NY State Medicaid Meaningful Use Registration & Attestation

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February 7, 2012

Defining New Directions

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Our Goals

• To review the steps in the 2011 Attestation process for NYS Medicaid MU Incentives
• To answer questions in followup to official NYS webinar presentations
Today’s Agenda

• Review required steps prior to use of on-line system (MEIPASS)
• Review steps in MEIPASS
• Special Topics
  – New Providers
  – Physician Assistants
• Q & A
Steps before MEIPASS

1. Identify your Eligible Providers (EPs)
2. Obtain written consent from each EP for assignment of incentive payments
3. Enroll each EP in Medicaid Fee-for-Service
4. Link each EP to your organization’s ETIN
5. Obtain ePACES account for each provider
6. Obtain an NPPES I & A Account (if center does not have one)
7. Watch CMS YouTube video about CMS registration process
8. Register each EP on the CMS website
9. Perform volume calculations required in MEIPASS
10. Register & attest for each EP in MEIPASS
CHCANYS MU Web Pages

All documents/tools referenced in this presentation can be found on the CHCANYS MU Web Pages

- Go to www.chcanys.org
- Click on the box for NY State Medicaid EHR Registration on the right side of page
- Links to documents/tools are in instructions, and under Tools/Resources
1. Identify your Eligible Providers (EPs)

- Physicians, doctors of osteopathy, dentists, certified nurse midwives, nurse practitioners and physician assistants (PAs), if working at a PA-led FQHC
- List your EPs on the Data Collection Tool
2. Obtain written consent from each EP for assignment of incentive payments.

- Suggested language contained in NACHC Federal Regulatory Policy Report on Reassigning Incentives:

  "….Provider reassigns to Health Center the right to receive any payments made in connection to Provider’s participation as an Eligible Professional, as that term is defined in 42 C.F.R. § 495.4, in the Medicaid EHR Incentive Program. Provider understands and agrees that Health Center will collect and retain any payments made for the implementation, adoption, upgrade, and/or meaningful use of health information technology systems, including but not limited to certified EHR technology, by its employees or independent contractors. “

- Read the Policy Report for full suggested language.
3. Enroll each EP in Medicaid Fee-for-Service

- The State is using the Professional Medicaid database to verify eligibility, as it has done for the Medicaid eRX incentive.

- If you have any doubts as to whether your EPs are enrolled in Professional Medicaid, or have questions about how to complete this enrollment, please see the Medicaid FFS Enrollment Tips for Meaningful Use.
Enrollment Process

- Enrollment is a combination paper and online process for physicians (CAQH), and a fully paper process for other EPs.

- A letter must also be submitted for each non-physician provider stating that the provider is applying solely for access to the Medicaid Meaningful Use Incentives. Sample letter provided in Medicaid FFS Enrollment Tips for Meaningful Use.

- It can take more than 1 month for approval.
4. Link each EP to your organization’s ETIN

- To find your ETIN, log into ePACES at www.emedny.org/ePACES. There is an item toward the bottom on the left-hand menu called "Submitter". Click on that and you will see the TSN/ETIN.

- Linkage of an EP and ETIN is accomplished through completion of the Certification Statement. Note: This statement must be notarized.
5. Obtain ePACES account for each provider

- The ePACES account is required to log into the New York State MU Registration & Attestation system (MEIPASS).

- ePACES enrollment begins with issuance of a token (secure password) and then response to a series of emails generated by accessing the website [https://www.emedny.org/enroll/](https://www.emedny.org/enroll/).

- Call 800-343-9000 to obtain a token. Select Option 4 then sub-option 1. (eMedNY will not issue a token until the ETIN linkage described in Step 4 is completed. Wait 2 weeks after ETIN Certification Form submission to call for token.)

- If a provider already has an ePACES account but cannot remember the User ID and Password, assistance is available at 800-343-9000.
6. Obtain an NPPES I & A Account

- CMS allows an eligible provider to designate a third party to register and attest on his or her behalf.

- The practice administrator who is working on behalf of the provider must have an Identity and Access Management System (I & A) web user account, and be associated with the provider's NPI.

- If you do not have an account, go to https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do to create an account.

