at all of their locations must:
 - Have 50% of their total patient encounters at locations where certified EHR technology is available
 - Base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available

+ Add New Location						
Street Address *	City *	State *	Zip *	Numerator *	Denominator *	EHR Technology? *
No records found.						

Percentage of total patient encounters at locations where certified EHR technology is available: 0.00 %

Numerator = Number of patient encounters in the denominator at the specified location during this reporting period.

Denominator = Number of patient encounters at the specified location during this reporting period.

Draft Screen

Have to complete this table even if EP practices in only one location.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

EHR Reporting Period

☒ I agree that I meet the additional CMS regulations for attesting to Meaningful Use. I understand that the State may choose to audit my records to verify that I meet these regulations.

☒ I agree with the following statements:

- The information submitted for clinical quality measures (CQMs) was generated as an output from an identified certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the EP or the person submitting on behalf of the EP, eligible hospital, or CAH.
- The information submitted is accurate and complete for numerators, denominators, exclusions, and measures applicable to the EP, eligible hospital, or CAH.
- The information submitted includes information on all patients to whom the measure applies.

90-Day Reporting Period:

Start Date *

3/1/2019



End Date *

5/29/2019



☐ I am reporting CQMs for a different reporting period than my meaningful use objectives.

Attach Documentation

The following attachment is required:

- CEHRT Meaningful Use Report

SLR will not allow advancement if CEHRT MU Report is not attached.

File Name

Subject

No records to display.

Add Files

Remove Selected

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

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1. About You

2. Confirm Medicaid Eligibility

3. Attestation of EHR

EHR Certification

EHR Reporting Period

MU - Import

MU Objective Summary

Protect Patient Health Information

Electronic Prescribing

Clinical Decision Support

Computerized Provider Order Entry (CPOE)

Patient Electronic Access

Coordination of Care

Health Information Exchange

Public Health Reporting

CQM - Import

Clinical Quality Measures

4. Review and Sign Agreement

5. Send Year 2 Attestation

3. Attestation of EHR

Meaningful Use

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.

Objective	Status
Protect Patient Health Information	
Electronic Prescribing	
Clinical Decision Support	
Computerized Provider Order Entry (CPOE)	
Patient Electronic Access	
Coordination of Care	
Health Information Exchange	
Public Health Reporting	

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

[Previous Screen](#)

[Save & Continue](#)

**Skip MU
Import
Screen**

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Protect Patient Health Information

 * Red asterisk indicates a required field.

Draft Screen

Objective: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.

Click  [here](#) to view the CMS Stage 3 specification sheet for EPs.

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 data 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 has created a security risk analysis questionnaire to assist providers in carrying out this objective. Click  [here](#) to download a copy of the questionnaire.

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:

SRA must be
completed within
Calendar Year
2019.

Attach Files

The following attachment is required:

- Complete Security Risk Analysis for Program Year 2019 (must have been performed in calendar year 2019)

EP will not be able to
continue if attachment is
not added here.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Information on Protect Patient Health Information Objective

- EPs must conduct or update a security risk analysis (SRA) including addressing encryption of data, and implement updates as necessary at least once each Calendar Year and attest 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, 2019 and December 31, 2019.**
- The SRA must be added as an attachment to the SLR at this objective's screen.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements


Information on Protect Patient Health Information Objective

- The SRA must include the following 4 elements:
 - For PY 2019, the 2019 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 should have 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)
 - Physical
 - Technology (Including encryption)
 - 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.
- Get template: <https://www.hsd.state.nm.us/providers/meaningful-use.aspx>

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Electronic Prescribing

 * Red asterisk indicates a required field.

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

[Click !\[\]\(e78f798d4ea5c530c9db49e7d26e6b95_img.jpg\) 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

Draft Screen

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.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

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.
- Increase from “more than 50%” in PY 2018 Stage 2.
- 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.

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Clinical Decision Support



* Red asterisk indicates a required field.

