

# Washington State Medicaid EHR Incentive Program (eMIPP)

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## Eligible Professional (EP) Training Guide

2017-2018 Modified Stage 2, Stage 3

(Revised August 2018)



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## Steps for Eligible Professionals Applying for Meaningful Use

### Accessing eMIPP through ProviderOne:

Providers must attest to Meaningful Use within the eMIPP application to qualify for the EHR Incentive Payment.

- **Meaningful Use:** Expanding the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training.

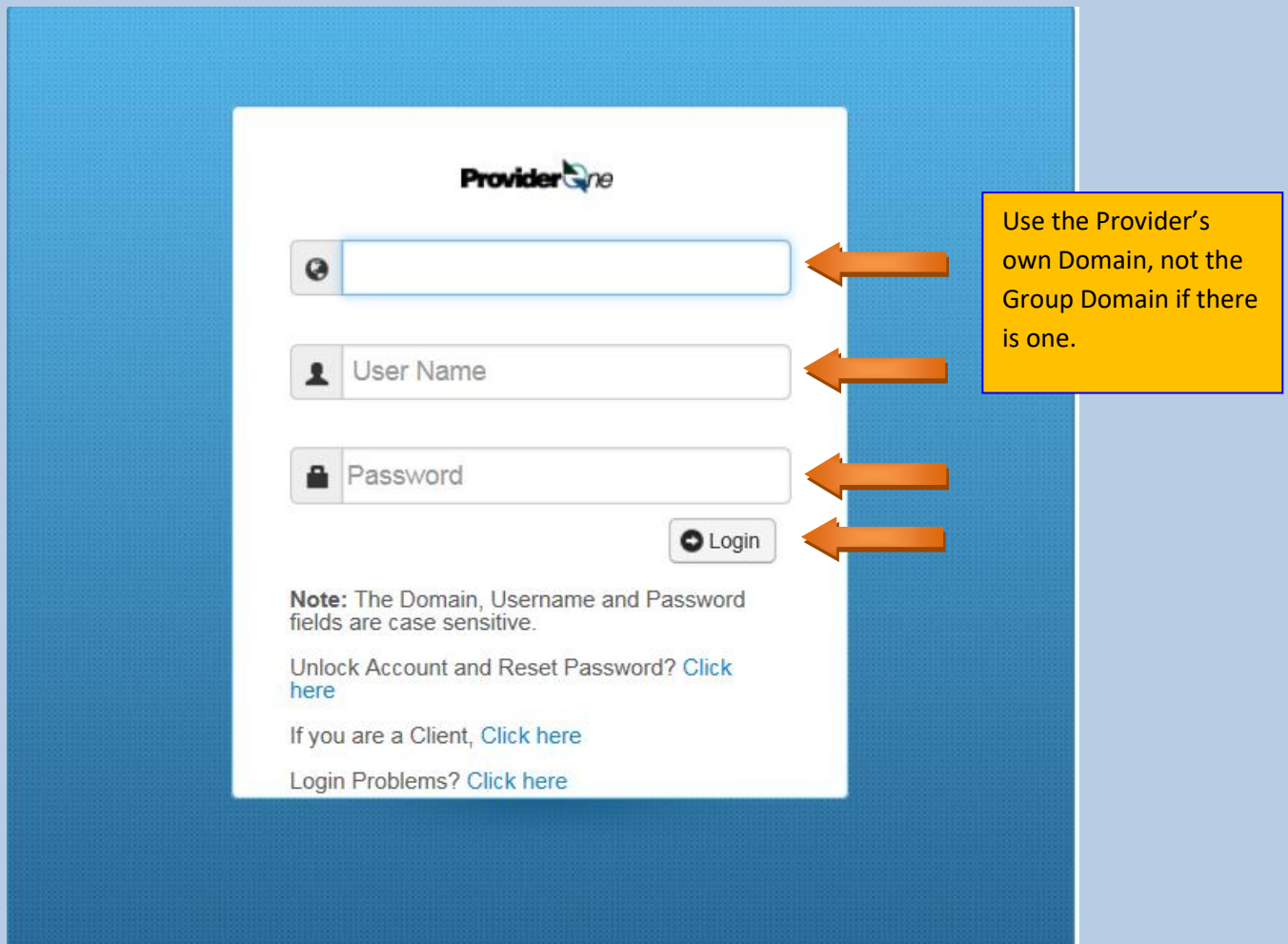
***NOTE: The Last year to enter the program for payment was 2016. eMIPP is currently being updated with the new CMS changes. The go-live date for 2017, 2018 attestations is September 21, 2018. We will allow 2 months beyond the go-live date to submit your 2017 attestations (November 21, 2018). The MU year 2018 deadline will be 2/28/19. The 2018 CQM reporting period is a full 365 days. Please see our website and sign up for GovDelivery to make sure you do not miss important information.***

### **Things to check for before you attest:**

- eMIPP pays to the Tax ID/SSN attached to the Payee NPI in ProviderOne. Make sure you have the appropriate Payee NPI in your CMS Registration.
- Make sure that your provider is set up as a “Servicing Provider” under any group NPI you wish the payment to go to and/or an Organization NPI you will be using. ProviderOne must see a business relationship or it will not allow you to attest.
- If your contact information has changed (email; etc). Update that information in your CMS Registration prior to attesting and submit it. CMS will update eMIPP in 24 hours.
- If you need help with your eMIPP log-on credentials contact Security at 800-562-3022 ext 19963 or [provideronesecurity@hca.wa.gov](mailto:provideronesecurity@hca.wa.gov)
- Before the system lets you “submit” your attestation you must upload mandatory documents- Encounter Information (in excel), your MU Dashboard and any Public Health Registry verification. Be sure to have them available. You will be able to upload additional documents after you attest, if needed.

## Login to ProviderOne

ProviderOne Portal link <https://www.waproviderone.org>



The screenshot shows the ProviderOne login interface. It features a white login box on a blue background. The box contains the ProviderOne logo at the top, followed by 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 right-pointing arrow icon). Four orange arrows point from a yellow callout box on the right to each of these four elements. Below the input fields, there 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](#)

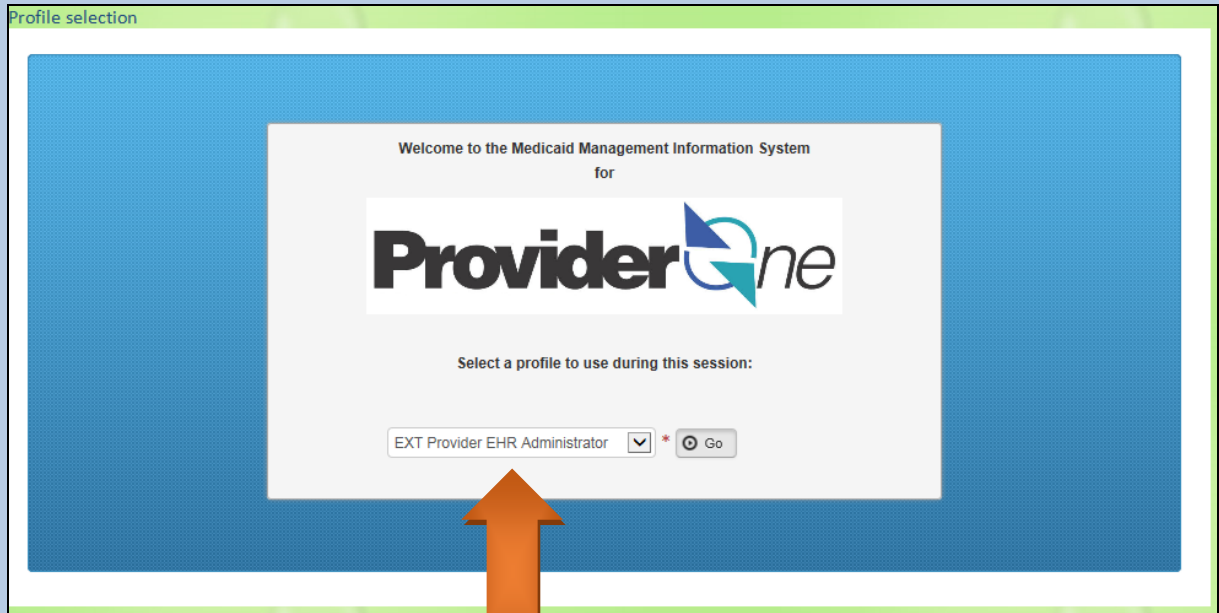
If you are a Client, [Click here](#)

