

# Washington State Medicaid EHR Incentive Program (eMIPP)

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**Eligible Hospital (EH) Guide MU (Meaningful Use)**

**2018**

(Revised August 2018)

**After 2016, Hospitals will not be able to enter the incentive payment program for the first time. In order to continue attesting for future year's payments. You must attest and be paid each year, or you are not able to continue. You can receive up to a total of 4 payments then the EH program is complete. The program is complete in 2021.**

**There are 2 types of hospital attestations:**

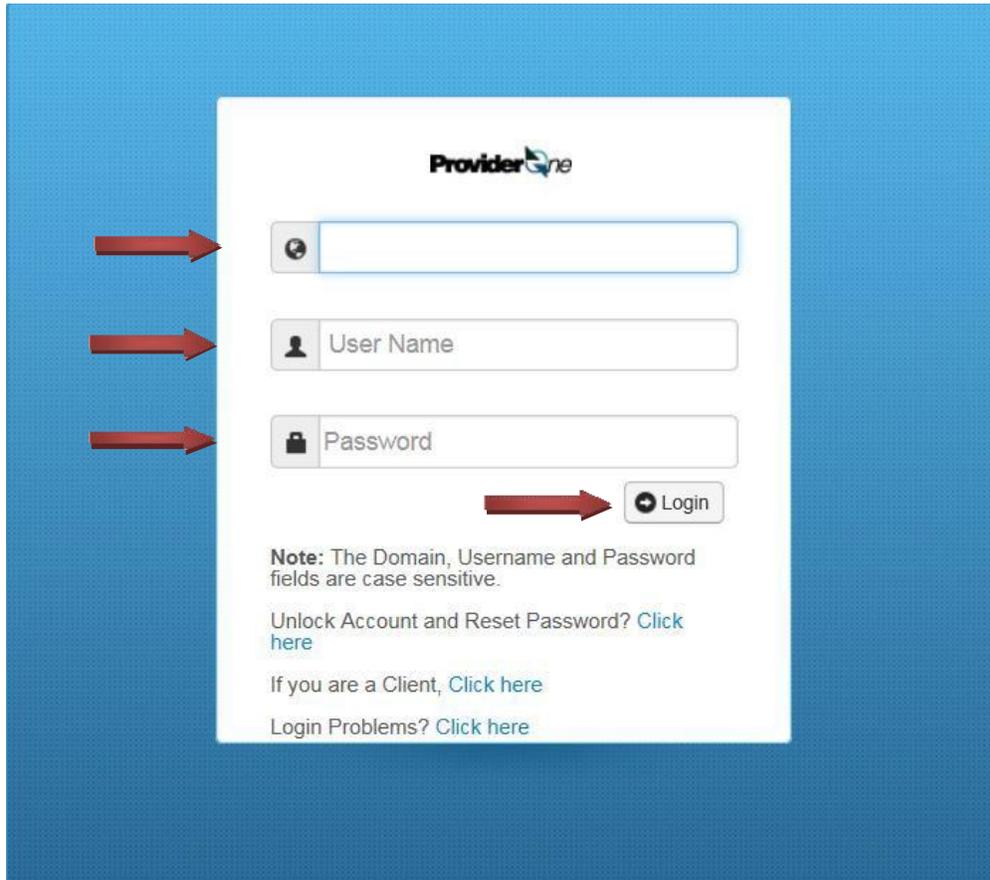
- 1) Dual Eligible- Most hospitals are dual eligible hospitals and send their Meaningful Use/MIPS Attestations to Medicare. You will attest and report only your patient volumes to Medicaid. We will hold your attestation until Medicare informs us that you have passed your MU/MIPS qualifications, then we will process your Medicaid attestation.**
- 2) Non-Dual Eligible- Some hospitals choose to only submit MU data to Medicaid so they will attest to MU, through Medicaid, as well as Patient Volume in the same attestation.**

