NY Medicaid EHR Incentive Program

EP Meaningful Use
PY 2014 CEHRT Flexibility Rule
MEIPASS Walkthrough
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Overview of Flexibility Rule

In August 2014, CMS released a final rule that grants flexibility to providers who are unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability.

Providers’ attestation options under the flexibility rule depend on which Stage they were scheduled to demonstrate and which CEHRT they used for payment year 2014.

This guide shows the options available in MEIPASS for the Flexibility Rule.

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 in 2014</td>
<td>2013 Stage 1 objectives and measures*</td>
<td>2013 Stage 1 objectives and measures* -OR- 2014 Stage 1 objectives and measures*</td>
<td>2014 Stage 1 objectives and measures</td>
</tr>
<tr>
<td>Stage 2 in 2014</td>
<td>2013 Stage 1 objectives and measures*</td>
<td>2013 Stage 1 objectives and measures* -OR- 2014 Stage 1 objectives and measures* -OR- Stage 2 objectives and measures*</td>
<td>2014 Stage 1 objectives and measures* -OR- Stage 2 objectives and measures*</td>
</tr>
</tbody>
</table>


2014 CEHRT Rule Quick Guide
NY Medicaid EHR Incentive Program

Login

This is a step-by-step guide for the Medicaid Eligible Professional (EP) Electronic Health Record (EHR) Incentive Program Meaningful Use MEIPASS Attestation. To begin your attestation visit the MEIPASS log in page at: https://meipass.emedny.org/ehr/login.xhtml

**STEPS:**

Enter your User Name and Password that was created in your ePACES account.

Check the “I accept the terms and conditions” box.

Click Submit.
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CMS Registration ID

STEPS:

Enter your CMS Registration ID. This was issued when registration on CMS.gov was completed. If you do not have your CMS Registration ID, contact the CMS Help Desk at 888-734-6433.

Click Submit.
NY Medicaid EHR Incentive Program

Confirm Your Information

If any information needs to be corrected, return to https://ehrincentives.cms.gov/hitech/login.action, correct your information, and resubmit your registration. Do this before proceeding with your attestation.

**STEPS:**

Review your:
- phone number
- email address
- Payee NPI
- TIN/SSN

If any information needs to be changed, return to the CMS Registration & Attestation System to correct the information and resubmit your registration.

**FAQ EPH22**

If all the information on this page is correct, click Begin Attestation.
NY Medicaid EHR Incentive Program

EP Summary

Each section of the attestation is listed on the EP Summary page. As you successfully complete each section a green check mark will appear under the Pass/Fail/Incomplete heading. Without a green check mark in each section MEIPASS will not allow you to submit the attestation.

**STEPS:**

Begin with Eligibility.

Click Edit.
NY Medicaid EHR Incentive Program

Eligibility

**STEPS:**

- Answer the first question.
  
  [FAQ EP12](#)

- When you answer YES to the first question, the second question will appear.

  [FAQ EP12](#)

- If you answer NO to either question, then you are NOT eligible for this program.

  [FAQ EP12](#)

- Click **Save** at any time to save your progress.

  [FAQ EP12](#)

Select Payment Year 2014.

- Answer the question for Federally Qualified Health Clinic or Rural Health Clinic

  [FAQ EP29](#) [FAQ EP31](#)

Phone: 877-646-5410

www.emedny.org/meipass
NY Medicaid EHR Incentive Program

Eligibility – Practice at FQHC or RHC

If you answered YES to practicing at an FQHC or RHC follow these steps. If you answered NO to practicing at an FQHC or RHC continue to the next page.

**STEPS:**

If you answered YES to practicing in an FQHC or RHC, select a reporting **Start Date**.

MEIPASS will generate the **End Date**.

Enter the **FQHC or RHC Name**.

Enter both **Patient Encounter** fields.
NY Medicaid EHR Incentive Program

Eligibility – Eligibility Information

STEPS:

Select the Eligibility Reporting Year. FAQ EP06

Note: The Eligibility Reporting Year field will not appear if you do not select a payment year.

Enter your Patient Volume Reporting Period Start Date

MEIPASS will generate the End Date.

Answer the remaining questions in the Eligibility Information section.
Eligibility – Eligibility Information

STEPS:

After YES or NO is selected, some fields will expand requesting additional information.

See FAQ EP28 for information about Practice as a Pediatrician.

Practice as a Physician Assistant will auto-select No, unless you selected Yes to practicing at an FQHC or RHC.

