Meaningful Use Attestation

Eligible Professional

Updated: October 2019
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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 meaningful use (MU) of certified EHR technology.

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 email hit@health.ny.gov.

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.
- Make sure to update the provider’s CMS registration prior to submitting the attestation in MEIPASS. Otherwise, updating the CMS registration while an attestation is under state review will reset the provider’s submission in MEIPASS.
EP Summary

The EP Summary page displays the status of each section in the attestation: Eligibility, Objectives, and Clinical Quality Measures. Each section must be passed in order for the EP to submit the attestation.

Click Edit to access the Eligibility section.

<table>
<thead>
<tr>
<th>Description</th>
<th>Pass / Fail / Incomplete</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>Incomplete</td>
<td></td>
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<tr>
<td>Objectives</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Clinical Quality Measures</td>
<td>Incomplete</td>
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</tr>
</tbody>
</table>

Locations with CEHRT

Review FAQ EP12 and the CMS tip sheet about practicing at multiple locations.

Answer the questions about patient encounters and stored data at locations with certified EHR technology (CEHRT). Effective 2019, you must enter the numerator and denominator data for each question.

After completing these questions, select the Payment Year the provider is attesting meaningful use.
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).

- 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


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

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
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. Hospital–based providers do not qualify for Medicare or Medicaid Electronic Health Record incentive payments. 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 for payment year 2019, then calendar year 2018 is used to determine hospital based status.

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.

- 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
EPs may use alternate patient panel volume if they meet certain criteria, which includes reviewing encounter data two years prior to the start of the patient volume 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 EP.

- 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(s).
- Answer **No** if only including New York patient encounters.
EHR Certification Information

EHR Reporting Period
Complete the EHR Reporting Period, which is the period for which the EP is attesting meaningful use. The minimum EHR Reporting requirement is 90 continuous days within the selected payment year.

CQM Reporting Period
- Answer Yes if the EP is attesting the same period as the EHR Reporting Period.
- Answer No if the EP is attesting a different period. Enter the start and end dates.
- For 2019:
  - The minimum CQM Reporting requirement is 90 continuous days for EPs demonstrating MU for the first time.
  - The minimum CQM Reporting requirement is a full calendar year for EPs returning to demonstrate MU.

EHR Certification Number
Add the EHR Certification Number(s) of the CEHRT used by the EP during the EHR Reporting Period. Effective 2019, EPs must use 2015 Edition of CEHRT.

To locate an EHR product’s CEHRT number, visit the Certified Health IT Product List at https://chpl.healthit.gov/.

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

After completing the Eligibility section, enter the EP’s MU data in the Objectives section.

- For 2019 and beyond, EPs must attest to Stage 3 which has 8 required objectives.
- EPs must complete Objective Zero (0): ONC Questions about the prevention of information blocking.

The EP Meaningful Use Objectives page displays the status of each objective:

- “Incomplete” by default
- ✔️ if the EP has satisfied an objective
- ❌ if the EP has failed an objective

Click an objective’s link to navigate to its specific page.

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**Objective Zero (0): ONC Questions**

**Objective One (1): Protect Patient Health Information**

**Objective Two (2): Electronic Prescribing (eRx)**

**Objective Three (3): Clinical Decision Support**

**Objective Four (4): Computerized Provider Order Entry (CPOE)**

**Objective Five (5): Patient Electronic Access to Health Information**

**Objective Six (6): Coordination of Care through Patient Engagement**

**Objective Seven (7): Health Information Exchange**

**Objective Eight (8): Public Health and Clinical Data Registry Reporting**

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

Activity measures require a **Yes** or **No** response. The EP may also have to enter additional information. For example, for the Protect Patient Health Information objective the EP must enter the completion date of the security risk analysis, the name of the person who completed it, and their relationship to the EP.

Click **Next** to save the response and proceed to the next objective.

**Threshold Measures**

Threshold measures, such as Electronic Prescribing, require numerator and denominator data. If the EP qualifies and claims an exclusion for a measure, the remaining fields are grayed out.
Public Health Reporting
Select the location where the EP practiced. Then select the Public Health Reporting measures the EP is attesting for the payment year.

- If the EP is attesting active engagement for a measure, then the Public Health Agency or Clinical Data Registry must be selected from the dropdown list.
- The names of available agencies and registries depend on the location that was selected.

![Image of Objective Eight (8): Public Health and Clinical Data Registry Reporting]

**EXCLUSION 1** - Any EP may be excluded from the syndromic surveillance reporting measure if the EP is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system.

Does this exclusion apply to you?  
- [ ] Yes  
- [ ] No

**EXCLUSION 2** - Any EP may be excluded from the syndromic surveillance reporting measure if the EP operates in a jurisdiction for which 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.