**Attestation Process:**

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 image shows a login form for ProviderOne. The form is white and centered on a blue background. It contains the following elements:

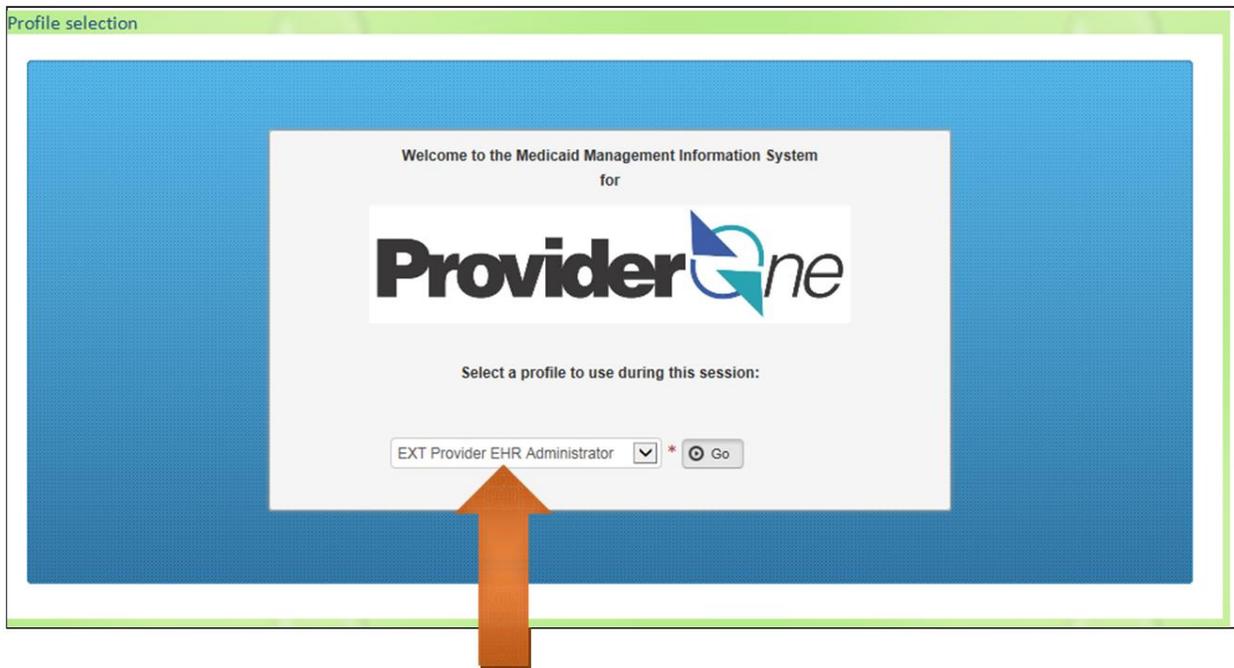
- ProviderOne** logo at the top.
- A text input field for the domain, with a red arrow pointing to it from the left.
- A text input field for the user name, with a red arrow pointing to it from the left.
- A text input field for the password, with a red arrow pointing to it from the left.
- A **Login** button, with a red arrow pointing to it from the left.
- A **Note:** The Domain, Username and Password fields are case sensitive.
- Links for [Unlock Account and Reset Password? Click here](#), [If you are a Client, Click here](#), and [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



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:

Payment Year	Program Year	Payee NPI	Provider Type
4	2018	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):**

- 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 blue header and a close button. The form is divided into sections:

- Identifying Information:** A box containing "Registration ID: 1000012378", "Program Year: 2018", "NPI: 1477554814", and "Payment Year: 4".
- EHR Certification Information:** A larger box containing:
  - EHR Status:** A radio button labeled "MU" is selected.
  - EHR Certification Number:** A text input field containing "0015E7NMJ9HUD0U".
  - CQM Certification Number:** A text input field containing "0015E7NMJ9HUD0U".
  - MU Reporting Choice:** A dropdown menu showing "Modified Stage 2".
  - Email:** A text input field containing "test@abcd.com".
- Reporting Period:** A partially visible section at the bottom.

