Adopt, Implement, or Upgrade Attestation

Eligible Professional

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Purpose

This document serves as a guide for eligible professionals (EPs) using the Medicaid EHR Incentive Program Administrative Support Service (MEIPASS) to attest adopt, implement, or upgrade (AIU) of certified EHR technology. An EP may attest AIU only in his/her first participation year of the Medicaid EHR Incentive Program.

Requirements

Prior to attesting, the provider must have completed registration for the NY Medicaid EHR Incentive Program in the CMS Registration and Attestation System and obtained an ePACES user account with MEIPASS privileges.

Home Page

Log into MEIPASS at https://meipass.emedny.org/ehr with your ePACES user name and password.
CMS Registration

Enter the provider’s CMS Registration ID. If you need help obtaining the registration ID, please contact the CMS Help Desk at 888-734-6433.

Review the provider’s registration information. **NOTE:** The email address on the registration serves as the primary contact for the provider participating in the NY Medicaid EHR Incentive Program.

- If the information displayed is correct, click **Begin Attestation** to proceed forward.
- If it is not correct, go to the CMS Registration and Attestation System to update the provider’s record. Allow at least 1 business day for the information to be updated in MEIPASS.
Attestation Options

- Select the **Payment Year** for which the provider is attesting.
- Select **Adopt, Implement, or Upgrade (AIU)** to attest that the provider performed AIU during the payment year.
- Click **Continue** to proceed forward.

Practice at FQHC or RHC

Review [FAQ EP29](#) for more information about practicing predominantly at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

![Attestation Options](#)

- **Answer No** if the provider is using the Standard Patient Volume method. Proceed to the Eligibility Information section.
- **Answer Yes** if the provider is using the Needy Patient Volume method. Complete the following fields:
  - **FQHC/RHC Reporting Year**
  - **Start Date of the 6-month period**
  - **Name of the FQHC or RHC**
  - **Patient Encounters at the FQHC or RHC during this period**
  - **Total Patient Encounters during this period**

Eligibility Information

Review [FAQ EP06](#) about patient volume reporting.

![Eligibility Information](#)

Select a reporting year of either **Previous Calendar Year** or **Preceding 12 Month Period from the Date of Attestation**.

Based on this response, use the calendar tool to select the **Start Date** of the 90-day patient volume reporting period. The End Date will automatically populate.
Pediatrician

Answer Yes if the provider is a pediatrician demonstrating less than 30% but at least 20% patient volume in order to receive a reduced incentive payment.

<table>
<thead>
<tr>
<th>Practice as a Pediatrician:</th>
<th>?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice as a Physician Assistant:</td>
<td>?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Physician Assistant
If the provider answered No to the previous question about practicing at a FQHC or RHC and using needy patient volume, then MEIPASS defaults the physician assistant answer to No.

NOTE: If the physician assistant wants to attest to the standard patient volume method, then please review FAQ EP37 for a workaround procedure.

Hospital Based Status
Hospital based providers do not qualify for Medicaid EHR incentive payments.

A hospital based provider is defined as a provider who furnishes 90% or more of his/her covered Medicaid services in either inpatient (code 21) or emergency department (code 23) of a hospital. This determination is based solely on the individual provider’s covered Medicaid services during the calendar year immediately preceding the payment year.

For example, if the provider is attesting 2016 AIU, then calendar year 2015 is used to determine hospital based status.

| Hospital Based Provider: | ? | Yes | No |

Answer No to attest that the provider is not hospital based.
Organization / Group Patient Volume

EPs in a group may use aggregate data as a proxy for individual patient volume. **NOTE:** All EPs in the group must attest to the same group patient volume. Review FAQs EP05, EP19, and EP36.

- Answer **Yes** to use group aggregate patient volume. Enter the organization’s NPI.
- Answer **No** to use the EP’s individual patient volume.

Encounters

Review FAQ EP07 for encounter definitions.

Enter the provider’s **Total Medicaid Encounters** and **Total Encounters** during the patient volume reporting period.

Alternate Patient Panel

A provider may use alternate patient panel volume if he/she meets certain criteria, which includes reviewing encounter data two years prior to the start of the reporting period. Please review the information available on the program website and the patient panel decision tool to determine if this method is appropriate for the provider.

- Answer **Yes** to use the alternate patient panel method. Complete the encounter and panel fields.
- Answer **No** to use standard patient volume.
Encounters Outside NY

Review FAQ EP34 about out of state encounters for patient volume reporting.

- Answer **Yes** if including encounters for patients outside of New York and select the state.
- Answer **No** if only including New York patient encounters.

EHR Certification Information

Select either **Adopt**, **Implement**, or **Upgrade** for the activity performed by the provider during the payment year. Review FAQ EPH05 for AIU definitions.

Add the **EHR Certification Numbers** of all certified EHR technology (CEHRT) products related to the AIU activity performed by the provider during the payment year. To locate an EHR product’s CEHRT number, visit the Certified Health IT Product List at [https://chpl.healthit.gov/](https://chpl.healthit.gov/).

After clicking **Save**, a message will display the provider’s patient volume percentage. Click **OK** to proceed forward.
Attestation Form

After reviewing the agreement, check the box to accept the terms and conditions and click Register to submit the attestation.

- Click the link to open the attestation document.
- Print all pages of the document.
- The provider or the provider’s authorized representative must sign the attestation.
- Mail the completed attestation to:
  New York Medicaid EHR Incentive Program Administrative Support Service
  PO Box 809
  Rensselaer, NY 12144-0809
Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIU</td>
<td>Adopt, Implement, or Upgrade</td>
</tr>
<tr>
<td>CEHRT</td>
<td>Certified EHR Technology</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EP</td>
<td>Eligible Professional</td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
</tr>
<tr>
<td>MEIPASS</td>
<td>Medicaid EHR Incentive Program Administrative Support Service</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>RHC</td>
<td>Rural Health Clinic</td>
</tr>
</tbody>
</table>

Questions?

Contact the NY Medicaid EHR Incentive Program Support Line.
Hours: Monday – Friday, 8:30am – 5:00pm Eastern Standard Time
Phone: 1-877-646-5410
  - Option 1 – ETIN certification, ePACES, and MEIPASS credentials
  - Option 2 – Program Policies, Patient Volume, Meaningful Use, and Attestation Review
  - Option 3 – Public Health Reporting Guidance, Registration, and Status

Visit [https://health.ny.gov/ehr](https://health.ny.gov/ehr) for more information about the program.