



**Department
of Health**

**NY Medicaid EHR Incentive Program,
A CMS Promoting Interoperability Program**

Meaningful Use Attestation

Eligible Professional

Updated: August 2020

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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.

The screenshot shows the login interface for the MEIPASS system. At the top left is the New York State Department of Health logo. The main header reads "Department of Health" and "Information for a Healthy New York". Below this, it specifies "Medicaid EHR Incentive Program For Eligible Professionals (EPs) and Eligible Hospitals (EHs)". The central heading is "Welcome to MEIPASS - New York State's EHR Incentive Payment System" and "New York Medicaid EHR Incentive Program, A CMS Promoting Interoperability Program". The login fields include: "User Type" (a dropdown menu currently set to "Provider"), "User Name" (a text input field), and "Password" (a text input field). Below the fields is a "Please Note:" section with four bullet points: (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 contact number is provided: "For assistance with MEIPASS user names and passwords, please call (877) 646-5410 Option 1, Monday - Friday 8:30 A.M. - 5:00 P.M. EST." There is a checkbox for "I accept the terms and conditions" and a "Submit" button at the bottom.

CMS Registration

Enter the provider's **CMS Registration ID**.

If you need help obtaining the registration ID, please email hit@health.ny.gov.

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.

HomeAttestationStatusPayment 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 :

<p style="margin: 0;">Provider Information</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">First Name :</td><td style="width: 50%;">Middle Name :</td></tr><tr><td>Last Name :</td><td>Suffix :</td></tr><tr><td>Provider Type : Dentist</td><td></td></tr><tr><td>Provider Specialty : Dentist</td><td></td></tr></table>	First Name :	Middle Name :	Last Name :	Suffix :	Provider Type : Dentist		Provider Specialty : Dentist		<p style="margin: 0;">Address</p> <table style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Address :</td></tr><tr><td>City : STATEN ISLAND</td><td></td></tr><tr><td>State : NY</td><td>Zip :</td></tr><tr><td>Phone :</td><td>Ext :</td></tr><tr><td colspan="2">Email :</td></tr></table>	Address :		City : STATEN ISLAND		State : NY	Zip :	Phone :	Ext :	Email :	
First Name :	Middle Name :																		
Last Name :	Suffix :																		
Provider Type : Dentist																			
Provider Specialty : Dentist																			
Address :																			
City : STATEN ISLAND																			
State : NY	Zip :																		
Phone :	Ext :																		
Email :																			

<p style="margin: 0;">Identifiers</p> <table style="width: 100%; border-collapse: collapse;"><tr><td>Payee NPI :</td></tr><tr><td>Payee TIN/SSN :</td></tr></table>	Payee NPI :	Payee TIN/SSN :	<p style="margin: 0;">Exclusions</p> <p style="margin: 0;">No exclusions found</p>
Payee NPI :			
Payee TIN/SSN :			

- 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.

EP Summary

To achieve Stage 3, Eligible Professionals (EPs) must successfully attest to meaningful use measures, support information exchange and the prevention of health information blocking, and engage in activities related to supporting providers through 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 3 are described in two parts: objectives and clinical quality measures.

Description	Pass / Fail / Incomplete	Action
Eligibility	Incomplete	<input type="button" value="Edit"/>
Objectives	Incomplete	
Clinical Quality Measures	Incomplete	

Locations with CEHRT

Review [FAQ EP12](#) and the [CMS tip sheet about practicing at multiple locations](#).

Answer the questions about patient encounters and stored data at locations with certified EHR technology (CEHRT). Effective 2019, you must enter the numerator and denominator data for each question.

*** Do a combined 50% or more of your patient encounters occur at locations equipped with certified EHR technology?** ?

Yes No

Number of encounters in the denominator at locations with CEHRT during the EHR Reporting Period.

Number of encounters at all locations during the EHR Reporting Period (including locations without CEHRT).

*** Do at least 80% of unique patients have stored data in your certified EHR technology during the EHR reporting period?** ?

Yes No

Number of unique patients in the denominator seen during the EHR Reporting Period, with data stored in the EHR System, for all locations with CEHRT.

Number of unique patients seen during the EHR Reporting Period, for all locations with CEHRT.

After completing these questions, select the Payment Year the provider is attesting meaningful use.

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).

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](#) and [EP92](#) 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.

