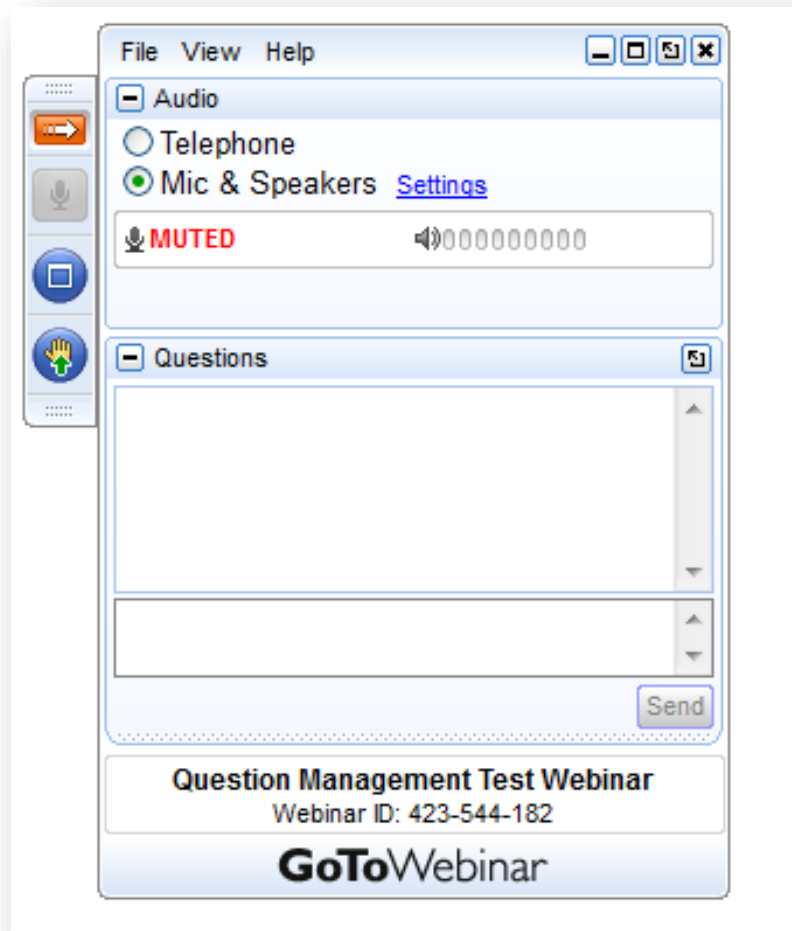


Webinar Logistics

- Audio PIN
- Q&A at the end





**Department
of Health**

Office of
Health Insurance
Programs

NY Medicaid EHR Incentive Program

Program Discussion

July 13, 2018

Agenda

- Opening Comments
- 2017 Meaningful Use
- Attestation Walkthrough
- Resources
- Reminders
- Questions and Answers

Opening Comments

Andrew Pommer

DOH Project Coordinator

2017 Meaningful Use Attestation

Sarah Doody

Operations Lead

Good News!

- Payment Year 2017 in MEIPASS Opens **July 16th**
- Full Attestation in MEIPASS
 - Eligibility, Meaningful Use Objectives, CQMs
 - Modified Stage 2 and Stage 3
- No more Workbooks for Payment Year 2017
- Electronic Signatures

Electronic Signature for Payment Year 2017

What are the benefits to you?

- No more hardcopy attestations for Payment Year 2017
- Complete the entire Attestation process in MEIPASS
- Easier and fast to complete submission
- Anticipated faster payment processing

Attestation Deadlines

- Payment Year 2017 Deadline - **October 15, 2018**
- Pending Payment Year 2016 Attestations
 - Accommodations will be granted in the form of automatic attestation deadline extension (ADE) to attest for Payment Year 2017 based on 2016 payment date

Attestation Walkthrough

Anna Brooks

Deputy Project Manager



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 :

*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

For assistance with MEIPASS user names and passwords, please call (877) 646-5410 Option 1, Monday – Friday 8:30 A.M. – 5:00 P.M. EST.

