

# Washington State Medicaid EHR Incentive Program (eMIPP)

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**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:**

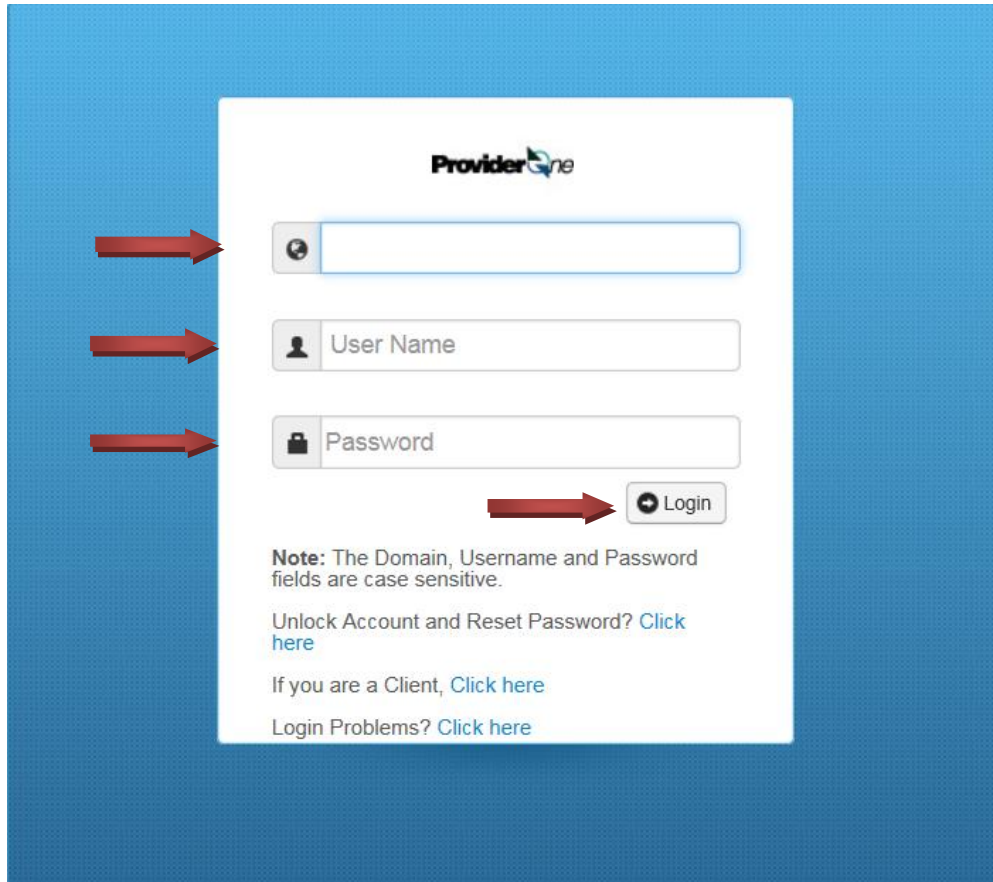
- 1) Dual Eligible-** Most hospitals are dual eligible hospitals and send their Meaningful Use Attestations to Medicare. You will attest and report only your patient volumes to Medicaid. We will hold your attestation until Medicare informs us that you have passed your MU qualifications, then we will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



The screenshot shows the ProviderOne login interface. At the top is the ProviderOne logo. Below it are four input fields: a Domain field with a globe icon, a User Name field with a person icon, a Password field with a lock icon, and a Login button with a plus icon. Red arrows point to each of these elements. Below the fields is a note about case sensitivity and three links for account recovery and client access.

