

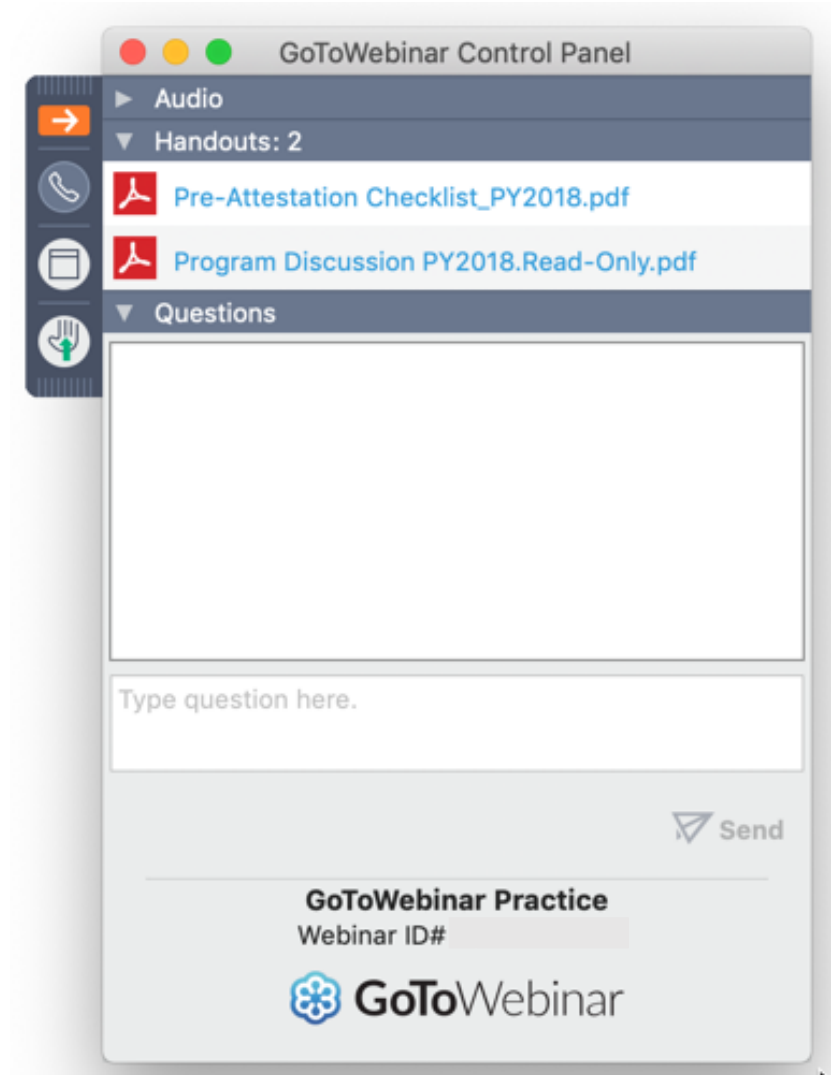
Webinar Logistics

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. We will address your questions during our Q&A session.

You can download the Program Discussion slides and the Pre-Attestation Checklist from the **Handouts** section of the Control Panel.





**Department
of Health**

NY Medicaid EHR Incentive Program






**Payment Year 2019 MEIPASS System Walkthrough
and Program Updates**

Opening Comments

Andrew Pommer
Health Program Administrator

January 2020

Agenda

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

January 2020



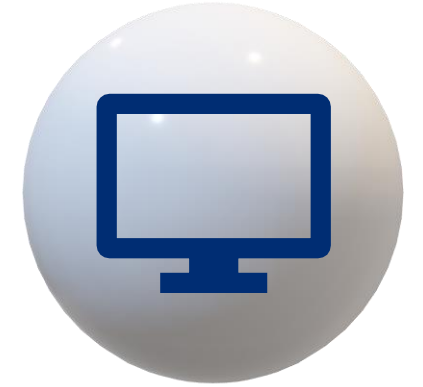
MEIPASS Walkthrough

Rachel Balasco
System Design Lead

January 2020

MEIPASS Updates

- 🖥 Eligibility: 50/80 Rule
- 🖥 Security Risk Analysis
- 🖥 Public Health Reporting
- 🖥 Clinical Quality Measure Updates