I accept the terms and conditions

Submit

The screenshot shows a web application interface for the Medicaid EHR Incentive Program. At the top left, there is a logo for the New York State Department of Health. The main header area contains the text "Department of Health" and "Information for a Healthy New York". On the right side of the header, it says "Welcome : RFINELLI" and has a "Logout" link. Below the header, the page title is "Medicaid EHR Incentive Program For Eligible Professionals (EPs) and Eligible Hospitals (EHs)". The main content area is titled "Enter CMS Registration ID" and includes a sub-header "Enter your CMS Registration ID to begin the Medicaid EHR Incentive Payment Program (MEIPASS) registration process." Below this, there is a form field labeled "CMS Registration ID : ?" with a question mark icon, followed by a yellow input box. A "Submit" button is located below the input box.


Department of Health

Department of Health

Welcome : RPARIH11

[Logout](#)

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

Home
Attestation
Status
Payment Information

EP Summary

To achieve Modified Stage 2, Eligible Professionals (EPs) must successfully attest to meaningful use measures, support information exchange and the prevention of health information blocking, and engage in activities related to supporting providers through Certified EHR Technology. The criteria describe implemented functions of EHR systems as well as the calculation of patient-related data that can be reported by the EHR systems.

Familiarity with the meaningful use criteria is fundamental to successful attestation. Achieving the objectives requires prudent planning in the application of EHR technology. The criteria for Modified Stage 2 are described in two parts: objectives and clinical quality measures.

Description	Pass / Fail / Incomplete	Action
Eligibility	Incomplete	Edit
Objectives	Incomplete	
Clinical Quality Measures	Incomplete	

* Enter the CMS EHR Certification Number of all certified EHR system(s) at locations where you practiced during the EHR Reporting Period. If you practiced at multiple locations, please list the EHR Certification Number(s) and/or the combination EHR Certification Number(s) separately for each location. If multiple EHR systems with the same Certification Number were used enter the Certification Number only once. If you utilized more than one EHR system at a single location, please obtain a combination EHR Certification Number. (?)

EHR Certification Number

EHR Certification Number

* Enter the CMS EHR Certification Number of all certified EHR system(s) at locations where you practiced during the EHR Reporting Period. If you practiced at multiple locations, please list the EHR Certification Number(s) and/or the combination EHR Certification Number(s) separately for each location. If multiple EHR systems with the same Certification Number were used enter the Certification Number only once. If you utilized more than one EHR system at a single location, please obtain a combination EHR Certification Number. (?)

EHR Certification Number

EHR Certification Number

Email: umasehr@upstate.edu

Modified Stage 2

The screenshot shows the Department of Health web portal for the Medicaid EHR Incentive Program. The user is logged in as RFINELLI. The main navigation includes Home, Attestation (selected), Status, and Payment Information. The current page is titled 'EP Meaningful Use Objectives' and contains the following content:

Demonstration of Meaningful Use:

In order to qualify for incentive payments for meaningful use of Certified EHR Technology (CEHRT), EPs must demonstrate that they have met minimum thresholds for meaningful use objectives.

- EHR Reporting:** For 2017 and 2018, the minimum measurement period for the meaningful use objectives is a continuous 90-day EHR reporting period during the calendar year.
- Modified Stage 2:** Providers must pass all objectives by either meeting the minimum thresholds or qualifying for the exclusion criteria. Objectives with exclusions will not prevent a provider from successfully demonstrating meaningful use.
- Providers practicing in multiple locations:** When calculating meaningful use measures, providers must aggregate data from all locations equipped with CEHRT during the EHR reporting period.

Objectives	Status
Objective One (1): Protect Patient Health Information	✓
Objective Two (2): Clinical Decision Support	✓
Objective Three (3): Computerized Provider Order Entry (CPOE)	✓
Objective Four (4): Electronic Prescribing (eRx)	✓
Objective Five (5): Health Information Exchange	✓
Objective Six (6): Patient-Specific Education	✓
Objective Seven (7): Medication Reconciliation	✓
Objective Eight (8): Patient Electronic Access	✓
Objective Nine (9): Secure Electronic Messaging	✓
Objective Ten (10): Public Health Reporting	✓

*Click on the EP Summary button at any time to return to the Eligible Provider Summary Page

[Continue to Clinical Quality Measures](#)

Stage 3

The screenshot shows the Department of Health web portal for the Medicaid EHR Incentive Program. The user is logged in as RPA:RIH11. The main navigation includes Home, Attestation (selected), Status, and Payment Information. The sub-navigation includes EP Summary (selected).

EP Meaningful Use Objectives

Demonstration of Meaningful Use:


In order to qualify for incentive payments for meaningful use of Certified EHR Technology (CEHRT), EPs must demonstrate that they have met minimum thresholds for meaningful use objectives.

