Washington State Medicaid EHR Incentive Program (eMIPP)

Eligible Hospital (EH) Guide MU (Meaningful Use)

2017

(Revised April 2017)

After 2016, Hospitals will not be able to use AIU or enter the incentive payment program for the first time. Meaningful Use attestations for MU years 2-4 must have been approved for an incentive payment for the 2016 payment year (MU or AIU) in order to continue attesting for future year's payments.
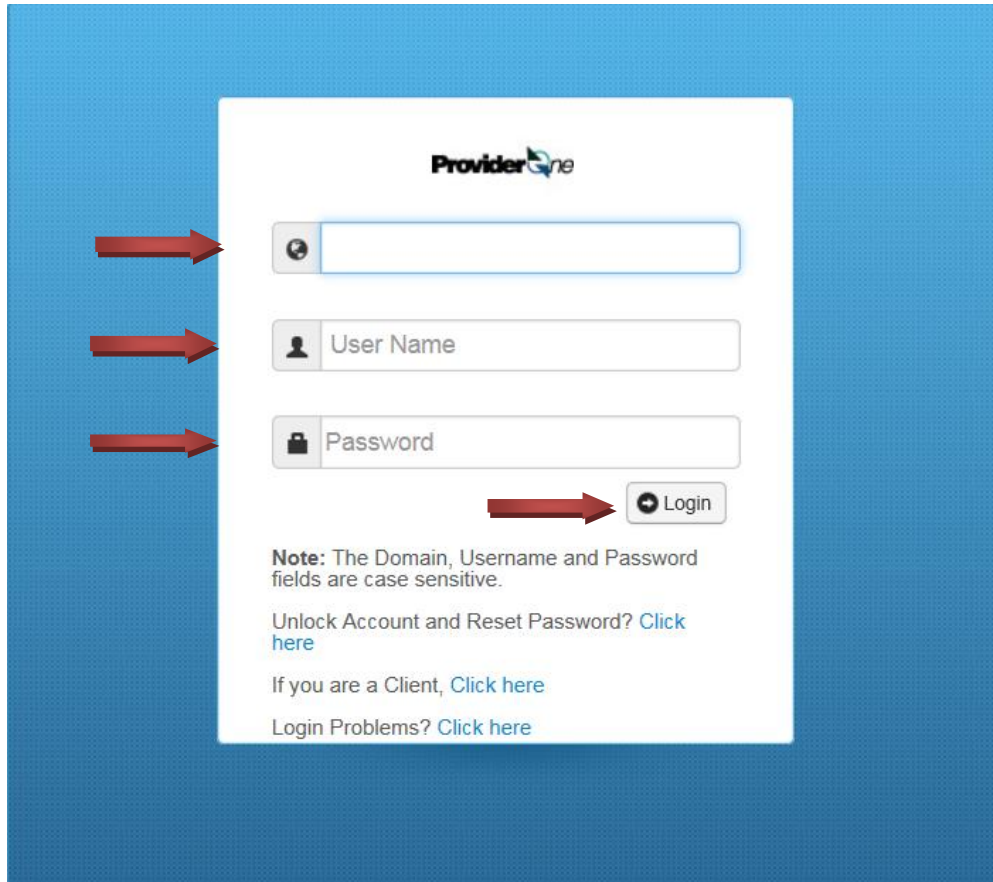
There are 2 types of hospital attestations:

1) **Dual Eligible- Most hospitals are dual eligible hospitals and send their Meaningful Use Attestations to Medicare. You will attest and report only your patient volumes to Medicaid. We will hold your attestation until Medicare informs us that you have passed your MU qualifications, then we will process your Medicaid attestation.**

2) **Non-Dual Eligible- Some Children's Hospitals choose to only submit MU data to Medicaid so they will attest to MU as well as Patient Volume in the same attestation.**

Attestation Process:

To do this you will need your provider's CMS Registration Number, Domain, Username, and Password for ProviderOne. Please refer to the welcome letter you received from the EHR Incentive Program for detailed instructions.

