



Community Health Care Association of New York State

NY State Medicaid Meaningful Use Registration & Attestation

Developed & Co-Presented by
CHCANYS & HCNNY

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Defining New Directions

www.chcanys.org

Our Goals

- To review the steps in the 2011 Attestation process for NYS Medicaid MU Incentives
- To answer questions in followup to official NYS webinar presentations

Today's Agenda

- Review required steps prior to use of on-line system (MEIPASS)
- Review steps in MEIPASS
- Special Topics
 - New Providers
 - Physician Assistants
- Q & A

Steps before MEIPASS

1. Identify your Eligible Providers (EPs)
2. Obtain written consent from each EP for assignment of incentive payments
3. Enroll each EP in Medicaid Fee-for-Service
4. Link each EP to your organization's ETIN
5. Obtain ePACES account for each provider
6. Obtain an NPPES I & A Account (if center does not have one)
7. Watch CMS You Tube video about CMS registration process
8. Register each EP on the CMS website
9. Perform volume calculations required in MEIPASS
10. Register & attest for each EP in MEIPASS

CHCANYS MU Web Pages

All [documents/tools](#) referenced in this presentation can be found on the CHCANYS MU Web Pages

- Go to www.chcanys.org
- Click on the box for **NY State Medicaid EHR Registration** on the right side of page
- Links to [documents/tools](#) are in instructions, and under Tools/Resources

1. Identify your Eligible Providers (EPs)

- Physicians, doctors of osteopathy, dentists, certified nurse midwives, nurse practitioners and physician assistants (PAs), if working at a PA-led FQHC
- List your EPs on the [Data Collection Tool](#)

2. Obtain written consent from each EP for assignment of incentive payments.

- Suggested language contained in [NACHC Federal Regulatory Policy Report on Reassigning Incentives](#):
“....Provider reassigns to Health Center the right to receive any payments made in connection to Provider’s participation as an Eligible Professional, as that term is defined in 42 C.F.R. § 495.4, in the Medicaid EHR Incentive Program. Provider understands and agrees that Health Center will collect and retain any payments made for the implementation, adoption, upgrade, and/or meaningful use of health information technology systems, including but not limited to certified EHR technology, by its employees or independent contractors. “
- Read the [Policy Report](#) for full suggested language.

3. Enroll each EP in Medicaid Fee-for-Service

- The State is using the Professional Medicaid database to verify eligibility, as it has done for the Medicaid eRX incentive.
- If you have any doubts as to whether your EPs are enrolled in Professional Medicaid, or have questions about how to complete this enrollment, please see the [Medicaid FFS Enrollment Tips for Meaningful Use](#).

Enrollment Process

- Enrollment is a combination paper and online process for physicians (CAQH), and a fully paper process for other EPs.
- A letter must also be submitted for each non-physician provider stating that the provider is applying solely for access to the Medicaid Meaningful Use Incentives. [Sample letter provided in Medicaid FFS Enrollment Tips for Meaningful Use.](#)
- It can take more than 1 month for approval.

4. Link each EP to your organization's ETIN

- To find your ETIN, log into ePACES at www.emedny.org/ePACES. There is an item toward the bottom on the left-hand menu called "Submitter". Click on that and you will see the TSN/ETIN.
- Linkage of an EP and ETIN is accomplished through completion of the [Certification Statement](#).
Note: This statement must be notarized.

5. Obtain ePACES account for each provider

- The ePACES account is required to log into the New York State MU Registration & Attestation system (MEIPASS).
- ePACES enrollment begins with issuance of a token (secure password) and then response to a series of emails generated by accessing the website <https://www.emedny.org/enroll/>.
- Call 800-343-9000 to obtain a token. Select Option 4 then sub-option 1. (eMedNY will not issue a token until the ETIN linkage described in Step 4 is completed. Wait 2 weeks after ETIN Certification Form submission to call for token.)
- If a provider already has an ePACES account but cannot remember the User ID and Password, assistance is available at 800-343-9000.

6. Obtain an NPPES I & A Account

- CMS allows an eligible provider to designate a third party to register and attest on his or her behalf.
- The practice administrator who is working on behalf of the provider must have an Identity and Access Management System (I &A) web user account, and be associated with the provider's NPI.
- If you do not have an account, go to <https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do> to create an account.
- **NOTE:** There can only be one Authorized Official per organization at any given time.

7. Watch CMS YouTube video about CMS registration process

http://www.youtube.com/watch?v=kLd7zj44Fs&feature=channel_video_title



The screenshot shows a Windows Internet Explorer browser window displaying a YouTube video. The video player is the central focus, showing a video titled "EHR: Medicare, Medicaid EHR Incentive Program Webinar for Eligible Professionals" by the channel "CMSHHSgov". The video has 4,439 views and was uploaded on September 28, 2011. The video content features a large logo for the "EHR INCENTIVE PROGRAM" and the "CMS CENTERS for MEDICARE & MEDICAID SERVICES". The video player includes standard controls like play/pause, volume, and a progress bar. To the right of the video player, there is a list of recommended videos from the same channel, including "Welcome to the Physician Quality", "The Physician Feedback Program and", "Nov 3, 2011 SNF PPS Call", "November 8, 2011 PQRS & eRx Call Presentation", "Dragon Medical and Practice Fusion EHR", "AF5-TH / Pump V8 - 28-6-08 - Indy week cc p1", "HOCE™ | OCE CONTEST [WEEK 8 - [CLOSED]", and "Halo 4 OMFG!!! (DemoTrailer)Game[Ga". The browser's address bar shows the URL "http://www.youtube.com/watch?v=kLd7zj44Fs&feature=channel_video_title". The Windows taskbar at the bottom shows several open applications, including "ShoreTel Communi...", "Inbox - Microsoft...", "EHR: Medicare, Me...", "Microsoft Office Liv...", and "Microsoft PowerPol...". The system clock in the bottom right corner shows "1:44 PM".

