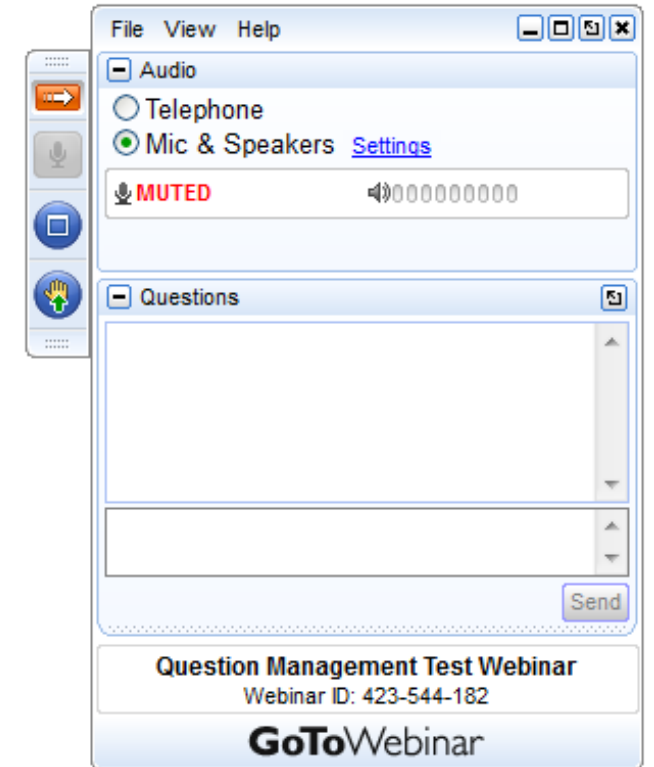


# Webinar Logistics

- 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 2020 MEIPASS System Walkthrough  
and Program Updates**

# Opening Comments

**Andrew Pommer**  
**Health Program Administrator**

December 2020

# Agenda

-  MEIPASS Updates
-  Operations Update
-  Attestation Preparation and Deadlines
-  Communications and Resources
-  Q & A Session

December 2020



# MEIPASS Walkthrough

**Rachel Balasco**  
**System Design Lead**

December 2020

# MEIPASS Updates

 **CQM Reporting Period**



 **Clinical Quality Measure Updates**


Population 1: Patients who...

Population 2: Patents who...

# Updated CQM

1 New CQM

Removed 4 CQMs


 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](#)

If you choose to complete this measure, you will be prompted to enter numerator(s), denominator(s) and exclusion(s) or exception(s). When you have completed the measure, use the buttons below to move to another measure or return to the Domain or CQM landing page.

To leave this page without completing the measure, select "No" to the question below.

\* I will complete this measure  Yes  No

**CMS 771 - International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia**  
 (Person and Caregiver-Centered Experience and Outcomes Domain)

**Description:** Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptoms Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at time of diagnosis and again 6-12 months later with an improvement of 3 points.

**Numerator:** Number of patients in the denominator with a documented improvement of at least 3 points in their urinary symptom score during the measurement period.

**Denominator:** Number of male patients with an initial diagnosis of benign prostatic hyperplasia 6 months prior to, or during the measurement period, and a urinary symptom score assessment within 1 month of initial diagnosis and a follow-up urinary symptom score assessment within 6-12 months, who had a qualifying visit during the measurement period.

**Denominator Exclusion:** Number of patients, procedures or units of measurement removed from the denominator for the following reasons:
 

- Patients with urinary retention that starts within 1 year of initial BPH diagnosis.
- Patients with an initial BPH diagnosis that starts during, or within 30 days of hospitalization.
- Patients with a diagnosis of morbid obesity, or with a BMI Exam >40 before the follow up urinary symptom score.