Log into ProviderOne using the logon information you received for the provider with the Domain, Username, and Password.
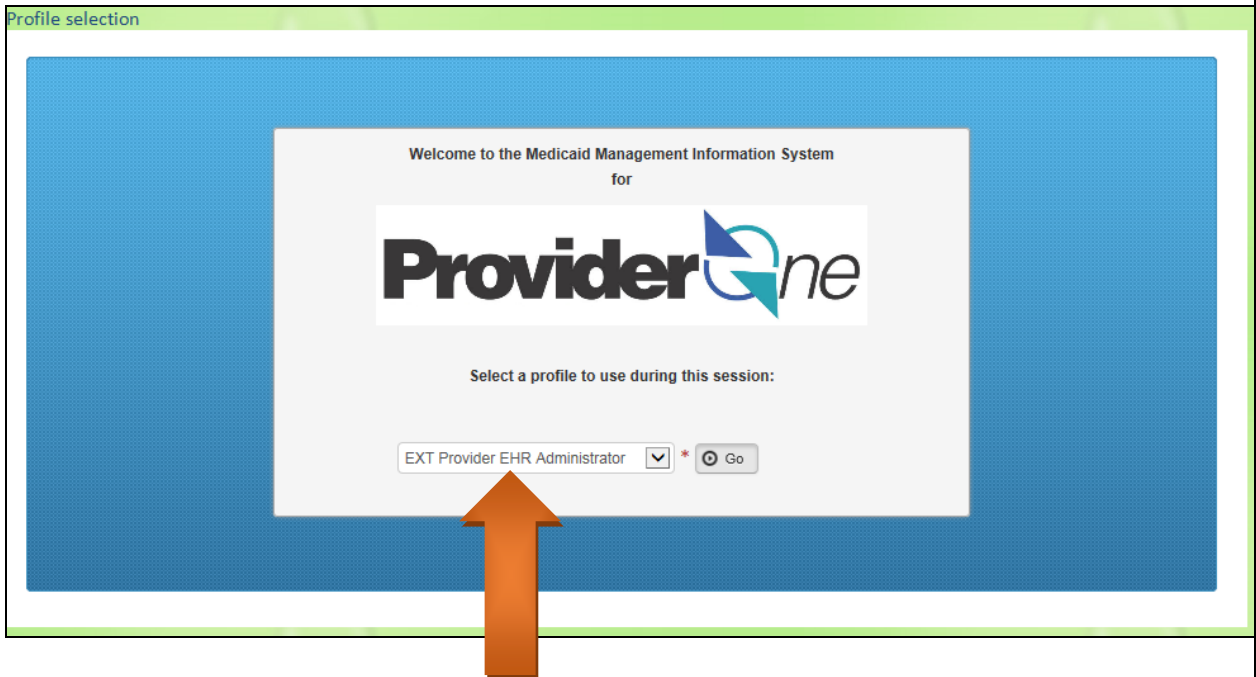
Login to ProviderOne

> ➢ Enter the **Domain**
> ➢ **Username**
> ➢ **Password**
> ➢ Click **Login**

Click on **External Links**, click on **EHR Incentive Payment Program**
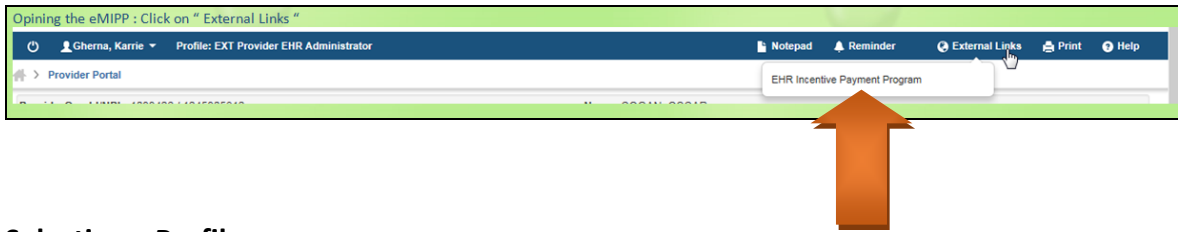
Selecting a Profile:

