



IDAHO DEPARTMENT OF

HEALTH & WELFARE

Division of Medicaid



EHR Incentive Programs
A program of the Centers for Medicare & Medicaid Services

Eligible Hospital User Manual

April 2016

Table of Contents

Document Change Log	5
Acronyms	6
Business Links	8
Purpose, Introduction, and Overview	9
EH Outline	9
Medicare Eligible Hospitals.....	9
Medicaid Eligible Hospitals.....	10
Dual Eligible Hospitals	10
Eligibility	11
Provider Type and Specialty.....	11
PV	11
CHIP Encounters for PV.....	11
Institutional License and Good Standing.....	12
Qualifying CEHRT	12
Important Attestation Information	13
Getting your EHR Certification	13
Vendor Enrollment	13
Attestation System	14
PV Calculation.....	14
Attestation Stages	15
AIU	15
MU	16
Preparing for Attestation	17
EH Data and Payment Worksheet	17
Accessing IIMS and Attesting	18
Logon Screen	18
Landing Screen	18
Announcements and Messages	19
Provider Information.....	19
Provider Status Flow.....	19
Program Year Attestation	19
Helpful Tips	19

AIU Attestation Walkthrough	20
Screen 1 – CMS Registration Information	20
Screen 2 – Hospital Eligibility Details	20
Program Year	20
Patient Volume.....	21
EHR Details	21
Growth Rate	21
Medicaid Share	21
Screen 3 – Payment Calculation	22
Screen 4 – Document Upload	23
Screen 5 – Attestation	23
MU Attestation Walkthrough.....	25
Screen 1 – CMS Registration Information	25
Screen 2 – Hospital Eligibility Details	25
Program Year	25
Patient Volume.....	25
EHR Details	26
Growth Rate	26
Medicaid Share	26
Screen 3 – MU Questionnaire.....	26
EHR Reporting Period	27
Emergency Department Admissions.....	27
Screen 4 – Payment Calculation	27
Screen 5 – Document Upload	28
Screen 6 – Attestation	29
Important Payment Information.....	30
Establishing Payment Amounts	30
Calculation Definitions	30
Calculation Description	31
Overall EHR Amount	31
Medicaid Share	32
Disbursement	32
Support and Other Information.....	34
Out-of-State Providers	34

Medicaid Program Integrity and Audit..... 34
Retention of Documentation..... 34
Appeals 34
Idaho Medicaid Attestation Support..... 34

Document Change Log

Date	Changed By	Reason
09/10/12	Wheaton	Creation
10/01/14	Kinne / Kellerman	Added Flexibility Rule information.
01/01/15	Kinne / Kellerman	Corrected screenshots which were outdated and added data flow charts of IIMS.
09/15/15	Coyle	Update of information, removal of screenshots, add links.
04/01/16	Coyle, Leavitt, Brewington	Inclusion of 2015 Modification Rule, modified screens, mandatory documents, and changes to dates.

Acronyms

AIU	–	Adopt, Implement, Upgrade
ALOS	–	Average Length of Stay
ARRA	–	American Recovery and Reinvestment Act of 2009
ATCB	–	Authorized Testing and Certification Body
BMI	–	Body Mass Index
BP	–	Blood Pressure
CAH	–	Critical Access Hospital
CAHPS	–	Consumer Assessment of Healthcare Providers and Systems
CCHIT	–	Certification Commission for Health Information Technology
CCN	–	CMS Certification Number
CEHRT	–	Certified Electronic Health Record Technology
CHIP	–	Children’s Health Insurance Plan
CHIPRA	–	Children’s Health Insurance Plan Reauthorization Act of 2009
CHPL	–	Certified HIT Product List
CMS	–	Center for Medicare and Medicaid Services
CNM	–	Certified Nurse Midwife
CPOE	–	Computer Process Order Entry
CQM	–	Clinical Quality Measure
CY	–	Calendar Year
DHHS	–	Department of Health and Human Services
ED	–	Emergency Department
EH	–	Eligible Hospital
EHR	–	Electronic Health Record
EIN	–	Employer Identification Number
EMR	–	Electronic Medical Record
EP	–	Eligible Professional
eRX	–	Electronic Prescribing
FEIN	–	Federal Employer Identification Number
FFY	–	Federal Fiscal Year
FQHC	–	Federally Qualified Health Center
HHS	–	Department of Health and Human Services
HIE	–	Health Information Exchange
HIO	–	Health Information Organization

- HIPAA – Health Insurance Portability and Accountability Act of 1996
- HIT – Health Information Technology
- HITECH – Health Information Technology for Economic and Clinical Health
- IAPD – Implementation Advanced Planning Document
- IDHW – Idaho Department of Health and Welfare
- IIMS – Idaho Incentive Management System
- IHC – Indian Health Clinic
- IHS – Indian Health Services
- IPA – Independent Practice Association
- IPPS – Inpatient Prospective Payment System
- IT – Information Technology
- MMIS – Medicaid Management Information System
- MU – Meaningful Use
- NHIN – National Health Information Network
- NP – Nurse Practitioner
- NPI – National Provider Identifier
- NPRM – Notice of Proposed Rule Making
- OIG – Office of the Inspector General
- ONC – Office of the National Coordinator
- PA – Physician Assistant
- PAPD – Planning Advanced Planning Document
- PCA – Program Cost Account
- PHR – Personal Health Record
- PV – Patient Volume
- RA – Remittance Advice
- RHC – Rural Health Center
- RHIO – Regional Health Information Organization
- RNA – Registered Nurse Anesthetist
- SFY – State Fiscal Year
- SMHP – State Medicaid HIT Plan
- TIN – Tax Identification Number

Business Links

CMS EHR Incentives Registration and Attestation System

<https://ehrincentives.cms.gov/hitech/login.action>

CMS EHR Incentive Program FAQ

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/FAQ.html>

CMS EHR Incentive Program Regulations and Guidance

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/>

CMS HITECH TA Portal

<https://www.medicaidhitechta.org/>

ONC CHPL

<http://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl>

Idaho Medicaid EHR Incentive Program

<https://healthandwelfare.idaho.gov/default.aspx?TabId=1405>

Idaho Medicaid EHR Incentive Program FAQ

<https://healthandwelfare.idaho.gov/default.aspx?TabId=1405>

Idaho Incentive Management System

<https://iims.dhw.idaho.gov/login.aspx>

Idaho Medicaid EHR Incentive Program Staff

ehrincentives@dhw.idaho.gov

(208) 332-7989

Purpose, Introduction, and Overview

The purpose of this document is to provide EHs with a reference guide and a training tool for new staff. Additionally this document gives an overview of the Idaho Medicaid EHR Incentive Program, what needs to be done to receive payment, and step-by-step enrollment and attestation instructions.

