Webinar Logistics

• Audio PIN

• Q&A at the end
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
  
  o 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
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

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
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, 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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Pass / Fail / Incomplete</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Objectives</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Clinical Quality Measures</td>
<td>Incomplete</td>
<td></td>
</tr>
</tbody>
</table>
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

A014E01KFLAFEAJ

EHR Certification Number

Add
Modified Stage 2

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.

- **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.

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

*Click on the EP Summary button at any time to return to the Eligible Provider Summary Page.*
Stage 3

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.

- EMR Reporting: For 2017 and 2018, the minimum measurement period for the meaningful use objectives is a continuous 90-day EMR reporting period during the calendar year. For subsequent payment years, the EMR 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 EMR reporting period.

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<tr>
<td>Objective Three (3): Clinical Decision Support</td>
<td>✔</td>
</tr>
<tr>
<td>Objective Four (4): Computerized Provider Order Entry (CPOE)</td>
<td>✔</td>
</tr>
<tr>
<td>Objective Five (5): Patient Electronic Access to Health Information</td>
<td>✔</td>
</tr>
<tr>
<td>Objective Six (6): Coordination of Care through Patient Engagement</td>
<td>✔</td>
</tr>
<tr>
<td>Objective Seven (7): Health Information Exchange</td>
<td>✔</td>
</tr>
<tr>
<td>Objective Eight (8): Public Health and Clinical Data Registry Reporting</td>
<td>✔</td>
</tr>
</tbody>
</table>

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

Continue to Clinical Quality Measures
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 164.308(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 164.308(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: [Blank]
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

- All Clinical Quality Measures
- 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.
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 CERIT, 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 495.50). 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 fines and imprisonment under applicable Federal laws.

Routine Uses: 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 collection 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 OAH if you believe that you have been overpaid under the Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6302, Section 11263, 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: RPAR9111
Date: 06/15/2016
I accept the terms and conditions
Enter Initials: [ ]
Submit
Welcome: RPASHH11
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

Done
Resources

Lana Gossin
Communications & Training Specialist
New York Medicaid Electronic Health Records (EHR) Incentive Program

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

NY’S 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
- 2016 – 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!
Payment Year 2017 Resources

• Tutorials
  o Part 1: Beginning the Attestation Process
  o Part 2A: Attesting to Modified Stage 2
  o Part 2B: Attesting to Stage 3
  o Part 3: Clinical Quality Measure Reporting
  o 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:
  
  o Retain documents for a minimum of 6 years
  o Meaningful Use EHR Reporting Period and CQM Reporting Period
    
    o Minimum of continuous 90 days up to a full calendar year
  o 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)