January 2020

Eligibility Updates

- Do a combined 50% or more of your patient encounters occur at locations equipped with certified EHR technology?
- Do at least 80% of unique patients have stored data in your CEHRT during the EHR Reporting Period?
- If “Yes”, the EP **must** complete the numerator and denominator fields to continue the attestation
- If “No”, the EP **may not** continue the attestation.

NEW YORK STATE Department of Health
 Department of Health
 Information for a Healthy New York
 Welcome : RPARIH11

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

Home Attestation Status Payment Information

Payment Year: 2019

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

Number of encounters in the denominator at locations with CEHRT during the EHR Reporting Period. Numerator

Number of encounters at all locations during the EHR Reporting Period (including locations without CEHRT). Denominator

Do at least 80% of unique patients have stored data in your certified EHR technology during the EHR reporting period? Yes No

Number of unique patients in the denominator seen during the EHR Reporting Period, with data stored in the EHR System, for all locations with CEHRT. Numerator

Number of unique patients seen during the EHR Reporting Period, for all locations with CEHRT. Denominator

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 New Patient Volume to qualify? Yes No

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:

Practice as a Pediatrician: Yes No

Practice as a Physician Assistant: Yes No

Hospital Based Provider: Yes No

Objective 1: SRA

New Fields

- Completed By
- Relationship to Eligible Professional

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Welcome | 10/4/2011 | Logout

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

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EP Summary

Objective One (1): Protect Patient Health Information

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

Security risk analysis completion date:

Completed By:

Relationship to Eligible Professional (EP):

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Relationship to Eligible Professional (EP)

Self

The EP is the person completing the SRA.

Independent third-party consultant

An individual employed by an entity outside of the EP's practice.

Other

An individual who is neither the EP nor an independent third-party consultant.

Example: an individual in the IT department or "IT staff".

Objective 8: Public Health Location Where EP Practices

- New location options determine available registries
- Inside 5 Boroughs
- Outside 5 Boroughs
- Both inside and outside

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

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EP Summary

Objective Eight (8): Public Health and Clinical Data Registry Reporting

EPs must attest to at least two Public Health and Clinical Data Registry Reporting measures to satisfy the objective. An exclusion for a measure does not count toward the total of two measures. EPs can satisfy the objective by a combination of meeting measures and claiming applicable exclusions for the remaining measures, or by claiming exclusions for all the measures.

Objective: The EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice. Active engagement is demonstrated by one of the following options:

- Completed Registration to Submit Data
- Testing and Validation
- Production

Select the location where you practice:

Inside the 5 boroughs of New York City

Outside the 5 boroughs of New York City

Both inside and outside the 5 boroughs of New York City

Select the Measure Options you will complete:

Measure Option 1: Immunization Registry Reporting - The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IS).

EXCLUSION 1 - Any EP may be excluded from the immunization registry reporting measure if the EP does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.

Does this exclusion apply to you?

Yes No

EXCLUSION 2 - Any EP may be excluded from the immunization registry reporting measure if the EP operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Does this exclusion apply to you? Yes No

EXCLUSION 3 - Any EP may be excluded from the immunization registry reporting measure if the EP operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.

Does this exclusion apply to you? Yes No



Objective 8: Public Health Measures

- New drop-down options for each Measure
- Options determined by choice of location (inside/outside/both)

Yes No

Are you in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IS)?

Yes No

Please select the Public Health Agency (PHA) Name(s) that you are in active engagement with to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IS). [?](#)

Public Health Agency (PHA) Name:

Measure Option 2: Syndromic Surveillance Reporting - The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

EXCLUSION 1 - Any EP may be excluded from the syndromic surveillance reporting measure if the EP is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

Does this exclusion apply to you? [?](#)

Yes No

EXCLUSION 2 - Any EP may be excluded from the syndromic surveillance reporting measure if the EP operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Does this exclusion apply to you? [?](#)

Yes No

EXCLUSION 3 - Any EP may be excluded from the syndromic surveillance reporting measure if the EP operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.

