

NY Medicaid EHR Incentive Program

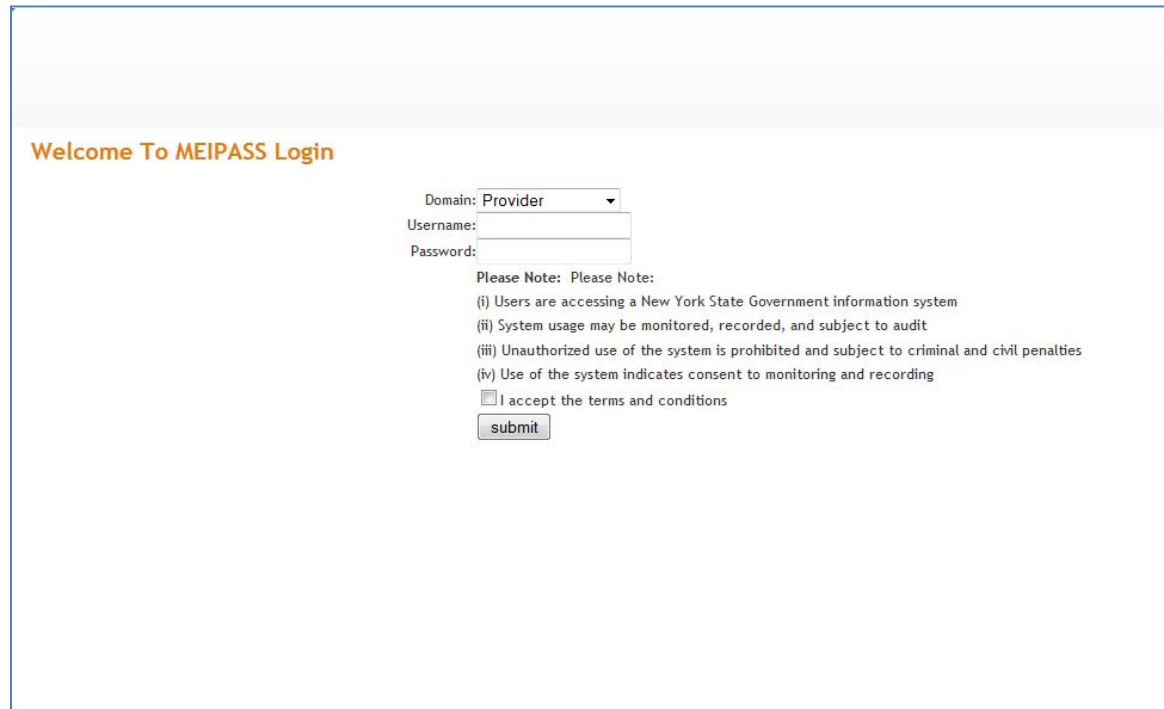
FQHC/RHC Professionals MEIPASS Walkthrough

www.eMedNY.org/MEIPASS

Log-in

To begin the MEIPASS application you must first enter your Username and Password.

This will be the same as your ePACES Username and Password



The screenshot shows the MEIPASS Login interface. At the top, it says "Welcome To MEIPASS Login". Below this, there are three input fields: "Domain:" with a dropdown menu showing "Provider", "Username:", and "Password:". Below the input fields, there 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, and (iv) Use of the system indicates consent to monitoring and recording. There is a checkbox labeled "I accept the terms and conditions" and a "submit" button.

Log-in cont.

Simply Select “Go” once you have reached this screen.

