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

- Enter the Domain
- Username
- Password
- Click Login

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]
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):

- Click on the **Eligibility Tab**
- Click on the icon for **Payment Year**

**Enter Eligibility Information Below:**

![Eligibility Information Image]

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.

![Meaningful Use Tab Example](image-url)

(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 eCQMs.

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.

2018 MU OVERVIEW:

- Meaningful Use Submission

  Submission Method: 🌐 Online 📄 PDF ☛ QRDA III
2018 SUMMARY TAB:

```
<table>
<thead>
<tr>
<th>#</th>
<th>Meaningful Use Objectives</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Protect Patient Health Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Electronic Prescribing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Clinical Decision Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Clinical Decision Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Computerized Provider Order Entry (CPOE)</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Computerized Provider Order Entry (CPOE)</td>
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<td>11</td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>Computerized Provider Order Entry (CPOE)</td>
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<td>11</td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Patient Electronic Access to Health Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Patient Electronic Access to Health Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>Coordination of Care Through Patient Engagement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>Coordination of Care Through Patient Engagement</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>Coordination of Care Through Patient Engagement</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>Health Information Exchange</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td>Health Information Exchange</td>
<td></td>
<td></td>
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<td>7.3</td>
<td>Health Information Exchange</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>#</td>
<td>Meaningful Use: The Public Health Measures</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Immunization Registry Reporting</td>
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</tr>
<tr>
<td>2</td>
<td>Syndromic Surveillance Reporting</td>
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<td>Y</td>
</tr>
<tr>
<td>3</td>
<td>Electronic Case Reporting</td>
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<td></td>
<td>Y</td>
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<tr>
<td>4.1</td>
<td>Public Health Registry Reporting</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>4.2</td>
<td>Public Health Registry Reporting</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>4.3</td>
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<tr>
<td>4.4</td>
<td>Public Health Registry Reporting</td>
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</tr>
</tbody>
</table>
```

Confirmation Number: 1000241629
NPI: 1952848857
Program Year: 2018
Payment Year: 4
2018 MU OBJECTIVES

Meaningful Use Objectives
- EMs and CMs must complete all 7 Meaningful Use Objectives.

- 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
2018 PUBLIC HEALTH 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.

- 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

Objective Not Completed Yet  Objective Completed
2018 CQM TAB

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 eMIP. 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 CQI information via online entry. Only MU Objectives and Public Health data can be updated via online entry. To update the CQI information, please upload a new QRDA III file via eMIP.

- Domain: Patient and Family Engagement
- Domain: Patient Safety
- Domain: Care Coordination
- Domain: Clinical Process/Effectiveness

Objective Not Completed Yet □ Objective Completed □
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 objective 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:

- 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.
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:
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
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 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: 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.