Draft Screen—edited for
webinar

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

* List the five clinical decision support interventions you have implemented

- 1 diabetes--annual eye exam
- 2 diabetes--annual foot exam
- 3 diabetes--annual med reconciliation
- 4 flu--offer annual vaccine
- 5 pneumonia--offer annual vaccine

* These clinical decision support interventions are related to

☒ 4 or more clinical quality measures ☐ 4 or more high priority health conditions

* **Select CQMs**

CMS117
CMS131
CMS142
CMS147

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

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

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 2018 Stage 2.
- 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 Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

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 <input checked="" type="radio"/>	Yes <input type="radio"/>
Laboratory Orders (Measure #2)	No <input checked="" type="radio"/>	Yes <input type="radio"/>
Diagnostic Imaging Orders (Measure #3)	No <input checked="" type="radio"/>	Yes <input type="radio"/>

Draft Screen

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.

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

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.

Draft Screen

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.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Information on CPOE

- For CPOE, there are three measures:
 - For Measure #1, **more than 60%** of medication orders created by the EP during the EHR Reporting Period must be recorded using CPOE. Threshold same as PY 2018 Stage 2.
 - For Measure #2, **more than 60%** of lab orders created by the EP during the EHR Reporting Period must be recorded using CPOE. **Threshold increase from 30% in PY 2018 Stage 2.**
 - For Measure #3, **more than 60%** of radiology orders created by the EP during the EHR Reporting Period must be recorded using CPOE. **Threshold increase from 30% in PY 2018 Stage 2.**
- 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 (such as phone orders) may be included in the numerator as long as the order entry otherwise meets the requirements of the objective and measures.

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Patient Electronic Access

 Red asterisk indicates a required field.

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

[Click !\[\]\(c3d993ca47bfe2a953c700506ce31fa0_img.jpg\) 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

Draft Screen

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.

Make sure API function is enabled in CEHRT

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Information on Patient Electronic Access

- For Measure #1, more than 80% of all unique patients seen by the EP during the EHR Reporting Period: **(Threshold increase from 50% in PY 2018 Stage 2)**
 - (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
 - (2) The provider ensures the patient's health information is available for the patient (or the patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT **(New in Stage 3)**
- CEHRT vendor can tell you what Apps will work with the CEHRT's API.
- Need to offer access through both secure patient portal and API
- **To implement the API, an EP needs to fully enable the API functionality . . .**
- EPs are expected to provide patients with detailed instructions on how to authenticate their access through the API and provide supplemental information on available Apps that leverage the API. **(See CMS PY 2019 Stage 3 tipsheet for more details.)**

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Information on Patient Electronic Access

- 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 patients seen during the EHR Reporting Period.
 - Was a separate objective in PY 2018 Stage 2; **threshold increase from 10%**
 - For this measure, the number 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 2019.
 - Paper-based actions are no longer allowed or required to be counted. EPs may still provide paper-based educational materials, but they may no longer be included in measure calculations.

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Coordination of Care

 Red asterisk indicates a required field.

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.

Draft Screen

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 ☒ 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: 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.

Make sure API function is enabled in CEHRT

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Information on Coordination of Care through Patient Engagement

- 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.
- If an EP cannot meet thresholds for at least 2 measures, the EP must be able to take an exclusion for the measures the EP cannot meet.
 - *If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion for all 3 measures, they may be excluded from meeting this objective.*
- 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 2019.

NM Medicaid Promoting Interoperability Program ram

Program Year 2019 Requirements

Information on Coordination of Care through Patient Engagement

- For Measure #1, more than **5%** of all unique patients (or their authorized representative) seen by the EP during the EHR Reporting Period: actively engage with the EHR made accessible by the EP and **(Same threshold in PY 2018 Stage 2)**
 - (1) View, download, and transmit to a third party their health information; or
 - (2) Access their health information through the use of an **Application Programming Interface (API)** that can be used by applications chosen by the patient and configured to the API in the EP's CEHRT; or **(New in Stage 3)**
 - (3) **A combination of (1) and (2)** **(New in Stage 3)**
- CEHRT vendor can tell you what Apps will work with the CEHRT's API.
- Need to offer access through both secure patient portal and API
- **To implement the API, an EP needs to fully enable the API functionality . . .**
- **EPs are expected to provide patients with detailed instructions** on how to authenticate their access through the API and provide supplemental information on available Apps that leverage the API. **(See CMS PY 2019 Stage 3 tipsheet for more details.)**

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

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.