Home Register Track Payment Reports

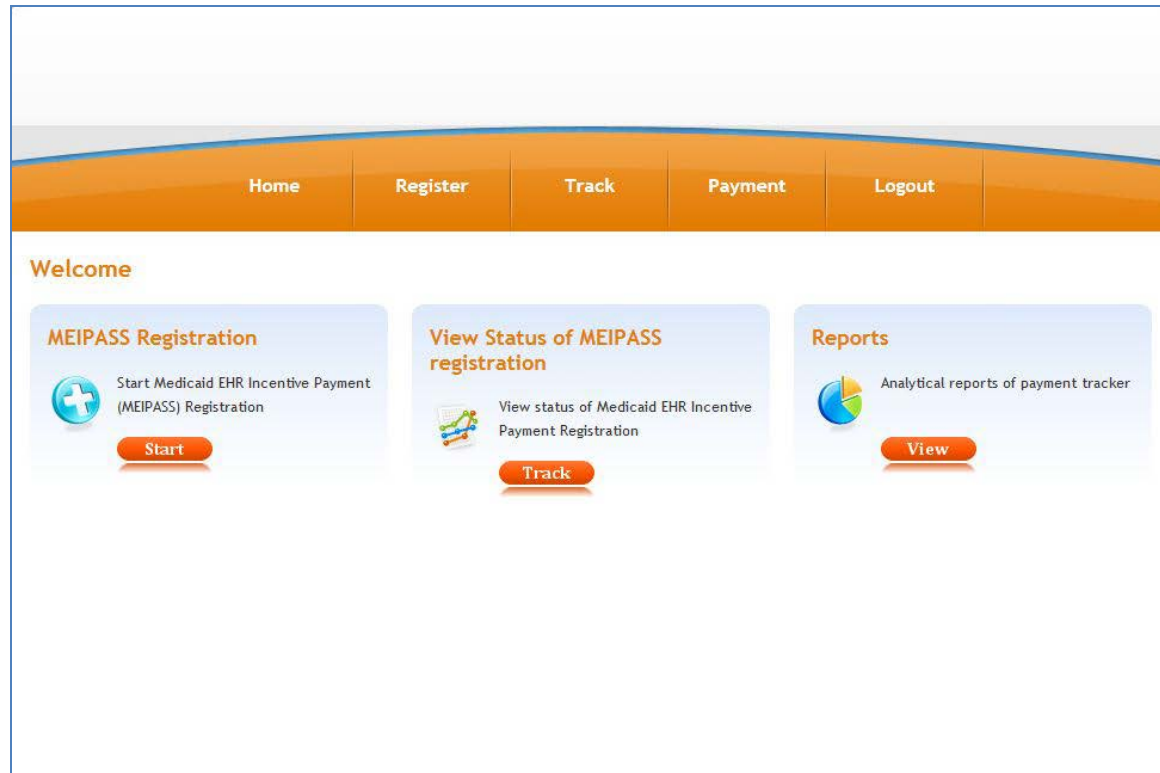
logout

Select a Domain: Provider *

Select a Profile: Provider Domain Admin * Go

MEIPASS Homepage

You are now at the MEIPASS Homepage. From here you will want to click the “Start” button to begin your registration.



Enter NLR Registration ID

You will now be prompted to enter your NLR Registration ID which is also your CMS Registration ID.

Once you have entered the NLR Registration ID you will click on the "Search" button.

The screenshot shows a web application interface with a navigation bar at the top containing the following links: Home, Register, Track, Payment, and Logout. Below the navigation bar is a search section titled "Find Registration". This section includes a magnifying glass icon, the text "Enter your NLR Registration ID to begin your MEIPASS Medicaid EHR Incentive Payment Program (MEIPASS) registration process.", a text input field labeled "Enter NLR Registration ID:" with an asterisk, and an orange "Search" button.

If you do not know your NLR (CMS) Registration ID please contact the CMS Support Desk at 1-888-734-6433.

1. Federal Information

The screenshot shows a web application interface with a navigation bar (Home, Register, Track, Payment, Logout) and three main sections: Success, Search Criteria, and Login Information. Below these is a large form titled 'FEDERAL INFORMATION' with a sub-header 'Please validate your NLR information. If the information is incorrect contact NLR. If the information is correct please proceed.' The form is divided into four main sections: Personal Info, Address, Identifiers, and Exclusions. On the right side of the form, there are two vertical tabs labeled 'ELIGIBILITY' and 'ATTESTATION'.

Success
 Received your registration from NLR. Continue with state registration.

Search Criteria
 Registration ID:
 NPI:
 SSN:

Login Information
 User ID:
 Profile: Provider Domain Admin

FEDERAL INFORMATION
 Please validate your NLR information. If the information is incorrect contact NLR. If the information is correct please proceed.

Personal Info
 First Name : Middle Initial :
 Last Name : Suffix :
 Provider Type : Physician
 Provider Specialty : FAMILY PRACTICE

Address
 Address :
 City :
 State : Zip :
 Phone : Ext :
 E-mail :

Identifiers
 The Tax Identification Number (TIN) captured below will receive the MEIPASS incentive payment.
 Payee NPI :
 Payee Tax ID :

Exclusions

Code	Description	Date
No Exclusions Found.		

ELIGIBILITY **ATTESTATION**

1 2 3

On this tab you will now be able to review your information that was transferred from the CMS registration to the MEIPASS Application. Once you have completed this review click on the "Eligibility" tab.

If any information provided here is incorrect, you will need to go back to the [CMS Registration and Attestation System](#) and update any incorrect data.

2. Eligibility

You will now click on the payment year 1 note pad.

Home Register Track Payment Logout

Success
 Received your registration from NLR. Continue with state registration.

Search Criteria
 Registration ID:
 NPI:
 SSN:

Login Information
 User ID:
 Profile: Provider Domain Admin

Payment Year	Certification Number	Adopt/Implement/Upgrade
1		Adopt

FEDERAL INFORMATION | ELIGIBILITY | ATTESTATION

1 | 2 | 3

FQHC/RHC

Enter FQHC RHC Eligibility Information ✕

Bold fields are required.

