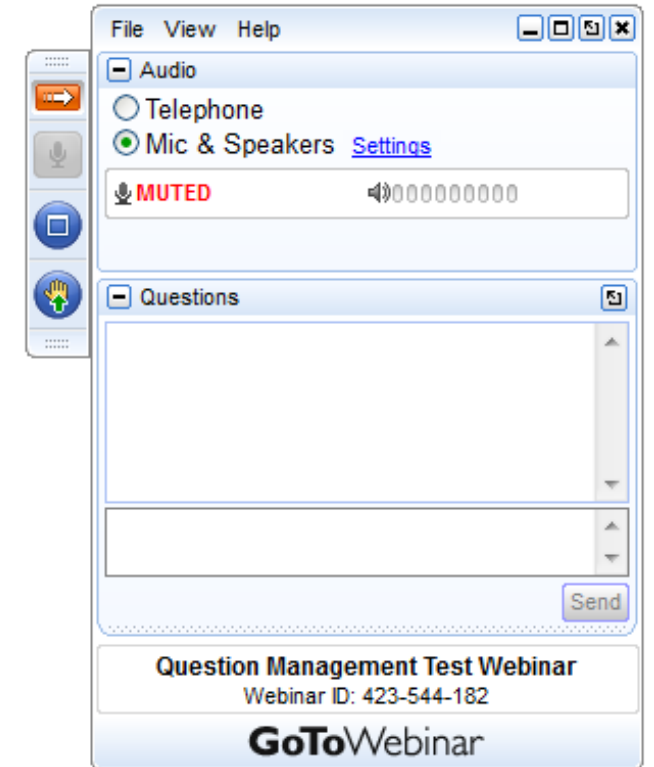


Webinar Logistics

- The webinar will begin momentarily.
- For the duration of this webinar you will be in listen-only mode and your station will be muted.
- We welcome your questions, and you can submit them at any time during the Webinar by typing them in the “Questions” section of the GoToWebinar control panel.
- At the end of the presentation we will address your questions during our Q&A session.





Department
of Health

NY Medicaid EHR Incentive Program A CMS Promoting Interoperability Program

Remediation Letters

Agenda

- Remediation Process
- Remediation Outreach Letter
- Program Resources and Reminders
- Q & A

Poll

How many years have you/your practice completed in the Medicaid EHR Incentive Program (with New York and other states)?

- At least 4 years
- At least 2 years
- At least 1 year
- None



Remediation Process

2020

What is Remediation?



Attestation data is received from MEIPASS



The data is compared to information on file with NY Medicaid



If a discrepancy is identified, an outreach letter will be emailed.



Common Remediation Scenarios



EP13

Individual Medicaid
Patient Volume
(MPV) Under 30%



EP18

Individual MPV
much greater than
30% (over 100%)



EP24

Organization MPV
Under 30%

EP13 Individual's MPV Under 30%

The data on file with NY Medicaid is much less than what the provider attested to

[EP13-L Remediation Tutorial](#)

Example

Individual Encounter Data

400 Medicaid Encounters

1200 Total Encounters

VS

NY Medicaid Data

50 Medicaid Encounters

1200 Total Encounters

EP18 Individual's MPV Over 100%

The data on file with NY Medicaid is far greater than what the provider attested to

Example

Individual Encounter Data

120 Medicaid Encounters

300 Total Encounters

VS

NY Medicaid Data

350 Medicaid Encounters

300 Total Encounters

EP24 Organization's MPV Under 30%

The data on file with NY Medicaid is much less than what the group attested to

[EP24-L Remediation Tutorial](#)