* Practice as a Pediatrician: [?](#) Yes No

* Practice as a Physician Assistant: [?](#) Yes 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

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 2020, then calendar year 2019 is used to determine hospital based status.

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

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

Organization / Group Patient Volume

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

* Include Organization Encounters:	<input type="checkbox"/> ?	<input type="radio"/> Yes	<input type="radio"/> 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:	<input type="text"/>
* Total Encounters:	<input type="text"/>

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

Alternate Patient Panel

EPs may use alternate patient panel volume if they meet certain criteria, which includes reviewing encounter data two years prior to the start of the patient volume 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 EP.

* Use Alternative Patient Panel Volume:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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- 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.

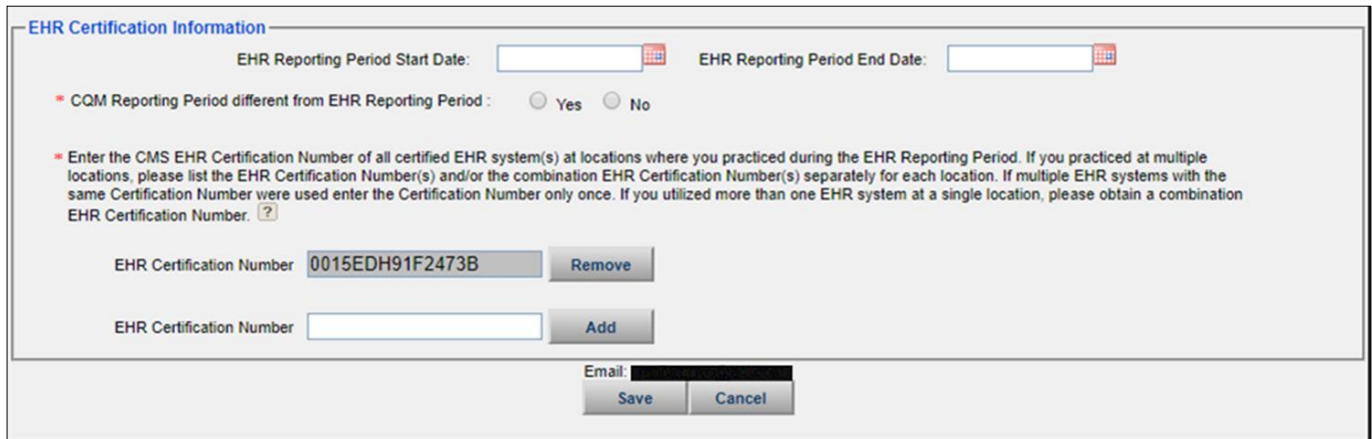
EHR Certification Information

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.

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 2020:
 - The minimum CQM Reporting requirement is 90 continuous days.



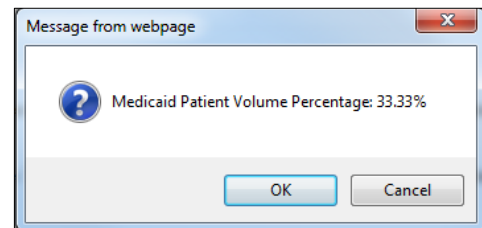
The screenshot shows a web form titled "EHR Certification Information". It includes fields for "EHR Reporting Period Start Date" and "EHR Reporting Period End Date", both with calendar icons. Below these is a radio button selection for "CQM Reporting Period different from EHR Reporting Period" with options "Yes" and "No". A detailed instruction block follows, explaining how to enter CMS EHR Certification Numbers for multiple locations or combinations. Below the instruction are two input fields for "EHR Certification Number": the first contains "0015EDH91F2473B" with a "Remove" button, and the second is empty with an "Add" button. At the bottom, there is an "Email:" field with a redacted value and "Save" and "Cancel" buttons.

EHR Certification Number

Add the **EHR Certification Number(s)** of the CEHRT used by the EP during the EHR Reporting Period. Effective 2019, EPs must use 2015 Edition of CEHRT.