➢ Select **EXT Provider EHR Administrator**

➢ Click **Go**

Begin Application:

At the EHR MIPP (**eMIPP**) welcome screen, click on

Enter your Registration ID:

> ➢ Enter the **CMS Registration ID** (aka NLR Number)

> ➢ Click

FEDERAL INFORMATION TAB:

> ➢ Select the **Federal Information Tab**

> ➢ Click on current "Payment Year" **Icon**

Review the **Federal Information** that CMS populated from your Registration

Federal Information ✖

Please validate your Federal information. If the information is incorrect contact CMS.

Hospital Information

Hospital Name	: Test Hospital
Provider Type	: Acute_Care_Hospitals
Provider Specialty	: ACUTE CARE, END-STAGE RENAL DISEASE FACILITY (ESRD), GENERAL HOSPITAL, PSYCHIATRIC, RURAL HEALTH CLINIC

Address

Address	: 0000 ABC st
City	: Test
State	: WA
Zip	: 12345-1510
Phone	: (111) 111-1111
Ext	:
E-mail	: test@test.com

Identifiers

The Payee NPI captured below will receive the EHR incentive payment.

Payee NPI	: 1234567808
Payee Tax ID	: 562392010

Exclusions

Code ⬍	Description	Date
	No Exclusions Found.	

Close

NOTE: To update the Federal Information Tab, you must make changes in the CMS registration.

ELIGIBILITY TAB EXAMPLE (May vary for each payment year):

==ADD SCREENSHOT SHOWING TAB:==

➢ Click on the **Eligibility Tab**

➢ Click on the icon for **Payment Year**

Enter Eligibility Information Below:

Cont…

Continue below:

NOTE: Hovering over the [?] will show a box with more detailed information:

1) **REPORTING PERIOD:**

   ➢ **Start Date:** Enter the beginning date of your 90-day date span from the previous year.

   ➢ **End Date:** Will auto-populate once you hit Enter or Tab.

2) **ENCOUNTER INFORMATION ALLOWED BY CMS:**

   ➢ **Medicaid Encounters:** Enter total Medicaid Encounters (Inpatient Discharges and ER only- *See White Paper # 5 for details*.

   ➢ **Total Encounters:** Enter total encounters

3) EHR CERTIFICATION INFORMATION:

- ➢ **EHR Certification Number?** This will populate from the CMS Registration information you entered. You must update it if needed, in the CMS registration. Second Cert Number to be entered manually for CQMs.
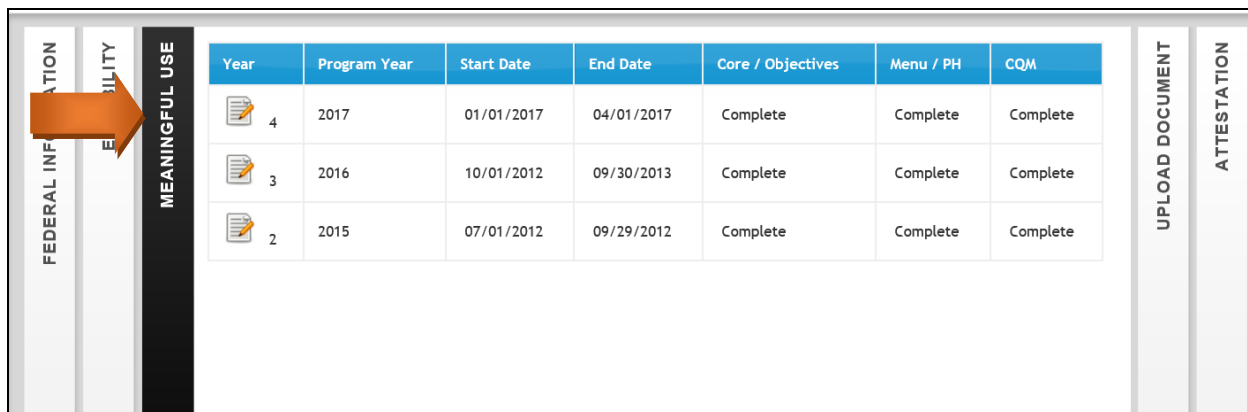
CLICK ON THE SAVE BUTTON WHEN COMPLETED