Does this exclusion apply to you? [?](#)

Yes No

Are you in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting?

Yes No

Please select the Public Health Agency (PHA) Name(s) that you are in active engagement with to submit syndromic surveillance data from an urgent care setting. [?](#)

Public Health Agency (PHA) Name:

Measure Option 3: Electronic Case Reporting - The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.

EXCLUSION 1 - Any EP may be excluded from the case reporting measure if the EP does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.

Does this exclusion apply to you?

Yes No

EXCLUSION 2 - Any EP may be excluded from the case reporting measure if the EP operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Does this exclusion apply to you? [?](#)

Yes No

Objective 8: Public Health Registry Reporting Grandfathering Regulation

- New drop-down options for each Measure
- Measure 4 includes important information regarding Population Health Registry

Measure Option 4: Public Health Registry Reporting - The EP is in active engagement with a public health agency to submit data to public health registries.

EXCLUSION 1 - Any EP may be excluded from the public health registry reporting measure if the EP does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.

Does this exclusion apply to you?

Yes No

EXCLUSION 2 - Any EP may be excluded from the public health registry reporting measure if the EP operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Does this exclusion apply to you? [?]

Yes No

EXCLUSION 3 - Any EP may be excluded from the public health registry reporting measure if the EP operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

Does this exclusion apply to you? [?]

Yes No

Are you in active engagement with a public health agency to submit data to public health registries?

Yes No

Are you submitting data to more than one public health registry?

Yes No

Please select the Public Health Agencies (PHA) Name(s) you are in active engagement with to submit data to public health registries. [?]

Public Health Agency (PHA) Name:

*The Population Health Registry may only count towards the Public Health Registry Reporting Measure based on the Grandfathering Regulation set forth by CMS in the Final Rule. Please see the [MU Stage 3 - Public Health Registry Reporting Grandfathering Regulation](#) and New York Medicaid Electronic Health Records (EHR) Incentive Program Public Health FAQ #1.1

**CDC Sponsored Registries are not NYS or NYC Sponsored Registries

Objective 8: Public Health Other Registry Options

- Measures 4 and 5 display 'Other' as available option
- If 'Other' is chosen, free form text box becomes available

Measure Option 5: Clinical Data Registry Reporting - The EP is in active engagement to submit data to a clinical data registry

EXCLUSION 1 - Any EP may be excluded from the clinical data registry reporting measure if the EP does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.

Does this exclusion apply to you?

Yes No

EXCLUSION 2 - Any EP may be excluded from the clinical data registry reporting measure if the EP operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Does this exclusion apply to you? [?](#)

Yes No

EXCLUSION 3 - Any EP may be excluded from the clinical data registry reporting measure if the EP operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

Does this exclusion apply to you? [?](#)

Yes No

Are you in active engagement to submit data to a clinical data registry?

Yes No

Are you submitting data to more than one clinical data registry?

Yes No

Please select the Clinical Data Registry (CDR) Name(s) that you are in active engagement to submit data to a clinical data registry. [?](#)

Clinical Data Registry (CDR) Name:

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Clinical Quality Measure (CQM) Landing Page

New CQM categories

- Outcome Measures
- High Priority Measures

The screenshot shows the 'Clinical Quality Measure Instructions' page. At the top, it identifies the user as 'Welcome: RFNELLI' and provides a 'Logout' link. The page title is 'Medicaid EHR Incentive Program For Eligible Professionals (EPs) and Eligible Hospitals (EHs)'. Navigation tabs include 'Home', 'Attestation', 'Status', and 'Payment Information'. The 'Attestation' tab is active, and a sub-tab 'EP Summary' is visible.