8. Register each EP on the CMS website


- Log into CMS EHR Incentive Registration website using your I & A Account
- List, by NPI, each provider you are registering
- EP must log into individual I & A Account to approve your request to register him/her
- Register each EP individually
- Process includes assignment of incentive payment by organization TIN and pay-to NPI
- When complete, print receipt with each EP's Registration ID #

9. Perform volume calculations required in MEIPASS

- While waiting for a welcome letter from NYS to the Medicaid Registration & Attestation system (MEIPASS):
 - gather data needed to attest that the EP meets the Medicaid or “needy individual” threshold requirement:
 - 30% of the EP or total practice encounters in a 90-day period in 2010 were either Medicaid or “needy individual”
 - Medicaid = Medicaid FFS, managed care, and FHP
 - Needy Individual = Medicaid, CHIP, Sliding Fee, Uncompensated
 - Use workbook created by NYS to perform the calculation:
https://www.emedny.org/meipass/NYS_EHR_EP_Workbook.xls
You do not need to provide data on hospital inpatient and ER encounters.

Medicaid Patient Volume

- Eligible Providers (EP) who wish to enroll in the Medicaid EHR Incentive program must demonstrate that at least 30% of their patient volume is attributed to Medicaid, over a 90 day reporting period. (20% for Pediatricians) .
- The chart below summarizes which Medicaid insurance plans are included in the calculation. “Needy” encounters apply to EPs who practice predominantly at FQHCs and RHCs.

New York  State

Medicaid/Needy Encounter

Type of Service	Medicaid Encounter	Needy Encounter
Medicaid Fee-for-Service	✓	✓
Medicaid Managed Care	✓	✓
Family Health Plus	✓	✓
Child Health Plus		✓
Uncompensated Care		✓
Sliding Scale		✓

NY Medicaid EHR Incentive Program NEW YORK State Department of HEALTH

15

Medicaid Patient Volume Methodology


New York  State

Patient Volume Methodology

- Patient volume is calculated over a 90-day period (of the provider's choice) from the prior calendar year **2010 Data**
- New York will allow providers to select either of two methods of calculating patient volume:
 1. Standard patient volume: number of Medicaid encounters divided by number of total patient encounters
 2. "Alternate" method: accounts for managed care patient panel as well as encounters with patients not on managed care panel
- Group practices and clinics may use their aggregate patient volume (standard or alternate method) as a proxy for all individual providers
- Providers at FQHCs/RHCs may substitute needy patient encounters in any method (standard/alternate and individual/aggregate)

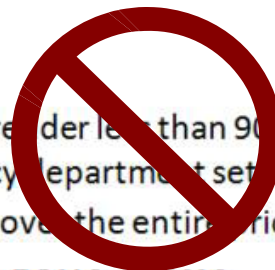
Three Reporting Periods

Attestation Reporting Periods


Calendar Year 

Hospital-Based Status

- Eligible professionals must render less than 90% of covered Medicaid services in the inpatient and emergency department settings
- Measured per individual EP over the entire prior calendar year




No longer required!

6-month Period 

Practice predominately in an FQHC or RHC

- In order to use the needy patient volume, more than 50% of the EP's total patient encounters must have taken place in an FQHC or RHC
- Measured per individual provider over a six-month period in the prior calendar year **2010 data**

90-day Period 

Medicaid Patient Volume

- All EPs must meet minimum patient volume requirements (30% Medicaid for most EPs, 20% Medicaid for pediatricians, 30% needy for EPs at FQHCs/RHCs)
- Measured per individual provider or using group/clinic aggregate values over a 90-day period in the prior calendar year **2010 data**

Special Topic:

EPs Not at FQHC for 6 Months of 2010

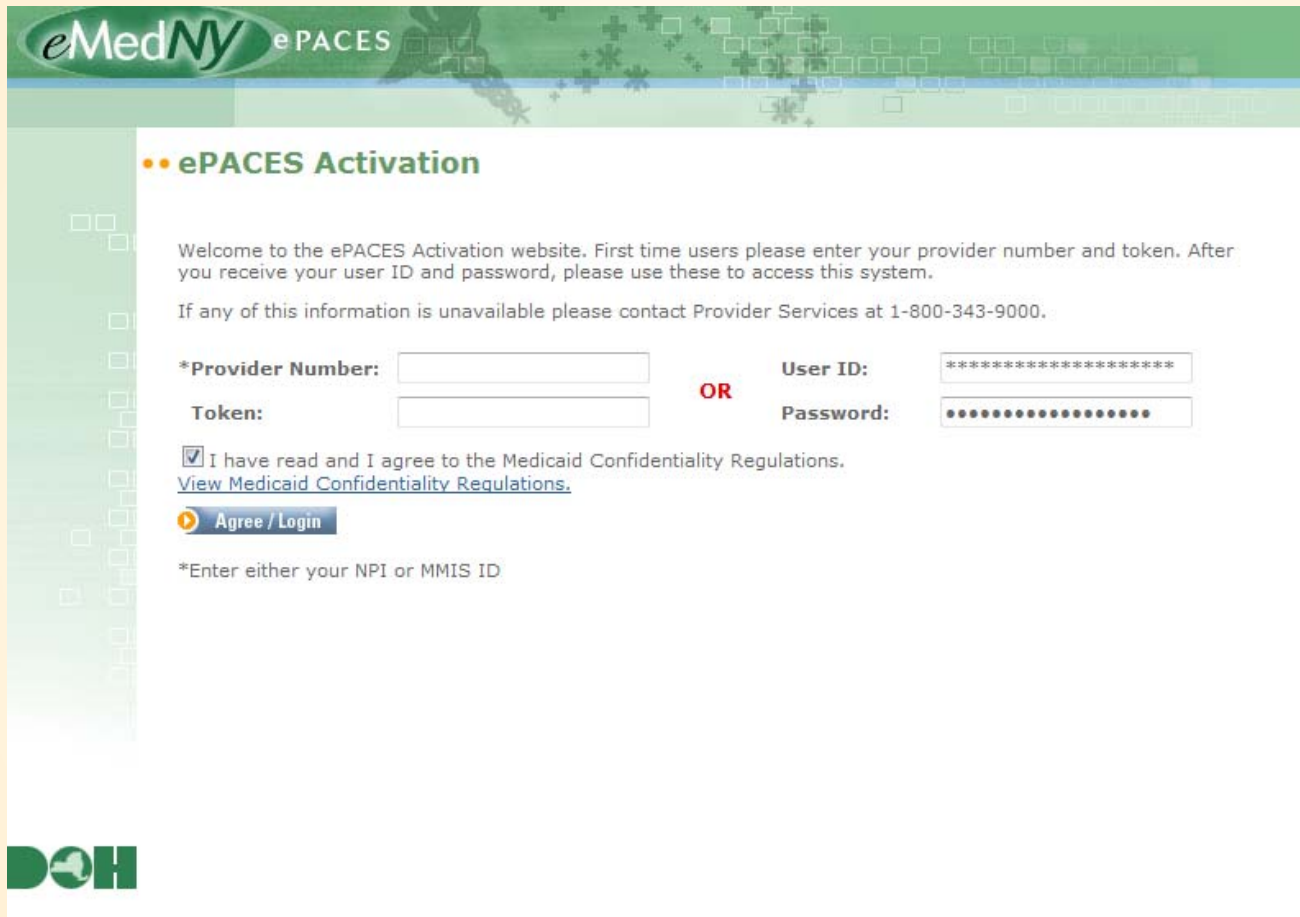
- If the practice wants to apply for MU Incentives for these EPs, these EPs may not use the “needy calculation”.
- These EPs may only use Medicaid volume for 30% threshold.
- These EPs must use same volume methodology (individual or practice) as the rest of the organization.