Below the EHR Certification Information section, a note states: "Bold fields are required." The form includes a vertical scrollbar on the right side.

**Cont...**

**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. Update it if needed, in the CMS registration or in eMIPP. 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 let us know when you pass.)**

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	2018	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

(cont)

## Meaningful Use Overview

EH enters the reporting period Start date and End date will automatically populate. **For 2018 the date span is 90 days for Measures and 90 for eQMs.**

Medicare EHR Incentive Program Clinical Quality Measure Reporting Requirements				
Reporting Year	2017		2018	
Reporting Method	Hospitals (First-time)	Hospitals (Returning)	Hospitals	
# of CQMs	Attestation	16	16	16*
	Electronically	4	4	4
Reporting Period	Attestation	Any continuous 90 days	Four Self-Selected Calendar Quarters	Four Self-Selected Calendar Quarters
	Electronically	One Self-Selected Calendar Quarter	One Self-Selected Calendar Quarter	One Self-Selected Calendar Quarter
Submission Deadline		February 28, 2018	February 28, 2018	February 28, 2019

Medicaid EHR Incentive Program Clinical Quality Measure Reporting Requirements					
Reporting Year	2017		2018		
Reporting Method	EPs	Hospitals	EPs	Hospitals	
# of CQMs	Attestation	6	16	6	16
	Electronically	6	4	6	4
Reporting Period	Attestation	Any continuous 90 days	Full Year (except first-time meaningful users)	Full Year	Full Year
	Electronically	Any continuous 90 days	Any continuous 90 days	Full Year	Any continuous 90 days

\*Attestation is only an option available for Eligible Hospitals and CAHs in specific circumstances when electronic reporting is not feasible under the Medicare EHR Incentive Program.


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EH chooses either QRDA III, Online or PDF submission. **However, if you want to choose PDF or Manual, you must contact us to we can manually override the QRDA choice.** 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.

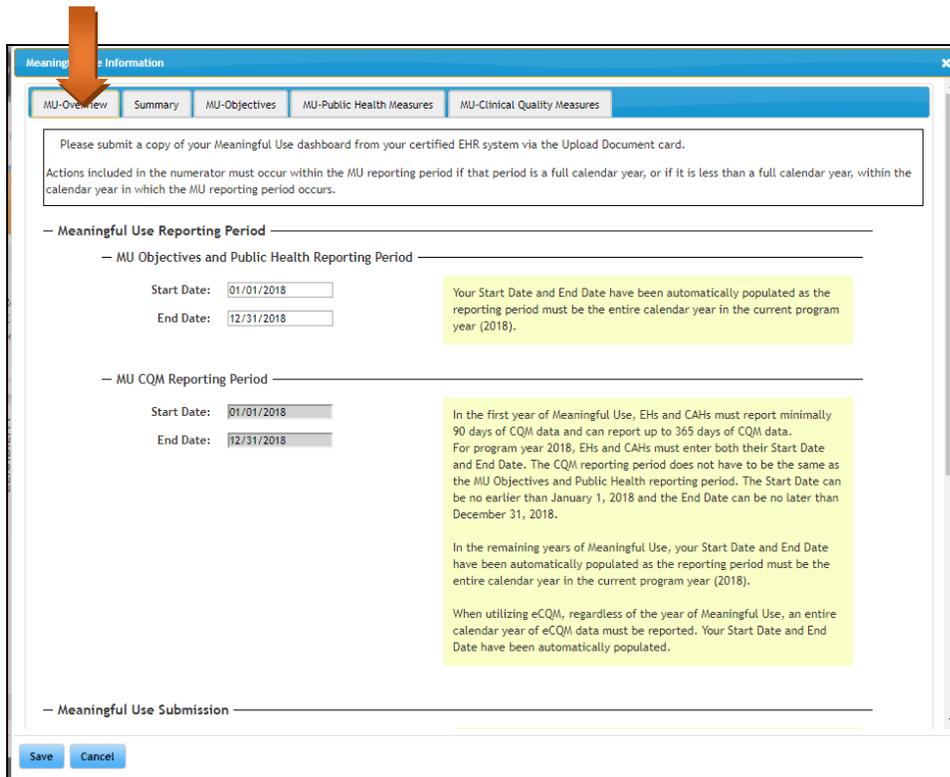
To manually Enter Meaningful Use Measures. Check “Online” in your Meaningful Use Submission section.