Draft Screen

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.

NM Medicaid Promoting Interoperability Program

Program Year 2017 Requirements

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. (Same threshold in PY 2018 Stage 2)
 - 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 2019.
- 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. (New in Stage 3)
 - “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.
 - See CMS PY 2019 Stage 3 tipsheet for more details

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Health Information Exchange

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)

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? (Measure #1)

No ☐ Yes ☐

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)

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? (Measure #2)

No ☒ Yes ☐

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)

No ☒ Yes ☐

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 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.

Draft Screen

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

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.
- If an EP cannot meet the thresholds for at least 2 measures, the EP must be able to take an exclusion for the measures the EP cannot meet.
 - *If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion for all 3 measures, they may be excluded from meeting this 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. (Threshold increase from 10% in PY 2018 Stage 2)
 - 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 2019.
- 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.

NM Medicaid Promoting Interoperability Program

Program Year 2017 State Level Registry-Stage 3

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.

***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.

Draft Screen

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.

Please enter a numerator.

*

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.

Please enter a denominator.

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.

Please enter a numerator.

*

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 denominator.

NM Medicaid Promoting Interoperability Program

Program Year 2017 Requirements

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 **Threshold increase from 50% in PY 2018 Stage 2;**
 - 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.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health & Clinical Data Registry Reporting for PY 2019

	Stage 2—PY 2018	Stage 3
Number of Measures	3	5 for PY 2019
Number of Measures required to be met	2	2
Measures for which the NM DOH enables Active Engagement for EPs	Immunization Syndromic Surveillance for ER EPs	Immunization Syndromic Surveillance for ER EPs

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health & Clinical Data Registry Reporting for PY 2019

- The Public Health Reporting Objective has 5 measures for Stage 3
 - Immunization Registry Reporting
 - Syndromic Surveillance Reporting
 - Electronic Case Reporting
 - Public Health Registry Reporting
 - Clinical Data Registry (CDR) Reporting
- 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 4.
- EPs must document that they were in “Active Engagement” with a public health registry or clinical data registry for two measures during 2019 or take exclusions for all remaining measures. Some exclusions will also require documentation.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health Reporting: Active Engagement

- “Active Engagement” means that the EP is in the process of moving toward 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 (not test data).
- 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 PHA or CDR within 60 days after the start of the EHR reporting period and is awaiting invitation to begin testing & validation.
 - **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 PHA/CDR 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 2019 for any measure and still attest to the corresponding Active Engagement option.
 - EPs who have tested in a prior year (option #2) must still have conducted testing in PY 2019.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health & Clinical Data Registry Reporting for PY 2019

Three exclusions for each measure. Recommended exclusions, if applicable, based on current NM registries available & criteria changes.

	Measure	Exc #	Exclusion
1	Immunization Registry	1	NM DOH has registry w/bi-directional capability for queries <i>Does not administer immunizations ...</i>
2	Syndromic Surveillance	1	NM DOH has registry for EPs who went to Production in a Prior Year & Emergency Room EPs <i>* Not in a category of providers . . .</i>
3	Electronic Case Reporting	2	No NM DOH registry is capable <i>* In jurisdiction...no PHA is capable ...</i>
4	Public Health Registry	2	No NM PHA registry is capable <i>In jurisdiction...no PHA is capable ...</i>
5	Clinical Data Registry	1 2	National Medical Registries <i>Does not diagnose or treat, or</i> <i>In jurisdiction...no CDR is capable . . .</i>

* Get Exclusion Letter from NM DOH website at www.nmhit.org

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

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](#) to view the CMS Stage 3 specification sheet for EPs.

Draft Screen

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."