10. Steps to Register & attest for each EP in MEIPASS

- a. ePACES login & ETIN information
- b. Administrative access to MEIPASS
- c. Login to MEIPASS
- d. Enter Registration ID # from CMS Registration
- e. Review Federal Information
- f. Series of slides to confirm Eligibility
- g. AIU Attestation

a. ePACES login, using EP User ID & PW



eMedNY ePACES

•• ePACES Activation

Welcome to the ePACES Activation website. First time users please enter your provider number and token. After you receive your user ID and password, please use these to access this system.


If any of this information is unavailable please contact Provider Services at 1-800-343-9000.

*Provider Number: **OR** User ID:

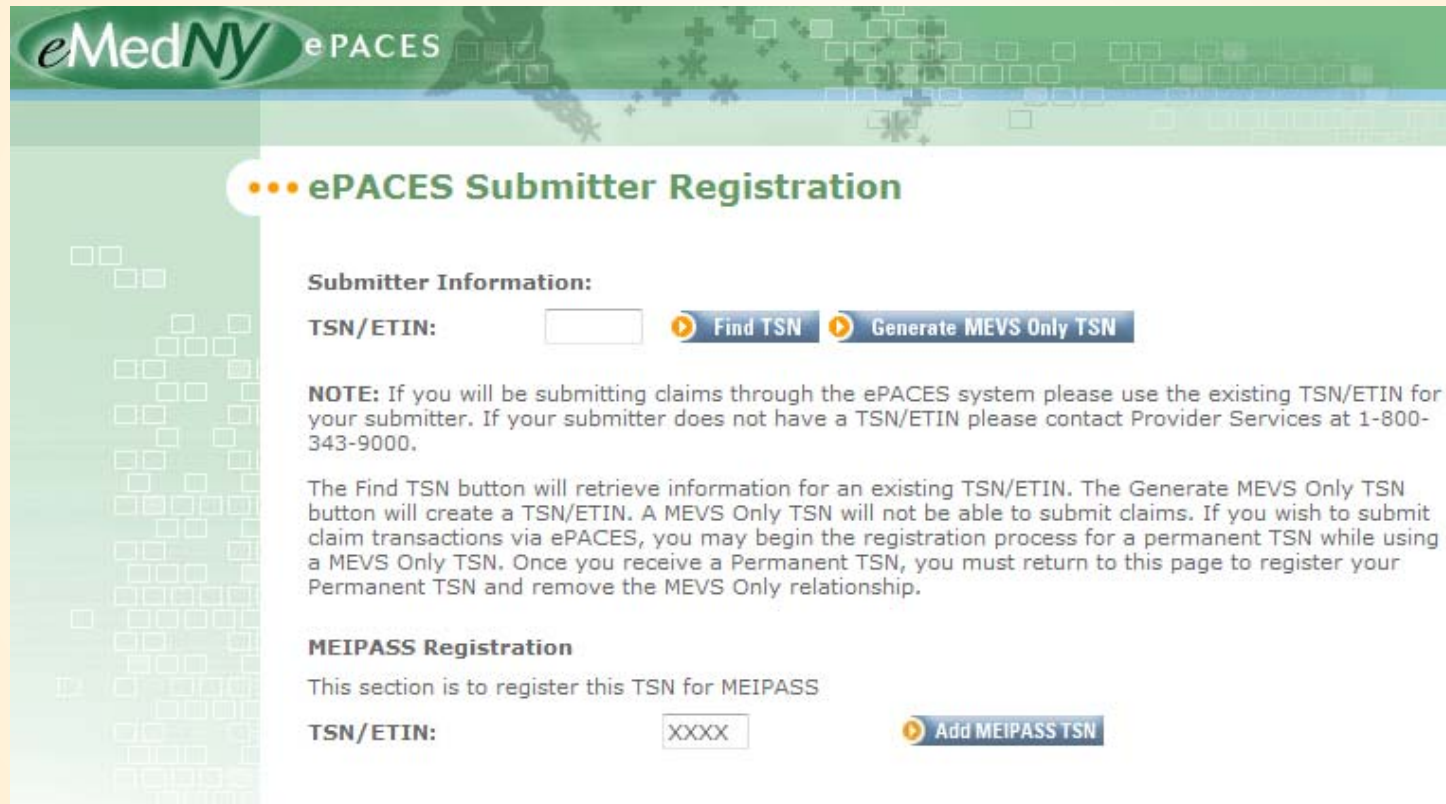
Token: Password:

I have read and I agree to the Medicaid Confidentiality Regulations.
[View Medicaid Confidentiality Regulations.](#)

*Enter either your NPI or MMIS ID



Enter Practice ETIN & Log Out



eMedNY ePACES

... ePACES Submitter Registration

Submitter Information:

TSN/ETIN: [Find TSN](#) [Generate MEVS Only TSN](#)

NOTE: If you will be submitting claims through the ePACES system please use the existing TSN/ETIN for your submitter. If your submitter does not have a TSN/ETIN please contact Provider Services at 1-800-343-9000.

