



**Department
of Health**

Office of
Health Insurance
Programs

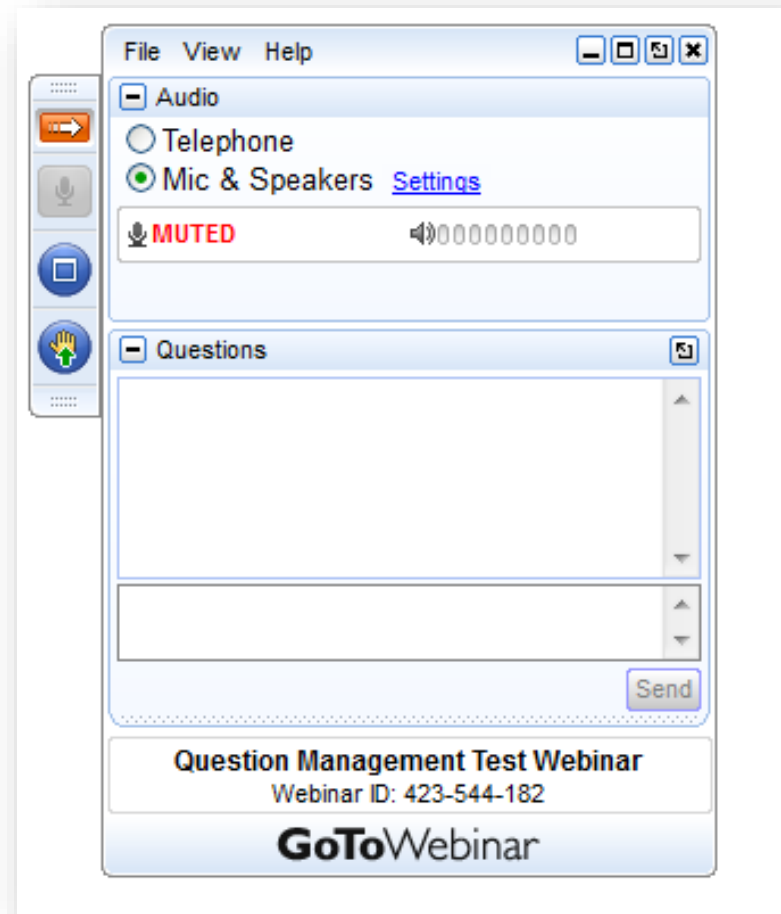
NY Medicaid EHR Incentive Program

Program Discussion

March 9, 2017

Webinar Logistics

- Audio PIN
- Q&A at the end



Agenda

- Opening Comments
- 2015 & 2016 Meaningful Use
- Attestation Walkthrough
- Resources
- Reminders
- Questions and Answers

Opening Comments

Andrew Pommer

DOH Project Coordinator

2015 and 2016 Meaningful Use Attestation

Jennifer White

Operations Lead

2015 and 2016 Meaningful Use Attestation

- MEIPASS available March 10th
- LISTSERV announcement
- Hybrid attestation
- Meaningful Use workbook

2015 and 2016 Meaningful Use Attestation

New process:

1. Attest online via MEIPASS
2. Complete Meaningful Use workbook
3. Mail signed hard copy of MEIPASS attestation form **and** Meaningful Use workbook addendum to:

NY Medicaid EHR Incentive Program

PO Box 809


Rensselaer, NY 12144-0809

Attestation Walkthrough

Anna Brooks

System Design Analyst

MEIPASS

 Department of Health
Information for a Healthy New York

Medicaid EHR Incentive Program
For Eligible Professionals (EPs) and Eligible Hospitals (EHs)

WELCOME TO MEIPASS - New York State's EHR Incentive Payment System

* User Type :

* User Name :

* Password :

Please Note:

- (i) Users are accessing a New York State Government information system
- (ii) System usage may be monitored, recorded, and subject to audit
- (iii) Unauthorized use of the system is prohibited and subject to criminal and civil penalties
- (iv) Use of the system indicates consent to monitoring and recording

I accept the terms and conditions

MEIPASS

The screenshot shows a web page for the Medicaid EHR Incentive Program (MEIPASS) registration. At the top left is the New York State Department of Health logo. The page title is "Department of Health" with the tagline "Information for a Healthy New York". On the right, it says "Welcome : RFINELLI" and has a "Logout" link. The main heading is "Medicaid EHR Incentive Program For Eligible Professionals (EPs) and Eligible Hospitals (EHs)". Below this is the section "Enter CMS Registration ID". A message reads: "Enter your CMS Registration ID to begin the Medicaid EHR Incentive Payment Program (MEIPASS) registration process." There is a text input field labeled "CMS Registration ID : ?" and a "Submit" button.