**ProviderOne**

User Name

Password

**Note:** The Domain, Username and Password fields are case sensitive.

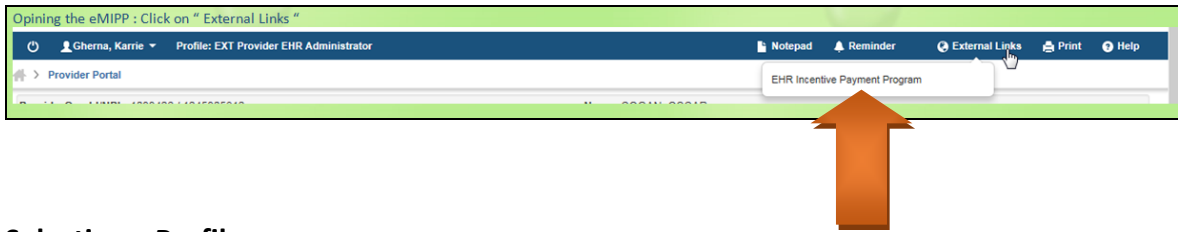
Unlock Account and Reset Password? [Click here](#)

If you are a Client, [Click here](#)

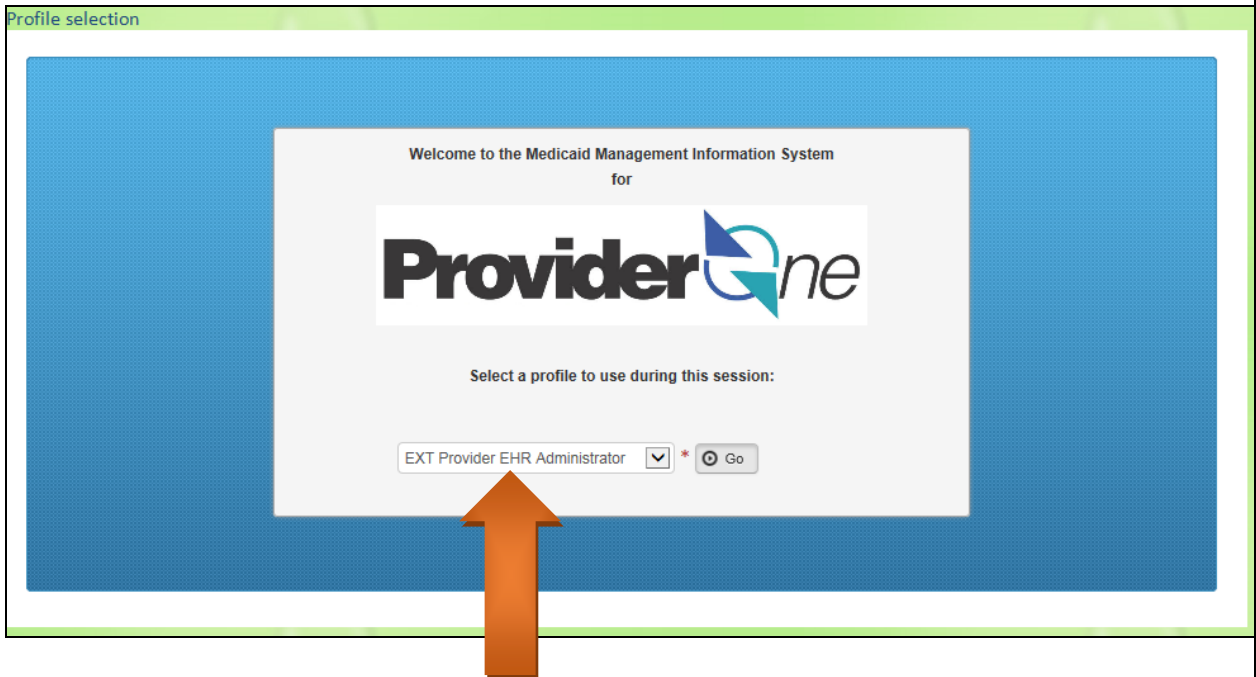
Login Problems? [Click here](#)

- 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

**Start**

## Enter your Registration ID:

Medicaid EHR  
INCENTIVE PROGRAM

EHR  
MIPP

Home Register Track Logout

**Find Registration**  
Enter your CMS Registration ID to begin your EHR Medicaid Incentive Payment Program (EHR MIPP) registration process.