Through provisions of ARRA, CMS implemented incentive payments to EHs participating in Medicare and Medicaid programs and are meaningful users of CEHRT. The incentive payments are not a reimbursement; rather they are intended to encourage EHs to adopt, implement, or upgrade a CEHRT and use it in a meaningful manner.

Goals for the national program include:

- Reduce paperwork and improve efficiencies
- Enhance care coordination and patient safety
- Enable data sharing using the state HIE and the NHIN
- Facilitate electronic information sharing across hospitals, payers, and state lines

Achieving these goals will improve health outcomes, facilitate access, simplify care, and reduce the costs of health care nationwide. Idaho Medicaid will work closely with federal and state partners to ensure the Idaho Medicaid EHR Incentive Program fits into the overall strategic plan for the HIE exchange, thereby advancing national and Idaho goals for HIE.

The Medicaid EHR Incentive Programs provide incentive payments to EPs, EHs, and CAHs as they adopt, implement, upgrade or demonstrate MU of CEHRT. There are two EHR Incentive Programs. CMS oversees the Medicare EHR Incentive Program, and the state Medicaid agencies (IDHW) manage the Medicaid EHR Incentive Program. The two programs are similar, but there are some differences between them.

For more information, see the presentation at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHR_Medicaid_Guide_Remediated_2012.pdf

EH Outline

Over 5,000 EHs and CAHs nationwide can participate in the EHR Incentive Programs and receive payments. Most eligible hospitals and CAHs will be able to receive incentive payments from both the Medicare and Medicaid EHR Incentive Programs.

Medicare Eligible Hospitals

The following hospitals are eligible to participate in the Medicare EHR Incentive Programs:

- CAHs
- Medicare Advantage (MA-Affiliated) Hospitals
- "Subsection (d) hospitals" in the 50 states or DC that are paid under IPPS

EHs and CAHs can qualify for incentive payments under the Medicare EHR Incentive Program if they successfully demonstrate MU of CEHRT. EHs can begin receiving EHR incentive payments in any FFY from FFY 2011 to FFY 2015, but payments will decrease for hospitals which start receiving payments in 2014 and later. Incentive payments to EHs and CAHs are based on a number of factors, beginning with a \$2 million base payment.

EHs and CAHs which do not successfully demonstrate MU of CEHRT will be subject to Medicare payment adjustments beginning in FFY 2015.

Medicaid Eligible Hospitals

The following hospitals are eligible to participate in the Medicaid EHR Incentive Programs:

- Children's hospitals (no Medicaid PV requirements)
- Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid PV

Under the Medicaid EHR Incentive Programs, EHs can qualify for incentive payments if they adopt, implement, upgrade or demonstrate MU of CEHRT during the first participation year or successfully demonstrate MU of CEHRT in subsequent participation years. Medicaid EHs which qualify for EHR incentive payments may begin receiving incentive payments in any year from FFY 2011 to FFY 2016. There are no payment adjustments under the Medicaid EHR Incentive Programs.

Dual Eligible Hospitals

Unlike EPs, EHs and CAHs which qualify can receive incentive payments under both the Medicare and Medicaid EHR Incentive Programs. EHs which are eligible for EHR incentive payments under both Medicare and Medicaid should select “Both Medicare and Medicaid” during the registration process, even if they plan to apply only for a Medicaid EHR incentive payment in the first year of participation by adopting, implementing, or upgrading a CEHRT. Dual-eligible hospitals can then attest through CMS for their Medicare EHR incentive payment at a later date, if they so desire. It is important for a dual-eligible hospital to select “Both Medicare and Medicaid” from the start of registration in order to maintain this option. Hospitals which register only for the Medicaid program (or only the Medicare program) will not be able to manually change their registration (i.e., change to “Both Medicare and Medicaid” or from one program to the other) after a payment is initiated and this may cause significant delays in receiving a Medicare EHR incentive payment.

Eligibility

A hospital's eligibility to receive EHR incentive payments is based on the following four qualifications:

- Provider type and specialty
- PV
- Institutional licensure and good standing
- Qualifying CEHRT system

Provider Type and Specialty

The first qualification tier of provider eligibility for the Idaho Medicaid EHR Incentive Program is based on provider type and specialty. Currently CMS has determined the following hospitals are eligible to participate in the Idaho Medicaid EHR Incentive Programs:

- Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid PV
- Children's hospitals (no Medicaid PV requirements)
- Cancer Hospitals

The EHR incentive payments can only be made to Idaho Medicaid providers (EHs with an Idaho Medicaid Provider Agreement). EHs must also have a CCN range of 0001-0879 and 1300-1399 and the ALOS must be 25 days or fewer.

PV

The second qualification tier of provider eligibility for the Idaho Medicaid EHR Incentive Program is based on PV. To qualify for an EHR incentive payment the EH must have a minimum of 10 percent Medicaid PV attributable to individuals receiving Medicaid funded services as their PV requirement. PV thresholds must be established every year a provider applies for an incentive payment.

CHIP Encounters for PV

Encounters with Medicaid participants receiving services funded by Title XXI **cannot** be included in the PV calculation. Due to the fact EHs cannot always distinguish between funding sources, Idaho Medicaid has received permission from CMS to use a CHIP PV average strategy to help EHs determine their Medicaid PV.