MEIPASS

The screenshot shows the MEIPASS web application interface. At the top left is the New York State Department of Health logo. The main header includes the text "Department of Health" and "Information for a Healthy New York". On the right, it says "Welcome : RFINELLI" and has a "Logout" link. Below the header is a navigation menu with "Home", "Attestation", "Status", and "Payment Information". The main content area is titled "EP Summary" and contains two paragraphs of text explaining the requirements for Modified Stage 2 Meaningful Use. Below the text is a table with three columns: "Description", "Pass / Fail / Incomplete", and "Action". The table lists "Eligibility" (Incomplete), "Objectives", and "Clinical Quality Measures" (Incomplete), each with an "Edit" button. At the bottom of the page is a "Complete Attestation" button.

Department of Health
 Information for a Healthy New York

Welcome : RFINELLI [Logout](#)

Medicaid EHR Incentive Program
 For Eligible Professionals (EPs) and Eligible Hospitals (EHs)

Home Attestation Status Payment Information

EP Summary

To achieve Modified Stage 2 Meaningful Use, eligible professionals (EPs) must successfully attest to meaningful use measures that draw from the use of certified EHR technology. The criteria describe implemented functions of EHR systems as well as the calculation of patient-related data that can be reported by the EHR systems.

Familiarity with the meaningful use criteria is fundamental to successful attestation. Achieving the objectives requires prudent planning in the application of EHR technology. The criteria for Modified Stage 2 Meaningful Use are described in two parts: objectives and clinical quality measures.

Description	Pass / Fail / Incomplete	Action
Eligibility	Incomplete	Edit
Objectives		Edit
Clinical Quality Measures	Incomplete	Edit

[Complete Attestation](#)

MEIPASS

Department of Health
 Information for a Healthy New York

Welcome: RFRELLI [Logout](#)

Medicaid EHR Incentive Program
 For Eligible Professionals (EPs) and Eligible Hospitals (EHs)

Home **Attestation** Status Payment Information

Do a combined 50% or more of your patient encounters occur at locations equipped with certified EHR technology? [?](#)
 Yes No

Do at least 80% of unique patients have stored data in your certified EHR technology during the EHR reporting period? [?](#)
 Yes No

Payment Year:

Practice at FQHC or RHC

In the previous year, for any consecutive 6-month period, were 50% or more of your patient encounters at an FQHC or RHC, and do you intend to use Needy Patient Volume to qualify? [?](#)
 Yes No

Eligibility Information

Eligibility Reporting Year: Previous Calendar Year Preceding 12 Month Period from the Date of Attestation [?](#)

Patient Volume Reporting Period Start Date: Patient Volume Reporting Period End Date:

Practice as a Pediatrician: [?](#) Yes No

Practice as a Physician Assistant: [?](#) Yes No

Hospital Based Provider: [?](#) Yes No

Did you fund the acquisition, implementation and maintenance of Certified EHR Technology including supporting hardware and any interfaces necessary to meet meaningful use without reimbursement from an eligible hospital or CAH, and do you use such Certified EHR Technology in the inpatient or emergency department of a hospital (instead of the hospital's CEHRT)? Yes No

Include Organization Encounters: [?](#) Yes No

Total Medicaid Encounters: [?](#)

Total Encounters: [?](#)

Use Alternative Patient Panel Volume: [?](#) Yes No

Include Encounters Outside NY: [?](#) Yes No

State:

EHR Certification Information

EHR Reporting Period Start Date: EHR Reporting Period End Date:

CGM Reporting Period different from EHR Reporting Period: Yes No

CGM Reporting Period Start Date: CGM Reporting Period End Date:

Enter the CMS EHR Certification Number of all certified EHR system(s) at locations where you practiced during the EHR Reporting Period. If multiple EHR systems with the same Certification Number were used enter the Certification Number only once. [?](#)

EHR Certification Number:

EHR Certification Number:

