



CHCANYS DEFINING NEW DIRECTIONS
Community Health Care Association of New York State

NYS-HCCN Attestation Office Hours

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May 17th, 2017





Registration Checklist

-
- 01** Valid NPI
 - 02** Enrolled in FFS (not OPRA)
 - 03** An active ETIN linkage (individual or group)
 - 04** Register for Medicaid EHR Incentive Program through CMS
 - 05** An active ePACES account
 - 06** Identity and Access account (optional)



How do I attest?!





Home Page

Log into MEIPASS at <https://meipass.emedny.org/ehr> with your ePACES user name and password.

New York  State

Department of Health
Information for a Healthy New York

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

WELCOME TO MEIPASS - New York State's EHR Incentive Payment System

* User Type : Provider

* User Name :

* Password :

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

CMS Registration

Enter the provider's **CMS Registration ID**.

If you need help obtaining the registration ID, please contact the CMS Help Desk at 888-734-6433.

Enter CMS Registration ID

Enter your CMS Registration ID to begin the Medicaid EHR Incentive Payment Program (MEPASS) registration process.

CMS Registration ID:



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.

Home **Attestation** Status Payment Information

Please verify your CMS Registration Information. If the information is incorrect contact CMS. If the information is correct please proceed.

Registration Information

CMS Registration ID :	NPI :
Payment Year :	TIN :

Provider Information

First Name :	Middle Name :
Last Name :	Suffix :
Provider Type : Dentist	
Provider Specialty : Dentist	

Address

Address :	
City : STATEN ISLAND	
State : NY	Zip :
Phone :	Ext :
Email :	

Identifiers

Payee NPI :
Payee TIN/SSN :

Exclusions

No exclusions found

Begin Attestation

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).

* Payment Year:

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

- 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

Review [FAQ EP06](#) about patient volume reporting.

Eligibility Information

Eligibility Reporting Year: Previous Calendar Year Preceding 12 Month Period from the Date of Attestation

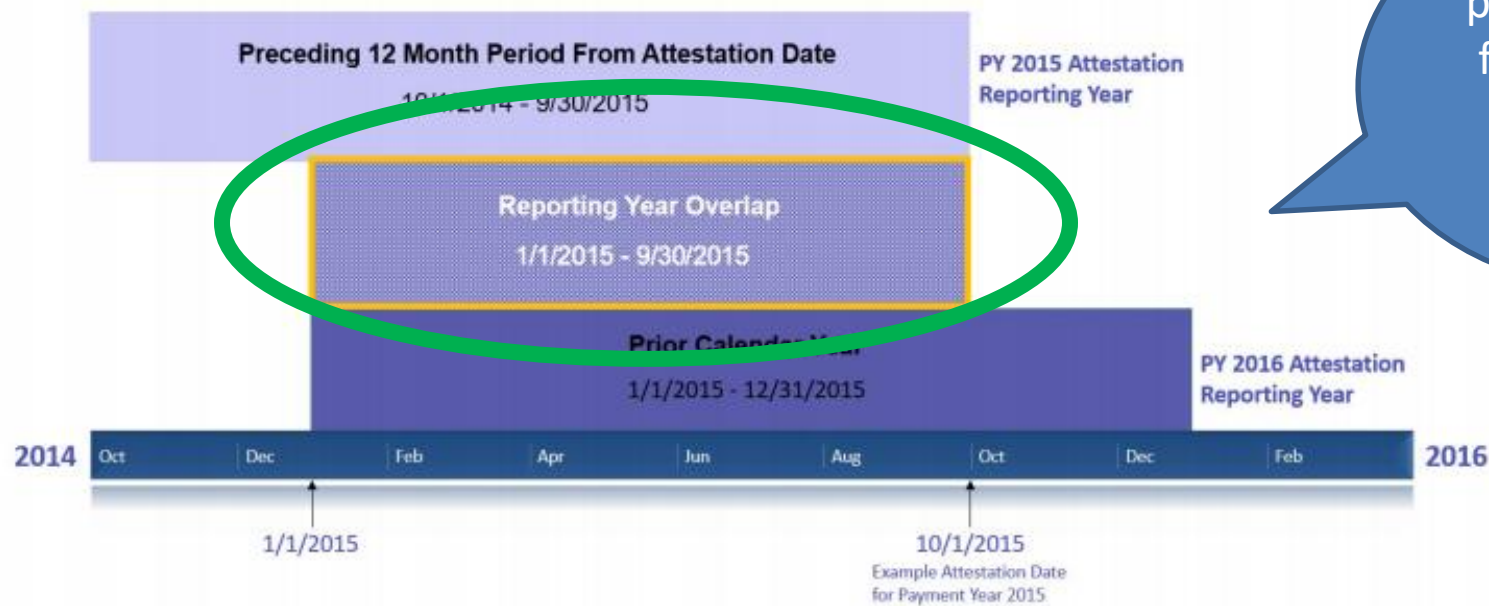
Patient Volume Reporting Period Start Date: Patient Volume Reporting Period End Date:

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.