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

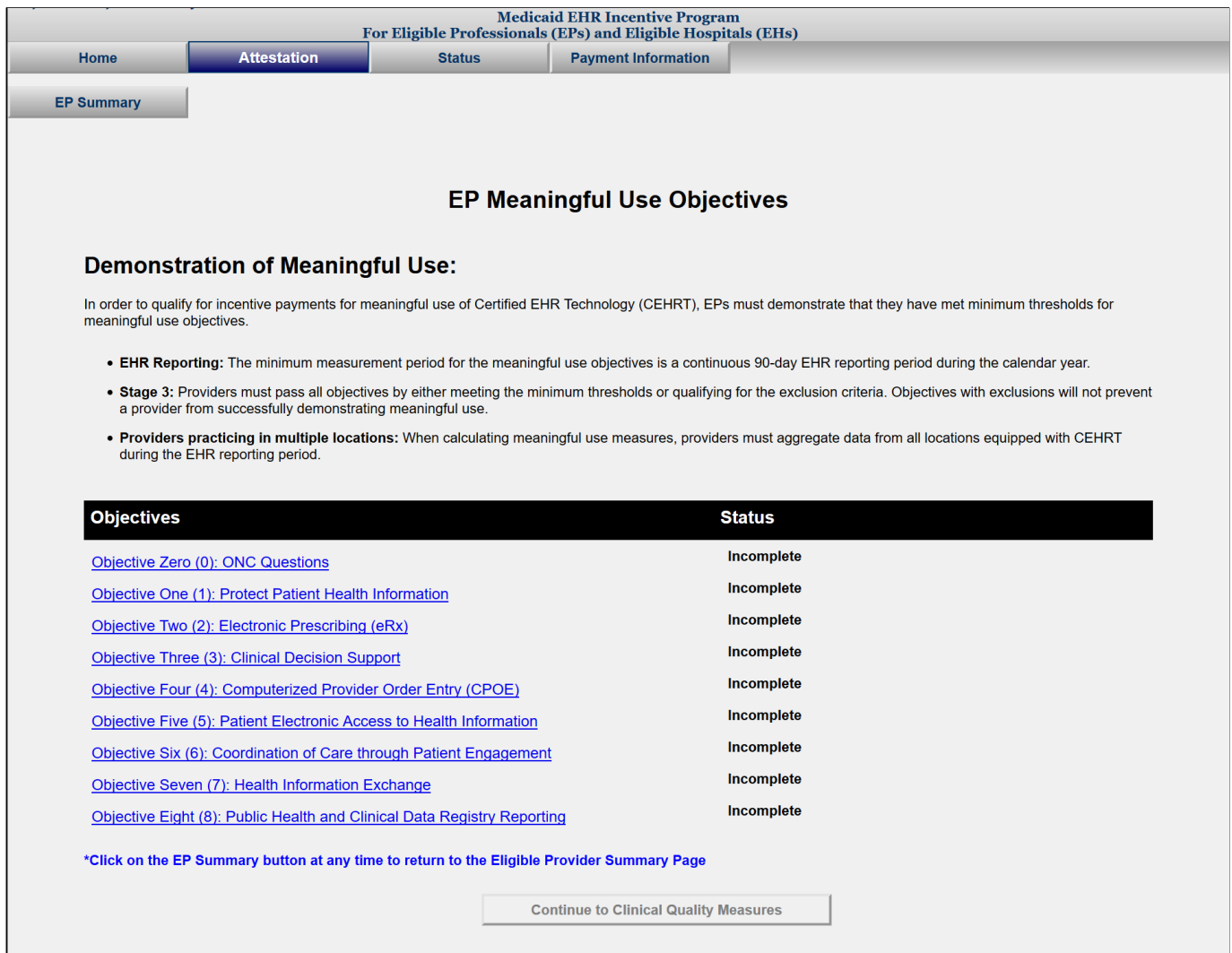
After completing the Eligibility section, enter the EP’s MU data in the Objectives section.

- For 2019 and beyond, EPs must attest to Stage 3 which 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.



Medicaid EHR Incentive Program
For Eligible Professionals (EPs) and Eligible Hospitals (EHs)

Home **Attestation** Status Payment Information

EP Summary

EP Meaningful Use Objectives

Demonstration of Meaningful Use:

In order to qualify for incentive payments for meaningful use of Certified EHR Technology (CEHRT), EPs must demonstrate that they have met minimum thresholds for meaningful use objectives.