Measure		I will report on this measure	I will claim exclusion for this measure
Measure 1 – Immunization Registry Reporting		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Measure 2 – Syndromic Surveillance Reporting		<input type="checkbox"/>	<input type="checkbox"/>
Measure 3 – Electronic Case Reporting (not required until 2019)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #1)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #2)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #3)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #1)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #2)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #3)		<input type="checkbox"/>	<input type="checkbox"/>

Individual screens need to match table choices. If you meet 2 measures, you will get only those screens.

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3










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](#) 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."

Measure		I will report on this measure	I will claim exclusion for this measure
Measure 1 – Immunization Registry Reporting		<input type="checkbox"/>	<input type="checkbox"/>
Measure 2 – Syndromic Surveillance Reporting		<input type="checkbox"/>	<input type="checkbox"/>
Measure 3 – Electronic Case Reporting (not required until 2019)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #1)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #2)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #3)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #1)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #2)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #3)		<input type="checkbox"/>	<input type="checkbox"/>

Individual screens need to match table choices. If you meet 2 measures, you will get only those screens.

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

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](#) to view the CMS Stage 3 specification sheet for EPs.

Draft Screen

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."

Measure		I will report on this measure	I will claim exclusion for this measure
Measure 1 – Immunization Registry Reporting		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Measure 2 – Syndromic Surveillance Reporting		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Measure 3 – Electronic Case Reporting (not required until 2019)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #1)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #2)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #3)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #1)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #2)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #3)		<input type="checkbox"/>	<input type="checkbox"/>

Individual screens need to match table choices. If you meet less than 2 measures, you will get all screens.

DEPARTMENT

NM Medicaid Promoting Interoperability Program

Program Year 2017 State Level Registry-Stage 3

Measure 1 – Immunization Registry Reporting

 Red asterisk indicates a required field.

Measure: The EP is in active engagement with a Public Health Agency (PHA) to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system.

Click  [here](#) to view the CMS Stage 3 specification sheet for EPs.

Draft Screen

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.

☐ **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.
Attach Scorecard & other docs.

Make sure Query function is enabled in CEHRT

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health & Clinical Data Registry Reporting for PY 2019

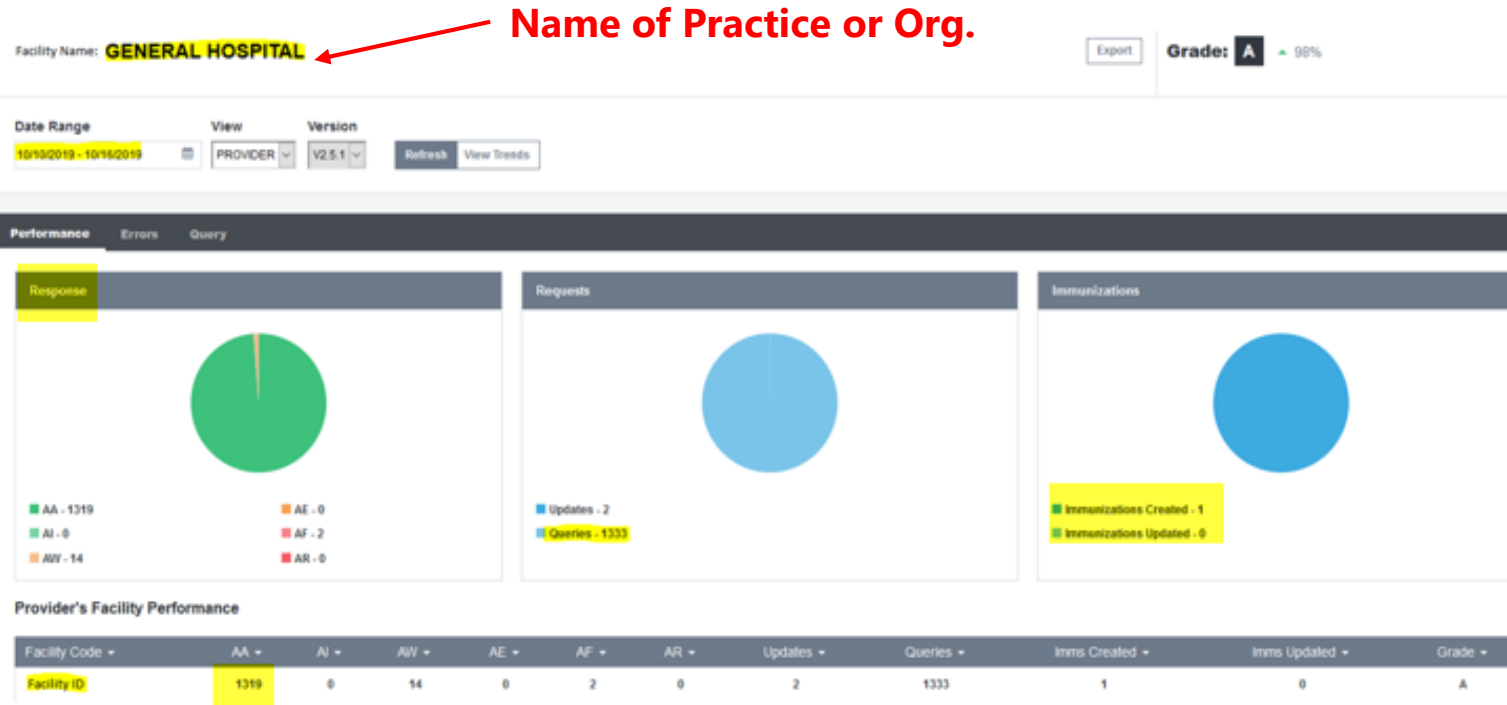
Measure 1: Immunization Registry Reporting