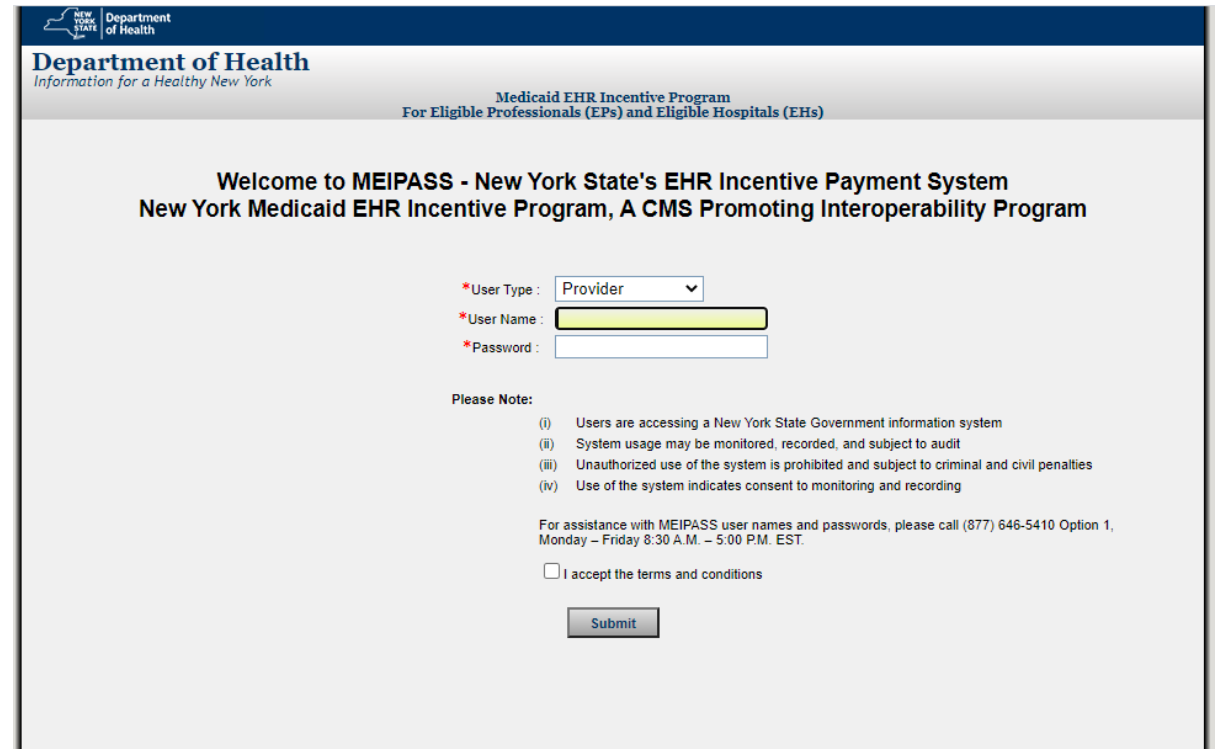
You must complete all required information prior to moving to another measure or returning to the domain or CQM landing pages. If you wish to leave this page without completing the measure, you must select "No" next to "I will complete this measure" above.

[<< Previous Measure](#)
[Return to Domain Landing Page](#)
[Next Measure >>](#)
  
[Return to CQM Landing Page](#)

December 2020

# MEIPASS

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



The screenshot shows the MEIPASS login interface. At the top, it features the New York State Department of Health logo and the text "Department of Health 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 New York Medicaid EHR Incentive Program, A CMS Promoting Interoperability Program". The login form includes three fields: "User Type" (a dropdown menu set to "Provider"), "User Name" (a text box with a yellow highlight), and "Password" (a text box). 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 at the bottom of the form 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.