Login Problems? [Click here](#)

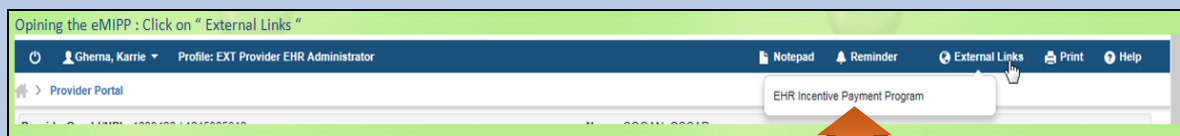
Use the Provider's own Domain, not the Group Domain if there is one.

- Enter the Individual Provider's **Domain**
- **Username**, and
- **Password**
- Click **Login**

## Selecting a Profile:



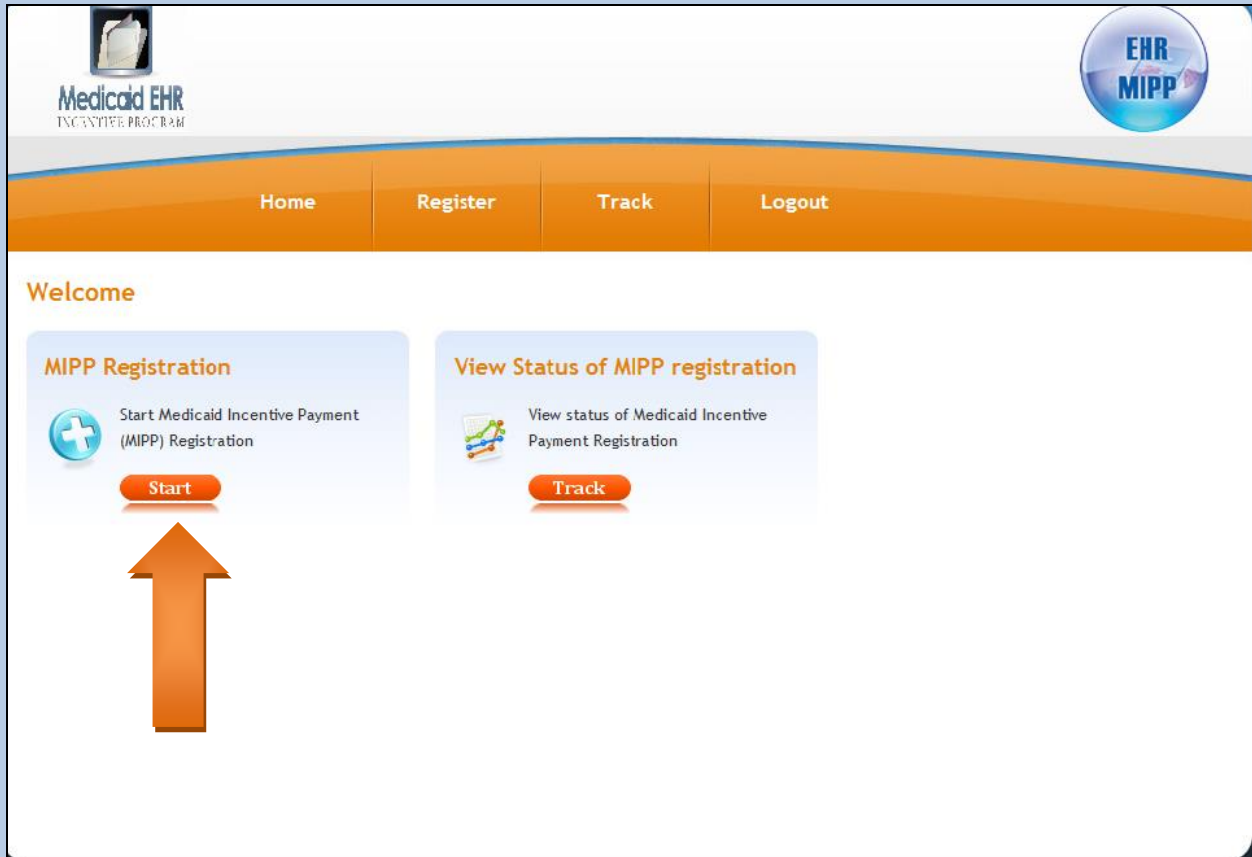
- Select **EXT Provider EHR Administrator**
- Click **Go**



- Click on **External Links**
- Click on **EHR Incentive Payment Program** from the drop-down. If you do not see the drop-down you may be in the wrong Domain. Do not use your "Group" Domain, use the individual's Domain to log in.

## BEGINNING THE ATTESTATION:

**\*\*\*Please note that screen shots may slightly vary for different program years (2017-2018)**



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:

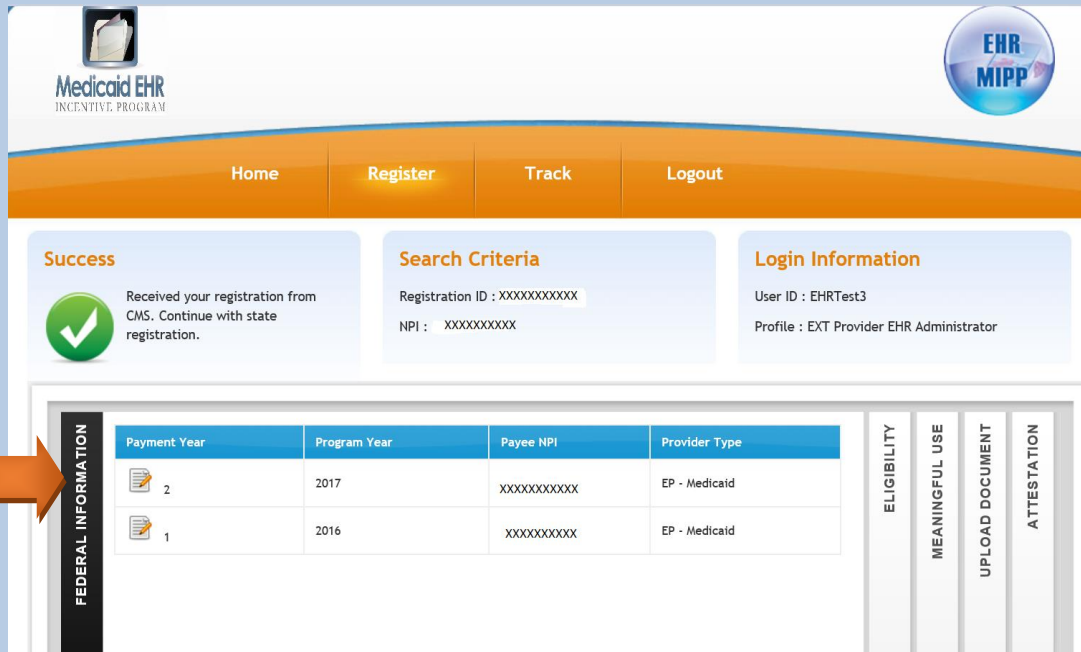
Search

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

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## **FEDERAL INFORMATION TAB:**


- Select the **Federal Information Tab**
- Click on the top **“Payment Year” Icon**



**Medicaid EHR INCENTIVE PROGRAM**

**EHR MIPP**

Home Register Track Logout

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

**Search Criteria**  
 Registration ID : XXXXXXXXXXXX  
 NPI : XXXXXXXXXXXX

**Login Information**  
 User ID : EHRTes3  
 Profile : EXT Provider EHR Administrator

Payment Year	Program Year	Payee NPI	Provider Type
2	2017	XXXXXXXXXX	EP - Medicaid
1	2016	XXXXXXXXXX	EP - Medicaid

**FEDERAL INFORMATION**

ELIGIBILITY  
MEANINGFUL USE  
UPLOAD DOCUMENT  
ATTESTATION

*(cont. next page)*



Review the **Federal Information** that CMS populated from your Registration. If all is correct, then click on **CLOSE**. Please note that the Tax ID associated to the Payee NPI will receive the tax liability.