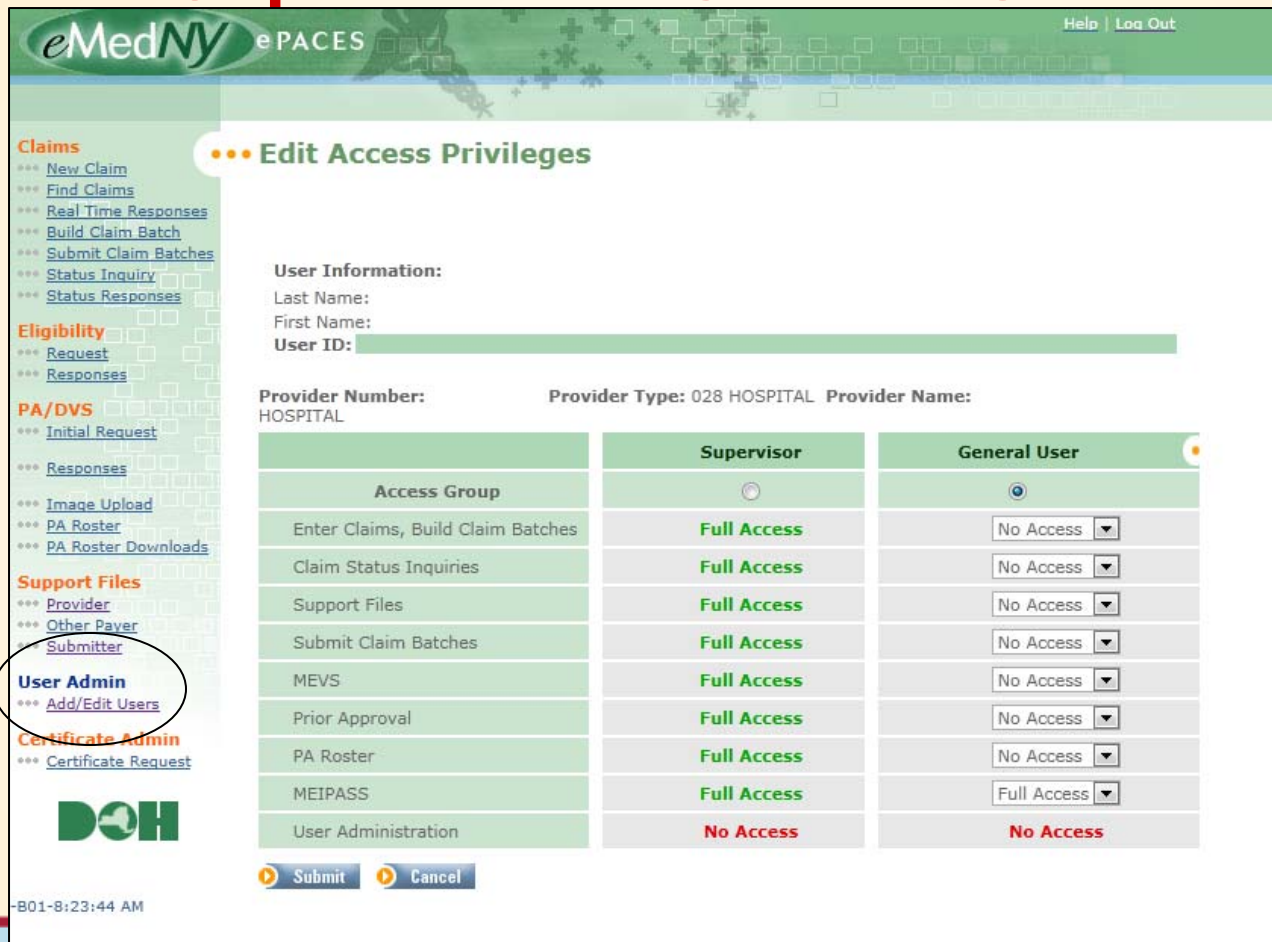
The Find TSN button will retrieve information for an existing TSN/ETIN. The Generate MEVS Only TSN button will create a TSN/ETIN. A MEVS Only TSN will not be able to submit claims. If you wish to submit claim transactions via ePACES, you may begin the registration process for a permanent TSN while using a MEVS Only TSN. Once you receive a Permanent TSN, you must return to this page to register your Permanent TSN and remove the MEVS Only relationship.

MEIPASS Registration

This section is to register this TSN for MEIPASS

TSN/ETIN: [Add MEIPASS TSN](#)

b. The Practice ePACES Administrator logs in & grants access to MEIPASS to Supervisor or General User.



eMedNY ePACES Help | Log Out

... Edit Access Privileges

User Information:
 Last Name:
 First Name:
 User ID:

Provider Number: HOSPITAL **Provider Type:** 028 HOSPITAL **Provider Name:**

Access Group	Supervisor	General User
Enter Claims, Build Claim Batches	Full Access	No Access
Claim Status Inquiries	Full Access	No Access
Support Files	Full Access	No Access
Submit Claim Batches	Full Access	No Access
MEVS	Full Access	No Access
Prior Approval	Full Access	No Access
PA Roster	Full Access	No Access
MEIPASS	Full Access	Full Access
User Administration	No Access	No Access

Submit Cancel

-B01-8:23:44 AM

Left Sidebar:
 Claims: New Claim, Find Claims, Real Time Responses, Build Claim Batch, Submit Claim Batches, Status Inquiry, Status Responses
 Eligibility: Request, Responses
 PA/DVS: Initial Request, Responses, Image Upload, PA Roster, PA Roster Downloads
 Support Files: Provider, Other Payer, Submitter
User Admin: Add/Edit Users
 Certificate Admin: Certificate Request

c. Login to MEIPASS with Authorized ePACES Username & PW

Welcome To MEIPASS Login

Domain:

Username:

Password:

