NEW YORK STATE | Department of Health

NY Medicaid EHR Incentive Program, A CMS Promoting Interoperability Program

Pre-Attestation Checklist – Payment Year 2019

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) 2019 in MEIPASS.

☐ **Prior Program Participation**	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 for PY2019. For additional details, please see FAQ EP90
☐ **Non-Hospital Based**	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 will not qualify to attest under program guidelines. EPs are encouraged to determine whether or not they would be considered a Hospital-Based Provider prior to attesting.
☐ **EHR Certification ID**	Visit the Certified Health IT Products List (CHPL) to obtain the certification ID for your EHR system. Please note that EPs must have used 2015 Edition certified EHR technology (CEHRT) in order meet the Stage 3 requirements for PY2019.
☐ **Fee-for-Service Medicaid Enrollment**	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.
☐ **Medical License**	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.

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.

☐ **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.
☐ **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.
☐ **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 email our support team at hit@health.ny.gov.*
☐ **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*. **For additional information on how to complete this process, please see pages 9-10 in the Facilities Practitioner's NPI Reporting Guide.*

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.

☐ **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. *Note: EPs **cannot** utilize the same MPV reporting period or overlapping MPV reporting periods for multiple Payment Years. (FAQ EP92)*
☐ **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.
☐ **Group Aggregate**	EPs in a group practice or clinic may use aggregate patient volume as a proxy for individual data.
☐ **Needy Patients**	EPs who practice predominantly at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) may include additional encounter types.
☐ **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 (FAQ EP57). 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: EPs may begin submitting pre-validations for PY2019 on November 12, 2019. The deadline to submit pre-validations for PY2019 is January 20, 2020. When MEIPASS opens for the payment year, there is no need to pre-validate; instead, EPs are advised to submit their attestations in MEIPASS.

Meaningful Use (MU)

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

☐ EHR Reporting Period	EPs must select a continuous 90-day period within the calendar year being measured.
☐ Meaningful Use Stage	EPs must attest to Stage 3 reporting for PY2019. *Note: Any EP who did not have a 2015 Edition CEHRT installed during calendar year 2019 would not be eligible to attest to Stage 3 Meaningful Use.*
☐ CQM Reporting Period	The CQM reporting period for returning Meaningful Users in PY2019 will be the full calendar year of 2019 *Note: If they choose to, first time Meaningful Users can select a continuous 90-day period within CY2019 rather than using the full year.*
☐ CQMs	EPs must report on at least 6 (of 50) clinical quality measures (CQMs) relevant to their scope of practice, including at least one outcome or high-priority measure.
☐ 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.

☐ 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.
☐ 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
☐ 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.
☐ Clinical Data Registries	If an EP chooses to submit data to a registry that is not supported by a New York State 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, so the EP and administrator must be linked to the same ePACES account in order for the administrator to complete the EP's attestation.

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 2018 or a 90-day period within calendar year 2018). 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.

Last Updated: November 2019