Does this exclusion apply to you?  
- [ ] Yes  
- [ ] No

**EXCLUSION 3** - Any EP may be excluded from the syndromic surveillance reporting measure if the EP operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.

Does this exclusion apply to you?  
- [ ] Yes  
- [ ] No

Are you in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting?  
- [ ] Yes  
- [ ] No

Please select the Public Health Agency (PHA) Name(s) that you are in active engagement with to submit syndromic surveillance data from an urgent care setting.

Public Health Agency (PHA) Name:
When all objectives have been satisfied, click **Continue to Clinical Quality Measures**.

### EP Meaningful Use Objectives

**Demonstration of Meaningful Use:**

In order to qualify for incentive payments for meaningful use of Certified EHR Technology (CEHR), EPs must demonstrate that they have met minimum thresholds for meaningful use objectives.

- **EHR Reporting:** For 2017 and 2018, the minimum measurement period for the meaningful use objectives is a continuous 90-day EHR reporting period during the calendar year. For subsequent payment years, the EHR reporting period is the full calendar year.
- **Stage 3:** Providers must pass all objectives by either meeting the minimum thresholds or qualifying for the exclusion criteria. Objectives with 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 locations equipped with CEHR during the EHR reporting period.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective Zero (0): ONC Questions</td>
<td>✔️</td>
</tr>
<tr>
<td>Objective One (1): Protect Patient Health Information</td>
<td>✔️</td>
</tr>
<tr>
<td>Objective Two (2): Electronic Prescribing (eRx)</td>
<td>✔️</td>
</tr>
<tr>
<td>Objective Three (3): Clinical Decision Support</td>
<td>✔️</td>
</tr>
<tr>
<td>Objective Four (4): Computerized Provider Order Entry (CPOE)</td>
<td>✔️</td>
</tr>
<tr>
<td>Objective Five (5): Patient Electronic Access to Health Information</td>
<td>✔️</td>
</tr>
<tr>
<td>Objective Six (6): Coordination of Care through Patient Engagement</td>
<td>✔️</td>
</tr>
<tr>
<td>Objective Seven (7): Health Information Exchange</td>
<td>✔️</td>
</tr>
<tr>
<td>Objective Eight (8): Public Health and Clinical Data Registry Reporting</td>
<td>✔️</td>
</tr>
</tbody>
</table>

*Click on the EP Summary button at any time to return to the Eligible Provider Summary Page*
Clinical Quality Measures (CQMs)

The Clinical Quality Measures Summary page displays links to the outcome and high priority measures.

- Effective 2019, EPs must report on at least six CQMs relevant to their scope of practice, including at least one outcome or high priority measure.
- If there are no relevant outcome or high priority measures, then an EP may report on any six CQMs.

After satisfying the CQM requirements, click **Return to EP Summary to Complete Attestation**.
Post-Payment Audit Notification

Carefully review the New York Medicaid EHR Incentive Program Post-Payment Audit Notification page.

- After reviewing the agreement, check the box to accept the terms and conditions.
- Click Continue to go to the signature page.
Submit Attestation

Carefully review the New York Medicaid EHR Incentive Program Attestation page.

- After reviewing the agreement, check the box to accept the terms and conditions.
- Enter the initials of the provider, Authorized Official, Delegated Official, Staff End User or Surrogate (as defined in the terms and conditions) for who is attesting.
- Click Submit to submit the attestation.
Attestation Document
A confirmation message displays after submitting the attestation. Click MEIPASS Attestation Document to open a PDF copy of the attestation. Please retain this document. In the event of a possible post-payment audit, providers should retain documentation to support all attestations for no less than six years from the date of attestation.

NOTE: Effective payment year 2017, EP attestations are submitted completely online via MEIPASS. The MEIPASS attestation document does not need to be mailed to the NY Medicaid EHR Incentive Program.
Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
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<tbody>
<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>CQM</td>
<td>Clinical Quality Measure</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EP</td>
<td>Eligible Professional</td>
</tr>
<tr>
<td>ePACES</td>
<td>Electronic Provider Assisted Claim Entry System</td>
</tr>
<tr>
<td>ETIN</td>
<td>Electronic Transmitter Identification Number</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>
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<tr>
<td>MU</td>
<td>Meaningful Use</td>
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<tr>
<td>MURPH</td>
<td>Meaningful Use Registration for Public Health</td>
</tr>
<tr>
<td>ONC</td>
<td>Office of the National Coordinator for Health Information Technology</td>
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<tr>
<td>PDF</td>
<td>Portable Document Format</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
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<tr>
<td>RHC</td>
<td>Rural Health Clinic</td>
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Questions?

Contact the NY Medicaid EHR Incentive Program Support Team.
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, MURPH Registration, and Status
Email: hit@health.ny.gov

Visit https://health.ny.gov/ehr for more information about the program.