Example

Individual Encounter Data

300 Medicaid Encounters

1000 Total Encounters

VS

NY Medicaid Data

100 Medicaid Encounters

1000 Total Encounters

Remediation Letter Quick Reference Guide

Provider Response Needed (Individual)			
EP#-L	Scenario	Why might this happen?	How can we remediate this?
EP7	<p>No Affiliation with Payee NPI The NPI that the incentive would be paid to is not affiliated with the Payee NPI in the eMedNY system. The provider would need to update the NPI affiliation to receive the incentive payment.</p>	<ul style="list-style-type: none"> The provider or organization input an incorrect Payee NPI in their CMS Registration. The provider's affiliation with a given Payee is no longer active. The provider has never had an active affiliation with the Payee. 	<ul style="list-style-type: none"> For a facility or hospital, the ePaces Administrator for the organization must add the provider's NPI through eMedNY under the feature "Enter Facilities Practitioner's NPI". For a group practice, complete the Request for Medicaid Participation as a Group Member. If the payee NPI is incorrect, update the provider's CMS Registration and re-attest once the information in MEIPASS is updated.
EP13	<p>Individual Replacement % is below 30% and Pediatrician is below 20% The program noticed the encounter data in Medicaid Data Warehouse (MDW) is far less (< 30% MPV Threshold) than what the provider attested to in MEIPASS.</p>	<ul style="list-style-type: none"> The provider included non-Medicaid encounters in their Medicaid totals (i.e. Child Health Plus, Essential Plan). A portion of the included Medicaid encounters are zero-pay. The provider is billing under a different NPI. 	<ul style="list-style-type: none"> Complete the EP13 template sent with the outreach letter and send it to hit@health.ny.gov for analysis. <ul style="list-style-type: none"> For more information on the template and how the analysis is completed, please see the EP13 Remediation Webinar. If necessary, review the submitted encounter data and update the attestation by retracting and re-attesting.

Now available on the program website:
https://www.health.ny.gov/health_care/medicaid/redesign/ehr/revi ew/docs/quick_ref_guide.pdf

Remediation Outreach Letter

2020

Reading Remediation Letters

No Affiliation with Payee NPI – Email ID: EP7-L

Subject: NY Medicaid EHR Incentive Program – DUE BY XX/XX/XXXX 1

Date: <<MONTH, DAY, YEAR>>

Provider Name: <<NAME>>
 NPI: <<NPI>>
 Payee NPI: <<NPI>>

Payment Year: <<YEAR>>
 Participation Year: <<YEAR>>
 Email ID: EP7-L 2

Dear Provider:

The NY Medicaid EHR Incentive Program has noticed there is no affiliation on record in the Medicaid eMedNY system between the provider(s) and the entity to which the payment has been assigned. To continue in state review, an affiliation needs to be established. 3

Action Items:

- For a **group practice**, complete the [Request for Medicaid Participation as a Group Member](#). 4
- For a **facility or hospital**, the ePaces Administrator for the organization must add the provider's NPI through eMedNY under the feature "[Enter Facilities Practitioner's NPI](#)."

Please email hit@health.ny.gov to inform us which action has been taken from your contact email address <<Email Address>> by <<DATE>>. 5

Thank you for your participation in the NY Medicaid EHR Incentive Program. If you have any questions regarding this email, please contact NY Medicaid EHR Incentive Program Support by phone at 877-646-5410 Option 2, or by email at hit@health.ny.gov.

If you are interested in attending any of our webinars, please visit our website to see the [webinar calendar](#).

Sincerely,

<<Analyst Name>> 6

NY Medicaid EHR Incentive Program
 A CMS Promoting Interoperability Program

1

Due Date

2

EP Code/Email ID

3

Description of Issue

4

Action Items

5

Provider's Contact Email Address

6

Assigned Analyst

Final Letters

- Last notice for remediation
- Outlines all issues requiring resolution
- Due date in letter is final
- Provider will be rejected if no response is received

Final Attempt for Attestation Review

Subject: NY Medicaid EHR Incentive Program – Final Notice for 2019 Attestation

Date: <<MONTH, DAY, YEAR>>

Provider Name: <<NAME>>

NPI: <<NPI>>

Payment Year: <<YEAR>>

Participation Year: <<1>>

Dear Provider:

Thank you for your participation in the NY Medicaid EHR Incentive Program. Review of payment year 2019 attestations is closing, and we are still waiting on additional documentation to finalize your | attestation.