MEANINGFUL USE TAB EXAMPLE (May vary for each payment year):

THIS SECTION ONLY FOR NON-DUAL ELIGIBLE HOSPITALS. IF ATTESTED TO MEDICARE FOR MU, SKIP THIS SECTION. PROCEED TO UPLOAD DOCUMENT TAB.

If you are a dual eligible hospital, Medicare will transfer information to us.

If you are applying for Meaningful Use (through **Medicaid ONLY**), you will see an extra tab titled MEANINGFUL USE.

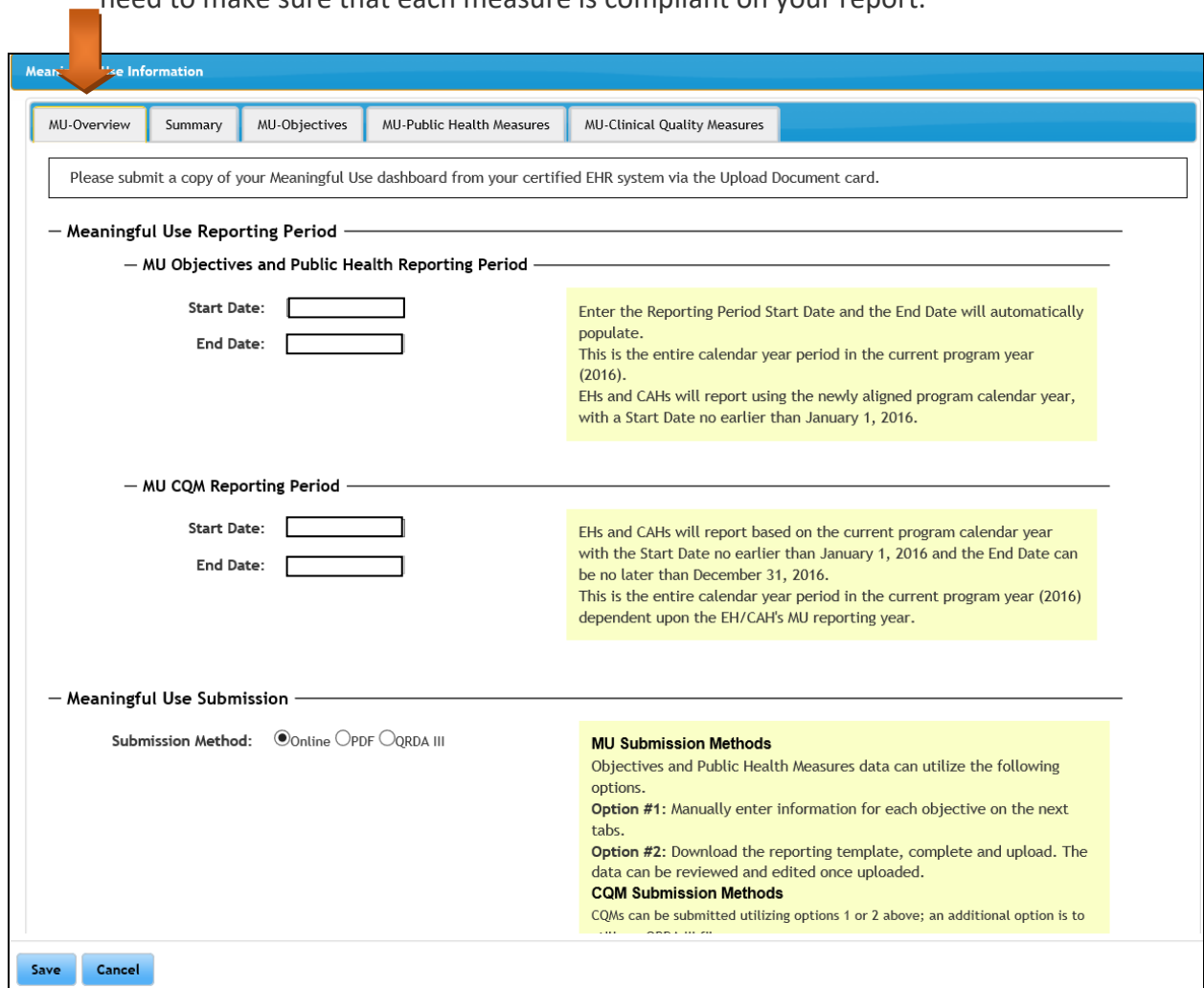| Year	Program Year	Start Date	End Date	Core / Objectives	Menu / PH	CQM
📝 4	2017	01/01/2017	04/01/2017	Complete	Complete	Complete
📝 3	2016	10/01/2012	09/30/2013	Complete	Complete	Complete
📝 2	2015	07/01/2012	09/29/2012	Complete	Complete	Complete

