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 **Start**
Enter your Registration ID:

- Enter the **CMS Registration ID** (aka NLR Number)
- Click **Search**
Select the Federal Information Tab

Click on current “Payment Year” Icon
Review the **Federal Information** that CMS populated from your Registration

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

Submission Method: Online, PDF, QRDA III

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.
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:

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):

- 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 eHRPI. 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 eHRPI.

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
UPLOAD DOCUMENT TAB:

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

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

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](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.