NY Medicaid
EHR Incentive Program

FQHC/RHC Professionals
MEIPASS Walkthrough

www.eMedNY.org/MEIPASS
To begin the MEIPASS application you must first enter your Username and Password. This will be the same as your ePACES Username and Password.
Log-in cont.

Simply Select “Go” once you have reached this screen.
You are now at the MEIPASS Homepage. From here you will want to click the “Start” button to begin your registration.
Enter NLR Registration ID

You will now be prompted to enter your NLR Registration ID which is also your CMS Registration ID. Once you have entered the NLR Registration ID you will click on the “Search” button.

If you do not know your NLR (CMS) Registration ID please contact the CMS Support Desk at 1-888-734-6433.
1. Federal Information

On this tab you will now be able to review your information that was transferred from the CMS registration to the MEIPASS Application. Once you have completed this review click on the “Eligibility” tab.

If any information provided here is incorrect, you will need to go back to the CMS Registration and Attestation System and update any incorrect data.
You will now click on the payment year 1 note pad.
If you do not work in an FQHC or RHC please see the EP MEIPASS walkthrough document.

If you do not wish to use the “Needy Patient Volume” please see the “EP MEIPASS Walkthrough” document.

If you work in a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC) and wish to use the Needy Patient Volume calculation you will select “Yes”.

If you work in an FQHC or RHC but do not wish to use the Needy Patient Volume calculation select “No” this will allow you to use the Medicaid Patient Volume.
You must select a 6 month period to provide patient encounter data to show that you practice predominately at an FQHC or RHC.

Enter a “Start Date” that falls within 2010.

The “End Date”, which will be automatically generated needs to fall within 2010 as well.

Enter the name of your FQHC or RHC.

Enter the number of encounters you had at the FQHC or RHC during the 6-month period.

Enter the total number of encounters you had during the 6-month period, and click “Next”.

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**NY Medicaid**

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**FQHC/RHC**

**Enter FQHC RHC Eligibility Information**

Bold fields are required.

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

Reporting Period

Start Date: [ ] End Date: [ ]

FQHC or RHC Name: [ ]

Patient encounters at FQHC or RHC: [ ]

Total patient encounters: [ ]

Next
Eligibility Information

You must select a 90-day period to provide patient encounter data to determine your Medicaid Patient Volume.

Enter a “Start Date” that falls within 2010

The “End Date”, which will be automatically generated, needs to fall within 2010 as well.

This is because currently NY is accepting attestations for payment year 2011 and according to the Final Rule you must report on data from the prior calendar year (2010).
Eligibility Information cont.

If you are a Pediatrician select “Yes”, otherwise select “No”.

If you practice as a Physician Assistant* select “Yes”, otherwise select “No”.

If you will be using the group aggregate patient volume** select “Yes”, otherwise select “No”.

*If you are a Physician Assistant please see the next page.

**If you are using the group aggregate patient volume, you will be prompted to provide your group NPI.
Physician Assistant Fields

If you are the “Primary Provider at the FQHC/RHC’ check the corresponding box.

If you “Practice at a facility that is led by a Physician Assistant” check the corresponding box.

If you are “An owner of a RHC” check the corresponding box.

If you are a Physician Assistant but “None of the above”, you are not eligible for the program.

Physician Assistants are only eligible for the program if they practice in a Federally Qualified Health Center or Rural Health Clinic that is led by a Physician Assistant.
Eligibility Information Cont.

Enter the total amount of Medicaid Encounters you had during the 90-day reporting period.

Enter the total number of encounters you had with children enrolled in a Child Health Insurance Program (CHIP) during the 90-day reporting period.

Enter the total number of encounters you had that were uncompensated care (Charity Care) during the 90-day reporting period.

Enter the total number of Sliding Fee Scale encounters that you had during the 90-day reporting period.

Enter the total number of encounters you had during the 90-day reporting period.
Eligibility Information Cont.

Select “Yes” if you had encounters that were paid for by out of state Medicaid otherwise select “No”.
Eligibility Information Cont.

Select the EHR Status that best represents what actions the EP had with his or her EHR system within 2011.*

If the EP works at only one location with a certified EHR system select “Yes”, otherwise select “No”.

If the EP works at multiple locations with certified EHR systems select “Yes”, otherwise select “No”.

Enter any EHR Certification numbers the EP works with.

*A description of Adopt, Implement, and Upgrade can be found [here](#).
Eligibility Information Cont.

Once you have entered all necessary information click the “Save” button.

You will then be prompted with the Medicaid Patient Volume percentage. Simply click “Okay” to move forward.
You will now need to read the terms and conditions.
Once done, click the check box “I accept the terms and conditions”.
Then you will click the “Register” button.
Print your PDF

Click on the “Print your registration PDF” button.

You will be presented with your attestation document, you will want to save this document for your own records as well as print it.

Once printed, you will need to sign the document and send it by mail to the address provided on the document.
Year 1 Registration Complete

Attestation Review and Incentive Payment Disbursement

• You have now completed your year 1 registration and attestation.
• Once the Department of Health has received your signed attestation your status will transition into state review.
• There is no determined length of time state review can take.
• You will be contacted when there is any update to your registration.
• Incentive Payments are disbursed using the existing NY Medicaid monthly disbursement process.
Additional Resources

State Resources

➢ Provider Information on eMedNY.org
  https://www.emedny.org/meipass/
  ▪ Application Process Overview
    https://www.emedny.org/meipass/over_prof.aspx
  ▪ MEIPASS: EP Login
    https://meipass.emedny.org/ehr/jsp/ehr/pgLogin.jsp
  ▪ eMedNY LISTSERV
    https://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx

Other Resources

➢ New York State Medicaid HIT Plan (NY-SMHP)
  http://nyhealth.gov/regulations/arra/docs/medicaid_health_information_technology_plan.pdf
➢ CMS Website for the Medicare and Medicaid EHR Incentive Programs
  http://www.cms.gov/ehrincentiveprograms/
➢ ONC Home Page
  http://healthit.hhs.gov/
Questions?

eMedNY Call Center
Medicaid Enrollment, ePACES Enrollment
📞 1 (800) 343-9000

MEIPASS Call Center
ePACES Password Resets, MEIPASS Access Assistance
✉️ meipasshelp@csc.com
📞 1 (877) 646-5410

NY Medicaid EHR Incentive Program Support Team
Calculation, Registration, Eligibility
✉️ hit@health.state.ny.us
📞 1 (800) 278-3960

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