

Remediation Letter Quick Reference Guide

During pre-payment review, the NY Medicaid EHR Incentive Program may identify additional information or actions that are needed, and outreach will be sent to inform the provider or organization of this. The scenarios listed below are the most frequently occurring but do not encompass all possible scenarios. This page is meant to serve as a guidance only. Please contact NY Medicaid EHR Incentive Program Support for additional assistance.

Provider Response Needed (Individual)			
EP# L	Scenario	Why might this happen?	How can we remediate this?
EP7	No Affiliation with Payee NPI The NPI that the incentive would be paid to is not affiliated with the Payee NPI in the eMedNY system. The provider would need to update the NPI affiliation to receive the incentive payment.	<ul style="list-style-type: none"> The provider or organization input an incorrect Payee NPI in their CMS Registration. The provider's affiliation with a given Payee is no longer active. The provider has never had an active affiliation with the Payee. 	<ul style="list-style-type: none"> For a facility or hospital, the ePaces Administrator for the organization must add the provider's NPI through eMedNY under the feature "Enter Facilities Practitioner's NPI". For a group practice, complete the Request for Medicaid Participation as a Group Member. If the payee NPI is incorrect, update the provider's CMS Registration and re-attest once the information in MEIPASS is updated.
EP13	Individual Replacement % is below 30% and Pediatrician is below 20% The program noticed the encounter data in Medicaid Data Warehouse (MDW) is far less (< 30% MPV Threshold) than what the provider attested to in MEIPASS.	<ul style="list-style-type: none"> The provider included non-Medicaid encounters in their Medicaid totals (i.e. Child Health Plus, Essential Plan). A portion of the included Medicaid encounters are zero-pay. The provider is billing under a different NPI. 	<ul style="list-style-type: none"> Complete the EP13 template sent with the outreach letter and send it to hit@health.ny.gov for analysis. <ul style="list-style-type: none"> For more information on the template and how the analysis is completed, please see the EP13 Remediation Webinar. If necessary, review the submitted encounter data and update the attestation by retracting and re-attesting.
EP18	Individual Replacement % is over 100% The program noticed the encounter data in MDW is far greater (> 30% MPV Threshold)	<ul style="list-style-type: none"> The provider renders care at multiple locations but chose to include information from one location. 	<ul style="list-style-type: none"> Complete the EP18 Justification Form sent with the outreach letter and send it to hit@health.ny.gov for analysis.

	than what the provider attested to in MEIPASS.	<ul style="list-style-type: none"> The provider supervises others who bill under their NPI. The provider has minimal patient interactions. 	<ul style="list-style-type: none"> If necessary, review the submitted encounter data and update the attestation by retracting and re-attesting.
EP20	<p>“Home Health Agency – Personal Care”</p> <p>The program noticed the encounter data in MDW has encounters in the Home Health category. The provider needs to confirm if Home Health encounters were included in their Medicaid Patient Volume. Depending on the response, additional outreach may be sent (EP13 or EP18)</p>	<p>Home Health Encounters are tracked separately from normal encounters, as providers can decide whether to include them in their attestations. If a number of these Home Health Encounters are identified, the program must confirm if the provider included them in their Patient Volume Data.</p> <p>Even if a provider does not provide Home Health services themselves, they can still appear if the provider:</p> <ul style="list-style-type: none"> Refers a certified home health care agency to provide care in a patient’s home. Refers or orders the care despite not rendering the care themselves. 	<ul style="list-style-type: none"> Confirm or deny if Home Health encounters were included in the provider’s attestation. If additional outreach (EP13 or EP18) is received after a confirmation is given, ensure that a response is submitted promptly.
EP23	<p>Alternate Patient Volume Method</p> <p>The program provides an alternative approach for providers with significant managed care populations. It is recommended that a provider first try to use the standard patient volume method, which is total Medicaid encounters divided by total encounters. If a provider cannot meet at least 30% Medicaid threshold (20% for pediatricians), then the provider should try the alternative patient panel calculation, which is the sum of Medicaid patient panel and Medicaid encounters divided by the sum of total patient panel and total encounters.</p>	<p>If a provider decides to use the Alternate Patient Volume Method, they are required to confirm that they intended to attest using this method. This is because many providers do not fully understand what the patient panel volume is or how to use it, and this outreach lets them know that it is optional, not required, and should only be used if necessary.</p>	<p>The provider must indicate whether they intended to use the Patient Panel Method or not. To determine if this method is necessary, please review the Patient Panel Decision Tool.</p> <ul style="list-style-type: none"> If Yes, nothing further is needed and the provider will continue in state review. If No, the provider will need to retract their attestation and re-attest using the correct patient volume reporting method (usually the standard method, or Medicaid Encounters/Total Encounters).
EP29	<p>Inactive Enrollment Status</p> <p>The provider did not keep their enrollment status with NY Medicaid active. To be eligible to participate in the program, providers must have an active fee-for-service enrollment on file with eMedNY.</p>	<ul style="list-style-type: none"> A provider did not respond to the re-enrollment request sent by eMedNY. A provider’s license has been expired for too long, which has terminated their enrollment. A provider is no longer practicing/deceased/moved out of state. 	<ul style="list-style-type: none"> Re-enroll with eMedNY. If necessary, re-activate their professional license through the New York State Education Department. <p>Note: If a provider is not able to re-enroll, their attestation should be retracted. If it is not, they will be rejected.</p>