Meaningful Use Overview

EH enters the reporting period Start date and End date will automatically populate. This should be a typical 90 day period in the current payment year.

EH chooses either QRDA III, Online or PDF submission. If EH chooses "PDF," they click on the Download template Icon. Complete the PDF and then upload the PDF where it states "Upload Template" below. (You can also use the PDF on our website, save it to your system, then upload it when you are ready).

If the EH chooses to complete the MU infromation online, EH chooses "Online" and clicks "MU-Core Set" tab at the top of the screen. (See next section)

The Meaningful Use Reporting Completion section shows you that you have completed the indicated section. Completed does not mean compliant. You will need to make sure that each measure is compliant on your report.

To manually Enter Meaningful Use Measures. Check "Online" in your Meaningful Use Submission section:

SUMMARY TAB EXAMPLE (May vary for each payment year):

If the EP chooses to manually enter the MU information, or check a measure see below:

EH is brought to the eMIPP MU-Objectives Tab. EH will click on each objective and enter the required information. A green check mark ✓ will appear when the objective has been completed and a red exclamation point ❗ will show that the objection has yet to be completed. EH's are required to attest to all MU Core Measures. Review and verify each MU Core Measure.

Meaningful Use Information

| MU-Overview | Summary | MU-Objectives | MU-Public Health Measures | MU-Clinical Quality Measures |