The main heading is 'Clinical Quality Measure Instructions'. Below it, a paragraph states: 'You must complete at least 6 Clinical Quality Measures from any of the National Quality Strategy domains. To complete the Outcome or High Priority Measure sets, click "Complete Outcome Measures" or "Complete High Priority Measures" below.' Two large blue buttons are provided: '> Complete Outcome Measures' and '> Complete High Priority Measures'.

A second paragraph explains: 'You must submit data for 6 Clinical Quality Measures (CQMs) relevant to your scope of practice. At least one of the CQMs selected must be an outcome measure, if any are relevant. If no outcome measures are relevant, you must select at least one other high priority measure. Measures included in the Adult and Child Core Sets, and MIPS are indicated with an A, C, or X respectively. If no high priority measures are relevant, you may report on any 6 relevant CQMs.'

The bottom section is titled 'Domains and Completed Clinical Quality Measures' and features a 'Selection' column with a 'Remove All' button. A list of domains is provided as blue underlined links:

- All Clinical Quality Measures
- Effective Clinical Care Domain
- Communication and Care Coordination Domain
- Patient Safety Domain
- Efficiency and Cost Reduction Domain
- Community/Population Health Domain
- Person and Caregiver-Centered Experience and Outcomes Domain

At the bottom, a note reads: '*Click the EP Summary button at any time to return to the Eligible Provider Summary Page'. A button labeled 'Return to EP Summary to Complete Attestation' is located at the very bottom of the page.

CQM Outcome Measures

Two Outcome types of CQMs

- Outcome
- Intermediate Outcome

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

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EP Summary

Note that some Clinical Quality Measures are indicated as Outcome and/or High Priority Measures. You must submit data for 6 Clinical Quality Measures (CQMs) relevant to your scope of practice. At least one of the CQMs selected must be an outcome measure, if any are relevant. If no outcome measures are relevant, you must select at least one other high priority measure. If no high priority measures are relevant, you may report on any 6 relevant CQMs.

Legend: Completed Measure Outcome Measure Intermediate Outcome Measure (A, C, or X) High Priority Measure

CMS 75		X	Children who have Dental Decay or Cavities
CMS 122	NQF 0059	A/X	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
CMS 132	NQF 0564	X	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
CMS 133	NQF 0565	X	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
CMS 159	NQF 0710	X	Depression Remission at Twelve Months
CMS 165	NQF 0018	A/X	Controlling High Blood Pressure

[Return to CQM Landing Page](#)

CQM High Priority Measures

Three types of High Priority CQMs

- Adult
- Child
- MIPS

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EP Summary

Note that some Clinical Quality Measures are indicated as Outcome and/or High Priority Measures. You must submit data for 6 Clinical Quality Measures (CQMs) relevant to your scope of practice. At least one of the CQMs selected must be an outcome measure, if any are relevant. If no outcome measures are relevant, you must select at least one other high priority measure. If no high priority measures are relevant, you may report on any 6 relevant CQMs.

Legend: ✔ Completed Measure ■ Outcome Measure ⬇ Intermediate Outcome Measure (A, C, or X) High Priority Measure

