



**Department
of Health**

**Office of
Health Insurance
Programs**

Medicaid EHR Incentive Program

Adopt, Implement, or Upgrade Attestation

Eligible Professional

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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 adopt, implement, or upgrade (AIU) of certified EHR technology. An EP may attest AIU only in his/her first participation year of the Medicaid EHR Incentive Program.

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.

The screenshot shows the login interface for the MEIPASS system. At the top, there is a header for the New York State Department of Health, with the tagline 'Information for a Healthy New York'. Below this, the title 'Medicaid EHR Incentive Program For Eligible Professionals (EPs) and Eligible Hospitals (EHs)' is displayed. The main heading reads 'WELCOME TO MEIPASS - New York State's EHR Incentive Payment System'. The login form includes three fields: 'User Type' (a dropdown menu currently set to 'Provider'), 'User Name' (a text input field), and 'Password' (a text input field). Below the form, a 'Please Note' section contains four numbered items: (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. A checkbox labeled 'I accept the terms and conditions' is located below the notes. A 'Submit' button is positioned at the bottom of the form.

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.

Enter CMS Registration ID

Enter your CMS Registration ID to begin the Medicaid EHR Incentive Payment Program (MEIPASS) registration process.

CMS Registration ID :

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.

Home**Attestation**StatusPayment Information

Please validate your CMS Registration Information. If the information is incorrect contact CMS. If the information is correct please proceed.

Registration Information

CMS Registration ID :	NPI :
Payment Year :	TIN :

Provider Information

First Name :	Middle Name :
Last Name :	Suffix :
Provider Type : Dentist	
Provider Specialty : Dentist	

Address

Address :	
City : STATEN ISLAND	
State : NY	Zip :
Phone :	Ext :
Email:	

Identifiers

Payee NPI :
Payee TIN/SSN :

Exclusions

No exclusions found

- 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.

Attestation Options

- Select the **Payment Year** for which the provider is attesting.
- Select **Adopt, Implement, or Upgrade (AIU)** to attest that the provider performed AIU during the payment year.
- Click **Continue** to proceed forward.

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).

* Payment Year:

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

- 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

Review [FAQ EP06](#) about patient volume reporting.

Eligibility Information

Eligibility Reporting Year: Previous Calendar Year Preceding 12 Month Period from the Date of Attestation

Patient Volume Reporting Period Start Date: Patient Volume Reporting Period End Date:

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](#) about pediatrician eligibility.

Answer **Yes** if the provider is a pediatrician demonstrating less than 30% but at least 20% patient volume in order to receive a reduced incentive payment.

* Practice as a Pediatrician:	<input type="radio"/> ?	<input type="radio"/> Yes	<input type="radio"/> No
* Practice as a Physician Assistant:	<input type="radio"/> ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

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

Hospital based providers do not qualify for Medicaid EHR incentive payments.

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. 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 2016 AIU, then calendar year 2015 is used to determine hospital based status.

* Hospital Based Provider:	<input type="radio"/> ?	<input type="radio"/> Yes	<input type="radio"/> No
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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.

Review FAQs [EP05](#), [EP19](#), and [EP36](#).

* Include Organization Encounters: ? Yes No

- 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.

* Total Medicaid Encounters: ?

* Total Encounters: ?

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.

* Use Alternative Patient Panel Volume: ? Yes No

- 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

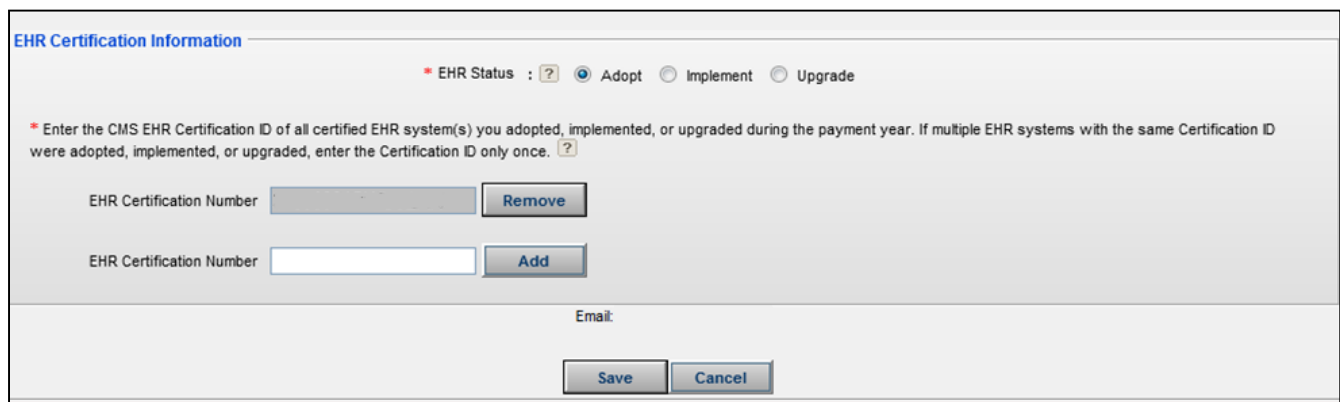
Review [FAQ EP34](#) about out of state encounters for patient volume reporting.



* Include Encounters Outside NY: ? Yes No

- Answer **Yes** if including encounters for patients outside of New York and select the state.
- Answer **No** if only including New York patient encounters.

EHR Certification Information



EHR Certification Information

* EHR Status : ? Adopt Implement Upgrade

* Enter the CMS EHR Certification ID of all certified EHR system(s) you adopted, implemented, or upgraded during the payment year. If multiple EHR systems with the same Certification ID were adopted, implemented, or upgraded, enter the Certification ID only once. ?

EHR Certification Number

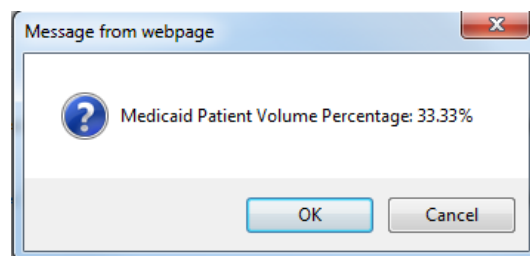
EHR Certification Number

Email:

Select either **Adopt**, **Implement**, or **Upgrade** for the activity performed by the provider during the payment year. Review [FAQ EPH05](#) for AIU definitions.

Add the **EHR Certification Numbers** of all certified EHR technology (CEHRT) products related to the AIU activity performed by the provider during the payment year. 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.



Attestation Form

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.

accept the terms and conditions

After reviewing the agreement, check the box to accept the terms and conditions and click **Register** to submit the attestation.

MEIPASS ATTESTATION

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



[MEIPASS Attestation Document](#)

- Click the link to open the attestation document.
- Print all pages of the document.
- The provider or the provider's authorized representative must sign the attestation.
- Mail the completed attestation to:
New York Medicaid EHR Incentive Program Administrative Support Service
PO Box 809
Rensselaer, NY 12144-0809

Glossary

Term	Description
AIU	Adopt, Implement, or Upgrade
CEHRT	Certified EHR Technology
CMS	Centers for Medicare and Medicaid Services
EHR	Electronic Health Record
EP	Eligible Professional
FQHC	Federally Qualified Health Center
MEIPASS	Medicaid EHR Incentive Program Administrative Support Service
NPI	National Provider Identifier
RHC	Rural Health Clinic

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, Registration, and Status

Visit <https://health.ny.gov/ehr> for more information about the program.