Meaningful Use Objectives

- EHs must complete all 8 Meaningful Use Objectives.
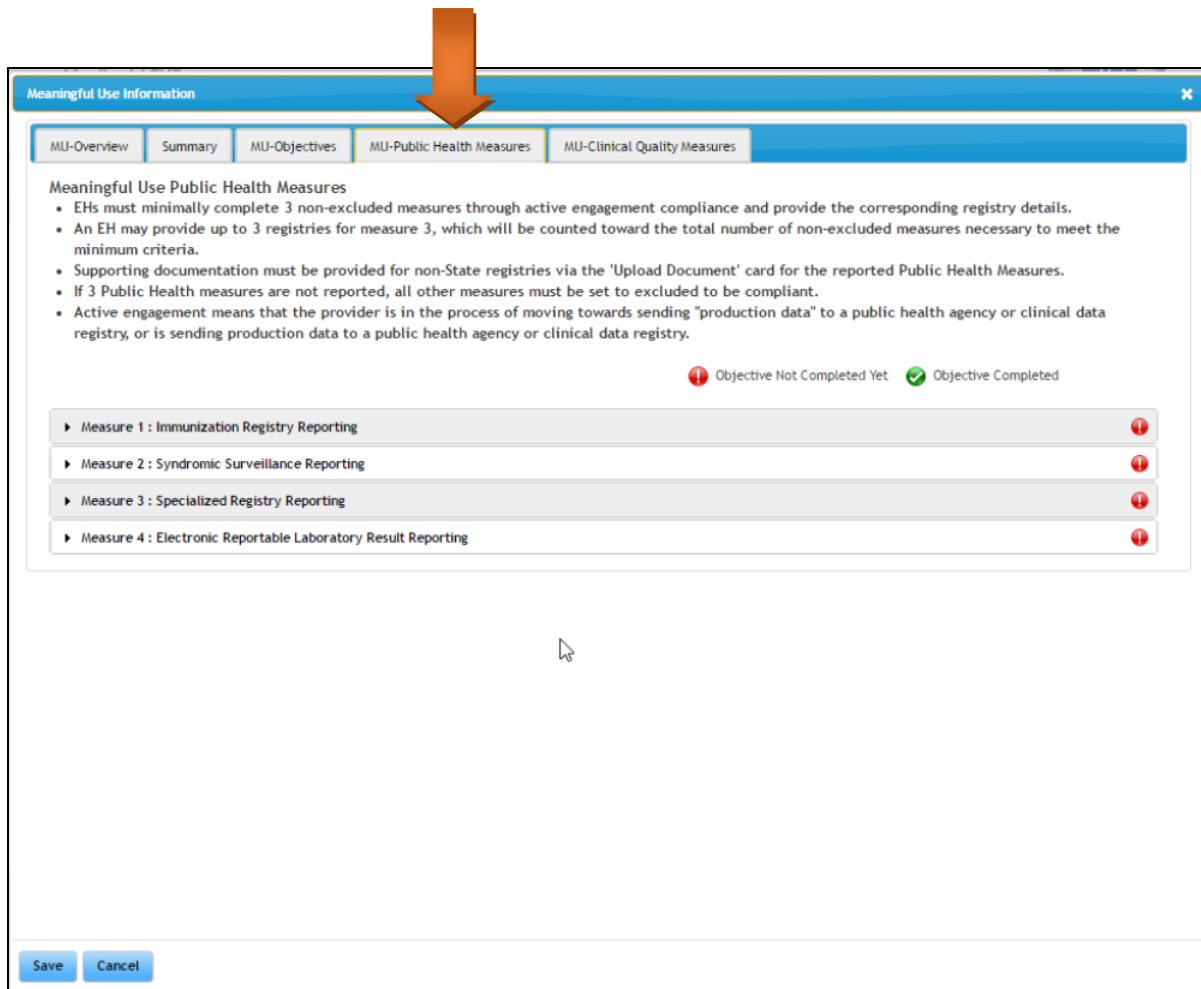
⚠ Objective Not Completed Yet   ✅ Objective Completed

▶ Objective 1 : Protect Patient Health Information ✅

▶ Objective 2 : Clinical Decision Support ✅

▶ Objective 3 : Computerized Provider Order Entry (CPOE) ✅

▶ Objective 4 : Electronic Prescribing ✅

▶ Objective 5 : Health Information Exchange ✅

▶ Objective 6 : Patient-Specific Education ✅

▶ Objective 7 : Medication Reconciliation ✅

▶ Objective 8 : Patient Electronic Access ✅

When clicking on the individual objectives eMIPP will give the <u>objective,</u> <u>measure & exlcusion</u> information, along with tool tips explaining Exclusion requirements and Compliance. EH can scroll down eMIPP MU CORE SET screen completing required MU information and then click Save. If you click 'Save' at anytime before completing all of the MU information eMIPP will take you to the attestation tab so you must return to the Meaningful Use tab. Hit **SAVE** after the section has been completed.

PUBLIC HEALTH MEASURES EXAMPLE (May vary for each payment year):

Select Tab to open, then on each "carrot" to complete:

Continue to the next tab at top of screen called <u>MU-Clinical Quality Measures</u>. EH's must fill out all (16) Meaningful Use Clinical Quality Measures.