- The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health registry/ immunization information system (IIS). **Bi-directional query is new in Stage 3.**
- Bi-directionality provides that CEHRT must be able to receive and display a consolidated immunization history and forecast in addition to sending the immunization record.
 - Make sure the Bi-directional query function is enabled in the CEHRT (ask vendor).
 - Begin sending queries to NMSIIS. Email Elizabeth Cisneros at the NM DOH if you don't know process. Elizabeth.Cisneros@state.nm.us
 - For attestation documentation, get Scorecard from Elizabeth Cisneros. Give her a date range. **Select first day in calendar year 2019 that 2015 Edition CEHRT was implemented through last day of your 90-day EHR Reporting Period.**
 - Scorecard should show Immunization data, Queries and Responses.
 - Scorecards will be by practice or organization name. See next slide.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

NM DOH Scorecard



**How NMSIIS
processed &
received messages**

**# of times there
was bi-directional
data exchange**

**# Immunization messages
sent**

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Measure 2 – Syndromic Surveillance Reporting

 * Red asterisk indicates a required field.

Measure: The EP is in active engagement with a Public Health Agency (PHA) to submit syndromic surveillance data.

[Click !\[\]\(cbe80b694ebd74fcfe136a095b608235_img.jpg\) here to view the CMS Stage 3 specification sheet for EPs.](#)

Draft Screen

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.

You meet the requirement for exclusion from this measure. Exclusion from the requirement does not prevent an EP from achieving Meaningful Use.

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; production or exclusion letter.

Once exclusion selected, active engagement boxes will not show.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health & Clinical Data Registry Reporting for PY 2019

Measure 2: Syndromic Surveillance Reporting

- The EP is in active engagement with a PHA to submit Syndromic Surveillance data.
- For PY 2019 Stage 3, Syndromic Surveillance is an option for all EPs under the federal rule.
 - However, the NM Department of Health (DOH) is only accepting SS data from EPs who went into production in a prior program year and from ER EPs.
 - EPs who registered with the NM DOH for SS in a prior year but did not complete onboarding or who never registered at all should select Exclusion 1—*“not in a category of providers from which ambulatory SS data is collected by their jurisdiction’s SS system.”*
 - Get SS letter for PY 2019 exclusion from the NM DOH website www.nmhit.org
 - For questions regarding the NM DOH Syndromic Surveillance Registry, email Keaton Hughes at Keaton.Hughes@state.nm.us.

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3


Measure 3 – Electronic Case Reporting

 * Red asterisk indicates a required field.