Example: The diagram below illustrates how an EP could use the "Reporting Year Overlap" to choose the same 90-day period for both payment years 2015 and 2016.



Get to use patient volume for two years! Only have to pre-validate once!

In the above example, an Eligible Professional attesting for payment year 2015 on 10/1/2015 should choose "Preceding 12 Month Period from Attestation Date" and attest to a 90-day period that falls within the "Reporting Year Overlap" of 1/1/2015 to 9/30/2015. Doing so enables the EP to **use the same period** when attesting for payment year 2016 by choosing "Prior Calendar Year."

Pediatrician

Review [FAQ EP28](#) about pediatrician eligibility.

Answer **Yes** if the provider is a pediatrician demonstrating less than 30% but at least 20% patient volume in order to receive a reduced incentive payment.

* Practice as a Pediatrician:	<input type="radio"/> ?	<input type="radio"/> Yes	<input type="radio"/> No
* Practice as a Physician Assistant:	<input type="radio"/> ?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No

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.



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.

Review FAQs [EP05](#), [EP19](#), and [EP36](#).

* Include Organization Encounters: ? Yes No

- 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.

* Total Medicaid Encounters:	<input type="text"/>
* Total Encounters:	<input type="text"/>

Enter the provider's **Total Medicaid Encounters** and **Total Encounters** during the patient volume reporting period.

Alternate Patient Panel

A provider may use alternate patient panel volume if he/she meets certain criteria, which includes reviewing encounter data two years prior to the start of the 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 provider.

* Use Alternative Patient Panel Volume:	<input type="radio"/> Yes <input type="radio"/> No
---	--

- Answer **Yes** to use the alternate patient panel method. Complete the encounter and panel fields.
- Answer **No** to use standard patient volume.

How do I calculate Medicaid Patient Volume (MPV)?

Number of
Medicaid/Medicaid
Managed Care
Encounters During
Reporting Period



Total Number of
Patient Encounters
During Reporting
Period



Medicaid
Patient
Volume



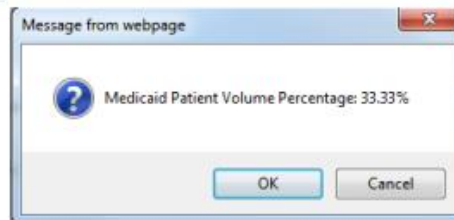
EHR Certification Information

The screenshot shows a web form titled "EHR Certification Information". At the top, there is a section for "EHR Status" with three radio buttons: "Adopt" (selected), "Implement", and "Upgrade". Below this is a red asterisk followed by a help icon and a text instruction: "Enter the CMS EHR Certification ID of all certified EHR system(s) you adopted, implemented, or upgraded during the payment year. If multiple EHR systems with the same Certification ID were adopted, implemented, or upgraded, enter the Certification ID only once." Below the instruction are two input fields for "EHR Certification Number". The first field has a "Remove" button to its right. The second field has an "Add" button to its right. At the bottom of the form, there is an "Email:" label and two buttons: "Save" and "Cancel".

Select either **Adopt**, **Implement**, or **Upgrade** for the activity performed by the provider during the payment year. Review [FAQ EPH05](#) for AIU definitions.

Add the **EHR Certification Numbers** of all certified EHR technology (CEHRT) products related to the AIU activity performed by the provider during the payment year. 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.





SIGNATURE

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.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user attesting on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is attesting.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicaid EHR Incentive Program requirements and to furnish those records to the New York State Department of Health (DOH), Department of Health and Human Services, or contractor acting on their behalf.

No Medicaid EHR Incentive Program payment may be paid unless this registration form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicaid EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made. Appropriate disclosures may be made to other federal, state, local, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicaid EHR Incentive Program.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of EHR incentive payment. With the one exception listed below, there are no penalties under this program for refusing to supply information. However, failure to furnish information on this registration form will prevent the EHR incentive payment from being issued. Failure to furnish subsequently requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell DOH if you believe that you have been overpaid under the Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 11283, provides penalties for withholding this information.

I accept the terms and conditions

Register

After reviewing the agreement, check the box to accept the terms and conditions and click **Register** to submit the attestation.

MEIPASS ATTESTATION

Open the pdf document, complete the final page and mail the document to the address listed in the document.



[MEIPASS Attestation Document](#)

Done



NY Medicaid EHR Incentive Program Manual Attestation
New York State Department of Health - Office of Health Insurance Programs
NY Medicaid EHR Incentive Program^



Please complete this file and return to NY Medicaid by email to attestation@health.ny.gov.