Enter CMS Registration ID:  \*

Search

- Enter the **CMS Registration ID** (aka NLR Number)
- Click **Search**

## FEDERAL INFORMATION TAB:

The screenshot displays the Medicaid EHR Incentive Program interface. At the top left is the logo for Medicaid EHR Incentive Program, and at the top right is the EHR MIPP logo. Below these are navigation tabs: Home, Register, Track, and Logout. The main content area is divided into three sections: Success, Search Criteria, and Login Information. The Success section contains a green checkmark icon and a message: "Received your registration from CMS. Continue with state registration." The Search Criteria section shows "Registration ID : XXXXXXXXXXX" and "NPI : XXXXXXXXXXX". The Login Information section shows "User ID : EHRTTest3" and "Profile : EXT Provider EHR Administrator". Below these sections is a table with a vertical tab labeled "FEDERAL INFORMATION" on the left. The table has four columns: Payment Year, Program Year, Payee NPI, and Provider Type. The rows are numbered 1 to 4. An orange arrow points to the "FEDERAL INFORMATION" tab, and another orange arrow points to the "4" icon in the first row of the table. To the right of the table are four vertical tabs: ELIGIBILITY, MEANINGFUL USE, UPLOAD DOCUMENT, and ATTESTATION.

Payment Year	Program Year	Payee NPI	Provider Type
4	2017	XXXXXXXXXX	EH - Medicaid
3	2016	.XXXXXXXXXX	EH - Medicaid
2	2015	XXXXXXXXXX	EH - Medicaid
1	2014	XXXXXXXXXX	EH - Medicaid

- 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:**

The screenshot shows a web form titled "Eligibility Information" with a close button (X) in the top right corner. The form is divided into several sections:

- Identifying Information:** A box containing the following fields:
  - Registration ID: 1000012378
  - Program Year: 2017
  - NPI: 1477554814
  - Payment Year: 4
- Bold fields are required.** A note indicating that bolded text in the following fields is mandatory.
- EHR Certification Information:** A box containing the following fields:
  - EHR Status:  MU
  - EHR Certification Number:  (bolded)
  - CQM Certification Number:  (bolded)
  - MU Reporting Choice:  (bolded)
  - Email:  (bolded)
- Eligibility Information:** A box containing the following field:
  - Reporting Period:

At the bottom of the form, there are two buttons: "Save" and "Cancel".

Cont...

Continue below:

Eligibility Information

Bold fields are required.

Eligibility Information

Reporting Period

Start Date :  ?

End Date :  ?

Encounter Information

Medicaid Encounters :  ?

Total Encounters :  ?

EHR Certification Information

EHR Status ?

EHR Certification Number:

Email: test@test.com

Save Cancel

**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.

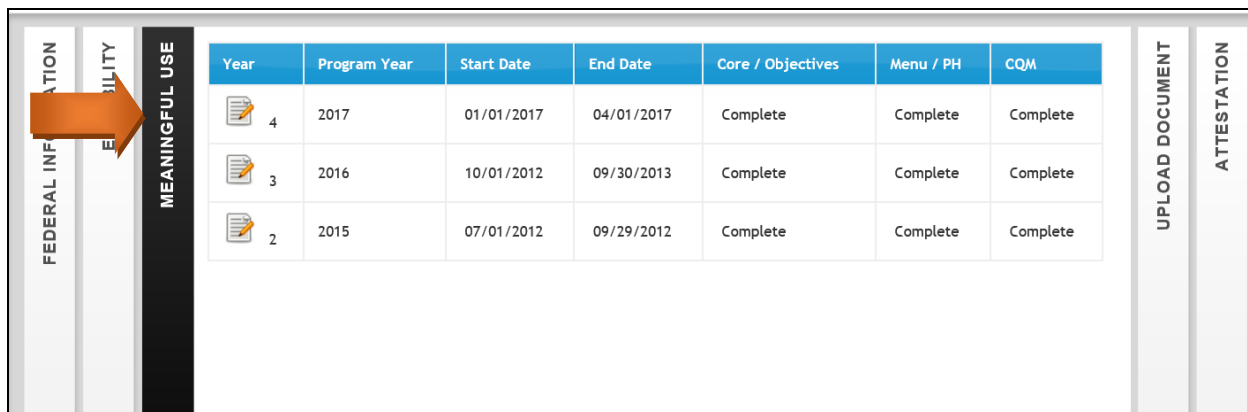
**CLICK ON THE SAVE BUTTON WHEN COMPLETED**