Idaho's payment system differentiates the paying source using detailed codes for eligibility which are traceable to the claim. Using this information, Idaho Medicaid has identified a statewide average proportion for CHIP encounters for providers. The CHIP PV average is currently seven (7) percent. The CHIP PV average was reviewed again in 2013, and it was determined to still be seven (7) percent; therefore, there will be no change in the current methodology for determining CHIP PV. These CHIP averages are based on an analysis of three

years of claims history. This percent gives the statewide average of CHIP-to-total Medicaid encounters. Providers must identify their total number of Medicaid encounters and reduce that by the CHIP PV average percent when applying for incentives.

Using this method will benefit some providers whose actual CHIP PV is higher than the statewide average, and may disadvantage those whose CHIP PV is lower than the statewide average. To ensure EHs are not falsely denied eligibility based on this strategy, EHs can request the state provide them with the actual number of Medicaid and CHIP PV for the 90-day period of their choosing if they are unable to meet the PV threshold with the CHIP PV average reduction and believe otherwise they would meet it. EHs can contact the Idaho Medicaid EHR Incentive Program Help Desk staff at (208) 332-7989 for more information about this process.

Institutional License and Good Standing

The third provider eligibility requirement is based on institutional license and good standing. All participating EHs must have a current institutional license (provisional licenses are accepted) and must be free of both state and federal sanctions and exclusions. Institutional license and good standing must be established every year a provider applies for an incentive payment.

Qualifying CEHRT

The fourth provider eligibility requirement is based on the use of CEHRT. ONC for HIT has issued rules defining CEHRT and has identified entities who can certify systems. The CEHRT used by the EH must be tested and certified by an ONC ACB/ATCB in order for the EH to qualify for EHR incentive payments. Once certified, the product is listed on the ONC CHPL website where an EH can obtain the product's unique CCN. The CCN must be provided as part of the attestation and registration process.

Important Attestation Information

Getting your EHR Certification

The EHR Incentive Program requires the use of CEHRT. It is not enough for a EHR product to be certified by the Certification Commission for Health Information Technology. Standards, implementation specifications, and certification criteria for CEHRT have been adopted by the Secretary of the DHHS. The CEHRT in use by the EH must be tested and certified by an ONC ATCB in order for the EH to qualify for EHR incentive payments. Once certified, the CEHRT product is listed on the ONC's CHPL website where an EH must obtain a unique CMS EHR Certification ID Number. This certification number must be provided as part of the attestation process for either the Medicare or Medicaid incentive program.

The ONC CHPL Product Number issued to your vendor for each CEHRT is different than the CMS EHR Certification ID Number issued to an EH for registration and attestation purposes. Only a CMS EHR Certification ID Number (obtained from the CHPL site) unique to the practice will be accepted at attestation.

EHs can obtain the CMS EHR Certification ID Number for their EHR product by following the steps on the ONC CHPL website.

Note: The CMS EHR Certification ID will not be generated until your product(s) meet 100 percent of CMS required criteria.

Vendor Enrollment

In order to receive EHR incentive payments from Idaho Medicaid, the entity receiving the payment must be enrolled as a vendor with the state of Idaho. If you are unsure of prior vendor enrollment, contact the Idaho Medicaid EHR Incentive Program Help Desk.

To enroll as a vendor who receives paper warrants and paper RAs, you must complete an IRS W-9 form and submit it to the Idaho Medicaid EHR Incentive Program using one of three methods:

Mail: EHR Incentive Payments
Division of Medicaid
PO Box 83720
Boise, ID 83720-0009

Fax: (208) 334-6515

Email: ehrincentives@dhw.idaho.gov

To enroll as a vendor who receives direct deposits (EFT), you must complete the "Combined Substitute W-9/EFT Direct Deposit Authorization Form" (on the Idaho Office of the State Controller's website). This form must be mailed in along with a voided check (originals only: copied, scanned, or faxed documents will not be accepted) to:

EHR Incentive Payments
Division of Medicaid
PO Box 83720
Boise, ID 83720-0009

Processing the completed EFT form includes verifying the vendor's TIN and name with the IRS to make sure they match, and verifying the vendor's financial institution. This process usually takes a couple of weeks. Once the submitted EFT paperwork and voided check have been processed, the state controller's office will send you a letter or e-mail with your logon information, password, and instructions for accessing the state controller's vendor website to view RAs.

Note: If you sign up for EFT, you will not receive paper warrants or paper RAs.

Attestation System

Idaho has implemented a web-based interface, called IIMS, for providers to apply and attest at the state level. To successfully use IIMS to apply and attest, you must:

- Be successfully registered on the CMS website for the Incentive Management Program.
- Have the following information available:
 - NPI you used to register at the CMS website.
 - CMS Registration Identification Number that is associated with your NPI (provided by CMS during registration).
 - Supporting documentation on PV, EHR details, and PA-led clinics (if applicable)

Steps to complete your application/attestation in IIMS include:

1. Log into IIMS.
2. Enroll for a new year of attestation, if this is not the provider's first year.
3. Review the CMS registration data.
4. Enter the eligibility details.
5. Review the incentive payment calculation.
6. Upload required supporting documentation.
7. Submit the application/attestation.

The login process and step-by-step instructions for application, attestation, and information verification are discussed below.

PV Calculation

Idaho Medicaid includes all eligible encounters including zero-dollar paid claims. Idaho Medicaid also includes any claim for a Medicare dual eligible.

PV is calculated by dividing the number of unduplicated Medicaid discharges and ED encounters during any representative and continuous 90-day period in the preceding calendar year by the total number of unduplicated discharges and ED encounters in that same period.

In other words, PV is a percentage derived from a fraction. The numerator is Medicaid discharges plus ED encounters. The denominator is the total discharges and ED encounters.

The equation for the PV calculation is:

$$\left(\begin{array}{|l|} \hline \text{Unduplicated} \\ \text{discharges for} \\ \text{which Medicaid} \\ \text{paid for any part} \\ \text{of the patient's} \\ \text{stay during} \\ \text{specified 90-day} \\ \text{period.} \\ \hline \end{array} \right) + \begin{array}{|l|} \hline \text{Total number of} \\ \text{unduplicated ED} \\ \text{visits on any one} \\ \text{day for which any} \\ \text{part of the visit} \\ \text{was an eligible} \\ \text{Medicaid claim} \\ \hline \end{array} \Bigg/ \begin{array}{|l|} \hline \text{The total number} \\ \text{of unduplicated} \\ \text{inpatient} \\ \text{discharges, plus} \\ \text{the total number} \\ \text{of ER visits on} \\ \text{any one day} \\ \hline \end{array} = \begin{array}{|l|} \hline \text{PV} \\ \hline \end{array}$$

Hospitals are asked to enter their Medicaid discharges, ED encounters, and total discharges including total ED visits for the previous CY.