Federal Information
✕

Please validate your Federal information. If the information is incorrect contact CMS.

### Personal Information

<b>First Name</b>	: Polly
<b>Middle Initial</b>	:
<b>Last Name</b>	: Provider
<b>Suffix</b>	:
<b>Provider Type</b>	: Nurse_Practitioner
<b>Provider Specialty</b>	:

### Address

<b>Address</b>	: 319 5th St. SW
<b>City</b>	: Puyallup
<b>State</b>	: WA
<b>Zip</b>	: 98371
<b>Phone</b>	: 206-XXX-XXXX
<b>Ext</b>	:
<b>E-mail</b>	: dummy_coordinator@idakarlincenter.com

### Identifiers

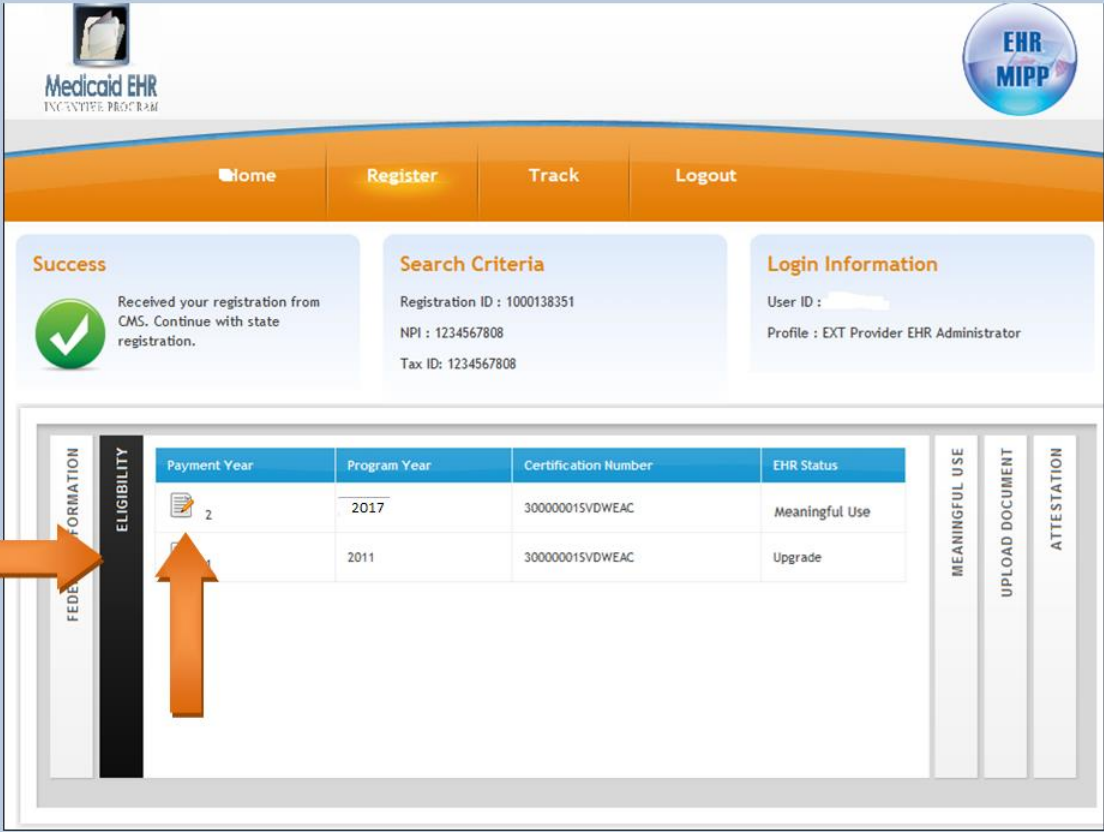
The Payee NPI captured below will receive the EHR incentive payment.

<b>Payee NPI</b>	: .XXXXXXXXXX
<b>Payee Tax ID</b>	: 91-XXXXXXXXXX
<b>Payee Organization Name</b>	:
<b>Payee Suffix</b>	:
<b>Payee First Name</b>	:
<b>Payee Middle Name</b>	:
<b>Payee Last Name</b>	:

**NOTE:** To update CMS federal information on this tab, you must return to the CMS registration. Please, also make sure your email address is correct, as that email will be receiving all EHR communications concerning the attestation. **Tool Tip:** It is suggested that you use a “generic” email (as opposed to an email with a person’s name in it). This will be to your advantage if you have different staff that could be working on this project. We can only communicate with the email address showing on this tab. Make sure you also sign up for our email list on the website.

## ELIGIBILITY TAB:

- Click on the **Eligibility Tab**
- Click on the top **“Payment Year” Icon**




The screenshot displays the Medicaid EHR Incentive Program interface. At the top, there is a navigation bar with buttons for Home, Register, Track, and Logout. Below this, there are three main sections: Success, Search Criteria, and Login Information. The Success section shows a green checkmark and a message: "Received your registration from CMS. Continue with state registration." The Search Criteria section lists: Registration ID: 1000138351, NPI: 1234567808, and Tax ID: 1234567808. The Login Information section shows: User ID: [redacted] and Profile: EXT Provider EHR Administrator.

The main content area features a table with the following columns: Payment Year, Program Year, Certification Number, and EHR Status. The table contains two rows of data. An orange arrow points to the "ELIGIBILITY" tab in the left sidebar, and another orange arrow points to the "2" icon in the first row of the table.

Payment Year	Program Year	Certification Number	EHR Status
2	2017	30000001SVDWEAC	Meaningful Use
	2011	30000001SVDWEAC	Upgrade

*(cont. next page)*

## Fill out Eligibility Tab:

**Tool Tip:** Hovering over the  will show a box with more detailed information:

**Note:** The “administrator” message below will only show on your first attestation IF you are using Group Proxy. Any changes to previously submitted attestations must be done thru this EP first. We refer to the first EP as the “anchor”.

Eligibility Information
✕

Providers must upload an Excel document containing their Medicaid eligibility encounters prior to attestation.  
 The uploaded information will be stored securely for retrieval by Review team members.  
 The document should include the following for each encounter:


- Servicing Provider NPI
- Date of Service
- Payer Name/Name of Insurance including Medicaid Secondary's
- Payer ID
- Patient last and first name


Identifying Information


Registration ID:	Program Year: 2017
NPI:	Payment Year: 2


**Bold fields are required.**  
You are the administrator for this group. Only you can make the changes to the group-level data.


EHR Certification Information

EHR Status   MU

EHR Certification Number 

CQM Certification Number 

MU Reporting Choice 

Email  biezharai.panda@cns-inc.com

Save
Cancel

*(cont. next page)*

**EHR CERTIFICATION INFORMATION:**

This will populate from the CMS Registration information you entered. You must update it, if needed, in the CMS registration or eMIPP.

- **2017-2018 Stage 2 and Stage 3** can be a 2014 (14E are the 3-5<sup>th</sup> digits), 2015 (15E are the 3-5<sup>th</sup> digits), or hybrid certified EHR. Hybrid- (15H are the 3-5<sup>th</sup> digits). For 2019 you must be using a 2015 EHR product.