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# Operations Update

**Jenna Marino**  
**Operations Lead**

December 2020

# 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?



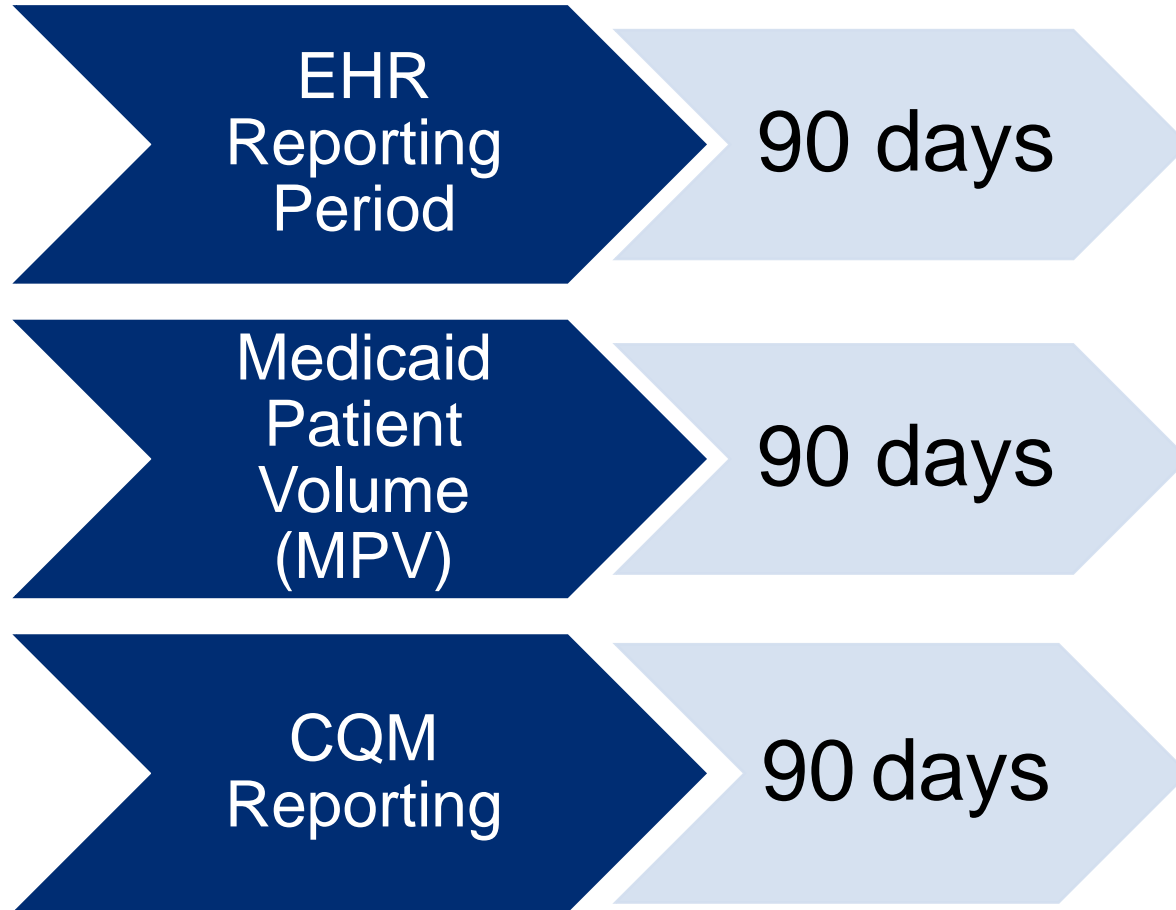
Have you chosen your  
CQM and EHR Reporting  
Periods?