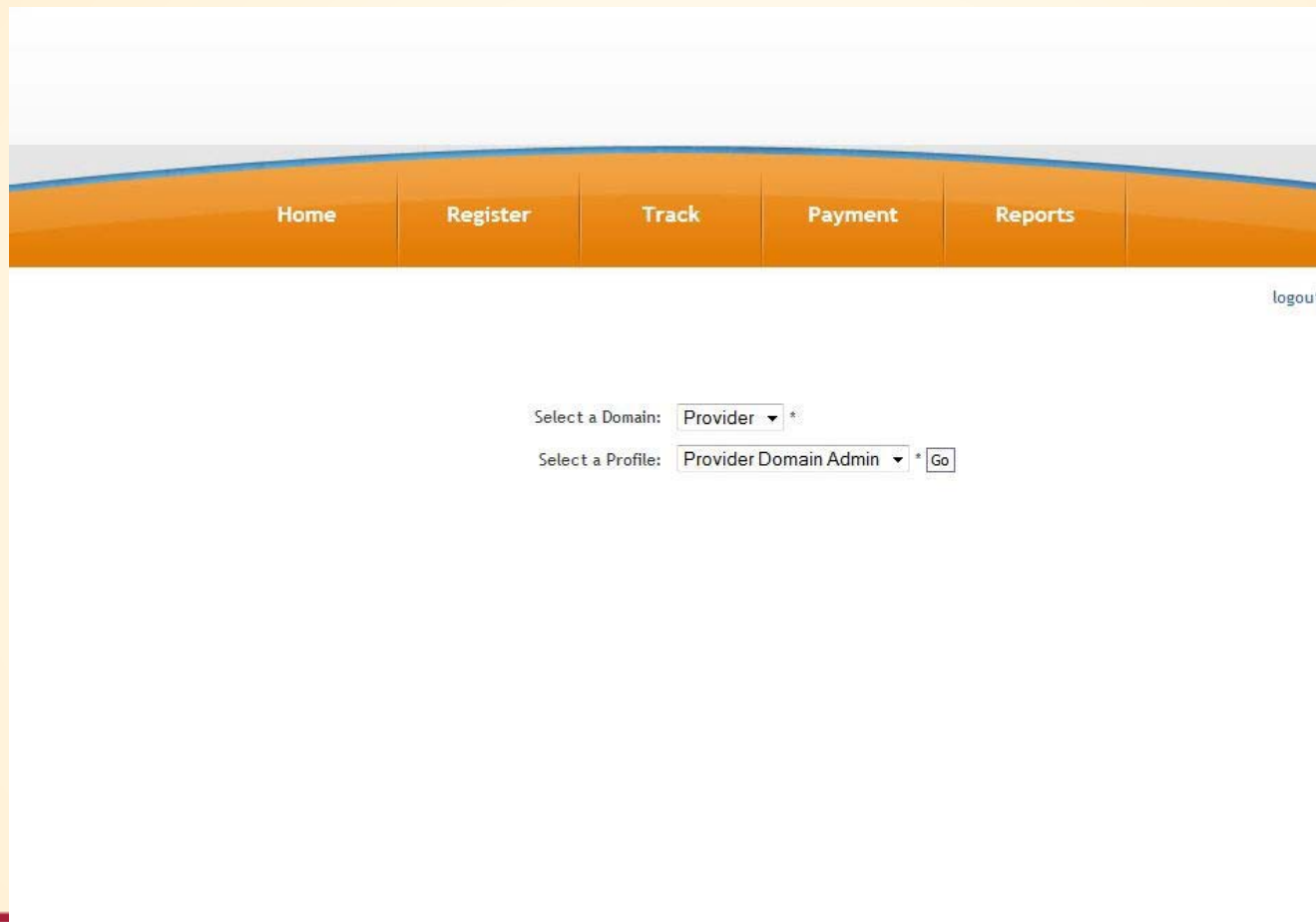
Please Note: Please Note:

- (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

Authorized Username & PW

Next Screen should look like this.



The screenshot displays a web application interface. At the top, there is a navigation menu with five buttons: Home, Register, Track, Payment, and Reports. Below the navigation menu, there is a "logout" link. In the center of the page, there is a form with two dropdown menus and a "Go" button. The first dropdown menu is labeled "Select a Domain:" and has "Provider" selected. The second dropdown menu is labeled "Select a Profile:" and has "Provider Domain Admin" selected. The "Go" button is located to the right of the second dropdown menu.