The EHR Certification Number will be auto populated with the information entered at CMS. If it is not showing, or needs to be corrected, you can enter it directly in this attestation.

**REPORTING PERIOD:**

- **Patient Volume** reporting option. 90 days in the Prior Calendar Year or Prior 12-Months. NOTE: you will receive an error if you pick “prior calendar year” and try to enter dates from the current program year.

The screenshot shows the 'Eligibility Information' form with several sections and annotations:

- Reporting Period:**
  - Patient volume reporting option:  Prior Calendar Year,  Prior Twelve Months
  - Start Date:  (Annotation: mm/dd/yyyy)
  - End Date:  (Annotation: Will auto-fill)
- Eligible Patient Volume:**
  - Select yes to eligible patient volume option(s) that apply to you. If not applicable, select no.
  - Include Organization Encounters:  Yes,  No (Annotation: Group Proxy)
  - Organization NPI: Organization:  (Annotation: Choose the ORG NPI you want to use. If it is not showing, it means this provider is not set up as a Servicing Provider to the Group NPI you want to use. Add the provider to the group in ProviderOne to allow that group to show up in the drop-down.)
  - Practice as a Pediatrician:  Yes,  No (Annotation: Definition of Pediatrician below)
  - Practice as a Physician Assistant:  Yes,  No
  - Primary Provider at FQHC/RHC:
  - Practices at a facility that has PA leadership:
  - An Owner at RHC:
  - None of the above:
  - Hospital:  Yes,  No (Annotation: Answering YES will prompt you to pick the appropriate scenario.)
  - Total Inpatient and ER Encounters:  ?
  - Total Encounters All Locations:  ?

**Definition of a Pediatrician:**

MD, OP, ARNP or qualifying PA that is:

- 1) Pediatric Board Certified
- 2) Completed pediatric residency or
- 3) Pediatric patients (0-18) are more than 50% of total encounters.

**Practice as a Physician Assistant:**

If yes, the form will expand and ask for more information. Choose “how” the PA Qualifies. **Note:** We will also require a letter, on letterhead and signed by the Medical Director (or equivalent), explaining how the PA meets the criteria. If you check “None of the above”, the PA is not eligible. Reference White Paper #7.

**Hospital Based Provider:**

Only select this box if you rendered any care in a hospital setting during the reporting period. This would include hospital inpatient and emergency room settings. This is based on the Place of Service Code (POS Code). Only POS Codes 21 (Inpatient Hospital), and 23 (Emergency Department) are included. When you select “Yes,” an additional question will appear asking for the numbers of encounters in the hospital settings.

<b>Hospital Based Encounters</b> ?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>Total Inpatient and ER Encounters:</b>	<input type="text"/>	?	
<b>Total Encounters All Locations:</b>	<input type="text"/>	?	

**NOTE:** Hospital Based Providers are NOT eligible for the EHR Incentive if 90% or more of their encounters are in Place of Service 21 or 23 (Inpatient or Emergency Room).

*(cont. next page)*

**Encounters:**

Render care in FQHC/RHC  ?  Yes  No If "yes", pick from below.

Provider Practice Setting

Provider Setting  ?  FQHC  RHC Choose one

FQHC/RHC Encounters

Total Encounters:  ?

Medicaid Encounters:  ?

CHIP Encounters:  ?

Charity Care Encounters:  ?

Sliding Fee Scale Encounters:  ?

FQHCs and RHCs may use CHIP, Charity and Sliding Fee Scale to enhance your Medicaid encounters. See White Paper # 7 for information.

Did you include no-cost encounters?  ?  Yes  No

No Cost Encounters:  ?

Include encounters outside WA  ?  Yes  No

State(s):  ?

Save Cancel

**TIPS AND DEFINITIONS BELOW:**

**CLICK ON THE SAVE BUTTON WHEN COMPLETED.**

**Encounters:**

If you are using Group Proxy you will see this information in a pop-up box on your first application: **Tool Tip:** It is important to note which EP you attest for first the "administrator or anchor". If we reject anyone in your group for Patient Volume reasons, you have to correct/re-submit this one first. This EP is like an "anchor" that the other group members are attached to and pull their information from.

**You will be required to upload an encounter report showing us how you calculated your patient volume. (See White Paper #8)**

*(cont. next page)*

**All Other Settings Encounters:** Say yes “only” if you are including encounters from other clinics or locations outside your group or practice. It is not necessary to do so, it is a business decision. If you are using another clinic’s encounters for the EP, you must verify they are not using that EP’s encounters in their own calculations and you must provide encounter proof in the report you upload.

**Include MCO (Managed Care Organization) Panel?** If you selected NO for “include organization encounters”, the form will expand and ask for “optional” MCO information for the EP. If you answer YES, you will get a pop-up window to enter your data. MCO panels are only for Primary Care Physicians that have patients assigned to them as a PCP. The encounters in this section are not total group encounters, but individual only.

**Managed Care PCP Panel**

Total Panel:  ?

Eligible Patient Panel:  ?

**Total Panel:**

The total number of MCO members assigned to you who did not have any encounters during the reporting period but have been seen at least once in the twenty-four (24) months prior to the reporting period.

**Eligible Patient Panel:**

The total number of Medicaid MCO Members assigned to you who did not have any encounters during the reporting period but have been seen at least once in the twenty-four (24) months prior to the reporting period.

**Did you include no-cost encounters?**

Did you include no-cost encounters? ?  Yes  No

**No Cost Encounters** No Cost Encounters are those eligible encounters that Medicaid did not pay for, or for which there was a zero payment.

**NOTE:** This is optional and informational only, and does not affect the patient volume.

**Include encounters outside WA:**

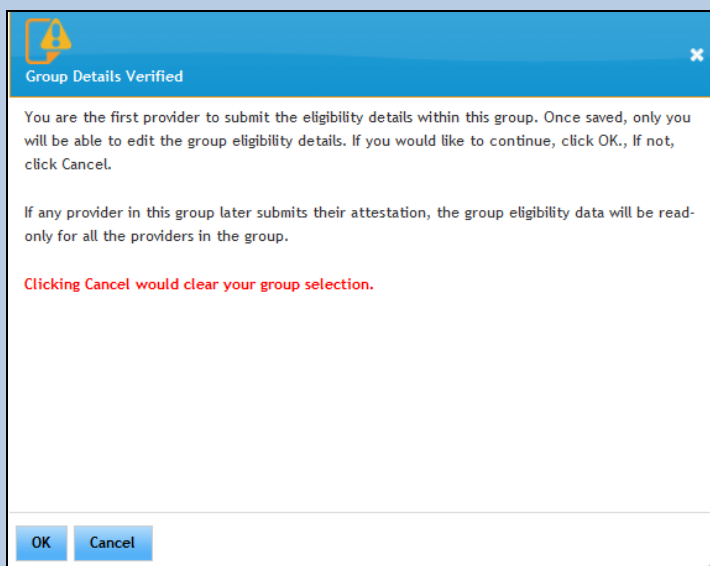
Include encounters outside WA  ?  Yes  No

State(s)  If you included encounters provided outside the state of Washington please indicate in what states.

If yes, the form will expand and ask for more information.

Type in the state(s) where the encounters occurred.

See information screen below. This will appear if you are using Group Proxy Only. This is for the “administrator or anchor” provider. It is helpful to keep track of this first provider. If you have to make a change to any of your group providers, it must be changed with this provider first.



**Group Details Verified**

You are the first provider to submit the eligibility details within this group. Once saved, only you will be able to edit the group eligibility details. If you would like to continue, click OK., If not, click Cancel.

If any provider in this group later submits their attestation, the group eligibility data will be read-only for all the providers in the group.

Clicking Cancel would clear your group selection.