- **NOTE:** There can only be one Authorized Official per organization at any given time.
7. Watch CMS YouTube video about CMS registration process
http://www.youtube.com/watch?v=kLd7zj44Fs&feature=channel_video_title
8. Register each EP on the CMS website

- Log into CMS EHR Incentive Registration website using your I & A Account
- List, by NPI, each provider you are registering
- EP must log into individual I & A Account to approve your request to register him/her
- Register each EP individually
- Process includes assignment of incentive payment by organization TIN and pay-to NPI
- When complete, print receipt with each EP’s Registration ID #
9. Perform volume calculations required in MEIPASS

- While waiting for a welcome letter from NYS to the Medicaid Registration & Attestation system (MEIPASS):
  - gather data needed to attest that the EP meets the Medicaid or “needy individual” threshold requirement:
    - 30% of the EP or total practice encounters in a 90-day period in 2010 were either Medicaid or “needy individual”
    - Medicaid = Medicaid FFS, managed care, and FHP
    - Needy Individual = Medicaid, CHIP, Sliding Fee, Uncompensated
  - Use workbook created by NYS to perform the calculation:
  You do not need to provide data on hospital inpatient and ER encounters.
Medicaid Patient Volume

- Eligible Providers (EP) who wish to enroll in the Medicaid EHR Incentive program must demonstrate that at least 30% of their patient volume is attributed to Medicaid, over a 90 day reporting period. (20% for Pediatricians).

- The chart below summarizes which Medicaid insurance plans are included in the calculation. “Needy” encounters apply to EPs who practice predominantly at FQHCs and RHCs.
Medicaid Patient Volume Methodology

Patient Volume Methodology

- Patient volume is calculated over a 90-day period (of the provider’s choice) from the prior calendar year.
- New York will allow providers to select either of two methods of calculating patient volume:
  1. Standard patient volume: number of Medicaid encounters divided by number of total patient encounters.
  2. “Alternate” method: accounts for managed care patient panel as well as encounters with patients not on managed care panel.
- Group practices and clinics may use their aggregate patient volume (standard or alternate method) as a proxy for all individual providers.
- Providers at FQHCs/RHCs may substitute needy patient encounters in any method (standard/alternate and individual/aggregate).

2010 Data
Three Reporting Periods

Attestation Reporting Periods

Hospital-Based Status
- Eligible professionals must render less than 90% of covered Medicaid services in the inpatient and emergency department settings
- Measured per individual EP over the entire prior calendar year

Practice predominately in an FQHC or RHC
- In order to use the needy patient volume, more than 50% of the EP’s total patient encounters must have taken place in an FQHC or RHC
- Measured per individual provider over a six-month period in the prior calendar year

Medicaid Patient Volume
- All EPs must meet minimum patient volume requirements (30% Medicaid for most EPs, 20% Medicaid for pediatricians, 30% needy for EPs at FQHCs/RHCs)
- Measured per individual provider or using group/clinic aggregate values over a 90-day period in the prior calendar year

No longer required!

2010 data
Special Topic:
EPs Not at FQHC for 6 Months of 2010

- If the practice wants to apply for MU Incentives for these EPs, these EPs may not use the “needy calculation”.

- These EPs may only use Medicaid volume for 30% threshold.

- These EPs must use same volume methodology (individual or practice) as the rest of the organization.
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10. Steps to Register & attest for each EP in MEIPASS

a. ePACES login & ETIN information
b. Administrative access to MEIPASS
c. Login to MEIPASS
d. Enter Registration ID # from CMS Registration
e. Review Federal Information
f. Series of slides to confirm Eligibility
g. AIU Attestation
a. ePACES login, using EP User ID & PW
Enter Practice ETIN & Log Out

Submitter Information:

TSN/ETIN:  

NOTE: If you will be submitting claims through the ePACES system please use the existing TSN/ETIN for your submitter. If your submitter does not have a TSN/ETIN please contact Provider Services at 1-800-243-5900.

The Find TSN button will retrieve information for an existing TSN/ETIN. The Generate MEVS Only TSN button will create a TSN/ETIN. A MEVS Only TSN will not be able to submit claims. If you wish to submit claim transactions via ePACES, you may begin the registration process for a permanent TSN while using a MEVS Only TSN. Once you receive a Permanent TSN, you must return to this page to register your Permanent TSN and remove the MEVS Only relationship.