- EHR Reporting:** For 2017 and 2018, the minimum measurement period for the meaningful use objectives is a continuous 90-day EHR reporting period during the calendar year. For subsequent payment years, the EHR reporting period is the full calendar year.
- Stage 3:** Providers must pass all objectives by either meeting the minimum thresholds or qualifying for the exclusion criteria. Objectives with exclusions will not prevent a provider from successfully demonstrating meaningful use.
- Providers practicing in multiple locations:** When calculating meaningful use measures, providers must aggregate data from all locations equipped with CEHRT during the EHR reporting period.

Objectives	Status
Objective One (1): Protect Patient Health Information	✓
Objective Two (2): Electronic Prescribing (eRx)	✓
Objective Three (3): Clinical Decision Support	✓
Objective Four (4): Computerized Provider Order Entry (CPOE)	✓
Objective Five (5): Patient Electronic Access to Health Information	✓
Objective Six (6): Coordination of Care through Patient Engagement	✓
Objective Seven (7): Health Information Exchange	✓
Objective Eight (8): Public Health and Clinical Data Registry Reporting	✓

*Click on the EP Summary button at any time to return to the Eligible Provider Summary Page

[Continue to Clinical Quality Measures](#)

 Department of Health

Department of Health
Information for a Healthy New York

Welcome : RPARIH11 [Logout](#)

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

Home Attestation Status Payment Information

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: 

[Previous](#) [Return to Meaningful Use Objectives](#) [Next](#)

The screenshot shows the Department of Health website interface for the Medicaid EHR Incentive Program. At the top, there is a navigation bar with the Department of Health logo and the text "Information for a Healthy New York". The user is logged in as "RPARH11" and has a "Logout" link. The main heading is "Medicaid EHR Incentive Program For Eligible Professionals (EPs) and Eligible Hospitals (EHs)". Below this are tabs for "Home", "Attestation", "Status", and "Payment Information". The "Attestation" tab is active, and there is a sub-tab for "EP Summary".

Clinical Quality Measure Instructions

You must complete at least 6 Clinical Quality Measures from any of the National Quality Strategy domains. To complete the recommended measure sets, click "Complete Recommended Adult Measures" or "Complete Recommended Pediatric Measures" below.


> [Complete Recommended Adult Measures](#)

> [Complete Recommended Pediatric Measures](#)

If you do not wish to use one of the recommended measure sets, select at least 6 measures by clicking on the domain titles below (or click "All Clinical Quality Measures" to view the complete list). As you complete each measure, it will appear in the list below; once you have completed at least 6 measures including measures from any domain, you may click "Return to EP Summary to Complete Attestation".

Domains and Completed Clinical Quality Measures	Selection
All Clinical Quality Measures	<input type="button" value="Remove All"/>
Clinical Process/Effectiveness Domain	
Care Coordination Domain	
Patient Safety Domain	
Efficient Use of Healthcare Resources Domain	
Population/Public Health Domain	
Patient and Family Engagement Domain	

*Click the EP Summary button at any time to return to the Eligible Provider Summary Page

 **Department of Health**
Information for a Healthy New York

Welcome : RPARH11 [Logout](#)

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

Home **Attestation** Status Payment Information

New York Medicaid EHR Incentive Program Attestation

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 one of the following Identity and Access Management system web user account types associated with the provider for whom he/she is attesting: Authorized Official, Delegated Official, Staff End User, and Surrogate. I understand that the associated Identity and Access Management system web user account must be established prior to the date of attestation.

I acknowledge the requirement to cooperate in good faith with ONC direct review of health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received as authorized by 45 CFR part 170, subpart E to the extent that such technology meets the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the provider in the field.

I have not knowingly and willfully taken action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology. I have implemented technologies, standards, policies, practices and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times -

- i. Connected in accordance with applicable law;
- ii. Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
- iii. Implemented in a manner that allowed for timely access by patients to their electronic health information; and
- iv. Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj (3)), including unaffiliated providers, and with disparate certified EHR technology and vendors.

I have responded in good faith and in a timely manner to requests to retrieve or exchange information, including from patients and other health care providers (as defined by 42 U.S.C. 300jj (3)), and other persons, regardless of the requestor's affiliation or technology vendor. 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 in the event of audit or ONC direct review.

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 495.60). A provider may not begin receiving payments any later than payment year 2016 (42 CFR 495.310). By submitting and completing this attestation, the provider agrees to these regulations.

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 1128j, provides penalties for withholding this information.