OK Cancel

*(cont. next page)*



## MEANINGFUL USE TAB:

### Meaningful Use Reporting Period:

Click on the Meaningful Use Tab. Click on the most recent year's icon:

	Program Year	Start Date	End Date	Core / Objectives	Menu / PH	CQM
6	2017	01/01/2016	12/31/2016	Complete	Complete	Complete
5	2015	10/01/2015	12/29/2015	Complete	Complete	Complete
4	2014	08/01/2014	10/29/2014	Complete	Complete	Complete
3	2013	01/01/2013	12/31/2013	Complete	Complete	Complete
2	2012	04/01/2012	06/30/2012	Complete	Complete	Complete

**\*\* Because of yearly CMS changes, some screenshot could show different measures.**

There are 5 tabs at the top once the MU tab is open:

- MU Overview: Dates and Submission Method
- Summary: Shows you which measures are completed with a green check. (The checks show “completed” not necessarily “passed”)
- MU-Objectives
- MU-Public Health Reporting
- MU-Clinical Quality Measures

*(cont. next page)*

## The MU-Overview Tab Example: (screens will vary for each program year)

### 2017:

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:

For program year 2017, providers must enter both their Start Date and End Date. Providers must minimally report 90 days and can report up to 365 days of MU Objectives and Public Health data. The Start Date can be no earlier than January 1, 2017 and the End Date can be no later than December 31, 2017.

— MU CQM Reporting Period —

Start Date:

End Date:

Providers must report minimally 90 days of CQM data and can report up to 365 days of CQM data. For program year 2017, providers must enter both their Start Date and End Date. The CQM reporting period does not have to be same as the MU Objectives and Public Health reporting period. The Start Date can be no earlier than January 1, 2017 and the End date can be no later than December 31, 2017.

— Meaningful Use Submission —

Submission Method:  Online  PDF  QRDA III

**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.

Save Cancel

### 2018:

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:

For program year 2018, providers must enter both their Start Date and End Date. Providers must minimally report 90 days and can report up to 365 days of MU Objectives and Public Health data. The Start Date can be no earlier than January 1, 2018 and the End Date can be no later than December 31, 2018.

— MU CQM 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).

— Meaningful Use Submission —

Submission Method:  Online (Objectives & Public Health)  PDF (Objectives & Public Health)  QRDA III

**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.

**Helpful Tip:** For on-line submissions: Complete and do not hit save at this time unless you wish to save this information and go back to it later. If you wish to continue, scroll to the top and click on the tab MU-Objectives. If you hit save in error, it will give you a prompt to finish so click on the tab you need to work on.

**Summary Tab Example: (screens will vary for each program year)**  
**2017**

Meaningful Use Information

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

Identifying Information

Confirmation Number: Program Year: 2017  
 NPI: Payment Year: 2

#	Meaningful Use Objectives	Numerator	Denominator	Exclusion
1	Protect Patient Health Information			
2	Electronic Prescribing			
3	Clinical Decision Support			
4	Computerized Provider Order Entry (CPOE)			
5	Patient Electronic Access to Health Information			
6	Coordination of Care Through Patient Engagement			
7	Health Information Exchange			

#	Meaningful Use Public Health Measures	Numerator	Denominator	Exclusion
1	Immunization Registry Reporting			
2	Syndromic Surveillance Reporting			
3	Electronic Case Reporting			
4	Public Health Registry Reporting			
5	Clinical Data Registry Reporting			

#	CQI Domain Patient Safety	Numerator	Denominator	Exclusion	Exception
CMS68	Documentation of Current Medications in the Medical Record	335	344		0
CMS156	Use of High-Risk Medications in the Elderly	2 1	3		

#	CQI Domain Population / Public Health	Numerator	Denominator	Exclusion	Exception
CMS2	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	0	230	0	0
CMS69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	1	2	0	
CMS69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	39	200	96	

Save Cancel

**2018**

Meaningful Use Information

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

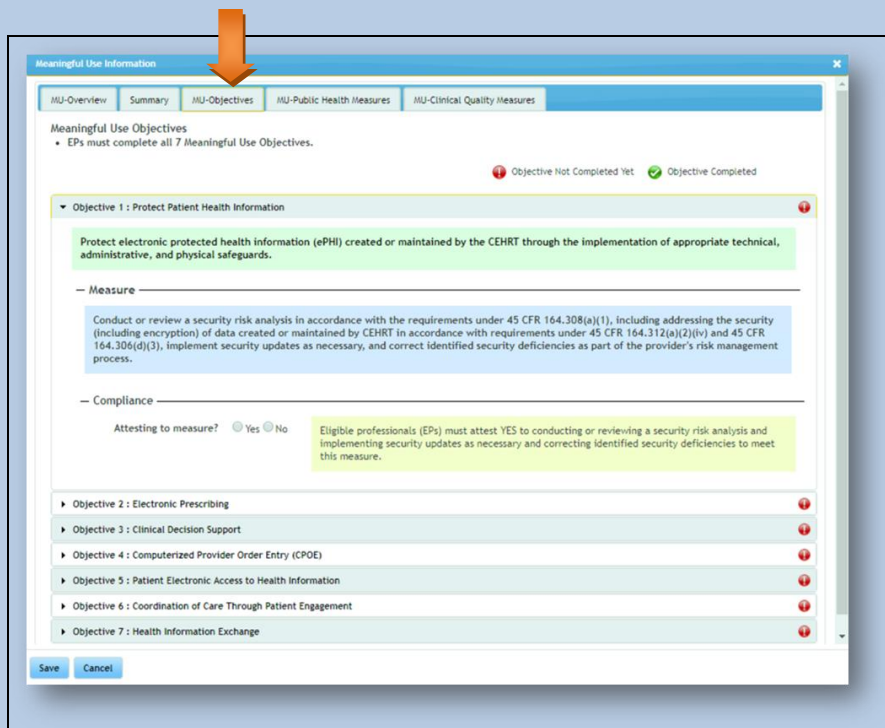
Identifying Information

Confirmation Number: 1000008797 Program Year: 2018  
 NPI: 1265466833 Payment Year: 4

#	Meaningful Use Objectives	Numerator	Denominator	Exclusion
1	Protect Patient Health Information			
2	Clinical Decision Support			
3	Computerized Provider Order Entry (CPOE)			
4	Electronic Prescribing			
5	Health Information Exchange			
6	Patient-Specific Education			
7	Medication Reconciliation			
8	Patient Electronic Access			
9	Secure Electronic Messaging			

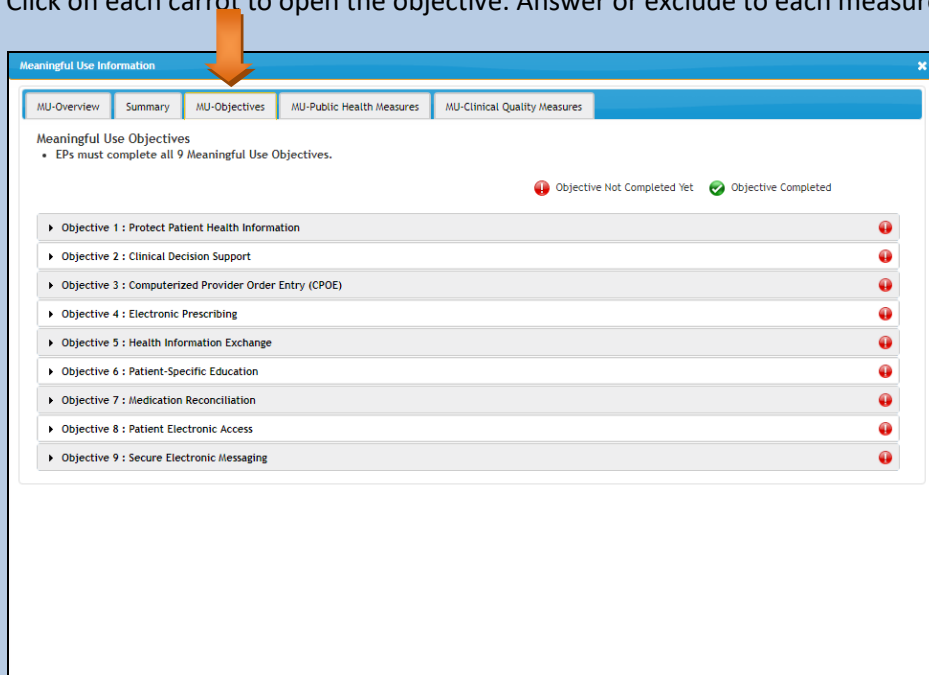
#	Meaningful Use Public Health Measures	Numerator	Denominator	Exclusion
1	Immunization Registry Reporting			
2	Syndromic Surveillance Reporting			
3	Specialized Registry Reporting			

**MU (Meaningful Use) Tab Example: (screens will vary for each program year)  
2017**



**2018**

Click on each carrot to open the objective. Answer or exclude to each measure within the objectives.



