Meaningful Use Attestation

Eligible Professional

Updated: June 2019
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Purpose

This document serves as a guide for eligible professionals (EPs) using the Medicaid EHR Incentive Program Administrative Support Service (MEIPASS) to attest meaningful use (MU) of certified EHR technology.

Requirements

Prior to attesting, the provider must have completed registration for the NY Medicaid EHR Incentive Program in the CMS Registration and Attestation System and obtained an ePACES user account with MEIPASS privileges.

Home Page

Log into MEIPASS at https://meipass.emedny.org/ehr with your ePACES user name and password.
CMS Registration

Enter the provider’s CMS Registration ID.
If you need help obtaining the registration ID, please contact the CMS Help Desk at 888-734-6433.

Review the provider’s registration information.

**NOTE:** The email address on the registration serves as the primary contact for the provider participating in the NY Medicaid EHR Incentive Program.

- If the information displayed is correct, click **Begin Attestation** to proceed forward.
- If it is not correct, go to the CMS Registration and Attestation System to update the provider’s record. Allow at least 1 business day for the information to be updated in MEIPASS.
- Make sure to update the provider’s CMS registration prior to submitting the attestation in MEIPASS. Otherwise, updating the CMS registration while an attestation is under state review will reset the provider’s submission in MEIPASS.
EP Summary

The EP Summary page displays the status of each section in the attestation: Eligibility, Objectives, and Clinical Quality Measures. Each section must be passed in order for the EP to submit the attestation.

Click **Edit** to access the Eligibility section.

<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>Edit</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>

Locations with CEHRT

Answer the questions about patient encounters and stored data at locations with certified EHR technology (CEHRT).

- Do a combined 50% or more of your patient encounters occur at locations equipped with certified EHR technology? [ ]
  - Yes [ ]
  - No [ ]

- Do at least 80% of unique patients have stored data in your certified EHR technology during the EHR reporting period? [ ]
  - Yes [ ]
  - No [ ]

Payment Year

Select the Payment Year the provider is attesting meaningful use.

Payment Year: 2017
Practice at FQHC or RHC

Review FAQ EP29 for more information about practicing predominantly at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

- Answer No if the provider is using the Standard Patient Volume method. Proceed to the Eligibility Information section.
- Answer Yes if the provider is using the Needy Patient Volume method. Complete the following fields:
  - FQHC/RHC Reporting Year
  - Start Date of the 6-month period
  - Name of the FQHC or RHC
  - Patient Encounters at the FQHC or RHC during this period
  - Total Patient Encounters during this period

Eligibility Information


Select a reporting year of either Previous Calendar Year or Preceding 12 Month Period from the Date of Attestation.

Based on this response, use the calendar tool to select the Start Date of the 90-day patient volume reporting period. The End Date will automatically populate.

Pediatrician

Review FAQ EP28 and about pediatrician eligibility.

* Practice as a Pediatrician:
* Practice as a Physician Assistant:
Physician Assistant
If the provider answered **No** to the previous question about practicing at a FQHC or RHC and using needy patient volume, then **MEIPASS defaults the physician assistant answer to No.**

**NOTE:** If the physician assistant wants to attest to the standard patient volume method, then please review [FAQ EP37](#) for a workaround procedure.

Hospital Based Status
A hospital-based provider is defined as a provider who furnishes 90% or more of his/her covered Medicaid services in either inpatient (code 21) or emergency department (code 23) of a hospital. Hospital–based providers do not qualify for Medicare or Medicaid Electronic Health Record incentive payments. This determination is based solely on the individual provider’s covered Medicaid services during the calendar year immediately preceding the payment year.

For example, if the provider is attesting for payment year 2017, then calendar year 2016 is used to determine hospital based status.

Answer **No** to attest that the provider is not hospital based.

Organization / Group Patient Volume
EPs in a group may use aggregate data as a proxy for individual patient volume.

**NOTE:** All EPs in the group must attest to the same group patient volume.


- Answer **Yes** to use group aggregate patient volume. Enter the organization’s NPI.
- Answer **No** to use the EP’s individual patient volume.
Encounters
Review FAQ EP07 for encounter definitions.

Enter the provider’s Total Medicaid Encounters and Total Encounters during the patient volume reporting period.

Alternate Patient Panel
A provider may use alternate patient panel volume if he/she meets certain criteria, which includes reviewing encounter data two years prior to the start of the reporting period. Please review the information available on the program website and the patient panel decision tool to determine if this method is appropriate for the provider.

- Answer Yes to use the alternate patient panel method. Complete the encounter and panel fields.
- Answer No to use standard patient volume.

Encounters Outside NY
Review FAQ EP34 about out of state encounters for patient volume reporting.

- Answer Yes if including encounters for patients outside of New York and select the state(s).
- Answer No if only including New York patient encounters.
EHR Certification Information

EHR Reporting Period
Complete the EHR Reporting Period, which is the period for which the EP is attesting meaningful use. The minimum EHR Reporting requirement is 90 continuous days within the selected payment year.