Email: pbands2@csc.com

MEIPASS

The screenshot displays the MEIPASS web application interface. At the top left is the New York State Department of Health logo and name. The main header includes the text 'Department of Health' and 'Information for a Healthy New York'. On the right side of the header, it says 'Welcome : RFINELLI' and has a 'Logout' link. Below the header is a navigation menu with buttons for 'Home', 'Attestation', 'Status', and 'Payment Information'. A sub-menu under 'Attestation' includes a button for 'EP Summary'. The main content area is titled 'EP Meaningful Use Objectives' and contains the following text:

Demonstration of Meaningful Use:

In order to qualify for incentive payments for meaningful use of Certified EHR Technology (CEHRT), EPs must demonstrate that they have met minimum thresholds for a number of meaningful use objectives. For all providers in Payment Years 2015 and 2016, objectives are measured over a continuous 90-day EHR reporting period within each payment year.

- **Modified Stage 2 (Payment Year 2015 and 2016):** Providers must meet the minimum thresholds for all 10 required objectives.
- **Exclusions:** If a provider meets the exclusion criteria for a given measure, the provider may claim exclusion for the measure (or may respond to a modified measure). Objectives with complete exclusions will not prevent a provider from successfully demonstrating meaningful use.
- **Providers practicing in multiple locations:** When calculating meaningful use measures, providers must aggregate data from all practice locations where CEHRT is available at the start of the EHR reporting period.

Attesting to Meaningful Use:

To attest to meaningful use, download and complete the [Meaningful Use Workbook](#) from the NY Medicaid EHR Incentive Program website. Once completed, send the Meaningful Use Workbook to attestation@health.ny.gov for review. After receiving verification of your meaningful use data, submit a signed hard copy of the Meaningful Use Workbook along with a signed hard copy of the MEIPASS Attestation Document. Append the workbook to the end. Mail the completed documents to the NY Medicaid EHR Incentive Program.

If you have questions regarding attesting for meaningful use or require additional information, please contact the NY Medicaid EHR Incentive Program at 877-646-5410 Option 2.

[Continue to Clinical Quality Measures](#)

*Click on the EP Summary button at any time to return to the Eligible Provider Summary Page

Download MU Workbook

The screenshot shows the New York State Department of Health website. At the top, there is a navigation bar with 'Services', 'News', 'Government', and 'Local'. Below that is a purple header for the 'Department of Health' with sub-links for 'Individuals/Families', 'Providers/Professionals', 'Health Facilities', and 'Search'. The main content area is titled 'New York Medicaid Electronic Health Records (EHR) Incentive Program'. A sidebar on the left contains a list of links, with 'Meaningful Use Workbook' highlighted in a red box. The main content area is divided into several columns: 'New York Medicaid EHR Incentive Program', 'Public Health Reporting', 'Post-Payment Audit Guidance', 'Additional Information', 'Announcements', and 'Resources'. A callout box at the bottom right provides contact information: 'For further information and assistance please call (877) 646-5410 Monday – Friday 8:30am – 5:00pm EST'. The footer includes 'Questions or comments: hit@health.ny.gov' and 'Revised: February 2017'.

MU Workbook

NY Medicaid EHR Incentive Program Manual Attestation

New York State Department of Health - Office of Health Insurance Programs

NY Medicaid EHR Incentive Program



Department of Health

Please complete this file and return to NY Medicaid by email to attestation@health.ny.gov.

Provider Information

Provider Name:	
Provider Email:	
CMS Registration ID	
Provider NPI:	
Payment Year	
Participation Year:	
Stage Information (MU1/MU2)	<input type="text"/>
EHR Reporting Period:	

Federal Information

Attestation Form



MU Workbook

NY Medicaid EHR Incentive Program Manual Attestation

New York State Department of Health – Office of Health Insurance Programs
 NY Medicaid EHR Incentive Program



Objective One (1): Protect Patient Health Information

Objective	Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
Measure	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk
Exclusion	None

Objective One Status **FAIL**

Complete the following information:

Have you conducted or reviewed a security risk analysis in accordance with the requirements?	
If you answered 'Yes' above, please enter the date when the security risk analysis was completed.	

Objective Two (2): Clinical Decision Support

Objective	Use clinical decision support to improve performance on high-priority health conditions.
Measure	<p>Note: EPs must satisfy both of the following measures in order to meet the objective.</p> <p>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 an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>OR</p> <p>Alternate Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.</p> <p>Alternate Measure 1: For an EHR reporting period in 2015 only, an EP who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of Measure 1: Implement one clinical decision support rule.</p> <p>Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</p>
Exclusion for Measure 2:	For the second measure, any EP who writes fewer than 100 medication orders during the EHR

Objective Two Status **FAIL**

Note: This measure only requires a yes/no answer.