Home Register Track Payment Reports

logout

Select a Domain: Provider *

Select a Profile: Provider Domain Admin * Go

MEIPASS Homepage



Welcome

Click
Start

MEIPASS Registration



Start Medicaid EHR Incentive Payment (MEIPASS) Registration

Start

View Status of MEIPASS registration



View status of Medicaid EHR Incentive Payment Registration

Track

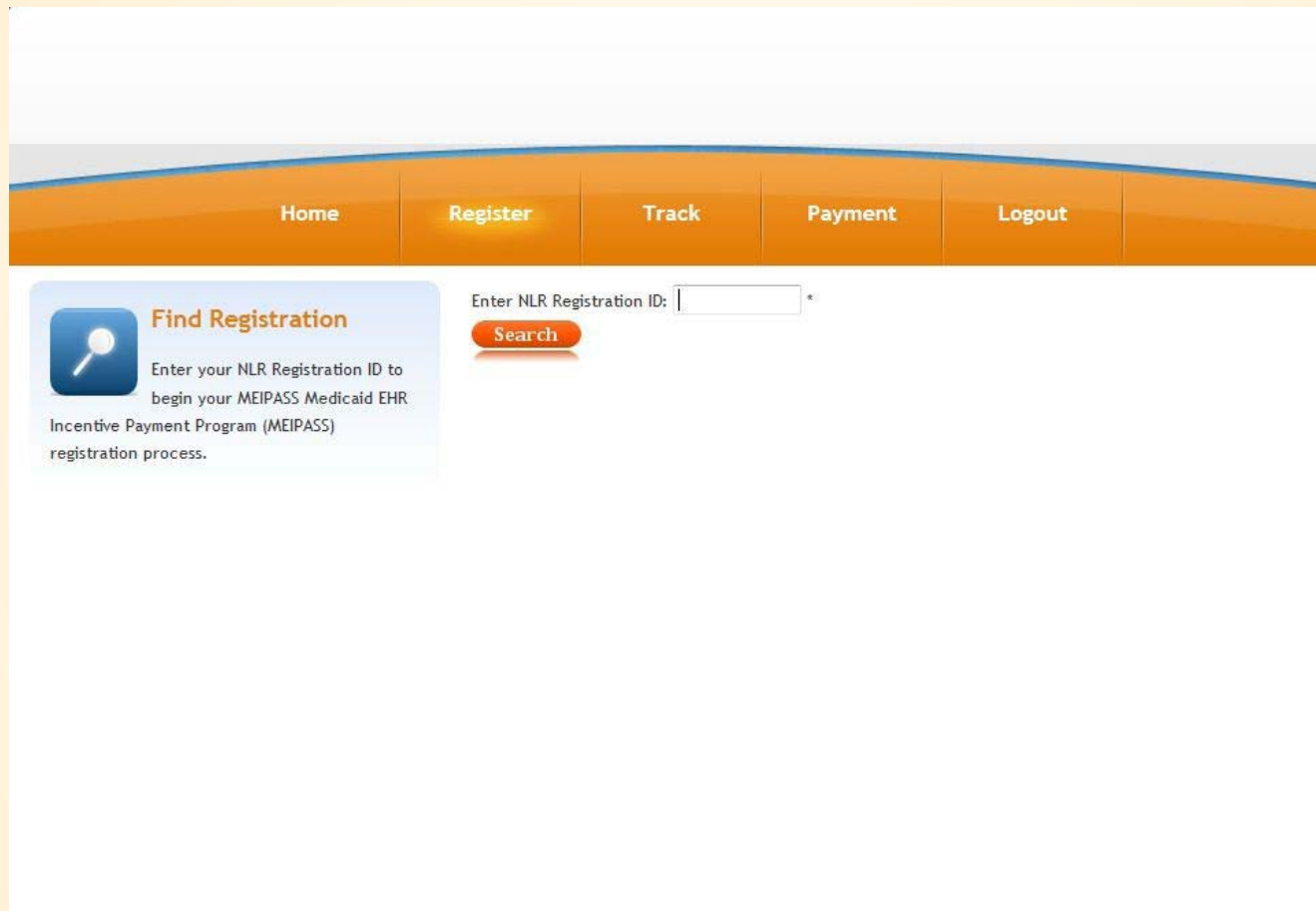
Reports




Analytical reports of payment tracker

View

d. Enter Registration ID # from CMS Registration



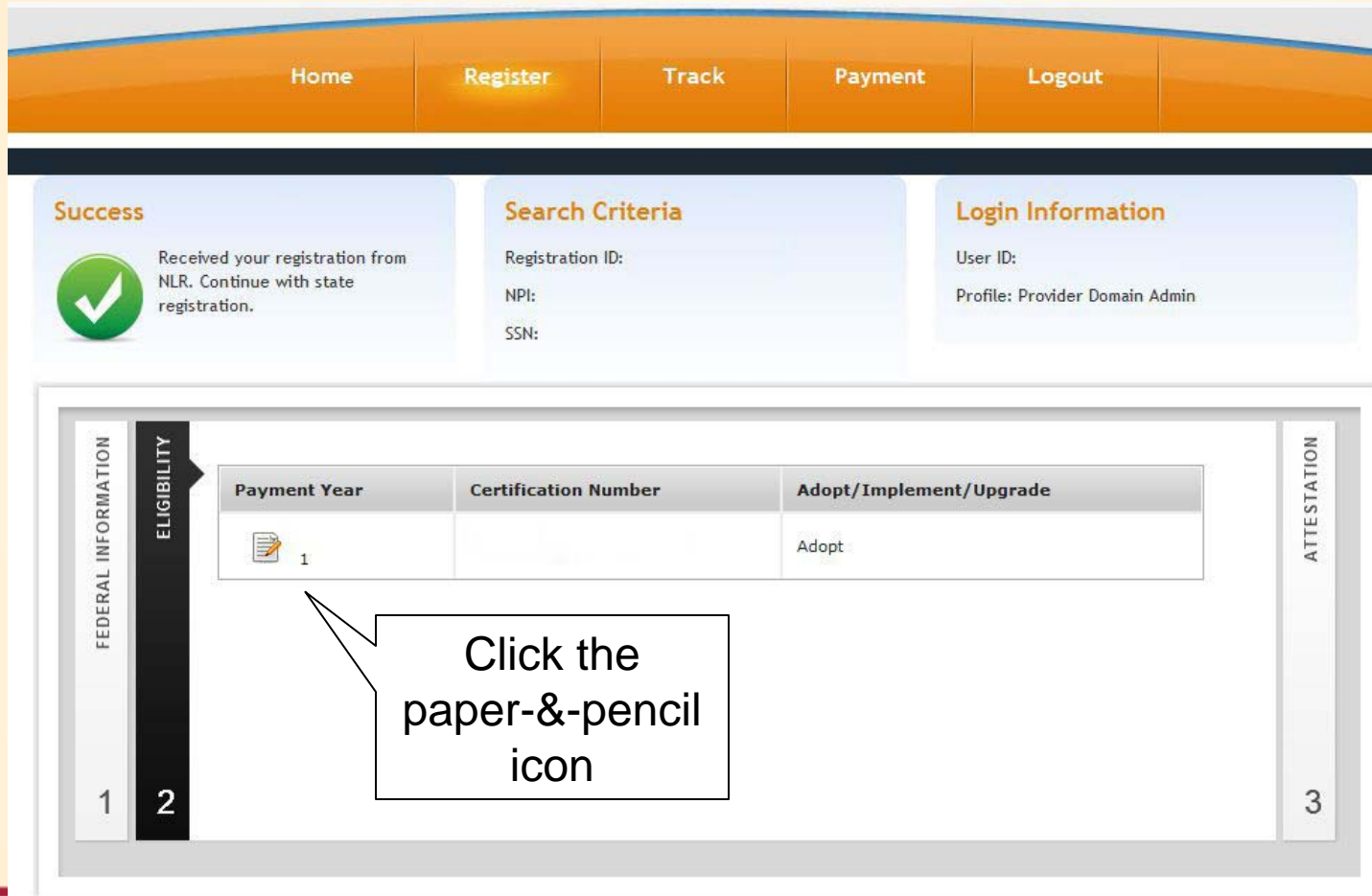
Home Register Track Payment Logout

 **Find Registration**
Enter your NLR Registration ID to begin your MEIPASS Medicaid EHR Incentive Payment Program (MEIPASS) registration process.