When you click on a "Domain" it will open a series of related CQMs:

Clinical Quality Set (CQMs) EXAMPLE (May vary for each payment year):

Meaningful Use Information   ✕

| MU-Overview | Summary | MU-Objectives | MU-Public Health Measures | MU-Clinical Quality Measures |

Meaningful Use Clinical Quality Measures
- Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) must report on all 16 CQMs when utilizing online entry or PDF upload.
- EHs and CAHs must report on 8 CQMs when reporting eCQMs via QRDA III upload via eMIPP. The 8 selected eCQMs must minimally cover 3 of the National Quality Strategy (NQS) domains.
- After utilizing a QRDA III file, EHs and CAHs will not be able to enter CQM information via online entry. Only MU Objectives and Public Health data can be updated via online entry. To update the CQM information, please upload a new QRDA III file via eMIPP.

🔴 Objective Not Completed Yet   ✅ Objective Completed

▸ Domain 1 - Patient and Family Engagement

▸ Domain 2 - Patient Safety

▸ Domain 3 - Care Coordination

▸ Domain 4 - Clinical Process/Effectiveness

Save   Cancel

UPLOAD DOCUMENT TAB:

➢ Click on **UPLOAD** Icon

➢ Select the document from your files to upload, choose a file type then name the item.

Upload Document

Click Browse to Upload File

File Name: *   [   ] [Browse...]

File Type: *   ---SELECT---   ▼
                      ---SELECT---
                      Attestation Summary Report
                      Contract Documents
                      Documents supporting Cost reports
                      Documents supporting Invoice
                      Documents supporting Patient Volume
                      Documents supporting Purchase Order
                      Documents supporting Receipts
                      Email Attachments
                      Lease Documents
                      License Documents
File Description: *   Other Supporting Documents

[Upload] [Cancel]

Mandatory documents are MU Dashboard and Encounter Information. You may be asked for more documents according to your responses.

ATTESTATION TAB:

By clicking on the Printer icon (print preview), you can read the Attestation document in a larger window. Click on 'I ACCEPT THE TERMS AND CONDITIONS'

> ➢ REGISTER button

> ➢ Click the OK button on the pop-up box:
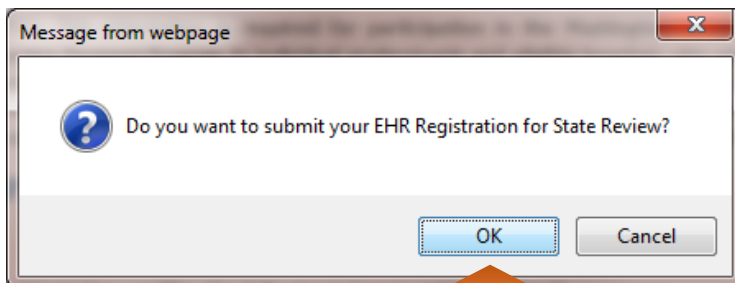
6. That any incentive payments paid to the EP or hospital, later found to have been made based on fradulent or inaccurate information or attestation, may be recouped by the state.
7. That the EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

This Attestation also certifies that the following is true and understood:

1. This EP or hospital is voluntarily participating in the Washington State Medicaid EHR Incentive Program.
2. The EHR certification number provided is the correct number, and accurately represents the certified EHR system or combination of certified EHR modules adopted and/or in use by this EP, group practice, or hospital.
3. Any reassignment of an EHR incentive payment is made voluntarily, and with the full understanding that this means the reassigning EP or hospital will not receive the incentive payment directly.
4. The person completing this electronic attestation is the EP, or the representative of the EP, group practice or hospital, who has been duly authorized to commit the EP or hospital to the statements set forth in this Attestation.

I CERTIFY THAT the information provided in this attestation and during the registration process, as well as in the documents submitted in support of registration, are true, accurate and complete. I have read and understood this entire attestation. I understand that any Medicaid EHR incentive payment made, in part, or wholly as a result of this attestation will be from federal funds, and that falsification, or concealment of material facts may be prosecuted under federal and state laws.

