NY Medicaid EHR Incentive Program

Program Discussion
Webinar Logistics

• Audio PIN
• Q&A at the end
Agenda

• Opening Comments
• 2015 & 2016 Meaningful Use
• Attestation Walkthrough
• Resources
• Reminders
• Questions and Answers
Opening Comments

Andrew Pommer
DOH Project Coordinator
2015 and 2016 Meaningful Use Attestation

Jennifer White
Operations Lead
2015 and 2016 Meaningful Use Attestation

- MEIPASS available March 10th
- LISTSERV announcement
- Hybrid attestation
- Meaningful Use workbook
2015 and 2016 Meaningful Use Attestation

New process:

1. Attest online via MEIPASS
2. Complete Meaningful Use workbook
3. Mail signed hard copy of MEIPASS attestation form and Meaningful Use workbook addendum to:

   NY Medicaid EHR Incentive Program
   PO Box 809
   Rensselaer, NY 12144-0809
Attestation Walkthrough

Anna Brooks
System Design Analyst
MEIPASS

WELCOME TO MEIPASS - New York State's EHR Incentive Payment System

User Type: Provider
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

I accept the terms and conditions
Submit
MEIPASS

Department of Health
Information for a Healthy New York

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

Enter CMS Registration ID

Enter your CMS Registration ID to begin the Medicaid EHR Incentive Payment Program (MEIPASS) registration process.

CMS Registration ID:  

Submit
To achieve Modified Stage 2 Meaningful Use, eligible professionals (EPs) must successfully attest to meaningful use measures that draw from the use of 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 Meaningful Use are described in two parts: objectives and clinical quality measures.

<table>
<thead>
<tr>
<th>Description</th>
<th>Pass / Fail / Incomplete</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>Incomplete</td>
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</tr>
<tr>
<td>Objectives</td>
<td></td>
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<tr>
<td>Clinical Quality Measures</td>
<td>Incomplete</td>
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**Complete Attestation**
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 a number of meaningful use objectives. For all providers in Payment Years 2015 and 2016, objectives are measured over a continuous 90-day EHR reporting period within each payment year.

- **Modified Stage 2 (Payment Year 2015 and 2016):** Providers must meet the minimum thresholds for all 10 required objectives.
- **Exclusions:** If a provider meets the exclusion criteria for a given measure, the provider may claim exclusion for the measure (or may respond to a modified measure). Objectives with complete 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 practice locations where CEHRT is available at the start of the EHR reporting period.

Attesting to Meaningful Use:

To attest to meaningful use, download and complete the Meaningful Use Workbook from the NY Medicaid EHR Incentive Program website. Once completed, send the Meaningful Use Workbook to attestation@health.ny.gov for review. After receiving verification of your meaningful use data, submit a signed hard copy of the Meaningful Use Workbook along with a signed hard copy of the MEIPASS Attestation Document. Append the workbook to the end. Mail the completed documents to the NY Medicaid EHR Incentive Program.

If you have questions regarding attesting for meaningful use or require additional information, please contact the NY Medicaid EHR Incentive Program at 877-648-5410 Option 2.

*Click on the EP Summary button at any time to return to the Eligible Provider Summary Page.*
Download MU Workbook
MU Workbook

NY Medicaid EHR Incentive Program Manual Attestation

New York State Department of Health - Office of Health Insurance Programs
NY Medicaid EHR Incentive Program

Please complete this file and return to NY Medicaid by email to attestation@health.ny.gov.

Provider Information

<table>
<thead>
<tr>
<th>Provider Name:</th>
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<tbody>
<tr>
<td>Provider Email:</td>
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<tr>
<td>CMS Registration ID</td>
<td></td>
</tr>
<tr>
<td>Provider NPI:</td>
<td></td>
</tr>
<tr>
<td>Payment Year</td>
<td></td>
</tr>
<tr>
<td>Participation Year:</td>
<td></td>
</tr>
<tr>
<td>Stage Information (MU1/MU2)</td>
<td></td>
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<tr>
<td>EHR Reporting Period:</td>
<td></td>
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</tbody>
</table>

NY Medicaid EHR Incentive Program

Department of Health
MU Workbook

NY Medicaid EHR Incentive Program Manual Attestation

Objective One (1): Protect Patient Health Information

<table>
<thead>
<tr>
<th>Objective</th>
<th>Protect electronic health information created or maintained by the CEMRT through the implementation of appropriate technical capabilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure</td>
<td>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 CEMRT in accordance with requirements under 45 CFR 164.312(e)(ii) 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 plan.</td>
</tr>
<tr>
<td>Exclusion</td>
<td>None</td>
</tr>
</tbody>
</table>

Complete the following information:

Have you conducted or reviewed a security risk analysis in accordance with the requirements? 
If you answered ‘yes’ above, please enter the date when the security risk analysis was completed.