Adult			
CMS 2	NQF 0418	A/C	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
CMS 122	NQF 0059	⬇ A/X	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
CMS 125	NQF 2372	A	Breast Cancer Screening
CMS 128	NQF 0105	A	Anti-depressant Medication Management
CMS 137	NQF 0004	A	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
CMS 153	NQF 0033	A/C	Chlamydia Screening for Women
CMS 165	NQF 0018	⬇ A/X	Controlling High Blood Pressure
Child			
CMS 2	NQF 0418	A/C	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
CMS 136	NQF 0108	C	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
CMS 153	NQF 0033	A/C	Chlamydia Screening for Women
CMS 155	NQF 0024	C	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
MIPS			
CMS 50		X	Closing the Referral Loop: Receipt of Specialist Report
CMS 56		X	Functional Status Assessment for Total Hip Replacement
CMS 66		X	Functional Status Assessment for Total Knee Replacement
CMS 68	NQF 0419	X	Documentation of Current Medications in the Medical Record
CMS 75		■ X	Children who have Dental Decay or Cavities
CMS 90		X	Functional Status Assessments for Congestive Heart Failure
CMS 122	NQF 0059	⬇ A/X	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
CMS 129	NQF 0389	X	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
CMS 132	NQF 0564	■ X	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
CMS 133	NQF 0565	■ X	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
CMS 139	NQF 0101	X	Falls: Screening for Future Fall Risk
CMS 142	NQF 0089	X	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
CMS 146		X	Appropriate Testing for Children with Pharyngitis
CMS 154	NQF 0069	X	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
CMS 156	NQF 0022	X	Use of High-Risk Medications in the Elderly
CMS 157	NQF 0384	X	Oncology: Medical and Radiation - Pain Intensity Quantified
CMS 159	NQF 0710	■ X	Depression Remission at Twelve Months
CMS 165	NQF 0018	⬇ A/X	Controlling High Blood Pressure
CMS 177	NQF 1365	X	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS 249		X	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

[Return to CQM Landing Page](#)

Updated CQMs

- 6 CQMs Removed
- 2 CQMs Added

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Medicaid EHR Incentive Program
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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 249 - Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

(Efficiency and Cost Reduction Domain)

Description: Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.

Numerator: Number of female patients in the denominator who received an order for at least one DXA scan in the measurement period.

Denominator: Number of female patients ages 50 to 64 years with an encounter during the measurement period.

Denominator Exclusion: Number of patients excluded with a combination of risk factors (as determined by age) or one of the independent risk factors.

Exclusion:
Ages: 50-54 (>=4 combination risk factors) or 1 independent risk factor
Ages: 55-59 (>=3 combination risk factors) or 1 independent risk factor
Ages: 60-64 (>=2 combination risk factors) or 1 independent risk factor

COMBINATION RISK FACTORS (The following risk factors are all combination risk factors; they are grouped by when they occur in relation to the measurement period):
The following risk factors may occur any time in the patient's history but must be active during the measurement period:
• White race
• BMI <= 20 kg/m² (must be the first BMI of the measurement period)
• Smoker (current during the measurement period)
• Alcohol consumption (>100 units per day (one unit is 12 oz. of beer, 4 oz. of wine, or 1 oz. of liquor))
The following risk factor may occur any time in the patient's history and must not start during the measurement period:
• Osteopenia

The following risk factors may occur at any time in the patient's history or during the measurement period:
• Rheumatoid arthritis
• Hyperthyroidism
• Malabsorption Syndromes: celiac disease, inflammatory bowel disease, ulcerative colitis, Crohn's disease, cystic fibrosis, malabsorption
• Chronic liver disease
• Chronic malnutrition
• Documentation of history of hip fracture in parent
• Osteoporotic fracture
• Glucocorticoids (>= 5 mg/per day) [cumulative medication duration >= 90 days]

INDEPENDENT RISK FACTORS (The following risk factors are all independent risk factors; they are grouped by when they occur in relation to the measurement period):
The following risk factors may occur at any time in the patient's history and must not start during the measurement period:
• Osteoporosis

The following risk factors may occur at any time in the patient's history:
• Gastric bypass
• FRAX(R) ten-year probability of all major osteoporosis related fracture >= 9.3 percent
• Aromatase inhibitors
• Type 1 Diabetes
• End stage renal disease
• Osteogenesis imperfecta
• Ankylosing spondylitis
• Psoriatic arthritis
• Ehlers-Danlos syndrome
• Cushing's syndrome
• Hyperparathyroidism
• Marfan syndrome
• Lupus

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

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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 349 - HIV Screening

(Community/Population Health)

Description: Percentage of patients 15-65 years of age who have been tested for HIV within that age range.

Numerator: Number of patients in the denominator with documentation of an HIV test between age 15-65 before the end of the measurement period.

Denominator: Number of patients 15 to 65 years of age who had an outpatient visit during the measurement period.

