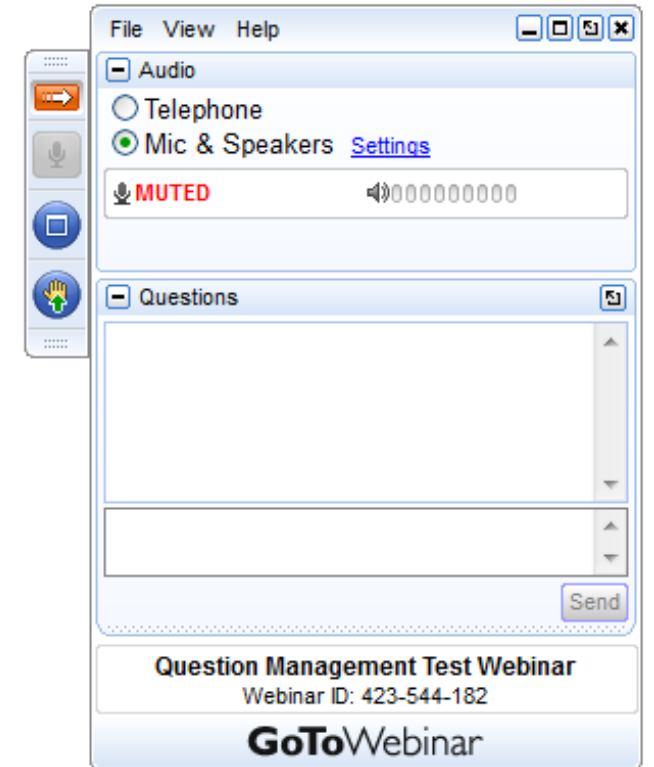


Webinar Logistics

- The webinar will begin momentarily.
- For the duration of this webinar you will be in listen-only mode and your station will be muted.
- We welcome your questions, and you can submit them at any time during the Webinar by typing them in the “Questions” section of the GoToWebinar control panel.
- At the end of the presentation we will address your questions during our Q&A session.





**Department
of Health**

NY Medicaid EHR Incentive Program

Payment Year 2021 Official Opening Presentation

Agenda

 Opening Comments

 MEIPASS Updates

 Operations Updates

 Resources & Reminders

 Q & A Session

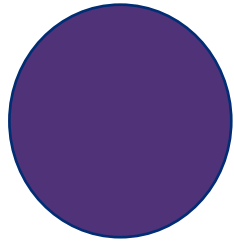


Opening Comments

Andrew Pommer
Health Program Administrator

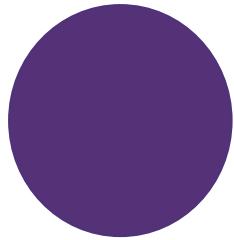
2021

Payment Year 2021 Key Dates



Soft Opening

Soft Opening Start Date:
April 1, 2021



Official Opening

Official Opening Date:
July 1, 2021
Official Opening End Date:
August 31, 2021

MEIPASS Walkthrough

Rachel Balasco
System Design Lead

Security Risk Analysis Completion Date

The SRA MUST be conducted


Within Calendar Year 2021

but

Can be completed after the date of attestation



Objective in MEIPASS


 Department of Health
 Information for a Healthy New York

Welcome : RPARIH11 [Logout](#)

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

[Home](#) [Attestation](#) [Status](#) [Payment Information](#)

[EP Summary](#)

Objective One (1): Protect Patient Health Information

Due to the December 31, 2021 statutory deadline for making incentive payments, an EP may conduct a security risk analysis at any time during Calendar Year 2021, even if that is after the EP attests with New York Medicaid. An EP who has not completed a security risk analysis by the time of attestation will be required to attest that they will complete one by December 31, 2021. New York Medicaid may require EPs to submit evidence that the security risk analysis has been completed as promised, even after the incentive payment has been issued.

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

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 management process.

* Have you conducted or reviewed 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 implemented security updates as necessary and corrected identified security deficiencies as part of the EP's risk management process?