Note: The ED must be part of the hospital.

Total discharge information is listed on the EH’s cost reports. Idaho Medicaid will take these numbers from the cost reports in order to verify the information entered by the hospitals. Idaho Medicaid defines "encounter" as a service provided to one patient from admission to discharge for inpatient stay and service provided to one participant by one service provider in one day.

Attestation Stages

The Medicare and Medicaid EHR Incentive Programs provide incentive payments to EPs, EHs, and CAHs as they adopt, implement, upgrade or demonstrate MU of CEHRT.

AIU

All EHs must verify they have adopted, implemented, or upgraded to a CEHRT system. While each of these stages are grouped together, they are individually unique.

- **Adopt:** *acquire, purchase, or secure access to a CEHRT*
There is evidence an EH demonstrated actual installation prior to the incentive, rather than “efforts” to install. This evidence serves to differentiate between activities which may not result in installation (for example, researching EHRs or interviewing EHR vendors) and actual purchase/acquisition or installation.
- **Implement:** *install or commence utilization of a CEHRT*
The EH has installed a CEHRT and has started using the CEHRT in clinical practice. Implementation activities would include staff training in the CEHRT, the data entry of

their patients' demographic data into the EHR, or establishing data exchange agreements and relationships between the EH's CEHRT and other providers such as laboratories and pharmacies.

- Upgrade: *expand the available functionality of a CEHRT*

The EH has added clinical decision support, electronic prescribing functionality, or other enhancements that facilitate MU of CEHRT. An example of upgrading that would qualify for the EHR incentive payment would be upgrading from an existing EHR to a newer version that is certified according to the EHR certification criteria promulgated by the ONC related to MU. Upgrading may also mean expanding the functionality of an EHR in order to render it certifiable according to the ONC's EHR certification criteria.

MU

All EHs must verify they are meaningfully using the CEHRT in ways that can positively impact patient care. Meaningfully using a CEHRT is designed to:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and family
- Improve care coordination, and population and public health
- Maintain privacy and security of patient health information

Ultimately, it is hoped MU compliance will result in:

- Better clinical outcomes
- Improved population health outcomes
- Increased transparency and efficiency
- Empowered individuals
- More robust research data on health systems

MU sets specific objectives EPs and EHs must achieve to qualify for CMS Incentive Programs. EH MU contains two stages and while these stages are grouped together, they are individually unique.

- Stage 1. *Data sharing and capturing.*
- Stage 2. *Improved outcomes.*

Preparing for Attestation

EH Data and Payment Worksheet

The “Hospital Data for IIMS” worksheet is designed to completely calculate all the applicable information needed for your attestation, and the correlating payments. This workbook is approved by CMS and is required to be completed by both the EH and Idaho Medicaid to ensure the EH’s EHR incentive payment is accurately calculated using agreed upon cost reports and other data sources. Any discrepancies will require mutual work between the EH and Idaho Medicaid to resolve the issue.

When your attestation is received in IIMS, Idaho Medicaid will contact the EH to get specific calculations (i.e. charity care and patient discharges) in order to determine data population for the EH Data and Payment workbook. Once the workbook is complete, Idaho Medicaid will send the EH the workbook, send the link to the IIMS, and notify the EH that it is time to apply/attest for the Idaho Medicaid incentive.

Once the application/attestation is complete and submitted in IIMS, Idaho Medicaid will initiate eligibility determination. The EH will be contacted if there are any questions.

Accessing IIMS and Attesting

Before you apply with Idaho Medicaid for an EHR incentive payment, you must first successfully register in the CMS EHR Incentive Registration & Attestation System. The Idaho Medicaid EHR Incentive Program then receives notification from CMS and conducts a preliminary review of eligibility. You will be contacted regarding any issues with your CMS registration affecting your Idaho eligibility. When the verification is complete, you will receive an email inviting you to complete your application/attestation.

The following information will be required to sign in to IIMS to complete your Idaho application/attestation:

- The NPI you used to register at the CMS site
- The associated 10-digit CMS Registration Identification Number

If you don't recall your CMS Registration Identification Number, you must return to the CMS EHR Incentive Program R&A System to reference it.

Once you have completed your application/attestation in IIMS, and attached required supporting documentation, the EHR program staff will complete the eligibility determination. Once a provider is determined eligible, the Idaho Medicaid EHR Program will notify CMS of your eligibility status.

Logon Screen

Enter the NPI used when registering at the CMS EHR Incentive Program site and the 10-digit CMS-assigned Registration Identification Number.

Note: If the data entered here does not match the NPI or the CMS-assigned Registration Identification Number on file, the message, "Invalid NPI/Registration ID combination" will be displayed.

Select "Submit" to log in and proceed to the CMS Registration Information page.

Note: If you encounter the message "Application is in process at Idaho Medicaid. You can expect to receive an email in 7-10 days informing you of your application status", this indicates Idaho Medicaid is conducting a preliminary review of the registration record received from CMS. Once this preliminary review is completed you will be allowed to login and begin your application/attestation.

Landing Screen

The EH is presented with a landing page upon a successful login that will show four separate sections:

- Announcements and Messages

- Provider Information
- Provider Status Flow
- Program Year Attestations

Announcements and Messages

This area is used to communicate major program update information.

Provider Information

This area shows the program attestation, state of attestation, payment year (AIU, MU1, MU2), and the current status. This area can always be used to reference at what stage the next attestation will be.

Provider Status Flow

This area can be used to check and track where your attestation is at currently as it is updated in real-time. If you believe your attestation to be stuck in any section, contact the Idaho Medicaid EHR Incentive Program Help Desk immediately for resolution.

Program Year Attestation

This area will show the aggregate year, status, and actions for an attestation. This area can always be used to reference at what stage the next attestation will be.