EP31	<p>License Expiration The provider has an inactive license. In order to process the attestation for the incentive, the provider must re-activate their license through the New York State Education Department website.</p>	<ul style="list-style-type: none"> Provider's license will expire in the next 6 weeks. Provider's license is currently expired. 	<ul style="list-style-type: none"> Complete the license renewal through the New York State Education Department and inform the program of this by emailing hit@health.ny.gov
EP46	<p>Hospital Based Provider Hospital-based practitioners are defined by CMS as those practitioners who furnish 90% or more of their covered professional (i.e., Medicaid) services in the hospital inpatient and emergency department (defined as services that would be identified using place of service (POS) codes 21 and 23 on HIPAA-standard transactions). To be eligible to receive the NY Medicaid EHR Incentive, the healthcare practitioner must not be "hospital-based."</p>	<p>The state Medicaid database distinguishes between POS (Place of Service) codes when categorizing Medicaid encounters. When each provider attests, we perform a query to determine what MPV information is on file for that provider. If 90% or more of the returned encounters are from a POS code 21 (Inpatient Hospital) or 23 (Emergency Room – Hospital) location, the provider is considered "Hospital Based" and may not be eligible to attest in the program.</p>	<ul style="list-style-type: none"> If you are not Hospital Based, complete the EP46 Justification Form sent with the outreach letter and send it to hit@health.ny.gov. If you are Hospital Based, you are not eligible to attest in the program and should retract your attestation
EP60	<p>Payee TIN Mismatch The NY Medicaid EHR Incentive Program has noticed a mismatch between the Payee TIN/SSN in MEIPASS and eMedNY.</p>	<p>Individuals: eMedNY began to require that all individual providers use their SSNs instead of separate TINs midway through the program. If a provider does not update their Payee Information in the CMS Registration and Attestation System, there can be a mismatch which will affect their ability to be paid.</p> <p>Organizations: This is likely a data entry error. Ensure that the correct TIN is input in both eMedNY and the CMS Registrations for all providers attesting with this Organization NPI as their Payee.</p>	<p>Update whichever system does not have the correct SSN/TIN listed.</p> <ul style="list-style-type: none"> If the CMS Registration is updated, the attestation must be re-submitted after 24-48 hours. If the information is updated in eMedNY, the provider or their representative will need to inform NY Medicaid EHR Incentive Program staff by emailing hit@health.ny.gov.
EP65	<p>Inactive Enrollment Status – Payee NPI The enrollment status of the Assigned Payee NPI is not active with NY Medicaid. To be eligible to participate in the program, providers and their payee's must have an active fee-for-service enrollment on file with</p>	<ul style="list-style-type: none"> The Assigned Payee NPI did not respond to the re-enrollment request sent by eMedNY. 	<ul style="list-style-type: none"> Re-enroll with eMedNY. <p>Note: If an Assigned Payee NPI is not able to re-enroll, the attestation of the provider who is assigning payment to that NPI should be retracted. If it is not, they will be rejected.</p>