Denominator Exclusion: Number of patients diagnosed with HIV prior to the start of the measurement period.

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

Operations Update

Brian Katchman
Operations Lead

January 2020

Attestation Preparation

- ☒ Active License with New York State
- ☒ 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?



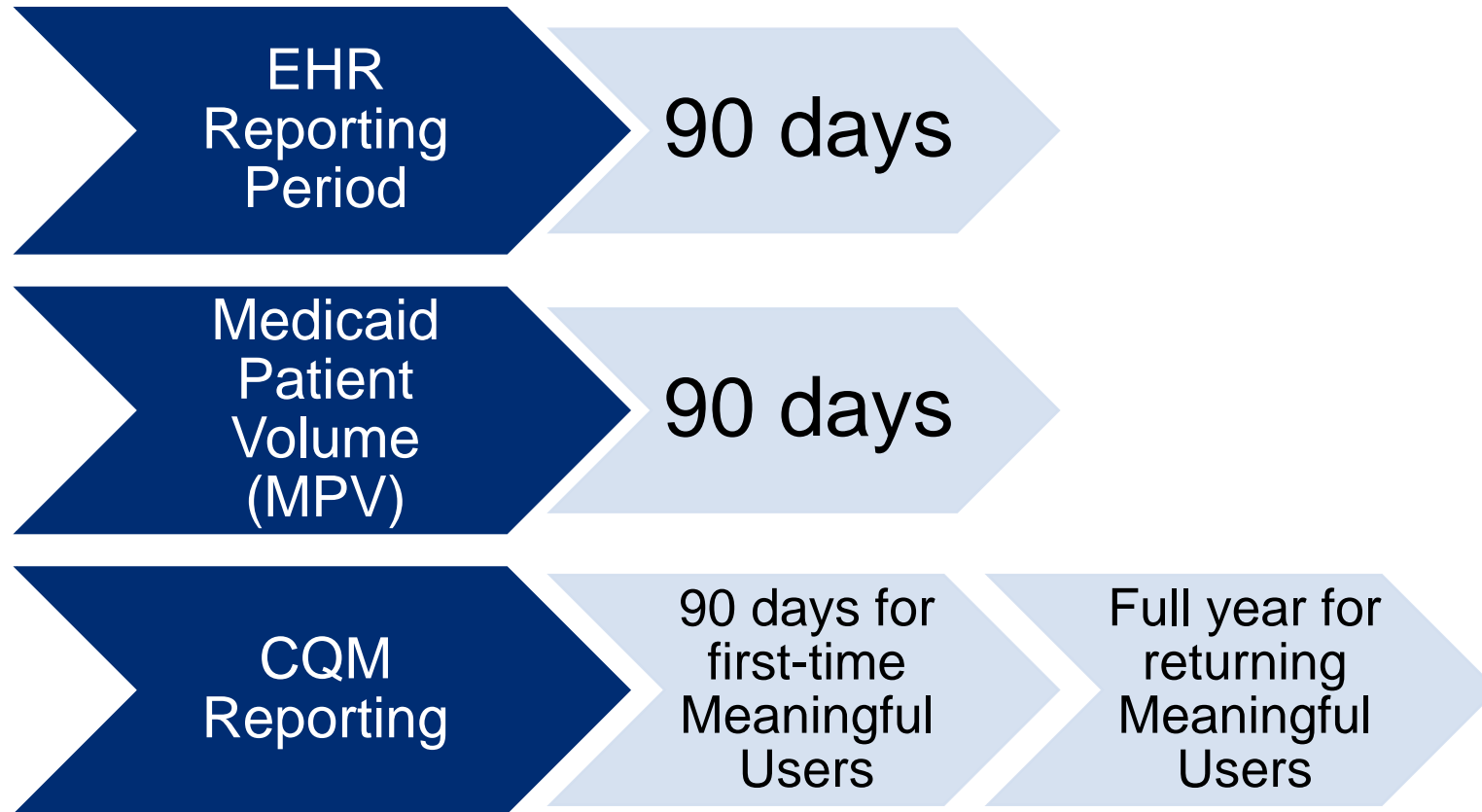
Have you chosen your
CQM Reporting Period?



