



Pre-Attestation Checklist – Payment Year 2018

This guide is intended to provide eligible professionals (EPs) with a brief overview of the requirements for the NY Medicaid EHR Incentive Program. Please review the checklists and click the blue hyperlinks to navigate to valuable resources that will assist you in preparing to attest to meaningful use of certified EHR technology (CEHRT).

Prerequisites

EPs must meet the following criteria to successfully attest for Payment Year (PY) 2018 in [MEIPASS](#).

<input type="checkbox"/> Prior Program Participation	<p>EPs must receive an incentive payment for at least one participation year in Payment Year 2016 or earlier to continue participation for PY2017 and beyond. If you have not, you may not be eligible to attest in PY2018. For additional details, please see FAQ EP90</p>
<input type="checkbox"/> Non-Hospital Based	<p>If an EP renders 90% or more of their services in an inpatient acute care or emergency department (place of service code 21 or 23), they <u>will not qualify</u> to attest under program guidelines. EPs are encouraged to determine whether or not they would be considered a Hospital-Based Provider prior to attesting.</p>
<input type="checkbox"/> EHR Certification ID	<p>Visit Certified Health IT Products List (CHPL) to obtain the certification ID for your EHR system. Please note the certification edition (either 2014, Combination of 2014 and 2015, or 2015) that was in use for your practice in Calendar Year (CY) 2018, as this will determine which stages of Meaningful Use you qualify to attest to.</p> <ul style="list-style-type: none"> • Modified Stage 2: 2014, Combination of 2014 and 2015, or 2015 • Stage 3: Combination of 2014 and 2015, or 2015
<input type="checkbox"/> Fee-for-Service Medicaid Enrollment	<p>All EPs and Payees must be enrolled as NY Medicaid fee-for-service providers for the duration of the attestation and payment process. If you or your Payee need to revalidate your Medicaid Enrollment, please review the revalidation information available from eMedNY.</p>
<input type="checkbox"/> Medical License	<p>All EPs must have an up-to-date and active Medical License for the duration of the attestation and payment process. To update or check the status of your Medical License, please contact the Office of the Professions.</p>





Payment and Contact Information

EPs should review the following systems and information to ensure that they can be contacted to resolve any issues, and that payment can be assigned as they wish.

<input type="checkbox"/> ETIN	Electronic Transmitter Identification Numbers (ETINs) link an EP to an ePACES account and allow them to bill electronically. ETIN certification must be completed on an annual basis and must be signed by a notary to be considered valid.
<input type="checkbox"/> ePACES	The ePACES user name and password are used to submit your attestation online through MEIPASS . All EPs must be linked to a valid ePACES account to avoid any issues or errors when submitting their attestations.
<input type="checkbox"/> CMS Registration	Access and review your CMS Registration to ensure that your contact information, payee, and personal information are all up to date. Note: Your CMS Registration ID is also required to submit your attestation in MEIPASS. If you do not know your CMS Registration ID, please access the Registration and Attestation System.
<input type="checkbox"/> Affiliations	If you wish to re-assign your incentive payment to another entity, please ensure that your affiliation with that entity is current. For Group Practices: Please complete the appropriate sections of the New York State Medicaid Program Group Affiliation/Disaffiliation Request Form . For Facilities/Hospitals: The administrator responsible for this information can add additional EP's to the facility using the Facilities Practitioner's NPI Reporting Portal *. <i>*For additional information on how to complete this process, please see pages 9-10 in the Facilities Practitioner's NPI Reporting Guide.</i>

ETIN, ePACES, and MEIPASS Credential Support

If you or your organization are experiencing issues related to your ETIN or ePACES account, please contact **877-646-5410 Option 1**.



Medicaid Patient Volume (MPV)

For each participation year, EPs must demonstrate at least 30% [Medicaid Patient Volume](#) for a continuous 90-day reporting period.

<input type="checkbox"/> Reporting Period	MPV reporting period must be a continuous 90-day period from either the previous calendar year or 12 months preceding the attestation date. <i>Note: EPs cannot utilize the same MPV reporting period or overlapping MPV reporting periods for multiple Payment Years. (FAQ EP92)</i>
<input type="checkbox"/> Standard Calculation	Using this method, an EP counts the number of Medicaid patient encounters during the 90–day reporting period and divides that number by the total number of patient encounters over the same period.
<input type="checkbox"/> Group Aggregate	EPs in a group practice or clinic may use aggregate patient volume as a proxy for individual data.
<input type="checkbox"/> Needy Patients	EPs who practice predominantly at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) may include additional encounter types .
<input type="checkbox"/> Pediatricians	Pediatricians may demonstrate 20-30% patient volume but will only receive two-thirds of the incentive payment when under 30%.



Pre-validation Services

If an EP or group have already selected their reporting period and calculated their patient volume prior to the MEIPASS attestation system being opened for the payment year, they are able to complete a Pre-validation. This allows practices to submit their patient volume data for review and approval ahead of attestation and can help the EP advance through the review process more quickly once the payment year opens.

For Individual EPs: Please complete the Provider Details section of the [Individual EP Pre-Validation Form](#)

For Group EPs: Please complete the Organization Detail section of the [Group EP Pre-Validation Form](#)

When submitting a pre-validation file, please keep the following in mind:

- ✓ It is recommended that EPs select data from the Previous Calendar Year, as this helps protect against the possibility of selected dates timing out.
- ✓ You may be required to submit additional information to support your Pre-Validation data

Note: Please be aware of the deadlines surrounding Pre-validation services for the Payment Year you are attesting to. Once MEIPASS is accepting attestations for a Payment Year, there is no need to complete a Pre-Validation and EPs are advised to submit their attestation in MEIPASS.



