NY Medicaid EHR Incentive Program
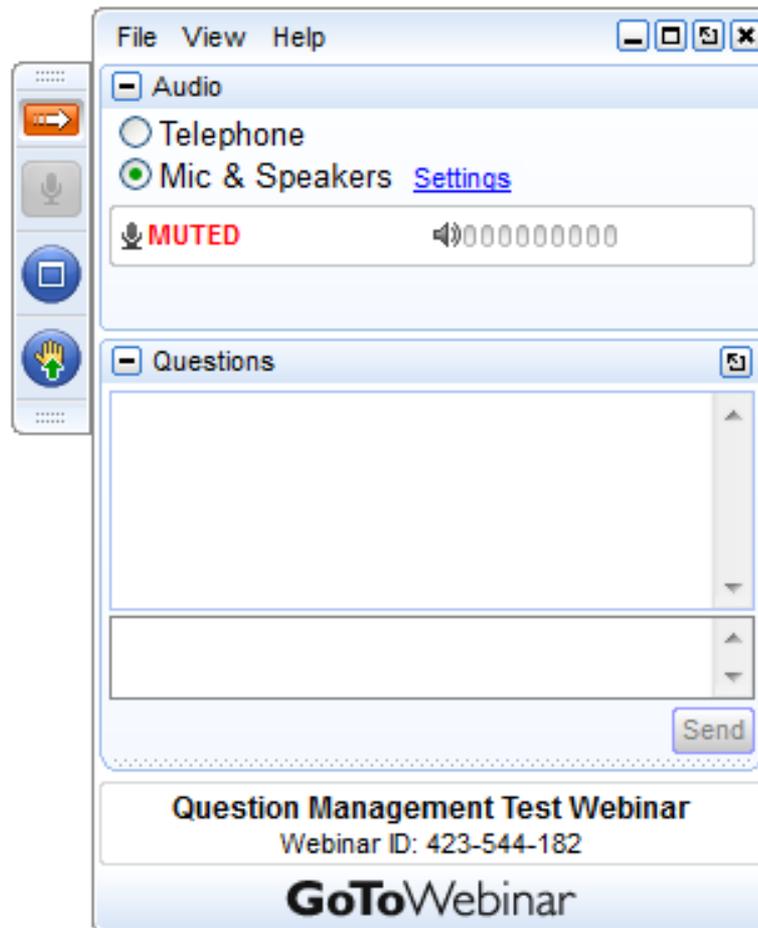
Eligible Professionals
Eligibility and Adopt / Implement / Upgrade (AIU) Webinar

Webinar Logistics

Program Eligibility and AIU

✓ Overview of EHR Incentive Program

✓ Eligibility and Medicaid Patient Volume

✓ Adopt / Implement / Upgrade (AIU)

✓ MEIPASS Walkthrough

✓ Closing Comments

Legislation

2009	• HITECH Act
2010	• Stage 1 Final Rule
2012	• Stage 2 Final Rule
2014	• CEHRT Flexibility Final Rule
2015	• Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule

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Medicaid EHR Incentive Program

Provides incentive payments to:

- **Eligible Professionals**
- **Eligible Hospitals**

as these providers:

- **Adopt**,
- **Implement**, or
- **Upgrade**

and subsequently, demonstrate **Meaningful Use**

of **ONC certified EHR technology.**

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Program Eligibility and AIU

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Year 1 Attestation Options

- Adopt, Implement, or Upgrade (AIU)

- Meaningful Use (MU)

NY Medicaid EHR
Incentive Program

Eligible Professional Types

- Physicians (M.D. or D.O.)

- Nurse practitioners

- Certified nurse-midwives

- Dentists

- Physician assistants, who practice predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a physician assistant

Hospital-based status

To participate in the program, eligible professionals must not be hospital-based, i.e. render less than 90 percent of their covered Medicaid services in the inpatient and emergency department settings.

This determination is measured per individual provider based on the entire calendar year preceding the attested to payment year.

NY Medicaid EHR Incentive Program

Medicaid Patient Volume (MPV)

For each payment year, eligible professionals (EPs) must meet one of the following conditions:

30% Medicaid patient volume

20% MPV for pediatricians

- Two-thirds of the incentive payment

Needy patient volume

- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)

More details available at www.emedny.org/meipass/ep/elig.aspx

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Medicaid Patient Volume (MPV)

The Medicaid patient volume must be a continuous 90-day period from either:

Previous calendar year

Preceding 12 months from the date of attestation

More details available at www.emedny.org/meipass/ep/elig.aspx

What is an Encounter?