— Meaningful Use Submission —

Submission Method:  Online  PDF  QRDA III

### 2018 MU OVERVIEW:



Meaningful Use Information

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

Please submit a copy of your Meaningful Use dashboard from your certified EHR system via the Upload Document card.

Actions included in the numerator must occur within the MU reporting period if that period is a full calendar year, or if it is less than a full calendar year, within the calendar year in which the MU reporting period occurs.

— Meaningful Use Reporting Period —

— MU Objectives and Public Health Reporting Period —

Start Date:

End Date:

Your Start Date and End Date have been automatically populated as the reporting period must be the entire calendar year in the current program year (2018).

— MU CQM Reporting Period —

Start Date:

End Date:

In the first year of Meaningful Use, EHS and CAHs must report minimally 90 days of CQM data and can report up to 365 days of CQM data. For program year 2018, EHS and CAHs must enter both their Start Date and End Date. The CQM reporting period does not have to be the same as the MU Objectives and Public Health reporting period. The Start Date can be no earlier than January 1, 2018 and the End Date can be no later than December 31, 2018.

In the remaining years of Meaningful Use, your Start Date and End Date have been automatically populated as the reporting period must be the entire calendar year in the current program year (2018).

When utilizing eCQM, regardless of the year of Meaningful Use, an entire calendar year of eCQM data must be reported. Your Start Date and End Date have been automatically populated.

— Meaningful Use Submission —

Save Cancel

**2018 SUMMARY TAB:**

**Meaningful Use Information**

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

**Identifying Information**

Confirmation Number: 1000261629      Program Year: 2018  
 NPI: 1992848857      Payment Year: 4