See FAQ EP22 for information about Hospital Based Provider.
Eligibility – Eligibility Information

STEPS:
Selecting No to Organization Encounters & Alternative Patient Panel Volume is considered the Standard Patient Volume Method. FAQ EP06

For group aggregate data, select YES to Include Organization Encounters. A field will open to enter the organization/group NPI. FAQ EP19 FAQ EP36

For information about Encounters Outside NY, refer to FAQ EP25.
NY Medicaid EHR Incentive Program

Eligibility – EHR Certification Information – Stage 1

**STEPS:**

Enter your EHR Reporting Period Start Date. This is your meaningful use reporting period, which must be within the payment year.

MEIPASS will generate the End Date.

**IMPORTANT**

If you will attest as scheduled, without the Flexibility Rule, choose the first option.

If not, select the option you will attest to under the CEHRT Flexibility Rule.

Check the box for the Attestation Statement, indicating you were unable to fully implement 2014 Edition CEHRT due to availability delays.

Enter the EHR Certification Number(s) and click Add.

FAQ M04

Click Save.

Visit, ONC Certified Health IT Product List, to obtain the Certification ID
Eligibility – EHR Certification Information

**STEPS:**

If the EHR Certification Number does not match the attestation option selected, an error message will display.

If you are unable to remove the EHR Certification Number from MEIPASS, return to the CMS Registration & Attestation System to remove it and resubmit your registration. Then you may complete your attestation in MEIPASS. **FAQ M04**

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**2014 CEHRT Rule Quick Guide**

Phone: 877-646-5410
www.emedny.org/meipass
Eligibility

**STEPS:**

When you click save, MEIPASS will calculate your Medicaid patient volume percentage.

[FAQ EP06]
[FAQ EP28]

Click **OK** to continue to the EP Summary page.

Click **Cancel** to stay on this page.
NY Medicaid EHR Incentive Program

Eligibility – Eligibility Information

STEPS:

IMPORTANT
If you return to the Eligibility page to change your attestation option, a warning message will display.

Click “OK” to accept the change, or “Cancel” to keep the current meaningful use data.

Continue to the Core Measures, Menu Measures, and Clinical Quality Measures.

The set of meaningful use requirements will correspond to the attestation option selected (either 2013 or 2014 objectives and measures).
### EP Summary

To achieve 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 Stage 2 Meaningful Use are described in three parts: core measures, menu measures, and clinical quality measures. CMS' Meaningful Use Calculator is a great resource for those providers who are further along in the planning process for attestation.

<table>
<thead>
<tr>
<th>Description</th>
<th>Pass / Fail / Incomplete</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>✓</td>
<td>Edit</td>
</tr>
<tr>
<td>Core Measures</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Menu Measures</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Clinical Quality Measures</td>
<td>Incomplete</td>
<td></td>
</tr>
</tbody>
</table>

**STEPS:**

After successfully completing the Eligibility portion, you should see a green check mark in the Pass / Fail / Incomplete column.

Click Edit to continue to the Core Measures, Menu Measures, and Clinical Quality Measures.
NY Medicaid EHR Incentive Program

EP Summary – Complete Attestation

To achieve 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 Stage 2 Meaningful Use are described in three parts: core measures, menu measures, and clinical quality measures. CMS Meaningful Use Calculator is a great resource for those providers who are further along in the planning process for attestation.

**STEPS:**

On the EP Summary page, you will see a green check for each section, which indicates “Pass.” When all sections have green checks, you may click Complete Attestation.
NY Medicaid EHR Incentive Program

Signature

**STEPS:**

Read the terms and conditions.

Check the box for: “I accept the terms and conditions.”

Click Register.

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**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 filling 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 abuses, program integrity, and civil and criminal litigation related to the operation of the Medicaid EHR Incentive Program.

DISCLOSURE: 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]
MEIPASS Attestation

STEPS:

Click the link to the PDF MEIPASS Attestation Document.

Print all pages.

The document must be signed by the provider and mailed before your attestation review will begin.

Mail ALL pages of the PDF to:

NY Medicaid EHR Incentive Program
Administrative Support Service
P.O. Box 809
Rensselaer, NY 12144-0809

FAQ EP30
FAQ EPH20

If a correction needs to be made to your attestation after submitting it, please contact hit@health.ny.gov

FAQ EPH23
For further assistance, please contact the NY Medicaid EHR Incentive Program Call Center & Support Teams:

**phone:** 877-646-5410

**Option 1:** ePACES, ETIN, MEIPASS, Enrollment, General Questions  
**email:** meipasshelp@csc.com

**Option 2:** Calculation, Eligibility, Reviews, Rejections  
**email:** hit@health.ny.gov

**Option 3:** Public Health Registrations, Status Updates, Guidance  
**email:** MUPublicHealthHELP@health.ny.gov

**hours:** Monday – Friday  
8:00am – 5:00pm