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

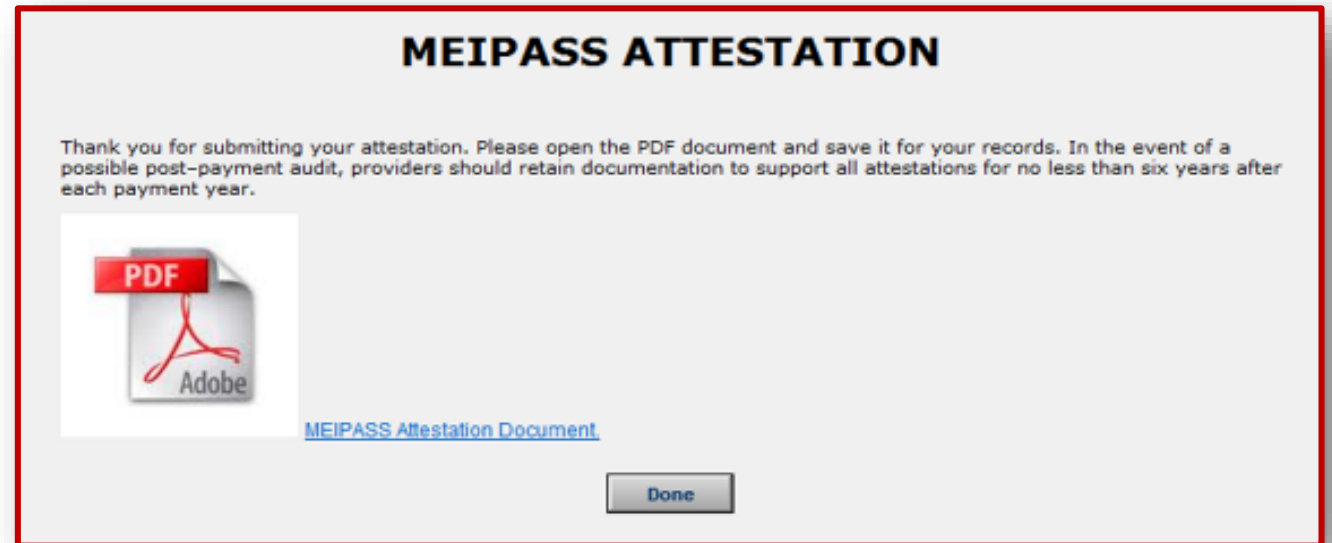
Previous calendar year
OR
Preceding 12 months
from date of attestation

Reminder: PY2019 Reporting Period Requirements



Supporting Documentation for Pre-Payment Review

Retain all documentation for a minimum 6 years from the date of attestation for each payment year.



PY2019 Attestation Deadlines

- 📅 Attestation Deadline: **May 4, 2020**
- 📅 Attestation Deadlines Extension (ADE) Request Period:
April 20, 2020 – May 20, 2020
- 📅 ADE Deadline to Attest: **June 4, 2020**



Communications and Resources

Lana Gossin
Communications Specialist

January 2020

Resources



Support



Support



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

Email: pcip@health.nyc.gov
Phone: 347-396-4888
Website: www.nycreach.org

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

Email: ep2info@nyehealth.org
Phone: 646-619-6400
Website: www.nyehealth.org/services/meaningful-use

Support

Our dedicated Support Team will guide you through the attestation process.



Email: hit@health.ny.gov



Phone: 877-646-5410

-  Option 1: MEIPASS Support Team
-  Option 2: EHR Program Support Team
-  Option 3: Public Health Reporting Objective Support Team



Website: www.health.ny.gov/ehr

Our website presents up-to-date program information and resources, including the resources we mentioned in previous slides.

Q & A Session



Type your question into the GoToWebinar control panel.

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