**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

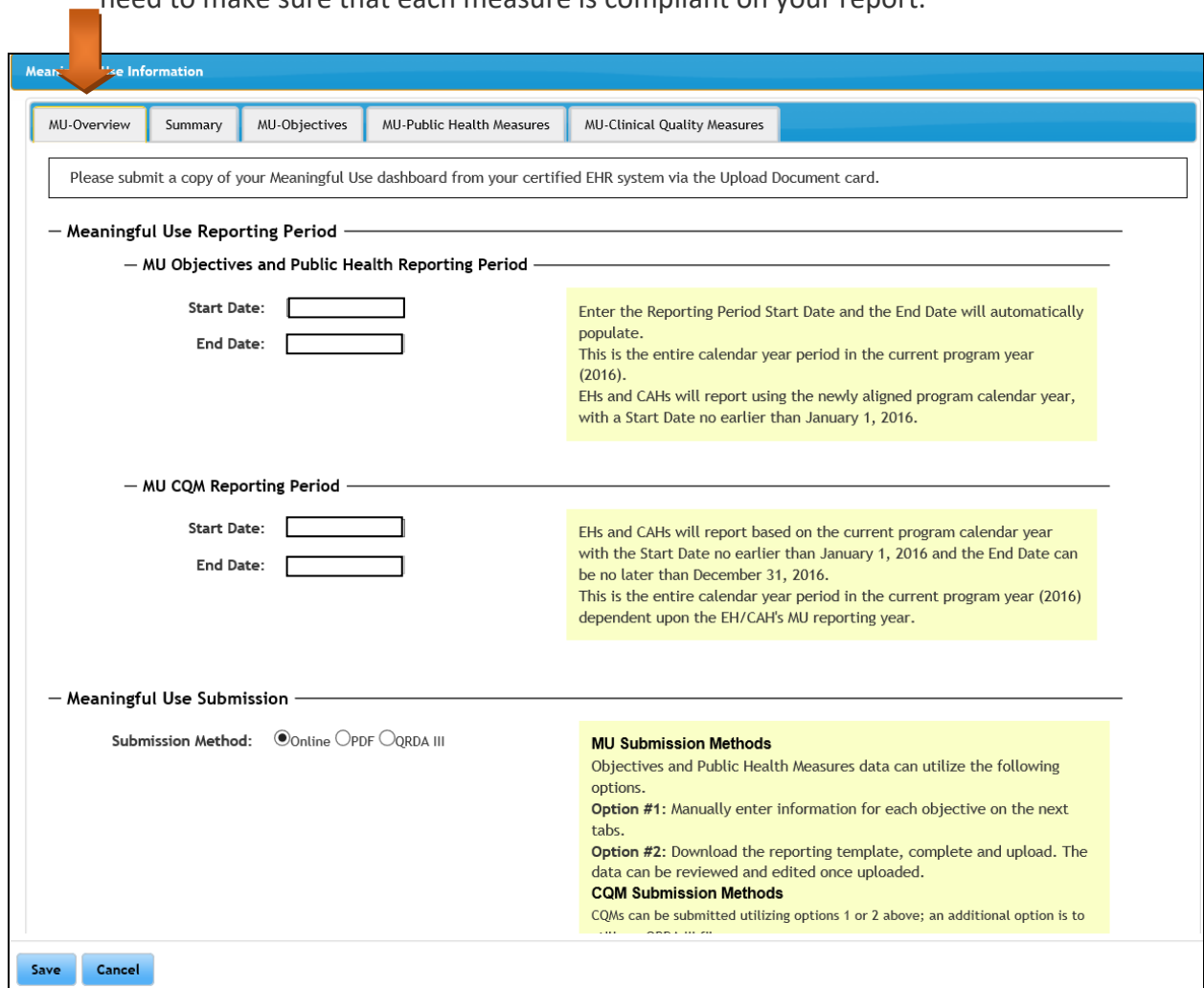
## Meaningful Use Overview

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 information 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.