Yes No

* Do you plan to 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 management process **no later than December 31, 2021?**

Yes No

I understand that I am required to complete a Security risk analysis no later than December 31, 2021, 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).

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicaid EHR Incentive Program Requirements for the Security risk analysis for a minimum of six years from the date of my signed attestation.

Estimated security risk analysis completion date:

Will be completed by:

Relationship to Eligible Professional (EP):

[Previous](#) [Return to Meaningful Use Objectives](#) [Next](#)

2021

EP01 – Future SRA Completion Date Selected

All providers who select a future date of completion for the SRA will be sent this outreach letter with additional information and instruction.

Dear Provider:

The NY Medicaid EHR Incentive Program has received your attestation for Payment Year (PY) 2021. While reviewing your submission, it has been noted that the Security Risk Analysis (SRA) Completion date you have selected occurs in the future.

As a reminder, providers are required to complete the SRA by the deadline of **December 31st, 2021**. Because of this, it is important to ensure that this requirement is completed by the appropriate deadline and that documentation related to this process is retained in full. Please review the below action items for additional information.

Action Items:

- Complete a [Security Risk Analysis](#) in accordance with the [CMS Guidelines](#) prior to **December 31st, 2021**. Ensure that the process is well documented.
- Retain **all documentation** related to this process (including the analysis itself, the name of the person or entity completing the analysis, and that person or entity's relationship to the organization) for a **minimum of 6 years from the date your PY2021 attestation was completed**. This is necessary to prepare for the possibility of Post-Payment Audit.
- For further information regarding possible Post-Payment Audit and the requirements associated with it, please visit the [Post-Payment Audit Home Page](#). If you have any questions related to this process, contact hitech@omig.ny.gov.

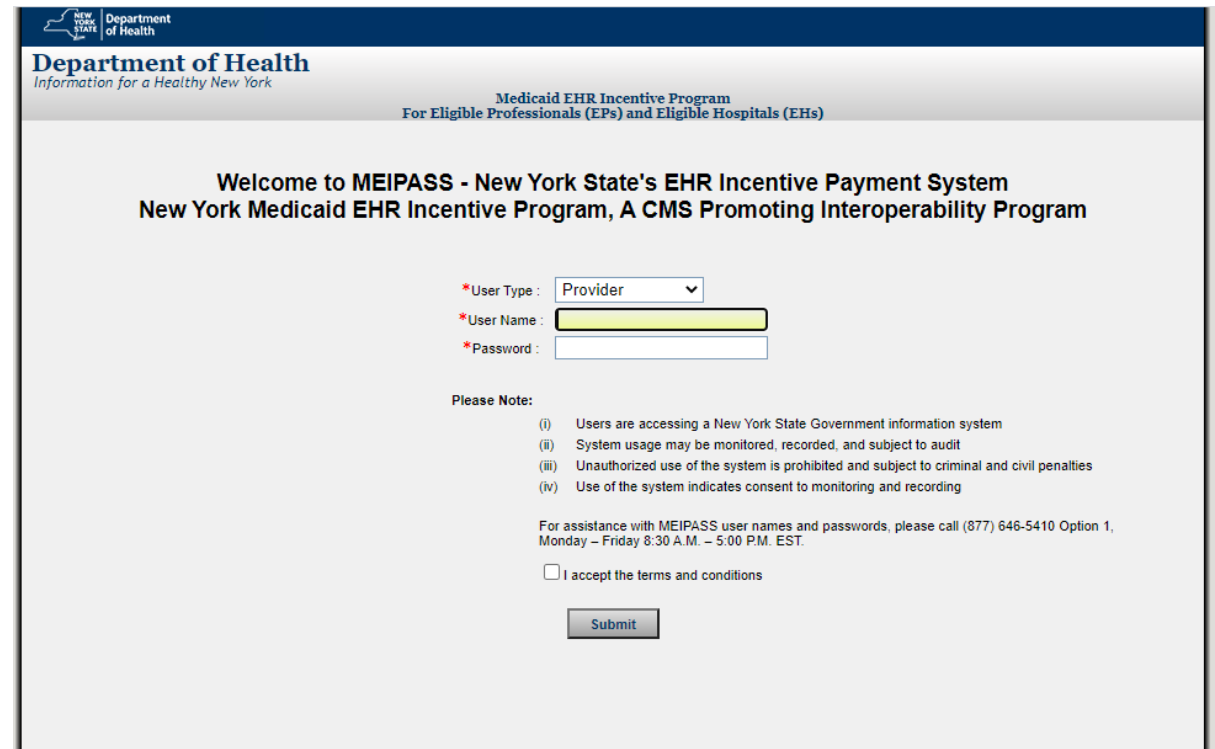
Failure to complete the Security Risk Analysis within the required timeframe will render the provider ineligible for the Incentive Payment. If you find that you will be unable to complete the Security Risk Analysis prior to December 31st, please contact the NY Medicaid EHR Incentive Program support staff. We will assist you in initiating the self-report process and recoupment of incentive funds for Payment Year 2021.