- **EHR Reporting:** The minimum measurement period for the meaningful use objectives is a continuous 90-day EHR reporting period during the calendar year.
- **Stage 3:** Providers must pass all objectives by either meeting the minimum thresholds or qualifying for the exclusion criteria. Objectives with exclusions will not prevent a provider from successfully demonstrating meaningful use.
- **Providers practicing in multiple locations:** When calculating meaningful use measures, providers must aggregate data from all locations equipped with CEHRT during the EHR reporting period.

Objectives	Status
Objective Zero (0): ONC Questions	Incomplete
Objective One (1): Protect Patient Health Information	Incomplete
Objective Two (2): Electronic Prescribing (eRx)	Incomplete
Objective Three (3): Clinical Decision Support	Incomplete
Objective Four (4): Computerized Provider Order Entry (CPOE)	Incomplete
Objective Five (5): Patient Electronic Access to Health Information	Incomplete
Objective Six (6): Coordination of Care through Patient Engagement	Incomplete
Objective Seven (7): Health Information Exchange	Incomplete
Objective Eight (8): Public Health and Clinical Data Registry Reporting	Incomplete

*Click on the EP Summary button at any time to return to the Eligible Provider Summary Page

Continue to Clinical Quality Measures

Activity Measures

Activity measures require a **Yes** or **No** response. The EP may also have to enter additional information. For example, for the Protect Patient Health Information objective the EP must enter the completion date of the security risk analysis, the name of the person who completed it, and their relationship to the EP.

Objective One (1): Protect Patient Health Information

Objective: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.

* Have you conducted or reviewed a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implemented security updates as necessary and corrected identified security deficiencies as part of the EP's risk management process?

Yes No

Security risk analysis completion date:

Completed By:

Relationship to Eligible Professional (EP):

[Previous](#) [Return to Meaningful Use Objectives](#) [Next](#)

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.

Objective Two (2): Electronic Prescribing (eRx)

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 60% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

EXCLUSION 1 - Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

* Does this exclusion apply to you? Yes No

EXCLUSION 2 - Any EP who does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

Does this exclusion apply to you?
 Yes No

Number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.

Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

Public Health Reporting

Select the location where the EP practiced. Then select the Public Health Reporting measures the EP is attesting for the payment year.

Objective Eight (8): Public Health and Clinical Data Registry Reporting

EPs must attest to at least two Public Health and Clinical Data Registry Reporting measures to satisfy the objective. An exclusion for a measure does not count toward the total of two measures. EPs can satisfy the objective by a combination of meeting measures and claiming applicable exclusions for the remaining measures, or by claiming exclusions for all the measures.

Objective: The EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice. Active engagement is demonstrated by one of the following options:

- i. Completed Registration to Submit Data
- ii. Testing and Validation
- iii. Production

Select the location where you practice:

Inside the 5 boroughs of New York City

Outside the 5 boroughs of New York City

Both inside and outside the 5 boroughs of New York City

- If the EP is attesting active engagement for a measure, then the Public Health Agency or Clinical Data Registry must be selected from the dropdown list.
- The names of available agencies and registries depend on the location that was selected.

Measure Option 2: Syndromic Surveillance Reporting - The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

EXCLUSION 1 - Any EP may be excluded from the syndromic surveillance reporting measure if the EP is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

Does this exclusion apply to you? [?](#)

Yes No

EXCLUSION 2 - Any EP may be excluded from the syndromic surveillance reporting measure if the EP operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Does this exclusion apply to you? [?](#)

Yes No

EXCLUSION 3 - Any EP may be excluded from the syndromic surveillance reporting measure if the EP operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.

Does this exclusion apply to you? [?](#)

Yes No

Are you in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting?

Yes No

Please select the Public Health Agency (PHA) Name(s) that you are in active engagement with to submit syndromic surveillance data from an urgent care setting. [?](#)

Public Health Agency (PHA) Name:

When all objectives have been satisfied, click **Continue to Clinical Quality Measures**.

Home **Attestation** Status Payment Information

EP Summary

EP Meaningful Use Objectives

Demonstration of Meaningful Use:

In order to qualify for incentive payments for meaningful use of Certified EHR Technology (CEHRT), EPs must demonstrate that they have met minimum thresholds for meaningful use objectives.