Helpful Tips

- Make sure your numbers are accurately entered when you attest.
- Keep your supporting documentation.
- Know that dated screen shots provide a good source of documentation.
- Save paper or electronic copies of reports used to attest if the practice's EHR automatically changes numerator and denominator values after the reporting period ends.
- Turn on, for the entire reporting period, EHR features which track functionality issues such as drug interaction checks and clinical decision support.
- Understand the security risk analysis must be specific to the EHR and the practice and it is required every year.

AIU Attestation Walkthrough

The current status of the payment year is displayed in the “Provider Status Flow” section of the page. To begin your attestation after logging into IIMS, you must select “Begin/Modify Attestation” and it will bring them to the CMS Registration Information Page.

Screen 1 – CMS Registration Information

1. Review this information carefully. This information is populated directly from your CMS registration information and you cannot update the information on this page. If you need to make updates to this information, you need to return to the CMS website, make your changes, and save them. Once you have completed your update on the CMS website, your information will again be sent to Idaho and this page will be updated. Please allow 24 hours for the update to be received and processed.

Note: As you make your changes at the CMS website, make sure you go through the screens, selecting “Save” and “Continue”, until you get to the Verify Registration page and select “Submit”. Unless you select “Submit”, your updated data will not be sent to Idaho and your payment will be delayed.

2. Before moving to the next screen, open the Payment Calculation Workbook provided to you by Medicaid and click on the worksheet/tab at the bottom of the page titled, “Hospital Data for IIMS”. You may want to print the worksheet for easy reference as you will use it on the next page.
3. Select “Next” to go to the next page.

Screen 2 – Hospital Eligibility Details

The “Hospital Data for IIMS” worksheet you received from Idaho Medicaid is designed to mimic **exactly** what is on this page. Use this worksheet and the step-by-step instructions below to complete the Hospital Eligibility Details page. Here there are five separate sections:

- Program Year
- Patient Volume
- EHR Details
- Growth Rate
- Medicaid Share

Program Year

Select the program year. This selection is only available if the current date within the designated attestation tail-period of any year. This allows you to choose the previous program year during the tail-period where it is allowed to attest for either the previous or current program year. After the end of the tail-period, the program year will be defaulted to the current program year.

Patient Volume

1. Select the starting date of the 90-day period to calculate the Medicaid/needier PV percentage.

Note: The date must be a valid date within the previous calendar year or rolling calendar year to 90 days before the current date. This accommodates the provider's choice of using the previous calendar year or the most recent 12 months.

2. Enter the total Medicaid patient discharges from the "Hospital Data for IIMS" worksheet.
3. Enter the total patient discharges during this period from the "Hospital Data for IIMS" worksheet.
4. This will auto-calculate based on your answers to numbers 2 and 3.

Note: The following messages will appear if you do not meet the PV threshold.

- *This is below the 10% of patient volume and you should meet the threshold of 10% to get the EHR Incentive Payment.*

EHR Details

5. The CMS EHR Certification ID of your EHR will be auto-populated from your CMS registration information if it was provided there. If not, the EHR Certification ID must be input here. Only a valid ID will be allowed for you to continue your attestation.
6. Select the status of your EHR – "Adopt", "Implement", "Upgrade", or "Meaningful Use".

Growth Rate

7. Enter the total number of discharges in the previous year, which corresponds to the same item on the "Hospital Data for IIMS" worksheet.
8. Enter the total number of discharges one year prior to the program year, which corresponds to the same item on the "Hospital Data for IIMS" worksheet.
9. Enter the total number of discharges two years prior to the program year, which corresponds to the same item on the "Hospital Data for IIMS" worksheet.
10. Enter the total number of discharges three years prior to the program year, which corresponds to the same item on the "Hospital Data for IIMS" worksheet.

Medicaid Share

11. Enter the total Medicaid inpatient-bed days (exclude nursery-bed days), which corresponds to the same item on the "Hospital Data for IIMS" worksheet.
12. Enter the total Medicaid HMO inpatient-bed days (exclude nursery-bed days), which corresponds to the same item on the "Hospital Data for IIMS" worksheet.
13. Enter the total inpatient-bed days, which corresponds to the same item on the "Hospital Data for IIMS" worksheet.
14. Enter the total hospital charges, which correspond to the same item on the "Hospital Data for IIMS" worksheet.

15. Enter the total charity care charges, which correspond to the same item on the “Hospital Data for IIMS” worksheet.

After entering your data, you must select one of the following buttons from the bottom of the screen:

- “Previous” – *If you have not saved your entries, this will cancel your entries and take you to the previous page.*
- “Next” – *will save your entries and take you to the next page.*
- “Save” – *will save your current entries on the page and you will remain on that page.*
- “Cancel” – *will replace any changes you made with data retrieved from the last time you saved your information. For example, if you never entered anything into the page before selecting “Cancel” you will see blank fields.*

Screen 3 – Payment Calculation

The “Hospital Data for IIMS” worksheet you received from Idaho Medicaid is designed to mimic **exactly** what is on this page. Use this worksheet and the step-by-step instructions below to complete the Hospital Eligibility Details page.

A simple verification between the “Hospital Data for IIMS” worksheet and the Incentive Payment Calculations page is required. Ensure the total and first year payment amounts on the screen match the payments calculated in the “Hospital Data for IIMS” worksheet (based on the input from the previous page, your payment calculation is shown).

Medicaid Calculation Worksheet Data		On the Incentive Payment Calculations page in IIMS
Aggregate EHR Incentive Payment Amount	- must match -	Total Medicaid Aggregate EHR Incentive Payment
First Year Idaho Medicaid EHR Incentive Payment	- must match -	First Year Idaho Medicaid Incentive Payment (50%)

If the amounts do not match, contact the Idaho Medicaid EHR Incentive Program Help Desk immediately for problem resolution.

After verifying your data, you must select one of the following buttons from the bottom of the screen:

- “Previous” – *If you have not saved your entries, this will cancel your entries and take you to the previous page.*
- “Next” – *will save your entries and take you to the Document Upload page.*

Screen 4 – Document Upload

On this page, you need to upload the following mandatory documents.