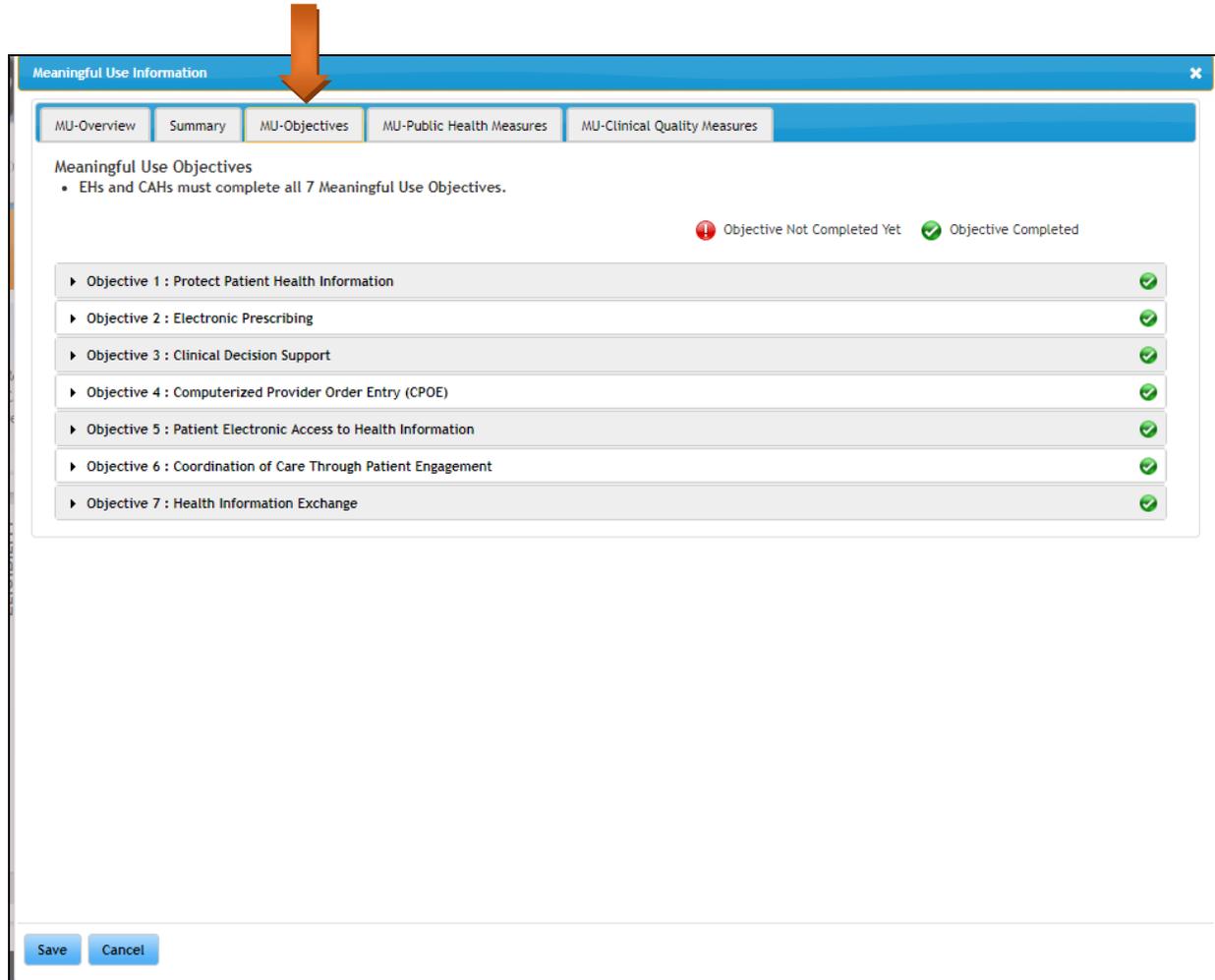
#	Meaningful Use Objectives	Numerator	Denominator	Exclusion
1	Protect Patient Health Information	Attestation Measure : Y		
2	Electronic Prescribing			Y
3.1	Clinical Decision Support	Attestation Measure : Y		
3.2	Clinical Decision Support	Attestation Measure : Y		
4.1	Computerized Provider Order Entry (CPOE)	1	11	
4.2	Computerized Provider Order Entry (CPOE)	11	11	
4.3	Computerized Provider Order Entry (CPOE)	11	11	
5.1	Patient Electronic Access to Health Information			Y
5.2	Patient Electronic Access to Health Information			Y
6.1	Coordination of Care Through Patient Engagement			Y
6.2	Coordination of Care Through Patient Engagement			Y
6.3	Coordination of Care Through Patient Engagement			Y
7.1	Health Information Exchange			Y
7.2	Health Information Exchange			Y
7.3	Health Information Exchange			Y

#	Meaningful Use Public Health Measures	Numerator	Denominator	Exclusion
1	Immunization Registry Reporting	Attestation Measure : Y		N
2	Syndromic Surveillance Reporting			Y
3	Electronic Case Reporting			Y
4.1	Public Health Registry Reporting			Y
4.2	Public Health Registry Reporting			Y
4.3	Public Health Registry Reporting			Y
4.4	Public Health Registry Reporting			Y

Save    Cancel

## 2018 MU OBJECTIVES



The screenshot shows a software window titled "Meaningful Use Information" with a blue header and a close button (X) in the top right corner. Below the header is a navigation bar with five tabs: "MU-Overview", "Summary", "MU-Objectives" (which is highlighted with a yellow background and has an orange arrow pointing to it from above), "MU-Public Health Measures", and "MU-Clinical Quality Measures".