MEIPASS Registration

This section is to register this TSN for MEIPASS

TSN/ETIN:  

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b. The Practice ePACES Administrator logs in & grants access to MEIPASS to Supervisor or General User.
c. Login to MEIPASS with Authorized ePACES Username & PW
Next Screen should look like this.
d. Enter Registration ID # from CMS Registration
e. Review Federal Information

If the data is incorrect, you must correct it in NPPES.
f. Series of Slides to Confirm Eligibility

Click the paper-&-pencil icon
If you answer “yes”, you will be directed to the “needy individual” calculation screen.
FQHC predominantly? Yes.

You may use Medicaid, CHIP, Uncompensated (Charity) and Sliding Fee encounters, or Medicaid encounters only (Medicaid and FHP).
FQHC predominantly? No.

You must use Medicaid encounters only (Medicaid and FHP).

This FQHC will base 30% threshold on practice encounter volume.

After clicking “yes” for “Include Organization Encounters”, you will be asked for your group NPI.
What is your Group NPI?

- NYS defines “group” as all EPs practicing under a given NPI

- If you have an “umbrella” or “parent” NPI for your entire FQHC as well as NPIs for your sites, you may use either, BUT

- If you are using practice volume for the volume calculations, the data must match the NPI used
  - if you are using an umbrella NPI, you must use entire FQHC volume data
  - If you are using a site NPI, you must use site-specific volume data
Special Topic: Physician Assistants

- For Medicaid MU Incentive payments, PAs are eligible if they practice in an FQHC or RHC that is led by a PA.

- “Led by” is defined in Final Rule as:
  1. When a PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, we would consider the PA as the primary provider).
  2. When a PA is a clinical or medical director at a clinical site of practice; or
  3. When a PA is an owner of an RHC.

- A PA leading an FQHC site (e.g., a school-based health center) is eligible if the site has its own NPI, provided the volume threshold calculations are done at the site level for each site of the FQHC.
FQHC predominantly? No.

Calculation based on individual Medicaid data only, including Medicaid Managed Care panel.
### Options for 30% Medicaid or “Needy Individual” Threshold Calculation

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Individual Data</th>
<th>Practice Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounter Methodology</td>
<td>OK</td>
<td>Ok, but if use practice data, must use for <em>all</em> EPs</td>
</tr>
<tr>
<td>Panel Methodology</td>
<td>OK</td>
<td>Ok, but if use practice data, must use for <em>all</em> EPs</td>
</tr>
</tbody>
</table>

You may use the Encounter or Panel methodology, whether you use Individual or Practice Data.
ATTENTION!

If you entered any 2011 data before January 27 for:

- Predominantly FQHC
- Non-hospital based
- 30% Medicaid or Needy threshold

There was a glitch in the system:
it should not have accepted 2011 data, only 2010 data.

To correct your registrations, call the NYS Medicaid EHR Incentive Program Support Team @ (800) 278-3960
Do 50% of your encounters occur at one location equipped with certified EHR technology?

A provider working in multiple locations using a common certified EHR system (e.g. a health center with multiple sites) should attest 'Yes' when answering 'Do your Medicaid patient encounters occur at only one location?' The provider would then input the one certified EHR number into MEIPASS. When the provider prints the attestation, please label 'Common EHR in (#) locations' and initial next to the label prior to sending back to DOH.
g. AIU Medicaid attestation

- When AIU attestation is completed, a 5-page document must be printed and mailed to the address provided.
- The document includes:
  - **Cover sheet** - with NPI, Registration ID, transaction number, and date of submission
  - **Summary** of information submitted about the provider to the Medicaid EHR Incentive Program
    - Federal Information
    - FQHC/RHC Eligibility
    - Eligibility Information
  - **Attestation** – requires Provider Signature and Date
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

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/

Sign up for eMedNY Listserv here to be informed about updates to the EHR Incentive Program site -
https://www.emedny.org/index.aspx
Questions?
NY Medicaid Provider Support

Medicaid enrollment, ePACES
1 (800) 343-9000

MEIPASS Call Center
Login, Navigation, Troubleshooting
meipasshelp@csc.com
1 (877) 646-5410

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