The screenshot shows a web interface titled "Meaningful Use Information". At the top, there are five tabs: "MU-Overview", "Summary", "MU-Objectives", "MU-Public Health Measures", and "MU-Clinical Quality Measures". An orange arrow points to the "MU-Overview" tab. Below the tabs is a message box: "Please submit a copy of your Meaningful Use dashboard from your certified EHR system via the Upload Document card." The form is divided into three main sections:

- Meaningful Use Reporting Period**
  - MU Objectives and Public Health Reporting Period**
    - Start Date:
    - End Date:
    - Help text: "Enter the Reporting Period Start Date and the End Date will automatically populate. This is the entire calendar year period in the current program year (2016). EHS and CAHs will report using the newly aligned program calendar year, with a Start Date no earlier than January 1, 2016."
  - MU CQM Reporting Period**
    - Start Date:
    - End Date:
    - Help text: "EHS and CAHs will report based on the current program calendar year with the Start Date no earlier than January 1, 2016 and the End Date can be no later than December 31, 2016. This is the entire calendar year period in the current program year (2016) dependent upon the EH/CAH's MU reporting year."
- Meaningful Use Submission**
  - Submission Method:  Online  PDF  QRDA III
  - Help text: "MU Submission Methods: Objectives and Public Health Measures data can utilize the following options. Option #1: Manually enter information for each objective on the next tabs. Option #2: Download the reporting template, complete and upload. The data can be reviewed and edited once uploaded. CQM Submission Methods: CQMs can be submitted utilizing options 1 or 2 above; an additional option is to..."

At the bottom of the form are "Save" and "Cancel" buttons.

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



— Meaningful Use Submission —

Submission Method:  Online  PDF  QRDA III

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

Meaningful Use Information					
MU-Overview					
Summary					
MU-Objectives					
MU-Public Health Measures					
MU-Clinical Quality Measures					
Identifying Information					
		Confirmation Number: XXXXXXXXXX	Program Year: 2017		
		NPI: XXXXXXXXXX	Payment Year: 4		
Meaningful Use Objectives			Numerator	Denominator	Exclusion
1	Protect Patient Health Information		Attestation Measure : Y		
2.1	Clinical Decision Support		Attestation Measure : Y		
2.2	Clinical Decision Support		Attestation Measure : Y		
3.1	Computerized Provider Order Entry (CPOE)		100	100	
3.2	Computerized Provider Order Entry (CPOE)		100	100	
3.3	Computerized Provider Order Entry (CPOE)		100	100	
4	Electronic Prescribing				Y
5	Health Information Exchange		100	100	
6	Patient-Specific Education		100	100	
7	Medication Reconciliation		100	100	
8.1	Patient Electronic Access		100	100	
8.2	Patient Electronic Access				Y
Meaningful Use Public Health Measures			Numerator	Denominator	Exclusion
1	Immunization Registry Reporting				Y
2	Syndromic Surveillance Reporting				Y
3.1	Specialized Registry Reporting				Y
3.2	Specialized Registry Reporting		Attestation Measure : Y		N
3.3	Specialized Registry Reporting		Attestation Measure : Y		N
4	Electronic Reportable Laboratory Result Reporting				Y