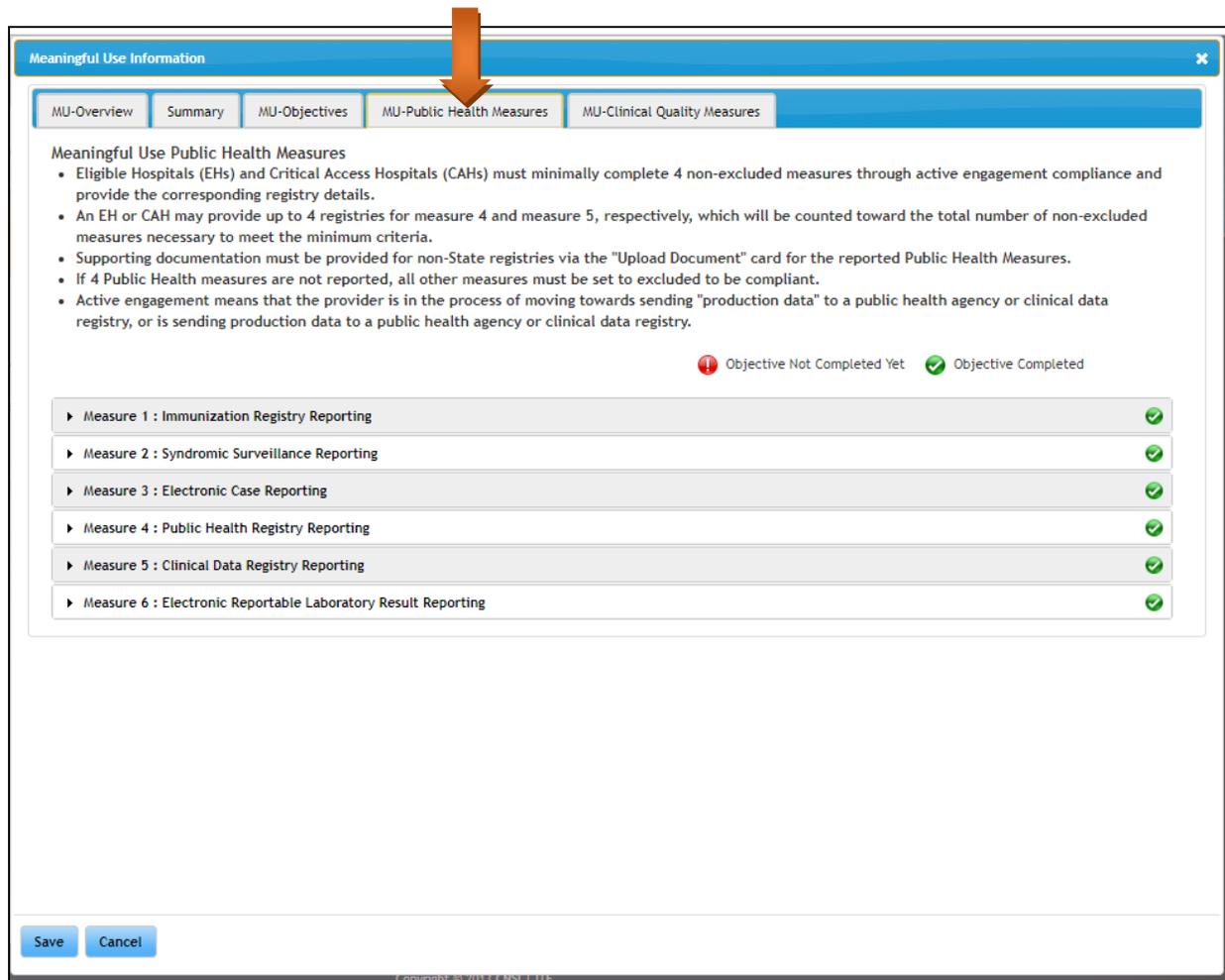
The main content area is titled "Meaningful Use Objectives" and contains a bullet point: "EHs and CAHs must complete all 7 Meaningful Use Objectives." Below this is a legend: a red exclamation mark icon followed by "Objective Not Completed Yet" and a green checkmark icon followed by "Objective Completed".