MU Attestation Option
For 2017 and 2018, EPs may attest either Modified Stage 2 or Stage 3. Based on the attestation option selected, the corresponding MU objectives and measures will display in the Objectives section.

CQM Reporting Period
- Answer Yes if the EP is attesting the same period as the EHR Reporting Period.
- Answer No if the EP is attesting a different period. Enter the start and end dates.
- For 2017, the minimum CQM Reporting requirement is 90 continuous days.
- For 2018:
  - The minimum CQM Reporting requirement is 90 continuous days for EPs demonstrating MU for the first time.
  - The minimum CQM Reporting requirement is a full calendar year for EPs returning to demonstrate MU.

EHR Certification Number
Add the EHR Certification Number(s) of the CEHRT used by the EP during the EHR Reporting Period. To locate an EHR product’s CEHRT number, visit the Certified Health IT Product List at https://chpl.healthit.gov/.

After clicking Save, a message will display the provider’s patient volume percentage. Click OK to proceed forward.
Objectives
After completing the Eligibility section, enter the EP’s MU data in the Objectives section.

- Modified Stage 2 has 10 required objectives.
- Stage 3 has 8 required objectives.
- EPs must complete Objective Zero (0): ONC Questions about the prevention of information blocking.

The EP Meaningful Use Objectives page displays the status of each objective:

- “Incomplete” by default
- ✔️ if the EP has satisfied an objective
- ❌ if the EP has failed an objective

Click an objective’s link to navigate to its specific page.
Activity Measures
Activity measures require a Yes or No response. The EP may also have to enter additional information. For example, the EP must enter the completion date of the security risk analysis for the Protect Patient Health Information objective.

Click Next to save the response and proceed to the next objective.

Threshold Measures
Threshold measures, such as Electronic Prescribing, require numerator and denominator data. If the EP qualifies and claims an exclusion for a measure, the remaining fields are grayed out.
Public Health Reporting
Select the Public Health Reporting measures the EP is attesting for the payment year. Measure information will display when a measure is selected.

If the EP is attesting active engagement for a measure, then the Public Health Agency Name must be entered. Click **Add** to enter additional names (maximum of three).
When all objectives have been satisfied, click **Continue to Clinical Quality Measures**.
Clinical Quality Measures

The Clinical Quality Measures Summary page displays links to the recommended sets and domains.

For 2017 and beyond, EPs must attest to at least 6 Clinical Quality Measures (CQMs).

After satisfying the CQM requirements, click Return to EP Summary to Complete Attestation.
Post-Payment Audit Notification

Carefully review the New York Medicaid EHR Incentive Program Post-Payment Audit Notification page.

- After reviewing the agreement, check the box to accept the terms and conditions.
- Click **Continue** to go to the signature page.
Submit Attestation

Carefully review the New York Medicaid EHR Incentive Program Attestation page.

- After reviewing the agreement, check the box to accept the terms and conditions.
- Enter the initials of the provider, Authorized Official, Delegated Official, Staff End User or Surrogate (as defined in the terms and conditions) for who is attesting.
- Click Submit to submit the attestation.
**Attestation Document**
A confirmation message displays after submitting the attestation. Click **MEIPASS Attestation Document** to open a PDF copy of the attestation. Please retain this document. 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.

**NOTE:** Effective payment year 2017, EP attestations are submitted completely online via MEIPASS. The MEIPASS attestation document does not need to be mailed to the NY Medicaid EHR Incentive Program.
Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>CEHRT</td>
<td>Certified EHR Technology</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>CQM</td>
<td>Clinical Quality Measure</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EP</td>
<td>Eligible Professional</td>
</tr>
<tr>
<td>ePACES</td>
<td>Electronic Provider Assisted Claim Entry System</td>
</tr>
<tr>
<td>ETIN</td>
<td>Electronic Transmitter Identification Number</td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
</tr>
<tr>
<td>MEIPASS</td>
<td>Medicaid EHR Incentive Program Administrative Support Service</td>
</tr>
<tr>
<td>MU</td>
<td>Meaningful Use</td>
</tr>
<tr>
<td>MURPH</td>
<td>Meaningful Use Registration for Public Health</td>
</tr>
<tr>
<td>ONC</td>
<td>Office of the National Coordinator for Health Information Technology</td>
</tr>
<tr>
<td>PDF</td>
<td>Portable Document Format</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>RHC</td>
<td>Rural Health Clinic</td>
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Questions?

Contact the NY Medicaid EHR Incentive Program Support Line.
Hours: Monday – Friday, 8:30am – 5:00pm Eastern Standard Time
Phone: 1-877-646-5410
- Option 1 – ETIN certification, ePACES, and MEIPASS credentials
- Option 2 – Program Policies, Patient Volume, Meaningful Use, and Attestation Review
- Option 3 – Public Health Reporting Guidance, MURPH Registration, and Status

Visit [https://health.ny.gov/ehr](https://health.ny.gov/ehr) for more information about the program.