**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.

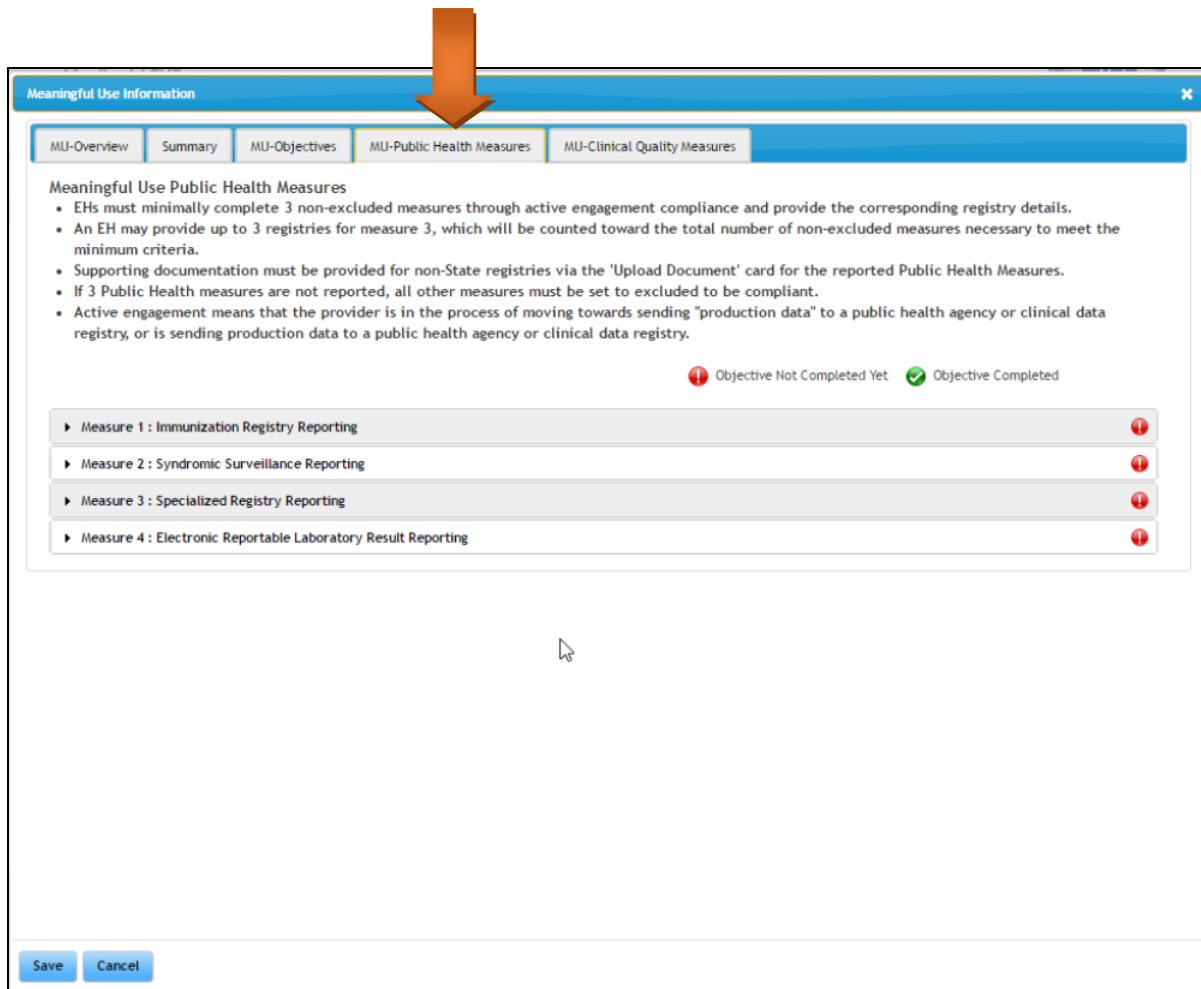
❗ Objective Not Completed Yet ✅ Objective Completed

▶ 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 objective, measure & exclusion 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:



Meaningful Use Information

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

Meaningful Use Public Health Measures

- EHs must minimally complete 3 non-excluded measures through active engagement compliance and provide the corresponding registry details.
- An EH may provide up to 3 registries for measure 3, which will be counted toward the total number of non-excluded measures necessary to meet the minimum criteria.
- Supporting documentation must be provided for non-State registries via the 'Upload Document' card for the reported Public Health Measures.
- If 3 Public Health measures are not reported, all other measures must be set to excluded to be compliant.
- Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry.

🔴 Objective Not Completed Yet 🟢 Objective Completed

- ▶ Measure 1 : Immunization Registry Reporting 🔴
- ▶ Measure 2 : Syndromic Surveillance Reporting 🔴
- ▶ Measure 3 : Specialized Registry Reporting 🔴
- ▶ Measure 4 : Electronic Reportable Laboratory Result Reporting 🔴

Save Cancel

Continue to the next tab at top of screen called MU-Clinical Quality Measures. 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:

The screenshot displays the Medicaid EHR Incentive Program web application. At the top, there is a navigation bar with 'Home', 'Register', 'Track', and 'Logout' buttons. Below this, there are three informational boxes: 'Success' (with a green checkmark icon and text: 'Received your registration from CMS. Continue with state registration.'), 'Search Criteria' (with text: 'Registration ID : 1000046204' and 'NPI : 1003067679'), and 'Login Information' (with text: 'User ID : P1User' and 'Profile : EXT Provider EHR Administrator').