Are you attesting to Alternate Measure 1?	
Have you met the requirements for Measure 1?	

MU Workbook

Exclusion	Are you claiming Exclusion 6 for Syndromic Surveillance?	
Exclusion	Are you claiming Exclusion 7 for Specialized Registry Reporting?	
Exclusion	Are you claiming Exclusion 8 for Specialized Registry Reporting?	
Exclusion	Are you claiming Exclusion 9 for Specialized Registry Reporting?	
Alternate Exclusion	Are you claiming an Alternate Exclusion for Measure 1?	
Alternate Exclusion	Are you claiming an Alternate Exclusion for Measure 2?	
Alternate Exclusion	Are you claiming an Alternate Exclusion for Measure 3?	
Are you reporting on Measure 1 - Immunization Registry Reporting?		
Are you reporting on Measure 2 - Syndromic Surveillance Reporting?		
Are you reporting on Measure 3 - Specialized Registry Reporting?		
Final Status of Attestation		FAIL

← → | Federal Information | **Measures** | Attestation Form | + | ⋮

MU Workbook

New York Medicaid Incentive Payment Attestation

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, that by filing this registration I am submitting a claim for federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicaid EHR Incentive Program payment, may be prosecuted under Federal and State laws and may also be subject to civil penalties.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user attesting on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is attesting.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicaid EHR Incentive Program requirements and to furnish those records to the New York State Department of Health (DOH), Department of Health and Human Services, or contractor acting on their behalf.

No Medicaid EHR Incentive Program payment may be paid unless this registration form is completed and accepted as required by existing law and regulations (42 CFR 495.10)

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicaid EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made. Appropriate disclosures may be made to other federal, state, local, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicaid EHR Incentive Program.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of EHR incentive payment. With the one exception listed below, there are no penalties under this program for refusing to supply information. However, failure to furnish information on this registration form will prevent the EHR incentive payment from being issued. Failure to furnish subsequently requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell DOH if you believe that you have been overpaid under the Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

← | Federal Information | Measures | **Attestation Form** | +

MU Workbook

1. Send MU Workbook as an attachment to attestation@health.ny.gov from your CMS registered e-mail address
2. Receive confirmation of MU Workbook from NY Medicaid EHR Incentive Program
3. Print MU Workbook
4. Append MU Workbook to the back of the signed and dated MEIPASS Attestation
5. Send hardcopy of MEIPASS Attestation **and** MU Workbook to the NY Medicaid EHR Incentive Program

Completed Attestation

NY Medicaid EHR Incentive Program
Administrative Support Service

IN ORDER TO FACILITATE THE PROCESSING OF YOUR INCENTIVE PAYMENT APPLICATION PLEASE RETURN THE ENTIRE ATTESTATION PACKET INCLUDING THE SIGNATURE PAGE. THIS PACKET SHOULD BE MARKED BY EITHER A PASS FROM THE DATE OF ATTESTATION.

DO NOT WRITE ON THIS FORM

NPI:

Registration ID:

Transaction Number:

Date of Submission:

Payment Year:

Please email all forms to:
NY Medicaid EHR Incentive Program Administrative Support Service
1702, Box 609, Bellerose, NY 11424-0609
p | 1-877-546-1415 | www.nyeddy.org

Page 1 of 3

MEIPASS
Attestation



NY Medicaid EHR Incentive Program Manual Attestation
New York State Department of Health - Office of Health Insurance Programs
NY Medicaid EHR Incentive Program

Please complete this file and return to NY Medicaid by email to attestation@health.ny.gov.