- Medicaid encounters include services rendered on any one day to a Medicaid-enrolled individual, regardless of payment.

- This includes services rendered to an individual where Medicaid is not the primary payer.

PLEASE NOTE: If a claim was submitted multiple times for a service rendered on one day to a Medicaid-enrolled individual, this still only counts as one encounter.

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Patient Volume Methodology

New York allows providers to select either of two methods for calculating patient volume:

    1. Standard method

    2. Alternate patient panel method

Standard Patient Volume

$$\frac{\text{Total Medicaid Encounters}}{\text{Total Encounters}} = \text{MPV}$$

Alternate Patient Panel

$$\frac{\text{Medicaid Patient Panel + Medicaid Encounters}}{\text{Total Patient Panel + Total Encounters}}$$

For additional guidance, please review our [Patient Panel Decision Tool](#).

Needy Patient Volume Requirements

To qualify eligible professionals must:

- Practice predominantly in a FQHC or RHC

- Have a minimum 30% patient volume attributable to needy individuals

Practice predominantly definition:

- Clinical location for more than 50% of the eligible professional's total patient encounters over a period of six months is an FQHC or RHC in the prior calendar year **or** preceding 12 month period from the date of attestation

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Medicaid / Needy Encounter

Type of Service	Medicaid Encounter	Needy Encounter
Medicaid Fee-for-Service	✔	✔
Medicaid Managed Care	✔	✔
Family Health Plus	✔	✔
Child Health Plus		✔
Uncompensated Care		✔
Sliding Scale		✔

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Aggregate Patient Volume

Group practices and clinics with more than one eligible provider will be allowed to use the aggregate Medicaid and overall patient volume for the entire practice/clinic as a proxy for each provider's individual patient volume.

Definition of a Group Provider

- A collection of providers operating under a single group/organizational National Provider Identifier (NPI) that the eligible professional has a contractual arrangement allowing the employer or entity to bill and receive payment for the EP's covered professional services

Aggregate Patient Volume

Requirements and Restrictions

- Applies to **all providers** who render service in the practice or clinic, regardless of how much of their overall practice is within the practice or clinic (including not limiting it only to patients seen by eligible professionals).

- If a providers works under multiple group NPIs, it is the discretion of the provider to choose which group NPI to report aggregate patient volume from.

- Organizational NPI is required in MEIPASS when a provider is choosing to use the aggregate patient volume.

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Support Services

Numerator Data Requests

EPs may request a summary of their Medicaid claims. This report may only be used as guidance and does not suffice as supporting documentation.

Pre-validation

Individual and group EPs who have already determined their Medicaid patient volume may submit their data prior to attesting.

Contact hit@health.ny.gov to request these services.

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Check-in Question

What is considered a Medicaid encounter?

a) 1 encounter per patient per day

b) 1 encounter for every time you see a patient in a day (2 visits equals 2 encounters)

c) 1 encounter for each patient you saw during the 90 day reporting period

NY Medicaid EHR Incentive Program

Check-in Question

What is considered a Medicaid encounter?

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b) 1 encounter for every time you see a patient in a day (2 visits equals 2 encounters)

c) 1 encounter for each patient you saw during the 90 day reporting period

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Check-in Question

Do FQHC and RHC providers have to attest using the Needy patient volume?

a) Yes

b) No

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Check-in Question

Do FQHC and RHC providers have to attest using the Needy patient volume?

a) Yes

b) No

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What is Adopt / Implement / Upgrade (AIU)?

In participation year 1, EPs may attest to either adopt, implement or upgrade.

☐ **Adopt**	Acquire, purchase, or secure access to certified EHR technology.
☐ **Implement**	Install or commence utilization of certified EHR technology, such as staff training or data transfer.
☐ **Upgrade**	Expand functionality of existing certified EHR or move from non-certified to a certified version.

Important: The attestation and supporting documentation must accurately reflect the AIU activity performed by the provider during the payment year.

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Certified EHR Technology (CEHRT)

- To be eligible for the EHR Incentive Programs, providers must have a complete EHR system certified to standards set by the Office of the National Coordinator for Health Information Technology (ONC).

- EHR technology is tested and certified by ONC-Authorized Testing and Certification Bodies (ONC-ATCBs).

- **2014 Edition CEHRT** is the minimum requirement.

- To find a list of certified EHR systems and modules, consult the ONC Certified HIT Product List (CHPL): http://healthit.gov/chpl

NY Medicaid EHR Incentive Program

AIU Attestation

- **Attest**: To authenticate officially

- In the first year of program participation, providers may legally *attest* that they have successfully adopted, implemented or upgraded (AIU) ONC Certified EHR Technology during the chosen payment year.