1. PV report. This can come from either your EHR or your billing service. Screenshots of your generated report may be requested from the EHR Team if further verification is required.
2. EHR documentation. This must be either dually signed vendor contract, recent receipt of payment, user agreement, receipt of purchase, lease agreement, or other acceptable legally binding documentation.

Note: A vendor letter is not acceptable unless submitted with additional binding documentation. The documentation submitted must include the exact name of the EHR system purchased including the software version number.

To ensure reviewing accuracy, use the following naming convention for your documents:

EH Name, Document Type, Program Year

For Example

Hospital A, PV, 2015.pdf

Hospital B, EHR Documentation, 2015.pdf

Note: Only PDF documents can be uploaded into IIMS. If you need to upload a different file format, contact the Idaho Medicaid EHR Incentive Program Help Desk for further instructions. Documents uploaded not using the above naming convention or correct document type will cause a delay in processing your incentive payment application. You will still be able to upload documents as necessary throughout the attestation process.

After loading your documents, you must select one of the following buttons from the bottom of the screen:

- “Previous” – will cancel your entries and take you to the previous page.
- “Next” – will save your entries and take you to the next page.

Screen 5 – Attestation

On this page, there are many items you need to review and answer.

1. Review all the data on this page. Once you submit the attestation, you **cannot make any changes.**
3. Enter **your initials** and the EH’s NPI at the bottom-left of the screen.
4. Enter **your name, e-mail,** and the provider’s e-mail at the bottom-right of the screen.

Completing these sections serve as your electronic signature. By entering this information, you attest to the validity of all data submitted for consideration by the Idaho Medicaid EHR Incentive Program.

After reviewing and entering your data, you must select one of the following buttons from the bottom of the screen:

- “Previous” – *will cancel your entries and take you to the previous page.*
- “Submit” – *notify Idaho Medicaid the attestation is ready for final eligibility review.*

Note: Once you select “Submit”, it will take you to the first page of your attestation, CMS Registration Information (Screen 1), to review. You can select “Previous” and “Next” to view the attestation pages in a review mode only.

Logout when finished.

MU Attestation Walkthrough

Screen 1 – CMS Registration Information

1. Review this information carefully. This information is populated directly from your CMS registration information and you cannot update the information on this page. If you need to make updates to this information, you need to return to the CMS website, make your changes, and save them. Once you have completed your update on the CMS website, your information will again be sent to Idaho and this page will be updated. Please allow 24 hours for the update to be received and processed.

Note: As you make your changes at the CMS website, make sure you go through the screens, selecting “Save” and “Continue”, until you get to the Verify Registration page and select “Submit”. Unless you select “Submit”, your updated data will not be sent to Idaho and your payment will be delayed.

5. Before moving to the next screen, open the Payment Calculation Workbook provided to you by Medicaid and click on the worksheet/tab at the bottom of the page titled, “Hospital Data for IIMS”. You may want to print the worksheet for easy reference as you will use it on the next page.
6. Select “Next” to go to the next page.

Screen 2 – Hospital Eligibility Details

The “Hospital Data for IIMS” worksheet you received from Idaho Medicaid is designed to mimic **exactly** what is on this page. Use this worksheet and the step-by-step instructions below to complete the Hospital Eligibility Details page. Here there are five separate sections:

- Program Year
- Patient Volume
- EHR Details
- Growth Rate
- Medicaid Share

Program Year

Select the program year. This selection is only available if the current date within the designated attestation tail-period of any year. This allows you to choose the previous program year during the tail-period where it is allowed to attest for either the previous or current program year. After the end of the tail-period, the program year will be defaulted to the current program year.

Patient Volume

1. Select the starting date of the 90-day period to calculate the Medicaid/needier PV percentage.

Note: The date must be a valid date within the previous calendar year or rolling calendar year to 90 days before the current date. This accommodates the provider's choice of using the previous calendar year or the most recent 12 months.

2. Enter the total Medicaid/needier PV during this period.
3. Enter the total unduplicated patient encounters during this period.
4. This will auto-calculate based on your answers to numbers 2 and 3.

Note: The following messages will appear if you do not meet the PV threshold.

- *This is below the 10% of patient volume and you should meet the threshold of 10% to get the EHR Incentive Payment.*

EHR Details

5. The CMS EHR Certification ID of your EHR will be auto-populated from your CMS registration information if it was provided there. If not, the EHR Certification ID must be input here. Only a valid ID will be allowed for you to continue your attestation.
6. Select the status of your EHR – “Adopt”, “Implement”, “Upgrade”, or “Meaningful Use”.

Growth Rate

This is not editable after the AIU payment. If there are factors which have changed, you must contact the contact the Idaho Medicaid EHR Incentive Program Help Desk to resolve the issue.

Medicaid Share

This is not editable after the AIU payment. If there are factors which have changed, you must contact the contact the Idaho Medicaid EHR Incentive Program Help Desk to resolve the issue.

After entering your data, you must select one of the following buttons from the bottom of the screen:

- “Previous” – *If you have not saved your entries, this will cancel your entries and take you to the previous page.*
- “Next” – *will save your entries and take you to the next page.*
- “Save” – *will save your current entries on the page and you will remain on that page.*
- “Cancel” – *will replace any changes you made with data retrieved from the last time you saved your information. For example, if you never entered anything into the page before selecting “Cancel” you will see blank fields.*

Screen 3 – MU Questionnaire

On this page, there are two sections which you need to review and/or answer. These sections may be auto-populated with information from the EH’s Medicare MU attestation record from CMS. When a dually eligible EH successfully attests to the Medicare EHR Incentive Program,

CMS sends their MU attestation information to the states as a reference to establish MU for the Medicaid EHR Incentive Program. Dually eligible EHs will not have to repeat their MU attestation in the IIMS if they have attested for MU through Medicare first.

- EHR Reporting Period
- Emergency Department Admissions

EHR Reporting Period

1. Enter the EHR reporting period start date.
2. Enter the EHR reporting period end date.

Note: You will receive an error if the reporting period is not 90 days, if the start date is not at least 90 days prior to current date, or if the end date is not prior to current date.