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

Next

If you work in a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC) and wish to use the Needy Patient Volume calculation you will select “Yes”.

If you work in a FQHC or RHC but **do not** wish to use the Needy Patient Volume calculation select “No” this will allow you to use the Medicaid Patient Volume.

If you **do not** work in an FQHC or RHC please see the EP MEIPASS walkthrough document.

If you **do not** wish to use the “Needy Patient Volume” please see the “EP MEIPASS Walkthrough” document.

FQHC/RHC

Enter FQHC RHC Eligibility Information ✕

Bold fields are required.

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

Reporting Period

Start Date : ? End Date : ?

FQHC or RHC Name : ?

Patient encounters at FQHC or RHC : ?

Total patient encounters : ?

You must select a 6 month period to provide patient encounter data to show that you practice predominately at an FQHC or RHC.

Enter a “Start Date” that falls within 2010 .

The “End Date”, which will be automatically generated needs to fall within 2010 as well.

Enter the name of your FQHC or RHC.

Enter the number of encounters you had at the FQHC or RHC during the 6-month period.

Enter the total number of encounters you had during the 6-month period, and click “Next”.

Eligibility Information

Enter Eligibility Information ✕

Bold fields are required.

Reporting Period

Start Date: ?

End Date: ?

You must select a 90-day period to provide patient encounter data to determine your Medicaid Patient Volume.

Enter a “Start Date” that falls within 2010

The “End Date”, which will be automatically generated, needs to fall within 2010 as well.

This is because currently NY is accepting attestations for payment year 2011 and according to the Final Rule you must report on data from the prior calendar year (2010).

Eligibility Information cont.

Eligible Patient Volume
Select yes to eligible patient volume option(s) that apply to you. If not applicable, select no.

Practice as a Pediatrician ? Yes No

Practice as a Physician Assistant ? Yes No

Include Organization Encounters ? Yes No

Practices Predominately in an FQHC/RHC Yes No

If you are a Pediatrician select “Yes”, otherwise select “No”.

If you practice as a Physician Assistant* select “Yes”, otherwise select “No”.

If you will be using the group aggregate patient volume** select “Yes”, otherwise select “No”.

*If you are a Physician Assistant please see the next page.

**If you are using the group aggregate patient volume, you will be prompted to provide your group NPI.

Physician Assistant Fields

Practice as a Physician Assistant ? Yes No

Primary Provider at FQHC/RHC

Practices at a facility that has PA leadership

An Owner at an RHC

None of the above

If you are the “Primary Provider at the FQHC/RHC’ check the corresponding box.

If you “Practice at a facility that is led by a Physician Assistant” check the corresponding box.

If you are “An owner of a RHC” check the corresponding box.

If you are a Physician Assistant but “None of the above”, you are not eligible for the program.

Physician Assistants are only eligible for the program if they practice in a Federally Qualified Health Center or Rural Health Clinic that is led by a Physician Assistant.

Eligibility Information Cont.

FQHC/RHC Encounters		
Total Medicaid Encounters:	<input type="text"/>	<input data-bbox="1141 375 1174 399" type="button" value="?"/>
Total CHIP Encounters:	<input type="text"/>	<input data-bbox="1141 436 1174 461" type="button" value="?"/>
Total Charity Care Encounters:	<input type="text"/>	<input data-bbox="1141 498 1174 522" type="button" value="?"/>
Total Sliding Fee Scale Encounters:	<input type="text"/>	<input data-bbox="1141 559 1174 584" type="button" value="?"/>
Total Encounters:	<input type="text"/>	<input data-bbox="1141 621 1174 645" type="button" value="?"/>

Enter the total amount of Medicaid Encounters you had during the 90-day reporting period.


Enter the total number of encounters you had with children enrolled in a Child Health Insurance Program (CHIP) during the 90-day reporting period.

Enter the total number of encounters you had that were uncompensated care (Charity Care) during the 90-day reporting period.

Enter the total number of Sliding Fee Scale encounters that you had during the 90-day reporting period.

Enter the total number of encounters you had during the 90-day reporting period.

Eligibility Information Cont.

Include encounters outside NY  Yes No

Select "Yes" if you had encounters that were paid for by out of state Medicaid otherwise select "No".

Eligibility Information Cont.