- Attestation begins online but requires a physical signature to complete the process.

- Providers must print, sign, and return (by mail) an attestation form before payment may be issued.

Application Prerequisites

Prerequisites

EPs must have these items in place in order to successfully attest in MEIPASS.

☐	**CMS Registration ID**	EPs receive a 10-digit ID upon registering at https://ehrincentives.cms.gov/
☐	**ETIN**	Electronic Transmitter Identification Number (ETIN) links an EP to an ePACES account.
☐	**ePACES**	The ePACES user name and password are used to submit your attestation online through MEIPASS.
☐	**EHR Certification ID**	Visit http://healthit.gov/chpl to obtain the certification ID for your EHR system.

For assistance with ETIN, ePACES, and MEIPASS: call the support team at (877) 646-5410 Option 1 or email meipasshelp@csgov.com.

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Preparing to Attest – Where do I start?

Recommendations:

✓ Review CMS webinar and user guide regarding registration at the national level

- [EHR: Medicare, Medicaid EHR Incentive Program Webinar for Eligible Professionals](#)

- [EHR Medicaid EP Registration User Guide](#)

✓ Review NYS webinars and user guides regarding attestation and meaningful use

- NY Medicaid EHR Incentive Program MEIPASS Resource Webpage www.emedny.org/meipass
  - o Eligible Professional Webinar Schedule
  - o MEIPASS Walkthroughs
  - o Frequently Asked Questions (FAQs)

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Login

https://meipass.emedny.org/

CMS Registration ID

Provider Information Review

Eligibility FQHC / RHC

* Payment Year: [?] 2013 [▼]

Practice at FQHC or RHC

* In the previous year, for any consecutive 6-month period, were 50% or more of your patient encounters at an FQHC or RHC, and do you intend to use Needy Patient Volume to qualify? [?]

○ Yes ● No

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Eligibility Information (1/4)

Eligibility Information (2/4)

NY Medicaid EHR
Incentive Program

Eligibility Information (3/4)

* Include Organization Encounters: ⟦?⟧ ○ Yes ○ No

* Use Alternative Patient Panel Volume: ⟦?⟧ ○ Yes ○ No

* Include Encounters Outside NY: ⟦?⟧ ○ Yes ○ No

Eligibility Information (4/4)

Submission

SIGNATURE

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.

☑ I accept the terms and conditions

[Register]

**NY Medicaid EHR
Incentive Program**

Attestation Document

MEIPASS ATTESTATION

Open the pdf document, complete the final page and mail the document to the address listed in the document.

MEIPASS Attestation Document.

Done

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Program Integrity

Providers must retain all supporting documentation for attestations for no less than six years after each payment year.

Examples:

- Date-stamped reports generated from the EHR system
- Screenshots of the EHR system's interface
- Dated correspondence with the public health registries

Program Reminders

- 2016 is the last year that an eligible professional can begin participation.

- Providers must attest to the Medicaid patient volume to maintain eligibility.

- 2014 edition of certified EHR technology is the minimum requirement.

- EHR activity (adopt, implement, upgrade or meaningful use) must be within the payment year.

Prior to Attesting

- Verify your CMS registration information (including phone and email)

- If it needs to be changed, please update your record in the [CMS Registration and Attestation System](#).

- Verify ETIN, ePACES, and MEIPASS credentials
  Contact: [meipasshelp@csgov.com](#) or 877-646-5410 option 1

Deadlines

- Attestation deadline is 90 days after the given payment year, i.e. March 31.

- 2016 attestation deadline is March 31, 2017.

- Providers must attest online and submit signed hard copies.

- [Providers can submit an Attestation Deadline Extension Request up to 30 days after the](#) attestation deadline.

Resources

Visit www.emedny.org/meipass

Our website contains up to date program information and resources, including:

☐ **Webinars and Email LISTSERV**

☐ **Step-by-step attestation guides for MEIPASS**

☐ **Frequently Asked Questions (FAQs)**

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Resources

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.

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 Email: hapsinfo@nyehealth.org Phone: 646-619-6400

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CMS Help Desk

phone: 888-734-6433

Program Registration, Meaningful Use, Medicare Program

NY Medicaid EHR Incentive Program Support Teams

phone: 877-646-5410

Option 2: Program Policies, Patient Volume, Meaningful Use, and Attestation Reviews
email: hit@health.ny.gov

Option 3: Public Health Reporting Guidance, Registration, and Status
email: MUPublicHealthHELP@health.ny.gov