# Washington State Medicaid EHR Incentive Program
## 2014 <u>Hospital</u> Application Worksheet

The 2014 application worksheet is the companion piece to the Washington State Medicaid EHR Incentive Program Web-based application (eMIPP) and should be prepared prior to completing and submitting your program application.  You will want to consult the eMIPP User Guide to ensure that the correct information is in the correct fields.   Each eligible hospital, professional or their designee must complete the application and attestation process individually.


# STEP 1 – REGISTER WITH CMS FOR THE PROGRAM

Prior to starting in eMIPP, you must register with the Centers for Medicare and Medicaid Services (CMS).  Use this link to access their EHR materials and processes:
**http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html**

There are some things to keep in mind when registering. CMS sends us basic information that will populate some of the fields in eMIPP.  These cannot be changed in eMIPP, so please be mindful of your information.  If you find that this information needs to be changed, it has to be changed in the CMS registration and re-submitted in order to update our system, which takes up to24 hours.

**KEY POINTS:**

> **Contact Information:**
> When applying/attesting on behalf of a provider in eMIPP, please make sure you are listed as the current contact person with CMS (and your email as the contact email).  If you have a change in staff working with your EHR account, it is imperative that you also update your contact information with CMS.  Our files are updated based on the information you provide CMS.  <u>If you are not listed as the contact person, we will not be able to discuss any information with you and you will not receive automated information about your attestation</u>. This is an effort to protect and restrict unauthorized access to your account information.  Sometimes using a "generic" email is beneficial.  Only the email and phone number get transferred into our system.

**ONC Number:**
The EHR number that identifies your EHR system. In 2015, you "must" have a 2014 certified edition of your EHR in order to attest.  We will need a copy of your ONC Certificate when you attest.  You will find the certificate on the ONC website:
http://oncchpl.force.com/ehrcert/ehrproductsearch

# STEP 2: Gathering Information for eMIPP:

## Log-in Info:

**Hospital Name:** _____

**NPI:** _____

**Eligible Hospital's Domain:** _____User ID: _____ Password: _____

**CMS Registration Number (NLR #):**_____

# STEP 3: Patient Volumes
1.  What stage are you with regard to your certified electronic health record technology?
☐ Adopted ☐ Implemented ☐ Upgraded ☐ Meaningful Use

**PATIENT VOLUMES**
Eligible hospitals must provide the following information regarding patient volume and indicate the 90-day period within the CMS determined time-line from which your totals were obtained.  This information should be based on Medicaid fee-for-service claims, Medicaid managed care encounters, Medicaid zero paid claims and/or Medicaid denied claims unless the claims was denied because of   ineligibility.  CHIP and "State Only" funded encounters are not included***.

***Short-cut to removing CHIP and State-Only Funded encounters:**
The state has simplified the approach to calculating patient volume by providing a single multiplier to calculate and adjust for CHIP and "State Only" encounters, eliminating the administrative burden associated with pulling and reconciling a detailed report for each individual or group.

Washington analyzed historical paid fee-for-service claims and managed care encounter data to determine an average proportion of the ineligible statewide CHIP and State only encounters.

| Category | CHIP | State Only | Total |
|---|---|---|---|
| Percentage of all paid encounters | .01 | .04 | .05 |

Washington will use a total multiplier of .95 for eligible professionals (.99 for State Only and .96 for CHIP only if you have to separate them). FHQCs, RHCs and Tribal Clinics (if using the Medically Needy Calculation) will only use the .99 multiplier to remove State Only since CHIP is recorded on a separate line.

If you are an eligible hospital, you will need to provide the following:

1. 90-day period :_____

2. Total Inpatient Discharges (all payers):_____

3. Total ER encounters (all payers):_____

4. Medicaid Inpatient Discharges x **.95\*\*\***:_____

5. Medicaid ER Encounters x **.95\*\*\***:_____

# STEP 4: GATHER DOCUMENTS TO UPLOAD:

Having your documentation ready to upload during the attestation process will save you time and increase your processing time to payment. **Please upload your documentation into your application by using the _Upload Documentation Tab_.**

Please see the "White Papers" about EHR Documentation and Encounter Reports on our website: www.hca.wa.gov/healthit

# STEP 5: ATTESTATION AND AUDIT INFORMATION

Applicants will be required to electronically sign an attestation prior to completing and submitting their online information. <u>This Attestation certifies the following is known and understood</u>:

1. EHs are prohibited from seeking payment from another state or from the Medicare EHR incentive program in this payment year.
2. The State can review, verify and/or audit all information provided by the hospital, both prior to and after payment has been made.
3. The State can request supporting information not provided as part of the Washington Medicaid EHR registration, and can review, verify and/or audit both prior to and after payment has been made.
4. The hospital is required to retain the documentation that verifies patient volume calculations, AIU, MU, and any other information that validates the appropriateness of the EHR incentive payments received, and do so for 6 years from the date of the final payment.
5. The submission of any false information in this agreement or this process may result in the EP or hospital being declared ineligible to participate in the Washington State Medicaid EHR Incentive Program.
6. Any incentive payments paid to the hospital, later found to have been made based on fraudulent or inaccurate information or attestation, may be recouped by the State.
7. 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.

**<u>The Attestation also certifies that the following is true and accurate:</u>**

1. With awareness and informed consent, this 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 hospital.
3. The person completing this electronic attestation is the assigned representative of the hospital, who has been duly authorized to commit the hospital to the statements set forth in this Attestation.

For all other questions or for additional information, please visit: www.hca.wa.gov/healthit
or email us at HealthIT@dshs.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.