The main content area features a vertical sidebar on the left with tabs: 'GENERAL INFORMATION', 'ELIGIBILITY', 'MEANINGFUL USE', 'UPLOAD DOCUMENT', and 'ATTESTATION'. The 'UPLOAD DOCUMENT' tab is selected and highlighted in black. A large orange arrow points to this tab. To the right of the sidebar is a table with the following data:

Payment Year	Program Year	Payee NPI	View	Upload
2	2014	1003067679		

A large orange arrow points to the 'Upload' icon in the table row.

- Click on **UPLOAD** Icon
- Select the document from your files to upload, choose a file type then name the item.

The image shows a software dialog box titled "Upload Document". At the top, it says "Click Browse to Upload File". Below this, there are three main sections: "File Name: \*" with a text input field and a "Browse..." button; "File Type: \*" with a dropdown menu currently showing "---SELECT---"; and "File Description: \*" with a large text area. The dropdown menu is open, showing a list of document types: "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", and "Other Supporting Documents". At the bottom of the dialog are "Upload" and "Cancel" buttons. Three orange arrows are overlaid on the image: one points to the "Browse..." button, one points to the dropdown menu, and one points to the "Upload" button.

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

## ATTESTATION TAB:

**Medicaid EHR INCENTIVE PROGRAM**

**EHR MIPP**

Home Register Track Logout

**Success**  
Received your registration from CMS. Continue with state registration.

**Search Criteria**  
Registration ID : 1000046204  
NPI : 1003067679

**Login Information**  
User ID : P1User  
Profile : EXT Provider EHR Administrator

FEDERAL INFORMATION ELIGIBILITY MEANINGFUL USE LOAD DOCUMENT **ATTESTATION**

NOTICE: This attestation is required for participation in the Washington State Electronic Health Record (EHR) Incentive Payment Program to individual professionals and eligible hospitals who adopt, implement, upgrade (AIU) or meaningfully use (MU) certified EHR technology in accordance with requirements under United States Department of Health and Human Services, Centers for Medicare & Medicaid Services Final Rule regulations 42 CFR 495, Standards for the Electronic Health Record Incentive Program, revised July 28, 2010. The regulations implement the HITECH Act, part

**Signature**

This Attestation certifies the following is known and understood:

1. That EPs are prohibited from seeking payment from another state or from the Medicare EHR incentive program in this payment year.

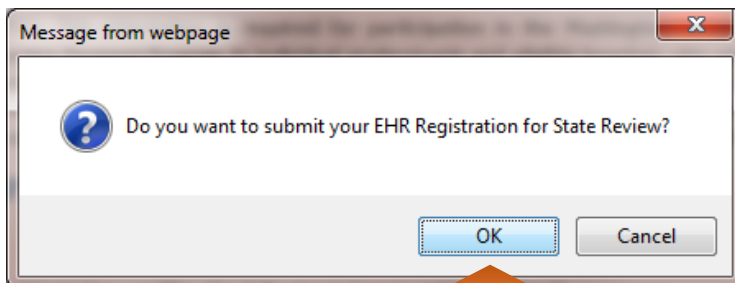
I accept the terms and conditions

**Register**

Printer icon

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:



**Attestation Information**

6. That any incentive payments paid to the EP or hospital, later found to have been made based on fraudulent 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 : \_\_\_\_\_

**View your confirmation page:**

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



**Medicaid EHR INCENTIVE PROGRAM**

**EHR MIPP**

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 3<sup>rd</sup>-5<sup>th</sup> 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:  
[provideronsecurity@hca.wa.gov](mailto:provideronsecurity@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: [provideronsecurity@hca.wa.gov](mailto:provideronsecurity@hca.wa.gov)

HCA EHR Contact: [HealthIT@hca.wa.gov](mailto: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.