Thank you for your participation in the NY Medicaid EHR Incentive Program. If you have any questions regarding this email, please contact NY Medicaid EHR Incentive Program Support by phone at 877-646-5410 Option 2, or by email at hit@health.ny.gov.

Sincerely,
NY Medicaid EHR Incentive Program
A CMS Promoting Interoperability Program

MEIPASS

Please review the [MEIPASS Attestation Tutorials](#) prior to attesting to review what information is needed to complete your attestation.



The screenshot shows the login interface for the MEIPASS system. At the top, there is a header for the Department of Health, New York State, with the tagline 'Information for a Healthy New York'. Below this, the program is identified as the 'Medicaid EHR Incentive Program For Eligible Professionals (EPs) and Eligible Hospitals (EHs)'. The main heading reads 'Welcome to MEIPASS - New York State's EHR Incentive Payment System' and 'New York Medicaid EHR Incentive Program, A CMS Promoting Interoperability Program'. The login form includes three fields: '*User Type' with a dropdown menu set to 'Provider', '*User Name' with a text input field, and '*Password' with a text input field. Below the form is a 'Please Note' section with four bullet points: (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. A note provides contact information for assistance: 'For assistance with MEIPASS user names and passwords, please call (877) 646-5410 Option 1, Monday - Friday 8:30 A.M. - 5:00 P.M. EST.' There is a checkbox for 'I accept the terms and conditions' and a 'Submit' button at the bottom.

Operations Update

Jenna Marino
Operations Lead

2021

Attestation Preparation

- ☒ Active Medical License in New York State
- ☒ Active Fee-For-Service enrollment status in [eMedNY](#)
- ☒ [Meaningful Use Registration for Public Health System \(MURPH\)](#)
- ☒ Check status of:
 - ☒ [CMS Registration](#)
 - ☒ [2015 CEHRT and CEHRT ID](#)
 - ☒ [ETIN](#)
 - ☒ [ePACES](#)



Additional Attestation Preparation

Are you using 2015
Edition CEHRT?



Have you chosen your
CQM and EHR Reporting
Periods?



Have you calculated
your 90-day period
for Medicaid Patient
Volume (MPV)

Previous calendar year
OR
Preceding 12 months
from date of attestation

Attestation Deadline Extensions (ADEs)



Attestation Deadline Extensions will NOT be offered for PY2021 attestations.

All providers must attest on or before **August 31st, 2021** for their submissions to be considered.

Pre-Payment Review & Remediation



All attestations are thoroughly reviewed before being approved for payment. If any issues are found during review, the provider is sent outreach indicating what the problem is and how to resolve it.

Please see the [Pre-Payment Review Scenarios](#) webpage for additional details on each possible remediation issue.