Enter NLR Registration ID: *


Search

f. Series of Slides to Confirm Eligibility



The screenshot shows a web application interface with a navigation bar at the top containing buttons for Home, Register, Track, Payment, and Logout. Below the navigation bar are three panels: Success, Search Criteria, and Login Information. The Success panel contains a green checkmark icon and the text: "Received your registration from NLR. Continue with state registration." The Search Criteria panel lists fields for Registration ID, NPI, and SSN. The Login Information panel shows User ID and Profile: Provider Domain Admin.

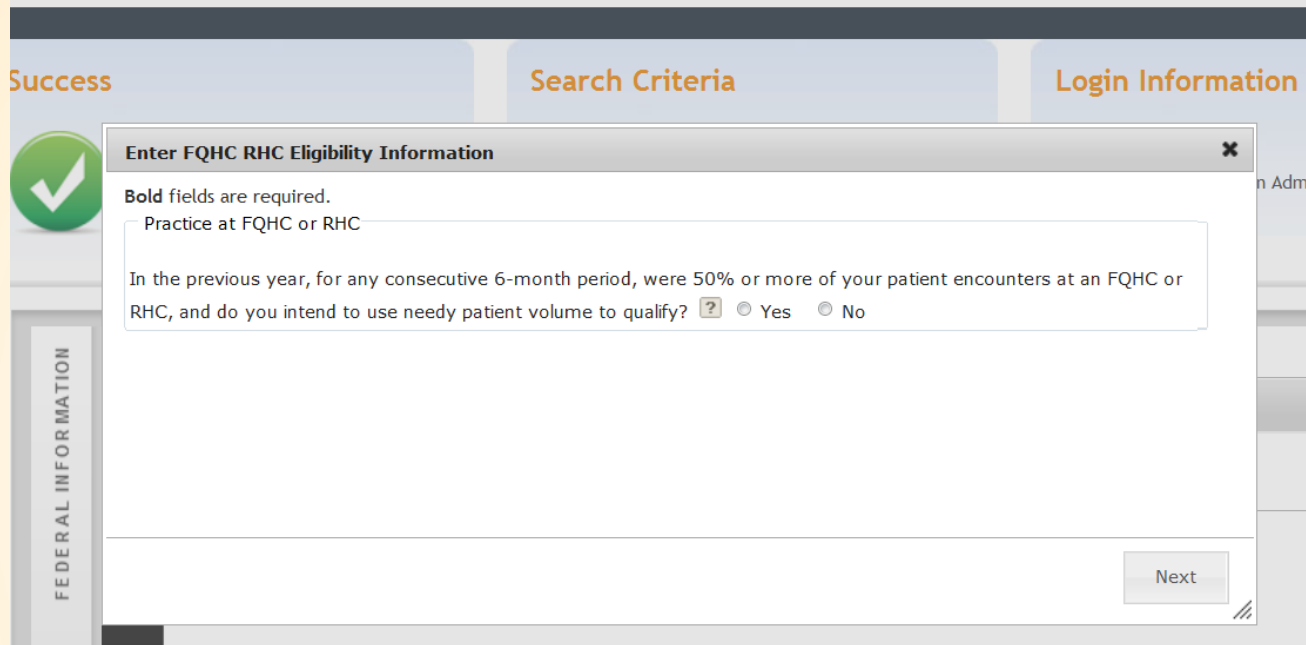
The main content area features a table with the following structure:

Payment Year	Certification Number	Adopt/Implement/Upgrade
 1		Adopt

A callout box with a pointer to the paper-and-pencil icon in the first row of the table contains the text: "Click the paper-&-pencil icon".


Vertical navigation tabs on the left are labeled "FEDERAL INFORMATION" (tab 1) and "ELIGIBILITY" (tab 2). A vertical tab on the right is labeled "ATTESTATION" (tab 3).

New Wording for Question re: Practicing Predominantly in an FQHC



Success Search Criteria Login Information

Enter FQHC RHC Eligibility Information [Close]

 **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

FEDERAL INFORMATION

Next

If you answer “yes”, you will be directed to the “needy individual” calculation screen

FQHC predominantly? Yes.

You may use Medicaid, CHIP, Uncompensated (Charity) and Sliding Fee encounters, or Medicaid encounters only (Medicaid and FHP).

Enter FQHC RHC Eligibility Information

Bold fields are required.

Practice at FQHC or RHC

Do you practice predominantly at FQHC or RHC Yes No

Reporting Period

Start Date : 01/01/2010 End Date : 06/30/2010

FQHC or RHC Name : Test

Patient encounter at FQHC or RHC : 100

Total patient encounter : 125

Next

Enter Eligibility Information

Bold fields are required.

Reporting Period

Start Date: 10/01/2010 ?

End Date: 12/29/2010 ?

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

Render care in FQHC/RHC ? Yes No

FQHC/RHC Encounters

Total Medicaid Encounters: ?

Total CHIP Encounters: ?

Total Charity Care Encounters: 100 ?

Total Sliding Fee Scale Encounters: ?

Total Encounters: ?

Include encounters outside NY ? Yes No

EHR Certification Information

EHR Status ? Adopt Implement Upgrade

Did you have 50% or more of your patient encounters during the reporting period at one practice/location equipped with certified EHR technology? ? Yes No

EHR Certification Number: 30000001SVE6EAC Add

Email: healthcenters.org

Cancel Save

FQHC predominantly? No.

You must use Medicaid encounters only (Medicaid and FHP).

This FQHC will base 30% threshold on practice encounter volume.

After clicking “yes” for “Include Organization Encounters”, you will be asked for your group NPI.