3. Enter the percentage of unduplicated patients who have structured data recorded in your CEHRT as of the EHR reporting period.

Note: You will receive an error if the number you enter is not a whole number, if less than 80, or is more than 100.

Emergency Department Admissions

4. Select either “Observation Services Method” or “All ED Visits Method” to indicate how patients admitted to the ED are included in the denominator of certain MU core and menu measures.

After entering your data, you must select one of the following buttons from the bottom of the screen:

- “Previous” – *If you have not saved your entries, this will cancel your entries and take you to the previous page.*
- “Next” – *will save your entries and take you to the Incentive Payment Calculations page.*
- “Save” – *will save your current entries on the page and you will remain on that page.*
- “Cancel” – *will replace any changes you made with data retrieved from the last time you saved your information. For example, if you never entered anything into the page before selecting “Cancel” you will see blank fields.*

Screen 4 – Payment Calculation

The “Hospital Data for IIMS” worksheet you received from Idaho Medicaid is designed to mimic **exactly** what is on this page. Use this worksheet and the step-by-step instructions below to complete the Hospital Eligibility Details page.

A simple verification between the “Hospital Data for IIMS” worksheet and the Incentive Payment Calculations page is required. Ensure the total and first year payment amounts on the screen match the payments calculated in the “Hospital Data for IIMS” worksheet (based on the input from the previous page, your payment calculation is shown).

Medicaid Calculation Worksheet Data		On the Incentive Payment Calculations page in IIMS
Aggregate EHR Incentive Payment Amount	- must match -	Total Medicaid Aggregate EHR Incentive Payment
First Year Idaho Medicaid EHR Incentive Payment	- must match -	First Year Idaho Medicaid Incentive Payment (50%)

If the amounts do not match, contact the Idaho Medicaid EHR Incentive Program Help Desk immediately for problem resolution.

After verifying your data, you must select one of the following buttons from the bottom of the screen:

- “Previous” – *If you have not saved your entries, this will cancel your entries and take you to the previous page.*
- “Next” – *will save your entries and take you to the Document Upload page.*

Screen 5 – Document Upload

On this page, you need to upload the following mandatory documents.

1. System-generated PV report. This can come from either your EHR or your billing service. Screenshots of your generated report may be requested from the EHR Team if further verification is required.
2. EHR documentation. This must be either dually signed vendor contract, recent receipt of payment, user agreement, receipt of purchase, lease agreement, or other acceptable legally binding documentation.

Note: A vendor letter is not acceptable unless submitted with additional binding documentation. The documentation submitted must include the exact name of the EHR system purchased including the software version number.

To ensure reviewing accuracy, use the following naming convention for your documents:
EH Name, Document Type, Program Year

For Example

Hospital A, PV, 2015.pdf
Hospital B, EHR Documentation, 2015.pdf

Note: Only PDF documents can be uploaded into IIMS. If you need to upload a different file format, contact the Idaho Medicaid EHR Incentive Program Help Desk for further instructions. Documents uploaded not using the above naming convention or correct document type will cause a delay in processing your incentive payment application. You will still be able to upload documents as necessary throughout the attestation process.

After loading your documents, you must select one of the following buttons from the bottom of the screen:

- “Previous” – *will cancel your entries and take you to the previous page.*
- “Next” – *will save your entries and take you to the next page.*

Screen 6 – Attestation

On this page, there are many items you need to review and answer.

2. Review all the data on this page. Once you submit the attestation, you **cannot make any changes**.
3. Enter **your initials** and the EH’s NPI at the bottom-left of the screen.
4. Enter **your name, e-mail**, and the provider’s e-mail at the bottom-right of the screen.

Completing these sections serve as your electronic signature. By entering this information, you attest to the validity of all data submitted for consideration by the Idaho Medicaid EHR Incentive Program.

After reviewing and entering your data, you must select one of the following buttons from the bottom of the screen:

- “Previous” – *will cancel your entries and take you to the previous page.*
- “Submit” – *notify Idaho Medicaid the attestation is ready for final eligibility review.*

Note: Once you select “Submit”, it will take you to the first page of your attestation, CMS Registration Information (Screen 1), to review. You can select “Previous” and “Next” to view the attestation pages in a review mode only.

Logout when finished.

Important Payment Information

Within IIMS, on the left-hand menu, the “Payments” link will give you detailed information regarding your past and current payment. Here the provider is able to review payments and any payment adjustments for each payment year they participated in Idaho’s incentive program. If a provider participated in a different state’s Medicaid incentive program or the Medicare incentive program in other payment years, the information from those sources will not be made available here. The provider should be able to access that payment information from the other state’s Medicaid incentive program’s site or the CMS EHR Incentive Program Registration and Attestation System.

Establishing Payment Amounts

Federal parameters placed on Idaho Medicaid incentive payments to EHs are largely based on the methodology applied to Medicare incentive payments. The specifications described in this section are the limits all states must adhere to when developing aggregate EHR hospital incentive amounts for Medicaid EHs. States calculate the hospital aggregate EHR hospital incentive amounts.

Acute care hospitals may be paid up to 100% of an aggregate EHR hospital incentive amount provided over a three-year period.

The aggregate EHR hospital incentive amount is calculated using an overall EHR amount multiplied by the Medicaid share. Idaho is responsible for using auditable data sources to calculate Medicaid aggregate EHR hospital incentive amounts, as well as determining Idaho Medicaid incentive payments to those hospitals. Auditable data sources include:

- EH’s Medicare cost reports
- State-specific Medicaid cost reports
- Payment and utilization information from Idaho MMIS (or other automated claims processing systems or information retrieval systems)
- Hospital financial statements and hospital accounting records

Calculation Definitions

- Base amount: *This is \$2 million per year for each of the three payment years.*
- Transition factor: *This is multiplied by the base amount for each payment year: per rule, year one is set at 100 percent, year two at 75 percent, year three at 50 percent, and year four at 25 percent.*
- Discharge-related amount: *This is an add-on to the base amount for each hospital equaling \$200 per discharge for the 1,150th through the 23,000th discharge. Discharges before the 1,150th or after the 23,000th receive \$0.*
- Discharge growth factor: *This is determined by taking the average annual number of discharges for a given hospital over the last four years, the most recent year being the last certified cost report year. This factor is used to trend discharges for purposes of calculating future discharge-related add-on amounts.*