Meaningful Use (MU)

EPs must begin attesting to Meaningful Use in their second participation year (after completing AIU).

<input type="checkbox"/> EHR Reporting Period	EPs must select a continuous 90-day period within the calendar year being measured.
<input type="checkbox"/> Meaningful Use Stage	EPs have the option to choose between Modified Stage 2 and Stage 3 reporting for PY2018. <i>Note: Any EP who did not have a 2015 Edition CEHRT or combination of 2014 and 2015 Edition CEHRT installed during CY2018 would not be eligible to attest to Stage 3 Meaningful Use.</i>
<input type="checkbox"/> CQM Reporting Period	The CQM reporting period for returning Meaningful Users in PY2018 will be the full calendar year of 2018 <i>Note: If they choose to, first time Meaningful Users can select a continuous 90-day period within CY2018 rather than using the full year.</i>
<input type="checkbox"/> CQMs	EPs must report on at least 6 (of 53) clinical quality measures (CQMs) from any of National Quality Strategy (NQS) domains.
<input type="checkbox"/> Multiple Locations	EPs who practice in multiple locations must collect MU data from all locations with certified EHR technology.



Public Health Reporting

EPs should register their intent in the Meaningful Use Registration for Public Health (MURPH) system to submit data to a New York Sponsored Public Health Registry within 60 days of the start of their EHR reporting period.

<input type="checkbox"/> MURPH Registration	EPs should register their intent to submit data to a Public Health Agency (PHA) in the MURPH system, even if they are already engaged with a PHA. The latest this should occur is within 60 days of the EHR reporting period start date.
<input type="checkbox"/> Active Engagement Status	EPs can be in Active Engagement Option 1, 2, or 3 to meet the criteria for a measure. To determine what status you were in during your reporting period, you may access your Audit Report Card or contact the registry directly. For more information, please see Public Health FAQ 1.1
<input type="checkbox"/> Audit Report Card	If you are already registered in the MURPH system, your registration contact can view your active engagement status for your chosen reporting period using the Audit Report Card function of MURPH.
<input type="checkbox"/> Clinical Data Registries	If an EP chooses to submit data to a registry that is not supported by a New York State (NYS) PHA, they will not have onboarding or post-payment audit support provided by NYS . Because of this, EPs are encouraged to maintain diligent records of their status with any Clinical Data Registry.



Identity & Access Connection (I&A)

If an administrator will be completing attestations on behalf of all EPs in a practice/organization, they will need an [Identity & Access \(I&A\)](#) account with the correct permissions. This allows the administrator to access the CMS Registration System and attest* on behalf of all EPs connected to their account.

There are multiple roles that would allow a user to act on behalf of an EP, as well as complete other tasks for a practice or organization. To determine which actions are allowed by your role, please see the chart below.

Role	Represent an Organization	Manage Staff	Approve/Manage Connections	Act on behalf of a Provider in CMS Systems
Individual Provider	Yes	Yes	Yes	Yes
Authorized Official	Yes	Yes	Yes	Yes
Delegated Official	Yes	Yes	Yes	Yes
Staff End User	No	No	No	Yes
Surrogate	No	No	No	Yes

For more information regarding the sign on process and available user roles, please review the [I&A Quick Reference Guide](#). If your question is not addressed in this guide, please review the [I&A Frequently Asked Questions](#).

Note: I&A account credentials cannot be used to log into MEIPASS. The I&A account may serve to give the administrator the legal authority to attest on an EP's behalf, but does not provide immediate MEIPASS access. MEIPASS uses ePACES login credentials, and the EP must be linked to the ePACES account used to login for the administrator to access and complete their attestation for them.



Program Integrity

Attestations must truly reflect the EHR activities performed during the payment year. Considering the possibility of post-payment audit, EPs are required to retain documentation in support of all attestations for no fewer than six years from the date of attestation.

If you have questions regarding Post-Payment Audit, please contact hitech@omig.ny.gov or visit our [Post-Payment Audit Guidance](#) webpage for more information.

Program Resources

What should you do first? Below are suggested actions in preparation to attest.



Visit https://www.health.ny.gov/health_care/medicaid/redesign/ehr/

Our website contains up to date program information and resources, including:

- [Webinars](#)
- [Email LISTSERV](#)
- [Step-by-step attestation guides for MEIPASS](#)
- [Frequently Asked Questions \(FAQs\)](#)



Contact a Regional Extension Center (REC)

New York State has two RECs that provide support services to healthcare providers as they navigate the EHR adoption process and achievement of meaningful use.

Within New York City	NYC Regional Electronic Adoption Center for Health (NYC REACH) Website: www.nycreach.org Email: pcip@health.nyc.gov Phone: 347-396-4888
Outside of New York City	New York eHealth Collaborative (NYeC) Website: www.nyehealth.org/services/meaningful-use Email: ep2info@nyehealth.org Phone: 646-619-6400



Calculate your Medicaid patient volume

EPs may complete a [Numerator Request Form](#) or contact hit@health.ny.gov to request a summary of Medicaid claims billed under their NPI for a specific reporting period (e.g. calendar year 2017, or a 90-day period within calendar year 2017). This data is aimed to aid EPs in preparing to attest and determining eligibility.



Contact us at 877-646-5410 or hit@health.ny.gov

Questions? We have a dedicated support team that will guide you through the attestation process.

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