Enter FQHC RHC Eligibility Information

Bold fields are required.

Practice at FQHC or RHC

Do you practice predominantly at FQHC or RHC Yes No

Next

Enter Eligibility Information

Bold fields are required.

Reporting Period

Start Date: ?

End Date: ?

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

Hospital Based Provider Yes No

Medicaid Inpatient Encounters: ?

Medicaid ER Encounters: ?

Total Medicaid Encounters: ?

Include Organization Encounters Yes No

Organization NPI

Organization NPI: ?

Render care in FQHC/RHC Yes No

Total Medicaid Encounters: ?

Total Encounters: ?

Include MCO panel Yes No

Include encounters outside NY Yes No

EHR Certification Information

EHR Status Adopt Implement Upgrade

Did you have 50% or more of your patient encounters during the reporting period at one practice/location equipped with certified EHR technology? Yes No

EHR Certification Number: Add

Email: @healthcenters.org

Cancel Save

What is your Group NPI?

- NYS defines “group” as all EPs practicing under a given NPI
- If you have an “umbrella” or “parent” NPI for your entire FQHC as well as NPIs for your sites, you may use either, **BUT**
- If you are using practice volume for the volume calculations, the data must match the NPI used
 - if you are using an umbrella NPI, you must use entire FQHC volume data
 - If you are using a site NPI, you must use site-specific volume data

Special Topic: Physician Assistants

- For Medicaid MU Incentive payments, PAs are eligible if they practice in an FQHC or RHC that is led by a PA
- “Led by” is defined in Final Rule as
 1. When a PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, we would consider the PA as the primary provider)
 2. When a PA is a clinical or medical director at a clinical site of practice; or
 3. When a PA is an owner of an RHC.
- A PA leading an FQHC site (e.g. a school-based health center) is eligible if the site has its own NPI, provided the volume threshold calculations are done at the site level for **each site** of the FQHC

FQHC predominantly? No.

Calculation based on individual Medicaid data only, including Medicaid Managed Care panel.



Enter FQHC RHC Eligibility Information

Bold fields are required.

Practice at FQHC or RHC

Do you practice predominantly at FQHC or RHC Yes No

Next

Enter Eligibility Information

Bold fields are required.

Reporting Period

Start Date: 10/03/2010

End Date: 12/31/2010

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

Hospital Based Provider Yes No

Medicaid Inpatient Encounters: 40

Medicaid ER Encounters: 10

Total Medicaid Encounters: 100

Include Organization Encounters Yes No

Render care in FQHC/RHC Yes No

Include MCO panel Yes No

Patient Panel Volume

Total Medicaid Patients: 500

Total Unduplicated Medicaid Encounters: 600

Total Patients: 1000

Total Unduplicated Encounters: 2667

Include encounters outside NY Yes No

EHR Certification Information

EHR Status Adopt Implement

Upgrade

Did you have 50% or more of your patient encounters during the reporting period at one practice/location equipped with certified EHR technology? Yes No

EHR Certification Number:

Cancel Save

Options for 30% Medicaid or “Needy Individual” Threshold Calculation

	Individual Data	Practice Data
Encounter Methodology	OK	Ok, but if use practice data, must use for <i>all</i> EPs
Panel Methodology	OK	Ok, but if use practice data, must use for <i>all</i> EPs

You may use the Encounter or Panel methodology, whether you use Individual or Practice Data.

ATTENTION!

If you entered any 2011 data before January 27 for:

- Predominantly FQHC
- Non-hospital based
- 30% Medicaid or Needy threshold

There was a glitch in the system:

it should not have accepted 2011 data, only 2010 data.

To correct your registrations, call the NYS Medicaid
EHR Incentive Program Support Team @ (800) 278-3960

Do 50% of your encounters occur at one location equipped with certified EHR technology?

A provider working in multiple locations using a common certified EHR system (e.g. a health center with multiple sites) should attest 'Yes' when answering 'Do your Medicaid patient encounters occur at only one location?' The provider would then input the one certified EHR number into MEIPASS. When the provider prints the attestation, please label 'Common EHR in (#) locations' and initial next to the label prior to sending back to DOH.



Enter FQHC/RHC Eligibility Information

Bold fields are required.
Practice at FQHC or RHC

Do you practice predominantly at FQHC or RHC Yes No

Reporting Period

Start Date: 01/01/2010 End Date: 06/30/2010

FQHC or RHC Name: Test

Patient encounter at FQHC or RHC: 100

Total patient encounter: 125

Next

Enter Eligibility Information

Bold fields are required.

Reporting Period

Start Date: 10/01/2010 End Date: 12/29/2010

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

Render care in FQHC/RHC Yes No

FQHC/RHC Encounters

Total Medicaid Encounters: []

Total CHIP Encounters: []

Total Charity Care Encounters: 100

Total Sliding Fee Scale Encounters: []

Total Encounters: []

Include encounters outside NY Yes No

EHR Certification Information

EHR Status Adopt Implement Upgrade

Did you have 50% or more of your patient encounters during the reporting period at one practice/location equipped with certified EHR technology? Yes No

EHR Certification Number: 30000001SVE6EAC Add

Email: healthcenters.org

Cancel Save

g. AIU Medicaid attestation

- When AIU attestation is completed, a 5-page document must be printed and mailed to the address provided.
- The document includes:
 - **Cover sheet** - with NPI, Registration ID, transaction number, and date of submission
 - **Summary** of information submitted about the provider to the Medicaid EHR Incentive Program
 - Federal Information
 - FQHC/RHC Eligibility
 - Eligibility Information
 - **Attestation** – requires Provider Signature and Date

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>

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/>

Sign up for eMedNY Listserv here to be informed about updates to the EHR Incentive Program site -
<https://www.emedny.org/index.aspx>

Questions?

NY Medicaid Provider Support

Medicaid enrollment, ePACES
1 (800) 343-9000

MEIPASS Call Center
Login, Navigation, Troubleshooting
meipasshelp@csc.com
1 (877) 646-5410

NY Medicaid EHR Incentive Program Support
Calculation, Registration, Eligibility
hit@health.state.ny.us
1 (800) 278-3960