Provider Information

Provider Name:	
Provider Email:	
CMS Registration ID	
Provider NPI:	
Payment Year	
Participation Year:	
Stage Information (MU1/MU2)	
EHR Reporting Period:	



NY Medicaid EHR Incentive Program Manual Attestation

New York State Department of Health - Office of Health Insurance Programs



Department of Health

NY Medicaid EHR Incentive Program^

Objective One (1): Protect Patient Health Information

Objective	Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical
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
Exclusion	None

Objective One Status **PASS**

Complete the following information:

Have you conducted or reviewed a security risk analysis in accordance with the requirements?	Yes
If you answered 'Yes' above, please enter the date when the security risk analysis was completed.	1/15/2016

Objective Two (2): Clinical Decision Support

Objective Two Status **FAIL**

Objective	Use clinical decision support to improve performance on high-priority health conditions.
Measure	<p>Note: EPs must satisfy both of the following measures in order to meet the objective.</p> <p>Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>OR</p> <p>Alternate Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.</p>

Group 2015 [redacted] [redacted] - Excel

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H6

A B C D E F G H I J K L M N O P Q R

1

2 **NY Medicaid EHR Incentive Program Group Manual Attestation**

3 New York State Department of Health - Office of Health Insurance Programs

4 NY Medicaid EHR Incentive Program

5

This tab serves as a guide for eligible professionals (EPs) attesting to Modified Stage 2 Meaningful Use who were previously scheduled to be in Stage 2 for program year 2015 of the NY Medicaid Electronic Health Records (EHR) Incentive Program.

6

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

8

9 Objective	Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
11 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.
15 Exclusion	None

16

17

18 **Objective Two (2): Clinical Decision Support**

19

20 Objective	Use clinical decision support to improve performance on high-priority health conditions.
21 Measure	<p>Note: EPs must satisfy both of the following measures in order to meet the objective</p> <p>Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for</p>

26

Workbook ID Instructions Description MU1 2015 MU1 Measures **Description MU2** 2015 MU2 Measures

Ready



Group 201 | de] - Excel

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J14

19 **Entering Individual Provider Information on the Measures Tab**
Begin by entering individual provider information at Row 13.
Enter data only in cells marked for data entry and do not alter the form in any way.

20 Enter data only in cells marked for data entry and do not alter the form in any way.

21 Row 12 provides an example of a completed record for your review. Follow this example as you complete each provider's record.

22

23 **Begin on Row 13, Column A and enter:**

24 1. Provider NPI

25 2. Last Name

26 3. First Name

27 4. EHR Reporting Period Start Date

28 5. EHR Reporting Period End Date

Repeat this process for each attesting provider.

29 IMPORTANT: The provider's information in the Group MU Workbook must match the provider's record in MEIPASS.

30

Provider Information				
Provider NPI	Last Name	First Name	EHR Reporting Period Start Date	EHR Reporting Period End Date
1230559790	Doe	John	10/1/2015	12/29/2015

37

38

39

40 **Entering Objective and Measure Data**

41 Working left to right for each provider use data from the provider's CEHRT to enter or paste attestation data for each Objective.

42

43 The headings in Rows 9-11 label the desired information.

44 Blue and green cells with black text = Objectives and Measures

45 Orange cells with red text = Alternate Measures and Alternate Exclusions

Workbook ID Instructions Description MU1 2015 MU1 Measures Description MU2 2015 MU2 Measures

Ready 5/25/2017 www.chcanys.org 19

Group 2017 [redacted] - Excel

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J14

Provider Information				Measure 1: Electronic Prescribing			
Provider NPI	Last Name	First Name	Exclusion 1 (Yes/No)	Exclusion 2 (Yes/No)	Numerator	Denominator	
1230559790	Doe	John	No	No			

Repeat this data entry process for each attesting provider.

For further information on satisfying a specific Objective or Measure, please refer to the NY Medicaid EHR Incentive [Meaningful Use Workbook](#).

The MU Workbook will provide detailed information on satisfying each Objective and Measure.

Submitting the Meaningful Use Group Workbook

Email the completed Group MU Workbook to attestation@health.ny.gov and be sure to include "Group Workbook" in the subject line.

Workbook ID: **Instructions** | Description MU1 | 2015 MU1 Measures | Description MU2 | 2015 MU2 Measures

Ready



Group MU Workbook									
Measure List:			All Measures						
Provider List:			2015 Modified Stage 2 (formerly Stage 1)						
Organization Name:			GROUP NAME						
Workbook ID:			GMU-2015-XXXX						
Provider Information							Objective 1		Objective 2
							Protect Patient Health Information	Alternate Measure 1	Measure 1: Clinical Decision Support
Provider NPI	Last Name	First Name	EHR Reporting Period Start Date	EHR Reporting Period End Date	Conducted security risk analysis (Yes/No)	Date completed security risk analysis	Implemented one clinical decision support rule (Yes/No)	Implemented five clinical decision interventions (Yes/No)	
1234567890	Doe	John	10/1/2015	12/29/2015	Yes	12/1/2015	Yes	No	
1111111111									



Upcoming Deadlines



2016 AIU Deadline



**2015 Meaningful
Use Deadline**



**2016 Meaningful
Use Deadline**



Join us next week for our office hours session on audit prep!





For additional information on
services through HCCN,
please contact:
HCCN@chcanys.org