There are seven objective rows, each with a right-pointing arrow on the left and a green checkmark on the right:

- Objective 1 : Protect Patient Health Information
- Objective 2 : Electronic Prescribing
- Objective 3 : Clinical Decision Support
- Objective 4 : Computerized Provider Order Entry (CPOE)
- Objective 5 : Patient Electronic Access to Health Information
- Objective 6 : Coordination of Care Through Patient Engagement
- Objective 7 : Health Information Exchange

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

## 2018 PUBLIC HEALTH MEASURES



The screenshot displays a software window titled "Meaningful Use Information". At the top, there is a blue navigation bar with a close button (X) on the right. Below the navigation bar are five tabs: "MU-Overview", "Summary", "MU-Objectives", "MU-Public Health Measures", and "MU-Clinical Quality Measures". An orange arrow points to the "MU-Public Health Measures" tab. The main content area is titled "Meaningful Use Public Health Measures" and contains a bulleted list of requirements. Below the list, there are two status indicators: a red exclamation mark for "Objective Not Completed Yet" and a green checkmark for "Objective Completed". A table lists six measures, each with a green checkmark in the right column. At the bottom left, there are "Save" and "Cancel" buttons. At the bottom center, there is a small copyright notice: "Copyright © 2013 CNSI, LLC".

Meaningful Use Information

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

**Meaningful Use Public Health Measures**

- Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) must minimally complete 4 non-excluded measures through active engagement compliance and provide the corresponding registry details.
- An EH or CAH may provide up to 4 registries for measure 4 and measure 5, respectively, 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 4 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 : Electronic Case Reporting	✅
▶ Measure 4 : Public Health Registry Reporting	✅
▶ Measure 5 : Clinical Data Registry Reporting	✅
▶ Measure 6 : Electronic Reportable Laboratory Result Reporting	✅

Save Cancel

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## 2018 CQM TAB



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 : Patient and Family Engagement