## MU-Public Health Measures Example: (screens will vary for each program year)

2017

Meaningful Use Information

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

Meaningful Use Public Health Measures

- EPs must minimally complete 2 non-excluded measures through active engagement compliance and provide the corresponding registry details.
- An EP may provide up to 2 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 2 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.
- Electronic Case Reporting will not be available until Program Year 2018.

🔴 Objective Not Completed Yet 🟢 Objective Completed

▼ Measure 1 : Immunization Registry Reporting 🔴

The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

— Exclusion —

Exclusion applies to you?  Yes  No

Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:

- Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.
- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.

— Compliance —

Active engagement with Immunization Registry?  Yes  No

EPs must attest YES to being in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Save Cancel

2018

Meaningful Use Information

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

Meaningful Use Public Health Measures

- EPs must minimally complete 2 non-excluded measures through active engagement compliance and provide the corresponding registry details.
- An EP may provide up to 2 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 2 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.
- By selecting "other", a provider may manually enter and count a specialized registry if the provider achieved Active Engagement Option 3: Production, including production data submission with the specialized registry in a prior year under the applicable requirements of the EHR Incentive Programs in 2015 through 2017.
- When attesting to a specialized registry for Stage 3, which was also attested to in a prior program year, you must match the specialized registry as it was entered previously.

🔴 Objective Not Completed Yet 🟢 Objective Completed

▶ Measure 1 : Immunization Registry Reporting 🔴

▶ Measure 2 : Syndromic Surveillance Reporting 🔴

▶ Measure 3 : Specialized Registry Reporting 🔴

https://CNS/ControlServlet#tabs-4

**Required Public Health Documentation:**

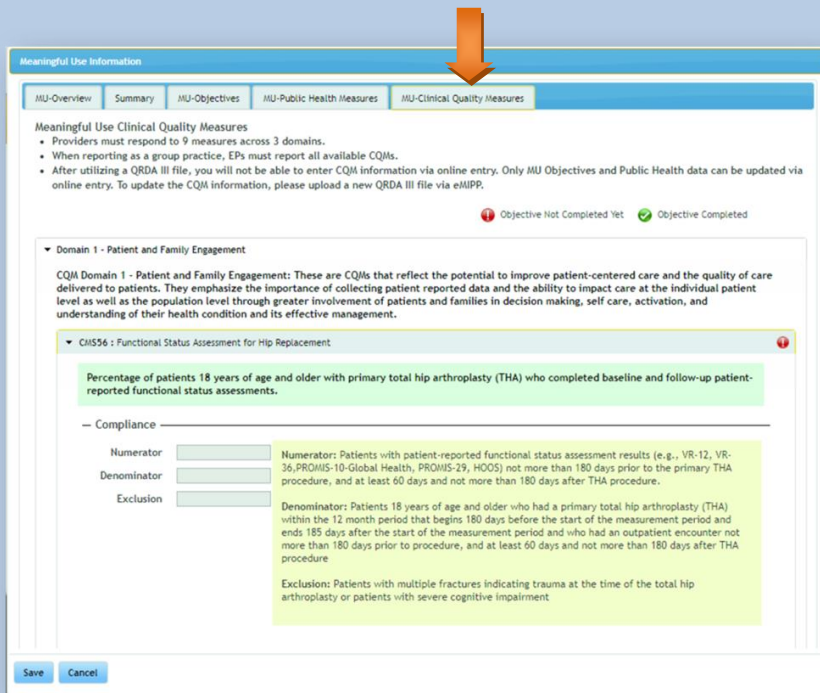
**Verification Letter (or other proof) from each Registry you meet MU with.**

Click on carrot next to each measure and respond to each. We need documentation showing that you meet Meaningful Use for each Registry.

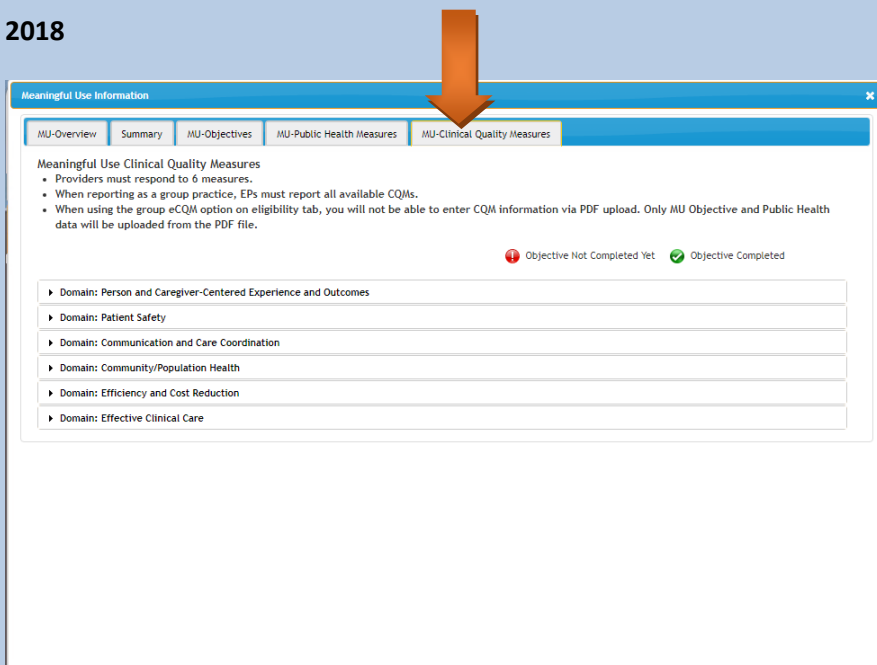
Scroll to the top and click on tab MU-Clinical Quality Measures, or hit **SAVE** to continue later.

*(cont. next page)*

## MU-Clinical Quality Measures Tab Example: (screens will vary for each program year) 2017



## 2018



**SAVE OR YOU WILL LOSE YOUR WORK**



## UPLOAD DOCUMENT TAB:

The screenshot displays the Medicaid EHR Incentive Program interface. 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 Registration ID: 100008797 and NPI: 1265466833), and 'Login Information' (with User ID: CurtiW and Profile: EXT Provider EHR Administrator). The main content area features a table with columns for 'Payment Year', 'Program Year', 'Payee NPI', 'View', and 'Upload'. The 'UPLOAD DOCUMENT' tab is highlighted with a black background and an orange arrow pointing to it. The table contains four rows of data for years 1 through 4, each with a 'View' icon and an 'Upload' icon.

Payment Year	Program Year	Payee NPI	View	Upload
4	2018	1619209574		
3	2014	1619209574		
2	2013	1619209574		
1	2012	1619209574		

Mandatory Documents are on our White Paper #9 .