Objective Two (2): Clinical Decision Support

<table>
<thead>
<tr>
<th>Objective</th>
<th>Use clinical decision support to improve performance on high-priority health conditions.</th>
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<tbody>
<tr>
<td>Measure</td>
<td>Note: EEs must satisfy both of the following measures in order to meet the objective. Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures as a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. OR Alternate Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule. Alternate Measure 1: For an EHR reporting period in 2015 only, an EP who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of Measure 1: Implement one clinical decision support rule. Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</td>
</tr>
</tbody>
</table>

Exclusion for Measure 2: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

Note: This measure only requires a yes/no answer.
Are you attesting to Alternate Measure 1?
Have you met the requirements for Measure 1?
MU Workbook

<table>
<thead>
<tr>
<th>Exclusion</th>
<th>Are you claiming Exclusion 6 for Syndromic Surveillance?</th>
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<tbody>
<tr>
<td>Exclusion</td>
<td>Are you claiming Exclusion 7 for Specialized Registry Reporting?</td>
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<tr>
<td>Exclusion</td>
<td>Are you claiming Exclusion 8 for Specialized Registry Reporting?</td>
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<tr>
<td>Exclusion</td>
<td>Are you claiming Exclusion 9 for Specialized Registry Reporting?</td>
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<tr>
<td>Alternate Exclusion</td>
<td>Are you claiming an Alternate Exclusion for Measure 1?</td>
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<tr>
<td>Alternate Exclusion</td>
<td>Are you claiming an Alternate Exclusion for Measure 2?</td>
</tr>
<tr>
<td>Alternate Exclusion</td>
<td>Are you claiming an Alternate Exclusion for Measure 3?</td>
</tr>
<tr>
<td>Are you reporting on Measure 1 - Immunization Registry Reporting?</td>
<td></td>
</tr>
<tr>
<td>Are you reporting on Measure 2 - Syndromic Surveillance Reporting?</td>
<td></td>
</tr>
<tr>
<td>Are you reporting on Measure 3 - Specialized Registry Reporting?</td>
<td></td>
</tr>
</tbody>
</table>

**Final Status of Attestation**  
FAIL
New York Medicaid Incentive Payment 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 an Identity and Access Management system web user account associated with the provider for whom he/she is attesting.

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 to the New York State Department of Health (DOH), Department of Health and Human Services, or contractor acting on their behalf.

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 495.10).

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.
1. Send MU Workbook as an attachment to attestation@health.ny.gov from your CMS registered e-mail address

2. Receive confirmation of MU Workbook from NY Medicaid EHR Incentive Program

3. Print MU Workbook

4. Append MU Workbook to the back of the signed and dated MEIPASS Attestation

5. Send hardcopy of MEIPASS Attestation and MU Workbook to the NY Medicaid EHR Incentive Program
Completed Attestation

MEIPASS Attestation + MU Workbook = Completed Attestation
Important Policies

- MU Workbook must be sent to 
  attestation@health.ny.gov

- MU Workbook must be sent from the EP’s 
  CMS registered e-mail address

- The attestation date in MEIPASS is used to 
  determine if the EP met the attestation 
  deadline
Resources

Cassandra Bixler
Communications Specialist
New Website

https://health.ny.gov/ehr

For further information and assistance please call (877) 646–6410 Monday – Friday 8:30am – 5:00pm EST
Resources

• Tutorials
• Manual Meaningful Use Attestation Assistance
• Meaningful Use Program Webinars
Reminders
CMS Registration Reminder

- 2016 was the last year to begin participation.
- 2016 AIU is currently open.
- New registrations are still being accepted.

https://ehrincentives.cms.gov/hitech/login.action
Attestation Deadlines

• 2016 AIU deadline May 31, 2017
• 2015 MU deadline June 30, 2017
• 2016 MU deadline September 15, 2017
MEIPASS Credentials

- Active Medicaid fee-for-service enrollment
- ETIN certification
- ePACES account
Supporting Documentation

• Patient volume

• Certified EHR Technology

• Reminders:
  • Retain documents for a minimum of 6 years
  • Meaningful Use EHR Reporting period must be during the calendar year
Questions & Answers

1. Please type your question into the console.
2. Your line will be unmuted.
NY Medicaid EHR Incentive Program Support

phone: 877-646-5410 Option 2
email: hit@health.ny.gov
website: https://health.ny.gov/ehr