I understand that by electronically signing and submitting this attestation it is the legal equivalent of having placed my handwritten signature on the submitted attestation and this affirmation.

User Name: RPARH11
 Date: 06/18/2018
 I accept the terms and conditions
 Enter Initials:

 Department of Health

Department of Health Welcome : RPARIH11 [Logout](#)
Information for a Healthy New York

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

[Home](#) [Attestation](#) [Status](#) [Payment Information](#)

MEIPASS ATTESTATION

Thank you for submitting your attestation. Please open the PDF document and save it for your records. In the event of a possible post-payment audit, providers should retain documentation to support all attestations for no less than six years after each payment year.


[MEIPASS Attestation Document](#)

Resources

Lana Gossin

Communications & Training Specialist

Program Website

<https://health.ny.gov/ehr>



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NY Medicaid EHR Incentive Program

You are Here: [Home Page](#) > [Redesigning New York's Medicaid Program](#) > New York Medicaid Electronic Health Records (EHR) Incentive Program

New York Medicaid Electronic Health Records (EHR) Incentive Program

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- Public Health Reporting Home
- Post-Payment Audit Guidance Home
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Through the NY Medicaid EHR Incentive Program, eligible professionals (EPs) and eligible hospitals (EHs) in New York who adopt, implement, or upgrade certified EHR technology (CEHRT), and subsequently become meaningful users of CEHRT, can qualify for financial incentives.

Announcements

CMS is dedicated to improving interoperability and patients' access to health information. On April 24, 2018, to better reflect this focus, CMS announced the renaming of the Medicaid and Medicare EHR Incentive Programs to the Promoting Interoperability Programs. It is important to note that the NY Medicaid EHR Incentive Program is a part of the CMS Promoting Interoperability Program, but will continue to operate under the current name – NY Medicaid EHR Incentive Program.

Payment Year 2017 Attestations

NYS has not yet begun accepting 2017 attestations via the [MEIPASS](#) system. Once the MEIPASS system is available for 2017 attestations, announcements will be posted here and sent out via the [NY Medicaid EHR Incentive Program LISTSERV](#). Enrolling in the LISTSERV will ensure you receive notifications on any program changes, important deadlines, and attestation reminders.

Program Information by Payment Year

- 2018 – [Stage 3](#)
- 2018 – [Modified Stage 2](#)
- 2017 – [Optional Stage 3](#)
- 2017 – [Modified Stage 2](#)
- 2016 – [Modified Stage 2](#)
- 2015 – [Modified Stage 2](#)
- 2014 – [Stage 2](#)
- 2014 – [Stage 1](#)
- 2013 – [Stage 1](#)
- 2012 – [Stage 1](#)
- 2011 – [Stage 1](#)

Attestation Information

Need help? Have questions? You have options!

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MRT Home

[Medicaid Redesign Team \(MRT\)](#)

[Home Page](#)

Payment Year 2017 Resources

- Tutorials
 - Part 1: Beginning the Attestation Process
 - Part 2A: Attesting to Modified Stage 2
 - Part 2B: Attesting to Stage 3
 - Part 3: Clinical Quality Measure Reporting
 - Part 4: eSignature and Attestation Submission
- Meaningful Use Attestation Assistance
- Meaningful Use Program Webinars

Reminders

Lana Gossin

Communications & Training Specialist

Prepare for Go-Live

Make sure you have checked the following:

- ✓ Provider contact information is updated with CMS
- ✓ ETINs and ePACES is updated
- ✓ Accurate banking information is in eMedNY
 - ✓ EFTs may be set up through the eMedNY Portal or by using the paper form
 - ✓ License and Enrollment are active and up to date
- ✓ You have an active Identity & Access Management account with CMS to sign on behalf of the provider

Supporting Documentation

- Medicaid Patient Volume
- Do you have the appropriate certified EHR Technology?
- Reminders:
 - Retain documents for a minimum of 6 years
 - Meaningful Use EHR Reporting Period and CQM Reporting Period
 - Minimum of continuous 90 days up to a full calendar year
 - Must be during the 2017 calendar year

Question & Answer Session

Type your question into the GoToWebinar console.
At the end of your question, please type

Unmute or ***Read***

We will unmute your line so that you can ask your question or we can read your question for you.

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.

Option 1: MEIPASS Support

Option 2: EHR Program Support Team

Option 3: Public Health Reporting Objective Support Team

Visit www.health.ny.gov/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)**