<https://www.hca.wa.gov/assets/program/white-paper-9-Documentation.pdf>

Certain documents must be uploaded at the time of attestation or the system will not allow you to continue: Encounter Information, MU Dashboard from your EHR and Public Health Registry Verification

There might be documentation we will need to request you to upload into your application at times. We will send an email to the contact email address (on the Federal Information Tab) requesting items we may need you to upload. The document types the system will accept are: .txt, .doc, .docx, .pdf, .xls, and .xlsx Click on the **Upload Icon** for the corresponding year.

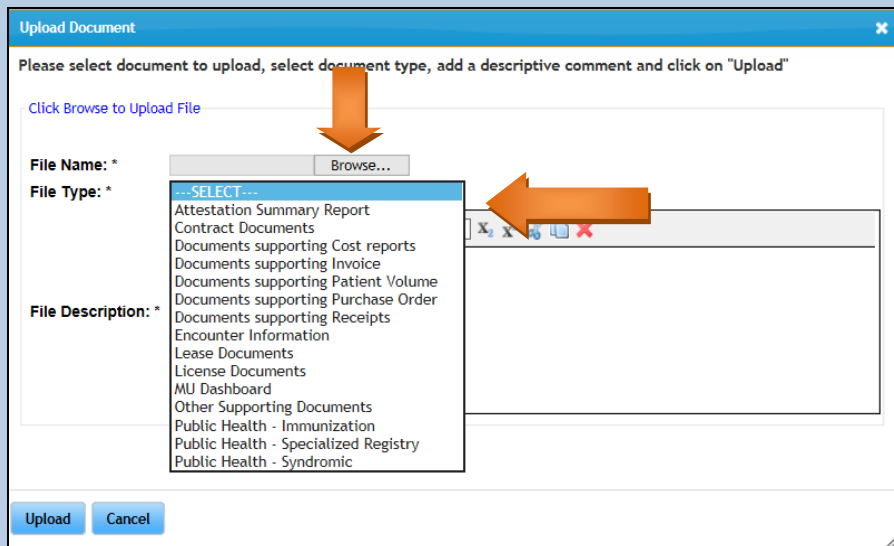
**(Cont. Next Page)**



- Click on the **BROWSE** button
- Select the document from your files located on your desktop or laptop computer to upload
- Select the **File Type** from the drop-down
- Type in a file description
- Click the **UPLOAD** button.

Click on Browse or Choose File to select document to upload.

Use Drop-down to pick File Type (Mandatory Encounter Information, MU Dashboard from your EHR and Public Health Registry Verification.)



The screenshot shows a web form titled "Upload Document" with the following fields and elements:

- File Name:** A text input field with a "Browse..." button next to it. An orange arrow points to this button.
- File Type:** A drop-down menu currently showing "--SELECT--". An orange arrow points to this menu.
- File Description:** A large text area for entering a descriptive comment.
- Buttons:** "Upload" and "Cancel" buttons at the bottom left.

The form also includes a header instruction: "Please select document to upload, select document type, add a descriptive comment and click on 'Upload'" and a link: "Click Browse to Upload File".

Enter information in the File Description box, Click on **UPLOAD**

**Upload Document** [X]

Please select document to upload, select document type, add a descriptive comment and click on "Upload"

Click Browse to Upload File

**File Name:** \*  Browse...

**File Type:** \* Other Supporting Documents

B I U S P [Icons] 10 [X] [X] [X] [X]

**File Description:** \* enter brief description here


Upload Cancel

## ATTESTATION TAB:

Click on the attestation tab to the right.

Payment Year	Program Year	Payee NPI	View	Upload
2	2017	1538152269	[Icon]	[Icon]

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



By clicking on the Print Preview button, you can read the Attestation document in a larger window. Print a copy of this Attestation prior to submitting the attestation. **A SIGNED COPY MUST BE UPLOADED INTO YOUR ATTESTATION.** The authorized person completing this attestation must sign. Click the "close" button to return to the application. A blank form on our website can be accessed if needed, called the eMIPP Attestation Statement under **Tools and Tip Sheets**: <https://www.hca.wa.gov/about-hca/health-information-technology/electronic-health-records>

(Cont. Next Page)

Medicaid EHR INCENTIVE PROGRAM

Home Register Track Logout

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

**Search Criteria**  
Registration ID : |  
NPI : 1013967512

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

FEDERAL INFORMATION  
ELIGIBILITY  
MEANINGFUL USE  
UPLOAD DOCUMENT  
ATTESTATION

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 of the American Recovery and Reinvestment Act of 2009 (ARRA) (Public Law 111-5). To comply with the above cited regulations, the State of Washington requires that eligible professionals (EPs) and hospitals submit this Attestation.

**Signature**  
authorized by 49 L&M part 1/0, subpart 2, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by the health care provider in the field.

Should you choose to opt out of Statements 6 & 7, please contact your state's Medicaid EHR Incentive team.

I accept the terms and conditions

Register

Message from webpage

Do you want to submit your EHR Registration for State Review?

OK Cancel

You will receive a confirmation email from the Washington State EHR Incentive Program.

## View your confirmation page.



The screenshot shows the Medicaid EHR Incentive Program (MIPP) registration confirmation page. The page features a navigation bar with links for Home, Register, Track, and Logout. Below the navigation bar, there are two main sections: "MIPP Registration" and "View Status of MIPP registration". The "MIPP Registration" section includes a "Start" button and a description: "Start Medicaid Incentive Payment (MIPP) Registration". The "View Status of MIPP registration" section includes a "Track" button and a description: "View status of Medicaid Incentive Payment Registration". Below these sections, there is a confirmation message: "EHR Incentive Program Registration Confirmation" and "Your Medicaid EHR Incentive Program registration is successfully submitted for State review." A list of registration details is provided, including Registration ID, Attestation ID, Name, Payee NPI, and Payee Tax ID. A red arrow points to a "Click to download Registration Summary Report" link. Below the link, it states: "A copy of this report has also been uploaded to documents for this registration. You may download this in future by accessing your registration."

\*\*Click to download your summary report which will verify that you have passed the measures and answered all of the needed objectives. If corrections need to be made, contact [healthit@hca.wa.gov](mailto:healthit@hca.wa.gov). We can reject your attestation so you can make changes, then re-attest.

See example below:

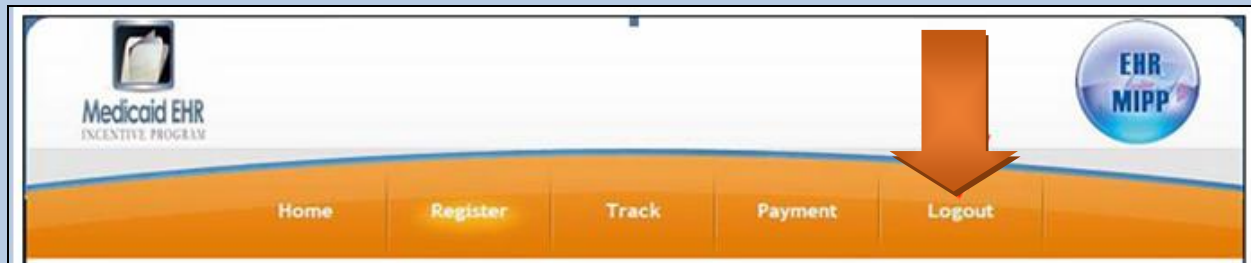


### MU Attestation Summary

Provider Name		Attestation ID		Confirmation Number	
NPI		Payment Year		Program Year	
Attestation Date		Start Date		End Date	