- Initial EHR amount: *This is the base amount, plus the discharge-related add-on amount, multiplied by the transition factor for each year of the incentive program.*
Overall EHR amount: *This is the sum of the initial EHR amounts for each of the four years.*
- Medicaid share: *This is derived by dividing total Medicaid bed days by the total inpatient hospital-bed days, multiplied by the total charity care (uncompensated care – bad debt) ratio for each hospital.*
- Aggregate EHR incentive payment amount: *This is derived by multiplying the Medicaid share by the overall EHR amount.*
- Aggregate EHR incentive payment amount by year: *This is derived by dividing the aggregate EHR incentive payment amount into the distribution of proportions 50%, 40%, and 10% for the first three years.*

Calculation Description

The aggregate EH incentive payment calculation will be used to determine the incentive payment amount for each individual hospital. As determined by CMS rule, the calculation equation includes:

- Overall EHR Amount – *{Sum over 4 year of [(Base Amount plus Discharge Related Amount Applicable for Each Year) times Transition Factor Applicable for Each Year]}*
- Medicaid Share – *Medicaid inpatient-bed days ÷ [total inpatient-bed days x (estimated total charges - charity care charges) ÷ estimated total charges]*

Mathematically, the aggregate EH incentive payment is the product of the Overall EHR Amount multiplied by the Medicaid Share.

Overall EHR Amount

The Overall EHR Amount has been determined as the Initial Amount multiplied by the Transition Factor. The Initial Amount is calculated in four steps:

-
- 1. The discharge growth factor was compiled using data for a four year period to arrive at a figure for average growth, or negative growth, for each hospital.
For the first payment year, discharges are equal to the number of discharges in the last- filed cost-report year; for year two, discharges equal this same number multiplied by the discharge growth factor; for year three, discharges equal the calculated discharges for year two multiplied, again, by the same discharge growth factor; and for year four, discharges equal the calculated discharges for year three multiplied by the discharge growth factor once again.

The discharge-related amount for each year was determined by multiplying the number of discharges for each year by \$200 as calculated above.

Note: This means discharge numbers between (but not including) the 1,149th and the 23,001st discharge.

Each of these four discharge-related amounts, so derived for each of the four years, is added to the \$2 million annual base amount. Taken together, these four amounts equal the Initial Amount.

The Transition Factor is calculated in two steps:

5. The four sums from step four above, are then multiplied by the appropriate transition factors (1.0 for year one, .75 for year two, .5 for year three, and .25 for year four).

The sum of these four annual amounts equals the Overall EHR Amount.

Medicaid Share

The Medicaid Share is a fraction determined as follows:

- Numerator
 - The estimated number of inpatient-bed days attributable to Medicaid patients plus the estimated number of inpatient-bed days in the same period attributable to individuals who are enrolled in a managed care organization and a pre-paid inpatient health plan, or a pre-paid ambulatory health plan.
 - Both of these numbers are from the latest certified hospital cost report data.
- Denominator
 - The estimated total number of inpatient-bed days during the same period, multiplied by another fraction involving:
 1. The *numerator* - the estimated total amount of the EH's charges during that period, excluding charges attributable to charity care.
 2. The *denominator* - the estimated total amount of the EH's charges during the same period.

Disbursement

Payments to EHs are made in alignment with the CY. EHs must reapply for each year in order to receive a Medicaid incentive payment, and it must be determined the EH was a meaningful user of CEHRT during the year. Medicaid EHs are not required to participate on a consecutive, annual basis before program year 2016; however, the last year an EH may begin receiving payments is program year 2016 and the last program year the EH can receive payments is 2021.

Participation must be consecutive starting in 2016.

Idaho pays the aggregate EH incentive payment amount over a period of three annual payments, contingent on the EH's annual attestations and registrations for the Idaho Medicaid payments.

If all conditions for payment are met each year, the EH will receive the following payments:

- Year One - 50 percent of the aggregate amount.
- Year Two - 40 percent of the aggregate amount.
- Year Three - 10 percent of the aggregate amount.

Note: If Idaho Medicaid determines monies have been paid inappropriately, incentive funds will be recouped and refunded to CMS.

Support and Other Information

Out-of-State Providers

Idaho Medicaid EHR incentive payments are only be made to Idaho Medicaid providers. Idaho must be the only state the provider is requesting an incentive payment from during that program year.

Medicaid Program Integrity and Audit

Idaho Medicaid conducts regular reviews of attestations and incentive payments. These reviews are selected as part of the approved audit selection process, including risk assessment, receipt of a complaint, or incorporation into reviews selected for other objectives.

For EHs selected for audit and who have used the CHIP PV average, the auditor will assess whether the total Idaho Medicaid encounters were accurately represented and will not attempt to evaluate an EH's actual Medicaid-only PV. There would be no penalty for providers who have an actual CHIP PV higher than the statewide patient volume average. For providers who request their specific data, the audit will assess whether the Medicaid-only encounters were accurately represented, given the information provided by the state.

Retention of Documentation

Providers are required by CMS to retain documentation uploaded in their initial IIMS application for a minimum period of six years from the date of an approved application that resulted in an Idaho Medicaid EHR Incentive payment.

If a provider does not retain the required documentation for the six year period, it may result in adverse action against that provider, including, but not limited to, recoupment of incentive payments and sanctions following audits by the Idaho Medicaid EHR Incentive Program team or independent auditors.

Appeals

Providers can choose to appeal the determination made by the Idaho Medicaid EHR Incentive Program about the incentive payment application. All contested cases are governed by the provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." Within IIMS, on the left-hand menu, the "Appeals" link will give you detailed information regarding a request for an appeal.

Idaho Medicaid Attestation Support

As the Idaho Medicaid EHR Incentive Program team, we are happy to answer any questions you may have. Feel free to call us at (208) 332-7989 or e-mail us at ehrincentives@dhw.idaho.gov. We strive to respond within two business days if we are unable to answer your call or e-mail immediately. We update our program website often, so be sure to check there for the latest news.