eMedNY. Payment cannot be made to an inactive Payee NPI.		
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Provider Response Needed (Organization)			
EP# L	Scenario	Why might this happen?	How can we remediate this?
EP23	<p>Alternate Patient Volume Method The program provides an alternative approach for providers with significant managed care populations. It is recommended that a provider first try to use the standard patient volume method, which is total Medicaid encounters divided by total encounters. If a provider cannot meet at least 30% Medicaid threshold (20% for pediatricians), then the provider should try the alternative patient panel calculation, which is the sum of Medicaid patient panel and Medicaid encounters divided by the sum of total patient panel and total encounters.</p>	<p>If an organization decides to use the Alternate Patient Volume Method, they are required to confirm that they intended to attest using this method. This is because many organizations do not fully understand what the patient panel volume is or how to use it, and this letter lets them know that it is optional, not required, and should only be used if necessary.</p>	<p>The organization must indicate whether they intended to use the Patient Panel Method or not. To determine if this method is necessary, please review the Patient Panel Decision Tool</p> <ul style="list-style-type: none"> • If Yes, nothing further is needed and the group will continue in state review. • If No, the group will need to retract all attestations and re-attest using the correct patient volume reporting method (usually the standard method, or Medicaid Encounters/Total Encounters).
EP24	<p>Organization NPI Replacement % is below 30% The program noticed the encounter data through MDW was far less (< 30% MPV Threshold) than what the group attested to in MEIPASS.</p>	<ul style="list-style-type: none"> • The organization included non-Medicaid encounters in their Medicaid totals (i.e. Child Health Plus, Essential Plan). • A portion of the included Medicaid encounters are zero-pay. • Some providers are not affiliated with the organization NPI used to attest. 	<ul style="list-style-type: none"> • Complete the EP24 template sent with the outreach letter and send it to hit@health.ny.gov for analysis. <ul style="list-style-type: none"> ○ For more information on the template and how the analysis is completed, please see the EP24 Remediation Webinar. • If necessary, review the submitted encounter data and update all provider attestations by retracting and re-attesting.

Informational Outreach			
EP# L	Scenario	Why might this happen?	How can we remediate this?
EP61	<p>Syndromic Surveillance Registry Urgent Care Encounters The NY Medicaid EHR Incentive Program has noticed the provider attested to being actively engaged with the Syndromic</p>	<p>The state Medicaid database distinguishes between Place of Service (POS) codes when categorizing Medicaid encounters. When each provider attests, a query is performed to determine what types of encounters are on</p>	<ul style="list-style-type: none"> • If the EP is an Urgent Care Provider, they should check to make sure that they are in active engagement with the syndromic surveillance registry in their area. This can be done using the Audit Report Card function in the MURPH system,