Measure: The EP is in active engagement with a Public Health Agency (PHA) to submit case reporting of reportable conditions

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Draft Screen

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

- ☐ Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.
- ☒ Operates in a jurisdiction where no public health agency is capable of receiving electronic case reporting data 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 electronic case reporting data as of 6 months prior to the start of the EHR reporting period.

You meet the requirement for exclusion from this measure. Exclusion from the requirement does not prevent an EP from achieving Meaningful Use.

Attach Files

The following attachments are optional:

- Other

DOH Documentation is attached here: exclusion letter.

Once exclusion selected, active engagement boxes will not show.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health & Clinical Data Registry Reporting for PY 2019

Measure 3: Electronic Case Reporting

- The EP is in active engagement with a PHA to submit case reporting of reportable conditions.
- Electronic Case Reporting for Stage 3 Meaningful Use is not currently available at the NM Department of Health (DOH). EPs can take exclusion.
 - Exclusion 2—*“practices in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR Reporting Period.”*
 - Get Readiness Statement for Electronic Case Reporting for PY 2019 Exclusion 2 from the NM DOH website www.nmhit.org
 - For questions regarding Electronic Case Reporting, email Keaton Hughes at Keaton.Hughes@state.nm.us.

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3


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.

[Click !\[\]\(0f848bbd71cef6b345273b16f905912a_img.jpg\) here to view the CMS Stage 3 specification sheet for EPs.](#)

Draft Screen

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.

You meet the requirement for exclusion from this measure. Exclusion from the requirement does not prevent an EP from achieving Meaningful Use.

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.

Once exclusion selected, active engagement boxes will not show.

NM Medicaid Promoting Interoperability Program


Program Year 2019 State Level Registry-Stage 3

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.

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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.

* 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.

* Registry Name

PDMP

Attach Files



**Attach letter from national
PHA registry**

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health & Clinical Data Registry Reporting for PY 2019

Measure 4: Public Health Registry Reporting

- The EP is in active engagement with a PHA to submit case reporting of reportable conditions.
- EPs may report to more than one PHA to meet the 2 required measures.
- 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.”
- **Stage 3 new language:** For measures 4 & 5, if the PHA or CDR does not use a specified standard, it must use another standard specified in 170.205 to meet the measure. For example, the transmission could be in the form of a Consolidated Clinical Document Architecture (C-CDA) per 170.205 (a)(4), or Quality Reporting Document Architecture (QRDA) per 170.205 (h)(2). . . (See CMS PY 2019 Stage 3 tipsheet for more details.)

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health & Clinical Data Registry Reporting for PY 2019

Measure 4: Public Health Registry Reporting

Public Health Registry Reporting for Stage 3 Meaningful Use is not currently available at the NM Department of Health (DOH).

- The NM Tumor Registry at UNM is not able to accept data in the specific standards.
- Prescription Monitoring Program—EPs do not send data to the registry; only query.
- EPs can take exclusion 2.
 - Exclusion 2—*“practices in a jurisdiction for which no PHA 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.”*
- Alternatively, EPs can meet the measure if they can attest to Active Engagement with a national PHA that meets the specific standards.
- Check with your national PHA to insure the registry meets this criteria.

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3


Measure 5 – Clinical Data Registry Reporting (Registry #1)



* Red asterisk indicates a required field.

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

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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:**

Diabetes Registry

Attach Files

← **Attach CDR letter**

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Measure 5 – Clinical Data Registry Reporting (Registry #1)

 * Red asterisk indicates a required field.

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

Click  [here](#) to view the CMS Stage 3 specification sheet for EPs.

Draft Screen

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.

You meet the requirement for exclusion from this measure. Exclusion from the requirement does not prevent an EP from achieving Meaningful Use.

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.

Once exclusion selected, active engagement boxes will not show.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health & Clinical Data Registry Reporting for PY 2019

Measure 5: Clinical Data Registry Reporting

- The EP is in active engagement to submit data to a Clinical Data Registry (CDR).
- EPs may report to more than one CDR to meet the 2 required measures.
- 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.”
- The definition of jurisdiction is general, and the scope may be at the local, state regional or national level.
- If the EP does not collect clinical data, can take Exclusion 1—“does not diagnose or directly treat any disease or condition . . .”