Name : _____
Signature : _____
Date : _____

Close

View your confirmation page:

(You will also receive an automated email from the Washington State EHR Incentive Program)

| Home | Register | Track | Logout |

MIPP Registration

Start Medicaid Incentive Payment (MIPP) Registration

Start

View Status of MIPP registration

View status of Medicaid Incentive Payment Registration

Track

EHR Incentive Program Registration Confirmation

Your Medicaid EHR Incentive Program registration is successfully submitted for State review.

Registration ID : 1000257224
Name : P1User
Payee NPI : 1234567808
Payee Tax ID : 562392010

When you are finished you can Log Out of eMIPP or continue with a new application

Glossary

DOCUMENTATION: Documents showing a business connection with your EHR system. Documents might include an invoice, proof of payment or signed contract. We request 2 of the 3. It is helpful to upload a copy of your ONC Certification as well. If your system has not changed from the first payment year, we may not need more documents. We will contact you if more information is needed. If you are attesting for a group and don't want to upload documents in each application. You may use the Documentation Fax Coversheet with the ORGANIZATION or PAYEE NPI. If you are submitting information for the individual applicant, please upload the document.

ONC NUMBER/CERTIFICATION: A list of certified EHR systems is available through the Office of the National Coordinator for Health Information Technology at:
http://oncchpl.force.com/ehrcert

REPORTING PERIODS

    Eligibility Tab (Patient Volume): Report your 90-days of encounter information.

    Meaningful Use Tab: MU years 2-6 report 90-365 days of MU depending on the stage they are in.

Helpful Tips

90-DAY ATTESTATION DEADLINE: You have 90 days from the receipt of the letter to attest for WA State Medicaid EHR Incentive Program in state EHR Module (eMIPP). If you are beyond those 90-days, go back to your CMS Registration, make any necessary changes and re-submit. This will start the 90-days over. Wait at least 24 hours before you attest in eMIPP.

EHR CERTIFICATION NUMBER (ONC NUMBER): Starting in 2014 you are required, to use a 2014 edition of your EHR system. You can identify a 2014 EHR Certification Number by the 3rd-5th digits. It will have "14E" as those numbers. Contact your vendor for assistance if you do not know where to location that number or if you are unsure you have a 2014 certified product.

In 2017 you can use a 2014, 2015 or hybrid product.

In 2018 a 2015 product is mandatory.

ENROLLMENT YEARS (STAGES):

2016 is the last year to use your AIU option and to enter the Incentive Program.

AIU (not considered Meaningful Use since no data is required, only patient encounters. This options ends after 2016. (No longer an option)

MU- Meaningful Use.

FEDERAL INFORMATION TAB: Information comes from CMS, so changes/updates have to be made there. Make sure the contact information is current/correct. This is who we contact if there are questions and who the automated emails go to. The Payee NPI and Tax ID. The tax liability goes to the Payee NPI and cannot be changed once payment has been issued.

LOG ON ISSUES (Password/User ID/Missing Profile): Contact Security at: provideronesecurity@hca.wa.gov

TRACK vs. START: After you enter the Registration number, click on the orange **START** button. The TRACK button is only for checking status or uploading documents after you have submitted your attestation.

WHEN TO APPLY FOR THE NEXT PAYMENT YEAR: CMS drives the timing. When they determine it is time for you to apply for the next year they send an interface to us that updates your status in eMIPP. We then generate an email to the contact on the application letting them know it is time to apply. One more reason to keep your contact information updated at CMS.

CMS CONTACTS:

CMS EHR CONTACT: 1-888-734-6433 (Option 1)

CMS SECURITY CONTACT: 1-866-484-8049 (Option 3)

HCA Contacts:

HCA EHR Web Page: http://www.hca.wa.gov/healthit/Pages/index.aspx

ProviderOne Security: provideronesecurity@hca.wa.gov

HCA EHR Contact: HealthIT@hca.wa.gov.

Name Change Disclaimer: CMS is renaming the EHR Incentive Programs to the Promoting Interoperability (PI) Programs. Washington does not plan on following the name change however, you will see reference to it in most of our documents. For more information please visit the CMS website.