▶ Domain : Patient Safety

▶ Domain : Care Coordination

▶ Domain : Clinical Process/Effectiveness

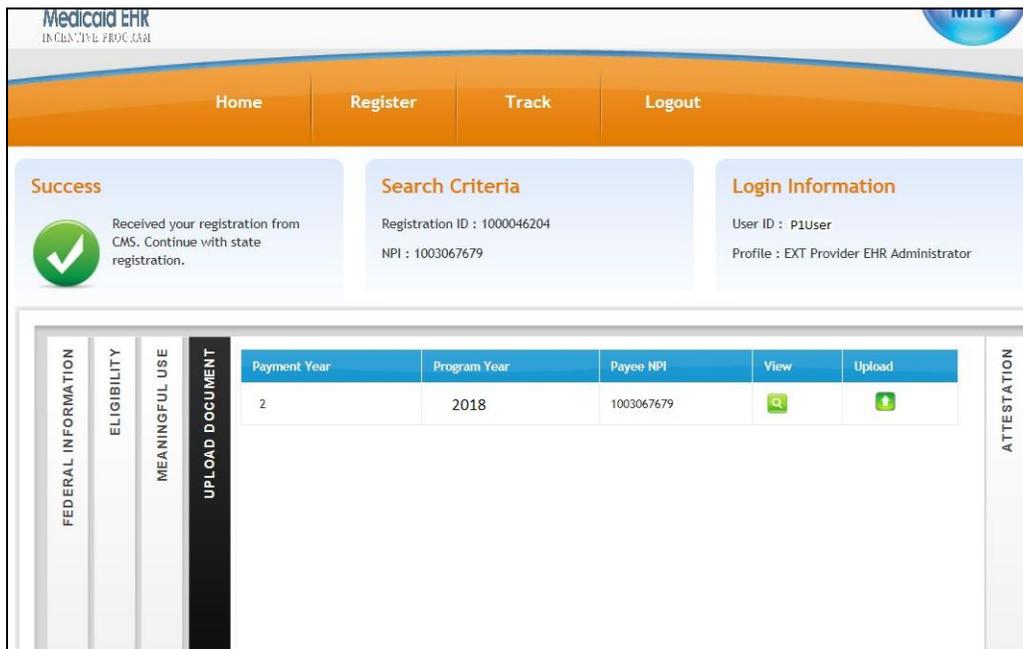
Save Cancel

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

User is brought to the eMIPP MU-Objectives Tab. User 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.

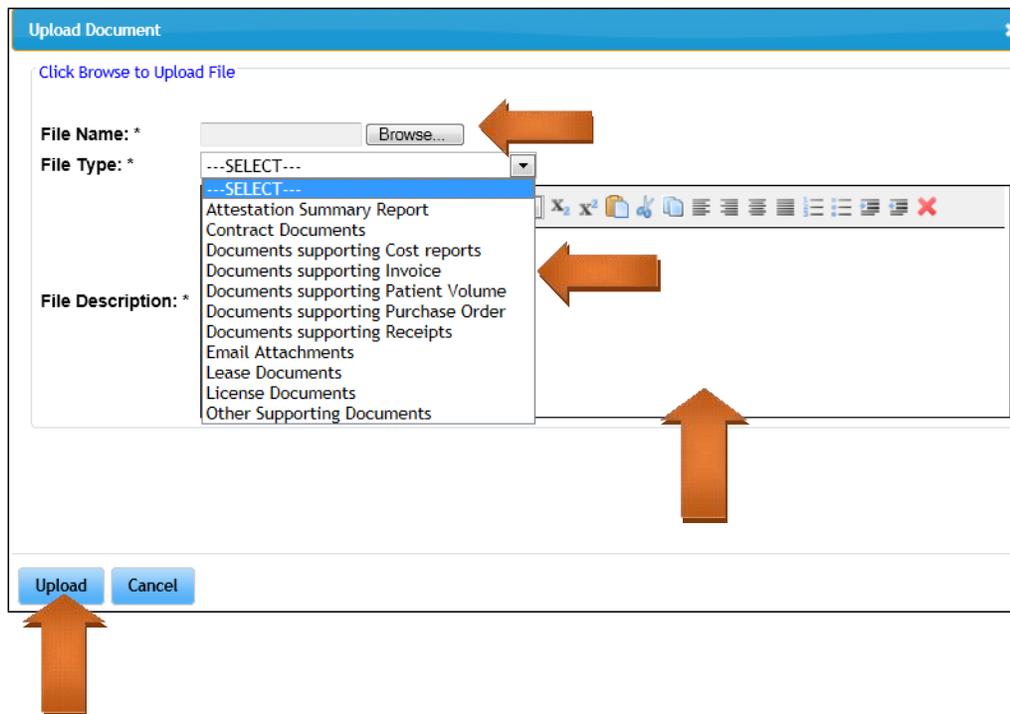
When clicking on the individual objectives eMIPP will give the objective, measure & exclusion information, along with tool tips explaining Exclusion requirements and Compliance. User can scroll down eMIPP MU CORE SET screen completing required MU information and then click Save. If you click 'Save' at 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.

#### UPLOAD DOCUMENT TAB:



Payment Year	Program Year	Payee NPI	View	Upload
2	2018	1003067679		

- 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, Encounter Information and Public Health RegistryChoices Verification. You may be asked for more documents according to your responses.**

Cont...

## 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**

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'. Print the form, sign it and upload it in the Upload Document Tab. If you forget, there is a copy on the Website you can print and sign.

- 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**

## **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 2018 you can use a 2014, 2015 or hybrid product.

In 2019 and beyond, 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.