	Surveillance registry. However, NY Medicaid does not show the provider as having any Urgent Care Center encounters during the Payment Year.	file for that provider. Only providers practicing in Licensed Urgent Care Centers are able to engage with the Syndromic Surveillance registries, we send informational outreach to any providers attesting with that registry type if they have no urgent care encounters.	<p>or by communicating directly with the registry for their jurisdiction (NYS or NYC).</p> <ul style="list-style-type: none"> If the EP is not an Urgent Care Provider or is not actively engaged, they will need to update their attestation to remove the Syndromic Surveillance Registry.
EP62	<p>Registering Intent with Public Health</p> <p>The NY Medicaid EHR Incentive Program has noticed that the provider attested to reporting to at least one registry but is not registered on the Meaningful Use Registration for Public Health (MURPH) System to report data to the New York State Department of Health (NYSDOH) and New York City Department of Health and Mental Hygiene (NYC DOHMH) sponsored registries. Providers must register their intent to submit data for a given Public Health Reporting measure, before or within 60 days of the start of their EHR Reporting Period.</p>	<p>This issue can occur in two situations:</p> <ul style="list-style-type: none"> The provider has registered directly with the registry they wish to engage with and has not signed up in the MURPH system. The registry name input in the provider's attestation is incorrect or does not correspond with a registry supported by the MURPH system. 	<ul style="list-style-type: none"> The provider should review their attestation to ensure that the names/acronyms listed for any registries attested to are correct. If they are not, the provider should retract their attestation and make any necessary updates before resubmitting. If all listed registry names are correct, the provider should ensure that they are signed up in the MURPH system and in active engagement with those registries. If the provider is not registered in MURPH, they can review their active engagement status by contacting the registries directly. If the provider is in active engagement, they can continue using those registries to attest, and are advised to sign up in the MURPH system to avoid any confusion in the future. If the provider is not in active engagement, they are not able to use those registries in their attestations and are advised to register in the MURPH system for any registries that they wish to engage with in the future.
EP63	<p>Dentist Public Health Reporting (Immunization)</p> <p>The NY Medicaid EHR Incentive Program has noticed the provider is attesting as a Dentist and claiming active engagement for the Immunization Registry Reporting Measure, under the Public Health Registry</p>	As dentists do not usually have the capability to administer vaccinations, if a dentist attests to active engagement with an immunization registry our system identifies it and informs the provider to avoid any mistakes.	<ul style="list-style-type: none"> If a dentist is not actively engaged with an immunization registry, they should update their attestation to remove that immunization registry.

	Reporting Objective. Dentists may be eligible to claim the Measure 1 Exclusion if they do not administer any immunizations to any of the populations for which data is collected by their jurisdiction’s immunization registry or immunization information system during the EHR Reporting Period.		
EP64	<p>Registering Intent with Public Health (60 Days EHR Reporting Period)</p> <p>The NY Medicaid EHR Incentive Program has noticed that the provider attested to reporting to at least one registry, but did not register before or within 60 days of the start of their EHR Reporting Period on the Meaningful Use Registration for Public Health (MURPH) System to report data to the New York State Department of Health (NYSDOH) and New York City Department of Health and Mental Hygiene (NYC DOHMH) sponsored registries. Providers must register their intent to submit data for a given Public Health Reporting measure, before or within 60 days of the start of the EHR Reporting Period.</p>	If a provider does not register in the MURPH system within 60 days of the start of their chosen reporting period, they will receive this message. This could be for new registrations or existing registrations where registry selections were updated for individual providers.	<p>The provider should review the registries in their attestation and confirm what their initial declaration of intent date was. This can be done using the Audit Report Card function in the MURPH system, or by communicating directly with the registry for their jurisdiction (NYS or NYC).</p> <ul style="list-style-type: none"> • If active engagement was achieved within 60 days of the start of the EHR reporting period, that registry can be used in the attestation. • If active engagement was not achieved within 60 days of the start of the EHR reporting period, the provider is not able to use that registry in their attestation and will need to update their selections.
EP68	<p>FQHC/RHC Validation</p> <p>The NY Medicaid EHR Incentive Program has noticed that the provider attested to working at a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC). However, NY Medicaid does not recognize the name of the FQHC or RHC submitted with the MEIPASS attestation.</p>	If a provider enters the name of an FQHC or RHC that is not recognized by NY Medicaid within the MEIPASS attestation.	<ul style="list-style-type: none"> • The provider should review their attestation to ensure that the names/acronyms listed for the FQHC or RHC they attested to are correct. If they are not, the provider should retract their attestation and make any necessary updates before resubmitting.