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Public Health & Clinical Data Registry Reporting for PY 2019

Measure 5: Clinical Data Registry Reporting

- For EPs who have been submitting to CDRs (Specialized Registry) in past program years or will be in PY 2019, be aware of **new language for Stage 3**
 - For measures 4 & 5, if the PHA or CDR does not use a specified standard, it must use another standard specified in 170.205 to meet the measure. For example, the transmission could be in the form of a Consolidated Clinical Document Architecture (C-CDA) per 170.205 (a)(4), or Quality Reporting Document Architecture (QRDA) per 170.205 (h)(2) . . .
- Check with your society or national registry to insure the registry meets this criteria.
- If not, take Exclusion 2—"practices in a jurisdiction where no CDR 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."
- Make sure to attach supporting documentation for Active Engagement or exclusion.

NM Medicaid Promoting Interoperability Program

Program Year 2019

PI Program in PY 2019

- **50 CQMs available for EPs in PY 2019, including 27 High Priority measures, 6 of which are also designated as Outcome Measures. [PY 2019 CQMs—PDF](#)**
 - **EPs must attest to 6 Clinical Quality Measures (CQMs) relevant to their scope of practice; EPs should report on Outcome and High Priority CQMs if they are relevant to the EP's scope of practice.**
 - EPs attesting to MU for the second time or greater for PY 2019 must report Clinical Quality Measures (CQMs) over the entire CY of 2019.
 - EPs attesting to MU for the first time for PY 2019 may select a 90-day CQM period; this period must be entirely within CY 2019, but can be dates that are different than the EHR Reporting Period.
 - EPs are not required to have 2015 Edition CEHRT for all of Calendar Year 2019, but the CQM data must be reported out of the 2015 Edition CEHRT which should integrate all of the data from the year reporting period.
 - **Confirm with your vendor which CQMS are available in your CEHRT.**
- List of Outcome and High Priority CQMs on Slides 64 to 66

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Clinical Quality Measures

Draft—Screen edited for webinar.

EPs must report on a total of six (6) Clinical Quality Measures. EPs should select the CQMs that are relevant to their scope of practice. At least one of the CQMs selected must be an outcome measure, if any are relevant. If no outcome measures are relevant, EPs must select at least one other high priority measure. If no high priority measures are relevant, EPs may report on any six relevant eCQMs.

[Import Clinical Quality Measure Data](#)

Clinical Quality Measures Summary

CMS eMeasure ID	Title	Description	Select
Outcome Measures			

CMS122 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

CMS132 Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

CMS133 Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

CMS159 Depression Remission at Twelve Months

CMS165 Controlling High Blood Pressure

CMS75 Children who have dental decay or cavities

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Clinical Quality Measures

Screen edited for webinar.

High Priority Measures

CMS 125 Breast Cancer Screening
 CMS 128 Anti-Depressant Medication Management
 CMS 129 Prostate Cancer: Avoidance of Overuse of Bone.
 CMS 136 ADHD: Follow-Up Care for Children Prescribed...
 CMS 137 Initiation & Engagement of Alcohol & other...
 CMS 139 Falls: Screening for Future Fall Risk
 CMS 142 Diabetic Retinopathy: Communication with...
 CMS 146 Appropriate Testing for Children w/Pharyngitis
 CMS 153 Chlamydia Screening for Women
 CMS 154 Appropriate Treatment for Children w/Upper ...
 CMS 155 Weight Assessment & Counseling for Nutrition...

CMS 156 Use of High-Risk Medications in the Elderly
 CMS 157 Oncology: Medical & Radiation—Pain Intensity..
 CMS 177 Child & Adolescent Major Depressive Disorder...
 CMS 2 Preventive Care & Screening for Depression & ...
 CMS 249 Appropriate Use of DXA Scans in Women ...
 CMS 50 Closing the Referral Loop: Receipt of Specialist...
 CMS 56 Functional Status Assessment for Total Hip...
 CMS 66 Functional Status Assessment for Knee Replac...
 CMS 68 Documentation of Current Medications in the...
 CMS 90 Functional Status Assessment for Congestive...