Meaningful Use Objectives								
#	Objective Name	Yes/No	Num	Den	Exclusion	Exception	Calculated %	Status
1	Protect Patient Health Information	Y						✓
2.1	Clinical Decision Support	Y						✓
2.2	Clinical Decision Support	N						✗
3.1	Computerized Provider Order Entry (CPOE)		90	100			90	✓
3.2	Computerized Provider Order Entry (CPOE)		90	100			90	✓
3.3	Computerized Provider Order Entry (CPOE)		90	100			90	✓
4	Electronic Prescribing		90	100	N		90	✓
5	Health Information Exchange		90	100	N		90	✓
6	Patient-Specific Education		90	100	N		90	✓
7	Medication Reconciliation		90	100	N		90	✓
8.1	Patient Electronic Access		90	100	N		90	✓
8.2	Patient Electronic Access		90	100	N		90	✓
9	Secure Electronic Messaging	Y			N			✓
Meaningful Use Public Health Measures								
#	Objective Name	Yes/No	Num	Den	Exclusion	Exception	Calculated %	Status
1	Immunization Registry Reporting	Y			N			✓
2	Syndromic Surveillance Reporting	Y			N			✓
3.1	Specialized Registry Reporting	Y			N			✓

When you are finished you can Log Out of eMIPP



**RECOURCES ON NEXT PAGE...**

## GLOSSARY:

**CHARITY CARE IN FQHC/RHC:** Per CMS, Charity Care is defined as” part of uncompensated and indigent care. Uncompensated care does not include courtesy allowances or discounts given to patients.” [CMS Final Rule, p.144]. Charity care is defined as an inability of a patient to pay for medical care. In comparison, bad debt is an unwillingness of a patient to pay for medical care.

**EHR:** An electronic health record (EHR)—sometimes called an electronic medical record (EMR)—allows healthcare providers to record patient information electronically instead of using paper records. However, EHRs are often capable of doing much more than just recording information. The EHR Incentive Program asks providers to use the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care.

**EHR DOCUMENTATION:** Documents showing a business connection with your EHR system. Each year we will ask for verification dated within that program year. You will need to upload into each attestation.

**ENCOUNTER REPORT:** Mandatory encounter report (sample below). Make sure to identify, clearly, the Medicaid and Managed Medicaid encounters.

(examples only)					
Patient Nam	Date of Encount	Primary Insurance Name	Primary ins	Secondary Insurance Nan	Provider's Name or NF
Doe, John	1/1/2014	Aetna	12346789SBV	Uniform Medical	12345678901
Mae, Daisy	2/25/2014	Delta Dental	6541321654-1	Regence	65415853189
Dog, Lucky	2/1/2014	Uniform Medical	36543213586	Aetna	65421598560
Devil, Cruella	2/2/2014	Medicaid- FFS	0000000000WA		95465165165
White, Snow	2/3/2014	MOLINA - HEALTHY OPTIONS (MEDICAID HMO)	54321-2		Johnstone
Pants, Grumpy	2/4/2014	Medicaid- FFS	0000000002WA		Everly
Doolittle, Eliza	2/5/2014	UNIFORM MEDICAL	65468756-02	Medicaid- FFS	Dickinson
Jeans, Green	2/6/2014	AMERIGROUP-WA - HEALTHY OPTIONS (MEDICAID HMO)	32165462-01		Johnstone
Stressed, R. U.	1/1/2014	CHPW- HEALTHY OPTIONS (MEDICAID HMO)	6546156685-01		Johnstone
Potter, Harry	1/2/2014	MOLINA-WA - HEALTHY OPTIONS (MEDICAID HMO)	6546156674		Everly
Orphan, Annie	1/3/2014	MEDICARE	715615643	Medicaid- FFS	Johnstone
Bond, James	1/4/2014	Medicaid- FFS	0000000001WA		Dickinson

**NEEDY PATIENT VOLUME:** When a FQHC/RHC must include encounters from Charity, Sliding Fee and CHIP to reach the 30% patient volume.

**NO COST ENCOUNTERS:** Encounters that were not paid (denied or zero-pay) for active Medicaid clients. Denials for no “Medicaid Eligibility” are not to be included. It is optional to use these encounters.

**ONC NUMBER/CERTIFICATION:** A list of certified EHR systems is available through the Office of the National Coordinator for Health Information Technology at:

<https://chpl.healthit.gov/#/search>

**ORGANIZATION NPI:** A valid NPI that your Servicing Provider has a business relationship with, that you use in the Eligibility Tab in order to use Group Proxy.

**PA-LEAD CLINIC:** To be eligible for WA State Medicaid EHR Incentive Program Physician Assistants (PAs) need to have at least 50% of their encounters, over 6-month period in the prior calendar year or previous 12 months in a FQHC/RHC setting. Also, PAs should provide verification of either working in PA-led setting or be the Primary Provider (or RHC owner). WA State will accept a signed and dated letter from clinic's Medical Director, or equivalent, for the purposes of verification of PA-lead requirement.

**PEDIATRICIAN DEFINITION:** Washington state defines a "pediatrician" as: A "pediatrician" is an MD, ARNP, or PA (IF they practice in a FQHC or RHC that is led by a PA) who is either (1) board certified in pediatrics, (2) completed a pediatric residency, or (3) maintained a predominantly pediatric caseload in the 90-day period specified by the EP for purposes of calculating patient volume. This definition includes pediatric specialties like pediatric ophthalmology and pediatric cardiology.

**PRACTICE PREDOMINANTLY (IN FQHC/RHC):** The EP practiced more than 50% of the time in any FQHC/RHC, over a continuous 6-month period, in the previous calendar year or previous 12 months.

**UNIQUE PATIENT (Meaningful Use Tab):** If a patient is seen by an Eligible Professional more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period. If you are practicing at multiple locations, please verify that unique patients are only counted once.

## **HELPFUL HINTS:**

**CLAIMS BILLED THROUGH ANOTHER'S NPI:** To be eligible for WA State Medicaid EHR Incentive program, an EP's Medicaid claim(s) have to be verifiable through the ProviderOne system (except for RSN and Take Charge only providers). There are some exceptions for professionals that are allowed "per billing guidelines" to bill under the professional's NPI. If you do not bill WA State Medicaid with your own NPI or not enrolled in ProviderOne as a provider, please contact Provider Enrollment Services at: Phone: 1-800-562-3022 (Ext. 16137) or visit their website at:

<https://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/enroll-provider>

**EHR CERTIFICATION NUMBER (ONC NUMBER):** You are required, to use a 2014 edition of your EHR system. Starting 2017 it is an "option" to use a 2014, 2015 or hybrid certified product. In 2018 you must use a 2015 or Hybrid certified product.

**ENROLLMENT TAB:** Eligibility dates can be in the previous calendar year or the previous 12-months. If you use an Organization NPI and are using Group Proxy, that entire "group" must attest the same way. If you apply as individuals, that entire group must apply in that same way. You may "create" different group in your organization by location, specialty; etc, as long as it is a "logical" group.

### **ENROLLMENT YEARS (STAGES):**

**AIU** (not considered a "stage," since it can be skipped and is only through Medicaid). **As of 2017, this is no longer an option. You may not begin the program after 2016.**

**MU Year 1-** MU is Always 90 days of reporting.

**MU Year 2 and beyond-** CQMs or 2017 attestations you may use a 90 day-365 day reporting period. For 2018 the current rule is 365 days only.

**FEDERAL INFORMATION TAB:** Information comes from CMS, so changes/updates have to be made through the CMS system. 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](mailto: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.



## **CONTACT INFORMATION:**

### **CMS CONTACTS:**

**CMS EHR CONTACT:** 1-888-734-6433 (Option 1) To create a ticket for a call-back.

**CMS SECURITY CONTACT:** 1-866-484-8049 (Option 3) regarding questions about CMS logon.

**HCA EHR Contact:** HealthIT@hca.wa.gov or 855-682-0800 to leave a message for our team.

## **RESOURCES:**

**HCA EHR Web Page:** <https://www.hca.wa.gov/about-hca/health-information-technology>

Click on Resources then Electronic Health Records

**ProviderOne Security:** [Provideronesecurity@hca.wa.gov](mailto:Provideronesecurity@hca.wa.gov) For assistance with Users and Passwords.

**CMS site for EHR:** <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html>