Provider Information

Provider Name:	Dee Reynolds
Provider Email:	Dee@cdh.health.ny.gov
CMS Registration ID:	000000001
Provider NPI:	000000002
Payment Year:	2016
Submission Year:	1
State Information (MSP/MSG):	MLG
EHR Reporting Period:	1/1/2016 3/31/2016

MU Workbook



Completed
Attestation

Important Policies

- MU Workbook must be sent to attestation@health.ny.gov
- MU Workbook must be sent from the EP's CMS registered e-mail address
- The attestation date in MEIPASS is used to determine if the EP met the attestation deadline

Resources

Cassandra Bixler

Communications Specialist

New Website

<https://health.ny.gov/ehr>

NEW YORK STATE

Services News Government Local

Department of Health Individuals/Families Providers/Professionals Health Facilities Search

You are Here: [Home Page](#) > [Redesigning New York's Medicaid Program](#) > New York Medicaid Electronic Health Records (EHR) Incentive Program

New York Medicaid Electronic Health Records (EHR) Incentive Program

Through the NY Medicaid EHR Incentive Program, eligible professionals (EPs), eligible hospitals (EHs) in New York who adopt, implement, or upgrade certified EHR technology (CEHRT), and subsequently become meaningful users of CEHRT, can qualify for financial incentives.

New York Medicaid EHR Incentive Program	Public Health Reporting	Post-Payment Audit Guidance	Additional Information	Announcements	Resources
<ul style="list-style-type: none"> Program Overview Eligible Professional Requirements Eligible Hospital Requirements Attestation Portal Information <ul style="list-style-type: none"> Meaningful Use Workbook Tutorials NY Medicaid EHR Incentive Program FAQs MEIPASS 	<ul style="list-style-type: none"> Public Health Reporting Home Page Public Health Reporting FAQs 	<ul style="list-style-type: none"> Post-Payment Audit Guidance Home Page Post-Payment Audit Guidance FAQs 	<ul style="list-style-type: none"> Contact Us Webinar Calendar ListSERV Notifications Document Repository Glossary 	<ul style="list-style-type: none"> ATTENTION: MEIPASS is currently open for 2016 AIU 	<ul style="list-style-type: none"> CMS Registration & Attestation System CMS EHR Incentive Program Information CDC EHR Incentive Program Information ONC EHR Incentive Program Information Certified Health IT Product List Health Commerce System (HCS)

For further information and assistance please call (877) 646-5410 Monday – Friday 8:30am – 5:00pm EST

Questions or comments: hit@health.ny.gov Revised: February 2017

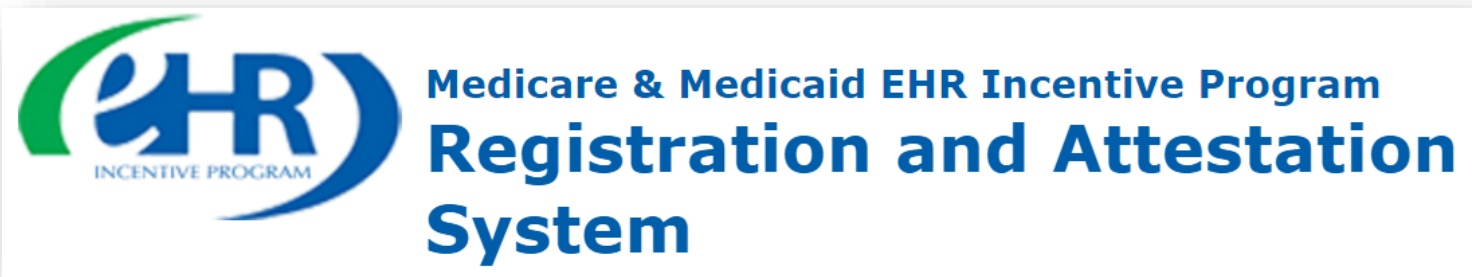
Resources

- Tutorials
- Manual Meaningful Use Attestation Assistance
- Meaningful Use Program Webinars

Reminders

CMS Registration Reminder

- 2016 was the last year to begin participation.
- 2016 AIU is currently open.
- New registrations are still being accepted.



<https://ehrincentives.cms.gov/hitech/login.action>

Attestation Deadlines

- 2016 AIU deadline May 31, 2017
- 2015 MU deadline June 30, 2017
- 2016 MU deadline September 15, 2017

MEIPASS Credentials

- Active Medicaid fee-for-service enrollment
- ETIN certification
- ePACES account

Supporting Documentation

- Patient volume
- Certified EHR Technology
- Reminders:
 - Retain documents for a minimum of 6 years
 - Meaningful Use EHR Reporting period must be during the calendar year

Questions & Answers

1. Please type your question into the console.
2. Your line will be unmuted.

NY Medicaid EHR Incentive Program Support

phone: 877-646-5410 Option 2

email: hit@health.ny.gov

website: <https://health.ny.gov/ehr>