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

Previous calendar year  
OR  
Preceding 12 months  
from date of attestation

# Reminder: PY2020 Reporting Period Requirements



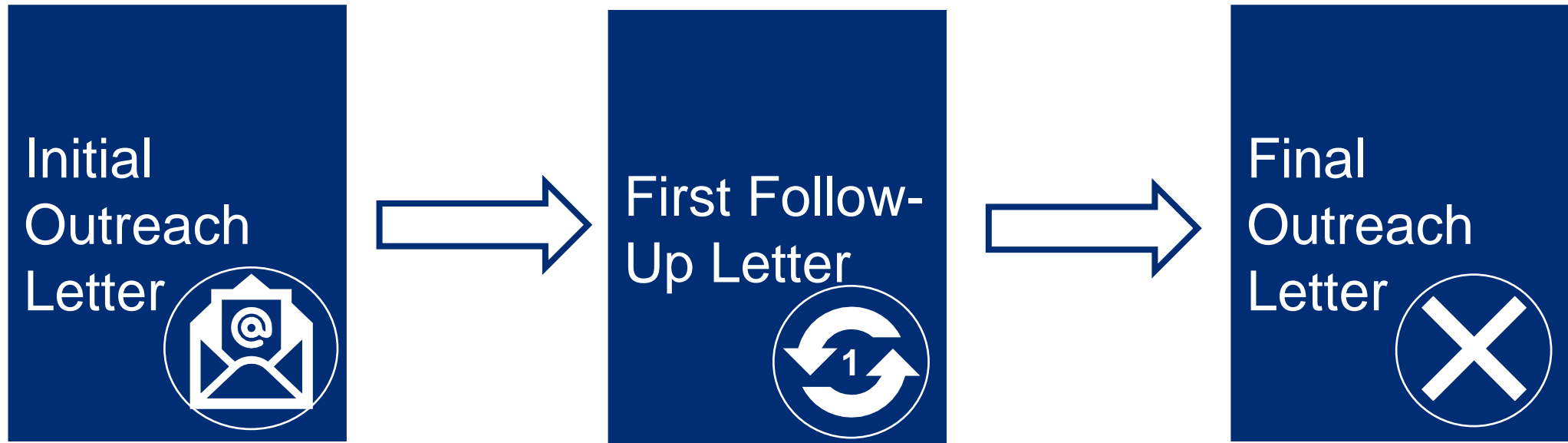
# Pre-Payment Review & Remediation



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



December 2020

# Program Integrity



**Retain all supporting  
documentation for  
6 Years**

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

[https://www.health.ny.gov/health\\_care/medicaid/redesign/ehr/audit/](https://www.health.ny.gov/health_care/medicaid/redesign/ehr/audit/)

# Pre-Validations

**PY2020 Pre-Validations will be accepted until  
December 14, 2020**



**Group Pre-Validations**



**Individual Pre-Validations**

December 2020

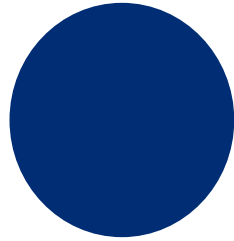


# Payment Year Deadlines

Shannon Sowards  
Communications Specialist

December 2020

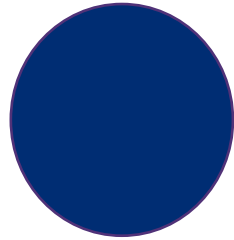
# Payment Year 2020 Key Dates



## Soft Opening

### **Soft Opening Start Date:**

October 1, 2020



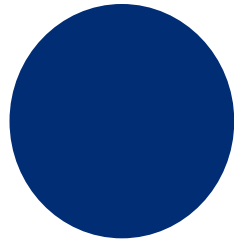
## Official Opening

### **Official Opening Date:**

January 1, 2021

### **Official Opening End Date:**

February 15, 2021



## Attestation Deadline Extension (ADE) Period

### **Request Period Begin:**

February 15, 2021

### **Request Period End**

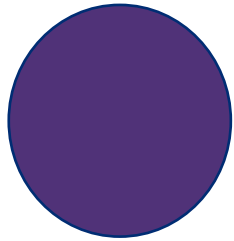
March 1, 2021

### **Final Attestation Date with Approved ADE**

March 31, 2021

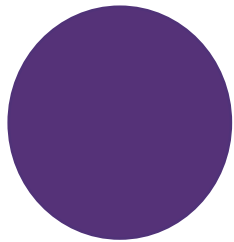
December 2020

# 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

December 2020

# Communications and Resources

Shannon Sowards  
**Communications Specialist**

December 2020

# Program Resources



December 2020

# 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](#)

December 2020

# Support



December 2020

# Regional Extension Centers

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



Website:

[www.nycreach.org](http://www.nycreach.org)

Email: [nycreach@health.nyc.gov](mailto: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/](http://www.nyehealth.org/services/meaningful-use/)

Email: [ep2info@nyehealth.org](mailto:ep2info@nyehealth.org)

Phone: 646-619-6400

December 2020



**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	<a href="mailto:meipasshelp@csra.com">meipasshelp@csra.com</a>
Option 2	Calculations, Eligibility, Attestation Support and Review, Attestation Status Updates, General Program Questions	<a href="mailto:hit@health.ny.gov">hit@health.ny.gov</a>
Option 3	Public Health Reporting Objective Guidance, MURPH Registration Support, Registry Reporting Status	<a href="mailto:MUPublicHealthHelp@health.ny.gov">MUPublicHealthHelp@health.ny.gov</a>

# Q & A

December 2020