In order to finalize your 2019 attestation and render payment, **all required documentation must be on file no later than <<MONTH, DAY, YEAR>>. Failure to do so will result in a final rejection of your attestation for payment year 2019, and subsequently, you would not be eligible for the incentive payment for 2019.**

Additional Documentation Required:

- EP7:** There is still no affiliation on record in the NY Medicaid eMedNY system between the provider(s) and the entity to which the payment has been assigned.
 - For a **group practice**, complete the [Request for Medicaid Participation as a Group Member](#).
 - For a **facility or hospital**, the **ePaces** Administrator for the organization must add the provider's NPI through eMedNY under the feature "[Enter Facilities Practitioner's NPI](#)."

Please send all responses from your contact email address <<Email Address>> by <<DATE>> to continue in state review. Failure to respond will result in rejection for Payment Year <<YEAR>>.

Thank you for your participation in the NY Medicaid EHR Incentive Program. If you have any questions regarding this email, please contact NY Medicaid EHR Incentive Program Support by phone at 877-646-5410 Option 2, or by email at hit@health.ny.gov.

Sincerely,

<<Analyst Name>>

NY Medicaid EHR Incentive Program

A CMS Promoting Interoperability Program

Please take a moment and complete our short [survey](#) to provide feedback on your experience. All input is greatly appreciated and taken seriously to improve our level of support.

Response Guidelines



Sent to hit@health.ny.gov



Follows instructions in “Action Items” section



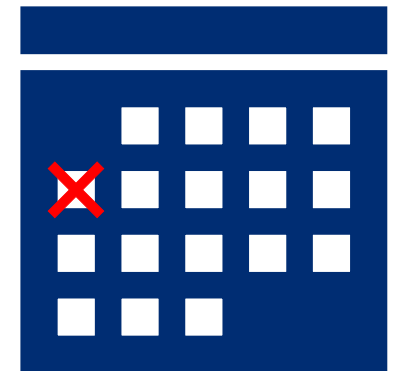
Template is correctly filled out and in Excel format

Program Reminders and Resources

2020

Deadlines

- **May 4, 2020:** Attestation Deadline for 2019 Meaningful Use
- **April 20 – May 20, 2020:** Request Period for Attestation Deadline Extensions (ADEs)
- **June 4, 2020:** Attestation Deadline for Approved ADEs



Program Resources

- www.health.ny.gov/ehr
- [Remediation Letter Quick Reference Guide \(PDF\)](#)
- [FAQs](#)
- Video Tutorials
 - [EP13-L Remediation](#)
 - [EP24-L Remediation](#)





Next Program Discussion: Preparing for 2020 - 2021

**NY Medicaid
EHR Incentive
Program
Support Teams**

**Phone:
1-877-646-5410**

Select	Types of Questions/Information	Email
Option 1	ePaces, ETIN, MEIPASS Technical Issues, Enrollment	meipasshelp@csra.com
Option 2	Calculations, Eligibility, Attestation Support and Review, Attestation Status Updates, General Program Questions	hit@health.ny.gov
Option 3	Public Health Reporting Objective Guidance, MURPH Registration Support, Registry Reporting Status	MUPublicHealthHelp@health.ny.gov

Regional Extension Centers

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



Website:

www.nycreach.org

Email: nycreach@health.nyc.gov

Phone: 347-396-4888

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




Website:

www.nyehealth.org/services/meaningful-use/

Email: ep2info@nyehealth.org

Phone: 646-817-4101

EHR Incentive Program Survey

 **Department of Health** | Office of Health Insurance Programs

NY Medicaid EHR Incentive Program, a CMS Promoting Interoperability Program

Program Satisfaction Survey

The NY Medicaid EHR Incentive Program strives to deliver the best program experience. Please take a few minutes to complete this survey to help make program improvements.

1. How would you rate the phone and email support provided by the NY Medicaid EHR Incentive Program?

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Timeliness of response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism/Politeness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How would you rate the website features provided by the NY Medicaid EHR Incentive Program?

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Ease of navigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trustworthiness of content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness of content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Format of resources (e.g. PDF, video, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of updates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How would you rate the webinars hosted by the NY Medicaid EHR Incentive Program?

Q & A

2020