New Remediation Outreach Letter Timeline



Pre-Validations

**PY2021 Pre-Validations will be accepted until
June 11th, 2021**

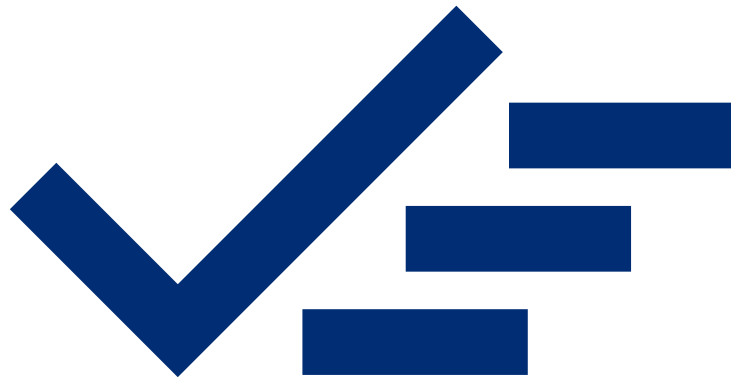


Group Pre-Validations



Individual Pre-Validations

PY2021 Pre-Validation Requirements



Medicaid Patient Volume (MPV) Reporting Periods used in PY2021 Pre-Validations must occur within **1/1/2020 – 12/31/2020** and cannot overlap with reporting periods used in prior payment years.

Providers who wish to use a MPV Reporting Period within Calendar Year 2021 are **not** eligible to Pre-Validate.

Reminders and Resources

Shannon Sowards
Communications Specialist

2021

Prior Attestations

Before attesting, determine if the provider submitted for PY2020. If they did, ensure the provider has received payment for that submission prior to attesting for PY2021.

Attesting to a new payment year before payment is received for a prior year will remove the older attestation data. This can cause problems, including disqualifying the provider from the incentive payment for the prior year.



Program Integrity



For post payment audit guidance,
contact: hitech@omig.ny.gov
or review the materials available on our
website

https://www.health.ny.gov/health_care/medicaid/redesign/ehr/audit/

Program Resources



External Resources

[CMS Final Rules](#)

[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 \(HCS\)](#)

[eCQI Resource Center](#)

Support



Regional Extension Centers

**NYC Regional Electronic Adoption
Center for Health (NYC REACH)**
(inside the 5 boroughs of NYC)



Website:

www.nycreach.org

Email: nycreach@health.nyc.gov

Phone: 347-396-4888

**New York eHealth Collaborative
(NYeC)**
(outside the 5 boroughs of NYC)



Website:

www.nyehealth.org/services/meaningful-use/

Email: ep2info@nyehealth.org

Phone: 646-619-6400

**NY Medicaid
EHR Incentive
Program
Support Teams**

**Phone:
1-877-646-5410**

Select	Types of Questions/Information	Email
Option 1	ePACES, ETIN, MEIPASS Technical Issues, Enrollment, EFT Information	meipasshelp@csra.com
Option 2	Calculations, Eligibility, Attestation Support and Review, Attestation Status Updates, General Program Questions	hit@health.ny.gov
Option 3	Public Health Reporting Objective Guidance, MURPH Registration Support, Registry Reporting Status	MUPublicHealthHelp@health.ny.gov

Final Program Survey

Environmental Scan Survey - Eligible Professionals

Program Close Poll

This survey is designed to gather information from the provider community on the impact of the NY Medicaid EHR Incentive Program. Responses are voluntary but highly encouraged, and all information will be included in the State Medicaid Health Information Technology Plan.

Your response to the survey is critical to the input for the development of the State Medicaid Health Information Technology Plan. Answers to survey questions will allow the Department to assess the difference between the beginning of the program to the end of the program and obtain information on the Health Information Technology landscape of New York State.

OK

* 1. Disclaimer: Neither the New York State Department of Health (NYS DOH), nor any of our affiliates, nor any of our or their service providers warrant that this online website or any function contained in this website will be uninterrupted or error-free.

Any feedback submitted to NYS DOH will be treated as non-confidential and information you choose to provide may be used and distributed by NYS DOH for any purpose without restriction. Survey results will be reported in aggregate with no identifying contact information shared with any external parties.

Disclaimer terms verification:

I Agree

0 of 39 answered

All [Eligible Professionals](#) and [Eligible Hospitals](#) who have participated in the program are being asked for their thoughts.

Q & A

2021