- **EHR Reporting:** For 2017 and 2018, the minimum measurement period for the meaningful use objectives is a continuous 90-day EHR reporting period during the calendar year. For subsequent payment years, the EHR reporting period is the full calendar year.
- **Stage 3:** Providers must pass all objectives by either meeting the minimum thresholds or qualifying for the exclusion criteria. Objectives with exclusions will not prevent a provider from successfully demonstrating meaningful use.
- **Providers practicing in multiple locations:** When calculating meaningful use measures, providers must aggregate data from all locations equipped with CEHRT during the EHR reporting period.

Objectives	Status
Objective Zero (0): ONC Questions	✓
Objective One (1): Protect Patient Health Information	✓
Objective Two (2): Electronic Prescribing (eRx)	✓
Objective Three (3): Clinical Decision Support	✓
Objective Four (4): Computerized Provider Order Entry (CPOE)	✓
Objective Five (5): Patient Electronic Access to Health Information	✓
Objective Six (6): Coordination of Care through Patient Engagement	✓
Objective Seven (7): Health Information Exchange	✓
Objective Eight (8): Public Health and Clinical Data Registry Reporting	✓

*Click on the EP Summary button at any time to return to the Eligible Provider Summary Page

[Continue to Clinical Quality Measures](#)

Clinical Quality Measures (CQMs)

The Clinical Quality Measures Summary page displays links to the outcome and high priority measures.

- Effective 2019, EPs must report on at least six CQMs relevant to their scope of practice, including at least one outcome or high priority measure.
- If there are no relevant outcome or high priority measures, then an EP may report on any six CQMs.

Clinical Quality Measure Instructions

You must complete at least 6 Clinical Quality Measures from any of the National Quality Strategy domains. To complete the Outcome or High Priority Measure sets, click "Complete Outcome Measures" or "Complete High Priority Measures" below.

> [Complete Outcome Measures](#)

> [Complete High Priority Measures](#)

You must submit data for 6 Clinical Quality Measures (CQMs) relevant to your scope of practice. At least one of the CQMs selected must be an outcome measure, if any are relevant. If no outcome measures are relevant, you must select at least one other high priority measure. Measures included in the Adult and Child Core Sets, and MIPS are indicated with an A, C, or X respectively. If no high priority measures are relevant, you may report on any 6 relevant CQMs.

Domains and Completed Clinical Quality Measures	Selection
All Clinical Quality Measures	<input type="button" value="Remove All"/>
Effective Clinical Care Domain	
Communication and Care Coordination Domain	
Patient Safety Domain	
Efficiency and Cost Reduction Domain	
Community/Population Health Domain	
Person and Caregiver-Centered Experience and Outcomes Domain	

*Click the EP Summary button at any time to return to the Eligible Provider Summary Page

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.

The screenshot shows the Department of Health website interface. At the top left is the New York State Department of Health logo. The main header includes the text "Department of Health" and "Information for a Healthy New York". On the right, it says "Welcome : RPARIH1" and has a "Logout" link. Below the header is a navigation menu with "Home", "Attestation" (highlighted), "Status", and "Payment Information". The main content area is titled "New York Medicaid EHR Incentive Program Post-Payment Audit Notification". It contains two paragraphs of text regarding the audit process and record-keeping requirements. Below this is a section titled "Additional Resources" with a link to "https://www.health.ny.gov/health_care/medicaid/redesign/ehr/audit/". At the bottom of the form is a checkbox labeled "I accept the terms and conditions" and a "Continue" button.

- 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.

Department of Health
Information for a Healthy New York

Welcome : RPARIH11 [Logout](#)

Medicaid EHR Incentive Program
For Eligible Professionals (EPs) and Eligible Hospitals (EHs)

Home **Attestation** Status Payment Information

New York Medicaid EHR Incentive Program Attestation

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 one of the following Identity and Access Management system web user account types associated with the provider for whom he/she is attesting: Authorized Official, Delegated Official, Staff End User, and Surrogate. I understand that the associated Identity and Access Management system web user account must be established prior to the date of attestation.

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 495.60). A provider may not begin receiving payments any later than payment year 2016 (42 CFR 495.310). By submitting and completing this attestation, the provider agrees to these regulations.

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 understand that by electronically signing and submitting this attestation it is the legal equivalent of having placed my handwritten signature on the submitted attestation and this affirmation.

User Name: RPARIH11
Date: 03/05/2019

I accept the terms and conditions

Enter Initials:

- 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 from the date of attestation.



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

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

Questions?

Contact the NY Medicaid EHR Incentive Program Support Team.
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

Email: hit@health.ny.gov

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