EHR Certification Information

EHR Status Adopt Implement Upgrade

Do your Medicaid patient encounters occur at only one location? Yes No

Do a combined 50% or more of your patient encounters occur at locations being equipped with certified EHR technology? Yes No

Add EHR Certification Number

EHR Certification Number: **Add Remove**

Email:

Select the EHR Status that best represents what actions the EP had with his or her EHR system within 2011.*

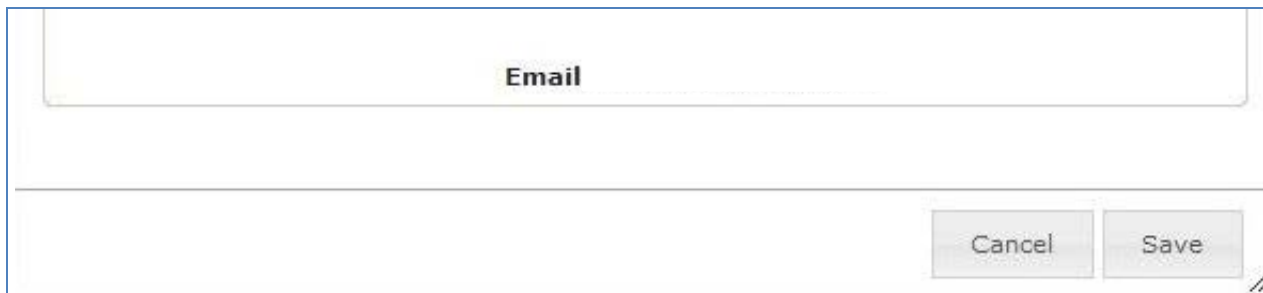
If the EP works at only one location with a certified EHR system select “Yes”, otherwise select “No”.

If the EP works at multiple locations with certified EHR systems select “Yes”, otherwise select “No”.

Enter any EHR Certification numbers the EP works with.

* A description of Adopt, Implement, and Upgrade can be found [here](#).

Eligibility Information Cont.



Once you have entered all necessary information click the “Save” button.

You will then be prompted with the Medicaid Patient Volume percentage. Simply click “Okay” to move forward.

Attestation

You will now need to read the terms and conditions.

Once done, click the check box “I accept the terms and conditions”.

Then you will click the “Register” button.

The screenshot displays a web interface for the NY Medicaid EHR Incentive Program registration process. At the top, there is a navigation bar with buttons for Home, Register, Track, Payment, and Logout. Below this, there are three main sections: Success, Search Criteria, and Login Information. The Success section shows a green checkmark icon and the message: "Received your registration from NLR. Continue with state registration." The Search Criteria section includes fields for Registration ID, NPI, and SSN. The Login Information section shows User ID and Profile: Provider Domain Admin. The main content area is titled "Attestation" and features a vertical sidebar with three steps: FEDERAL INFORMATION (1), ELIGIBILITY (2), and ATTESTATION (3). The Attestation step is active and contains a "NOTICE" box with the following text: "NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties." Below the notice is a "Signature" section with a text area containing the following text: "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. I hereby". Below the text area is a checkbox labeled "I accept the terms and conditions" and a prominent orange "Register" button. A small icon of a person is visible in the bottom right corner of the signature area.

Print your PDF

MEIPASS Incentive Program Registration Confirmation

Your Medicaid MEIPASS Incentive Program registration is successfully submitted for State review.

Registration ID :

Name :

Payee NPI :

Payee SSN :

 [Print your registration PDF](#)

Click on the “Print your registration PDF” button.

You will be presented with your attestation document, you will want to save this document for your own records as well as print it.

Once printed, you will need to sign the document and send it by mail to the address provided on the document.

Year 1 Registration Complete

Attestation Review and Incentive Payment Disbursement

- You have now completed your year 1 registration and attestation.
- Once the Department of Health has received your signed attestation your status will transition into state review.
- There is no determined length of time state review can take.
- You will be contacted when there is any update to your registration.
- Incentive Payments are disbursed using the existing NY Medicaid monthly disbursement process.

Additional Resources

State Resources

- **Provider Information on eMedNY.org**
<https://www.emedny.org/meipass/>
 - **Application Process Overview**
https://www.emedny.org/meipass/over_prof.aspx
 - **MEIPASS: EP Login**
<https://meipass.emedny.org/ehr/jsp/ehr/pgLogin.jsp>
 - **eMedNY LISTSERV**
https://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx


Other Resources

- **New York State Medicaid HIT Plan (NY-SMHP)**
http://nyhealth.gov/regulations/arra/docs/medicaid_health_information_technology_plan.pdf
- **CMS Website for the Medicare and Medicaid EHR Incentive Programs**
<http://www.cms.gov/ehrincentiveprograms/>
- **ONC Home Page**
<http://healthit.hhs.gov/>

Questions?

eMedNY Call Center


Medicaid Enrollment, ePACES Enrollment

 1 (800) 343-9000

MEIPASS Call Center

ePACES Password Resets, MEIPASS Access Assistance


 meipasshelp@csc.com

 1 (877) 646-5410

NY Medicaid EHR Incentive Program Support Team

Calculation, Registration, Eligibility

 hit@health.state.ny.us

 1 (800) 278-3960

Version 2.0