PY 2019 CQMs—PDF

NM Medicaid Promoting Interoperability Program

Program Year 2019 State Level Registry-Stage 3

Clinical Quality Measures

Screen edited for webinar.

Other Measures

CMS 117 Childhood Immunization Status
 CMS 124 Cervical Cancer Screening
 CMS 127 Pneumococcal Vaccination Status for Older ...
 CMS 130 Colorectal Cancer Screening
 CMS 131 Diabetes: Eye Exam
 CMS 134 Diabetes: Medical Attention for Nephropathy...
 CMS 135 Heart Failure Angiotensin-Coverting Enzyme...
 CMS 138 Preventative Care & Screening: Tobacco Use...
 CMS 143 Primary Open Angle Glaucoma: Optic Nerve...
 CMS 144 Heart Failure: Beta Blocker Therapy for Left ...
 CMS 145 Coronary Artery Disease: Beta Blocker Therapy.
 CMS 147 Preventative Care & Screening: Influenza Imm...

CMS 149 Dementia: Cognitive Assessment
 CMS 160 Depression Utilization of the PHQ-9 Tool
 CMS 161 Adult Major Depressive Disorder: Suicide Risk...
 CMS 22 Preventive Care & Screening for High Blood ...
 CMS 347 Statin Therapy for Prevention & Treatment of ...
 CMS 349 HIV Screening
 CMS 52 HIV/AIDS: Pneumocystis Jiroveci Pneumonia ...
 CMS 645 Bone Density Eval for Patients w/Prostate ...
 CMS 69 Preventive Care & Screening: Body Mass Index..
 CMS 74 Primary Caries Prevention Intervention Offered.
 CMS 82 Maternal Depression Screening

PY 2019 CQMs—PDF

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Supporting Documentation

- At time of attestation EP must attach the following in the SLR:
 - Patient Management report (PMR) or Encounter Data Report for EPs attesting to individual patient volume—must be in Excel (SLR Step 2)
 - Screenshot of CMS EHR Certification ID for 2015 Edition CEHRT (SLR Step 3)
 - Vendor Documentation confirming your practice has 2015 Edition CEHRT and from what date (SLR Step 3)
 - EP's CEHRT MU Summary Report of Objectives & Measures and CQMs Report (SLR Step 3)
 - SRA completed in CY 2019 for PY 2019 (SLR Step 3)
 - Documentation for the Public Health Measures (SLR Step 3)
- NOTE:** Attach all of these even if SLR says they are "optional."

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Supporting Documentation—Patient Volume

- **Group Volume:** email 1 copy of **encrypted** Encounter Data Report/PMR (must be in Excel format) to Valorie.Vigil@state.nm.us with subject line: PMR for “name of group” for PY 2019.
- **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).

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Other Helpful Hints for PY 2019

- 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 2019. 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 in "active" status, as the SLR will give an error for inactive EPs. Check recertification status of each EP prior to beginning the PY 2019 attestation.

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

Other Helpful Hints for PY 2019

- 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 2019. 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 2019 attestation for a minimum of six years.
- Prior to submitting the attestation, ensure that the payee information is correct. If not, correct payee information at [CMS](#).

NM Medicaid Promoting Interoperability Program

Program Year 2019 Requirements

New Mexico Medicaid Promoting Interoperability Program

For Program and Policy Questions
and/or to be added our email list

Contact

Valorie Vigil, Staff Manager at 505-827-1321

Email: Valorie.Vigil@state.nm.us

State Website— <https://www.hsd.state.nm.us/providers/Default.aspx>

State MU Page— <https://www.hsd.state.nm.us/providers/meaningful-use.aspx>

NM Medicaid Promoting Interoperability Program
Program Year 2019 Requirements

QUESTIONS???



NM Medicaid Promoting Interoperability Program
Program Year 2019 Requirements

THANK YOU!

