Helpful Hints for a Successful 2016 Hawaii Medicaid EP MU Attestation

2016 is the last year a provider can begin participation in the program.

CMS 2016 Program Requirements:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html

Where to log on or create your account:

https://hi.arraincentive.com/Login.aspx

Please contact the SLR Helpdesk at (800) 235-4378, select option 7, for assistance with recalling usernames, and password resets.

Note: All addresses displayed in the SLR are the <u>Correspondence</u> addresses linked to the Medicaid provider enrollment record of the attesting provider. Conduent does not have the capability to modify the addresses. Please submit an updated DHS 1139 form, along with a copy of your license and W-9, to the Hawaii Medicaid Fiscal Agent's Office. The documents will be forwarded to the Med-QUEST Division (MQD) for expedited processing.

> Hawaii Medicaid Fiscal Agent
> Attn: Hawaii Medicaid EHR Incentive Program
> P.O. Box 1220
> Honolulu, HI 96807-1220

All providers are encouraged to contact the Hawaii Medicaid Fiscal Agent Call Center prior to attesting to verify that the information that MQD has on file is correct and up to date. Examples: Name, Social Security Number (SSN), National Provider Identifier (NPI), Correspondence and Pay-to Addresses, Tax Identification Number (TIN), Provider License, Medicaid Enrollment Status

The Hawaii Medicaid Fiscal Agent Call Center may be reached at (800) 235-4378, select option 4.

SLR Icons

✔ Green check marks will appear next to the fields and sections that were completed correctly.

🔴 Hard stop: A red circle with an exclamation point indicates that there is a problem with a value that was entered and will prevent you from moving forward and submitting an attestation.

⚠ Warning: A yellow triangle with an exclamation point indicates a warning about a value that was entered but does not prevent you from moving forward, or submitting your attestation.

Notice:

On November 1, 2016, CMS finalized a rule that allows all providers to attest for Meaningful Use (MU) using a 90-day EHR reporting period. The new rule applies for Program Years 2016 and 2017, with a CMS effective date of January 1, 2017.

Step 1 – About You

Attestations

- Not Hospital Based Attestation: Click on the checkbox to attest that you do not perform 90% or more of your Medicaid services in an inpatient hospital or emergency room.

- Read the Provider Manual Attestation: Click on the checkbox to attest that you have read the Hawaii Medicaid EHR Incentive Program Provider Manual. The manual has been updated to incorporate CMS's Final Rule.

   http://med-quest.us/PDFs/Provider%20Manual/EHRIncentiveProgramProviderManual.pdf
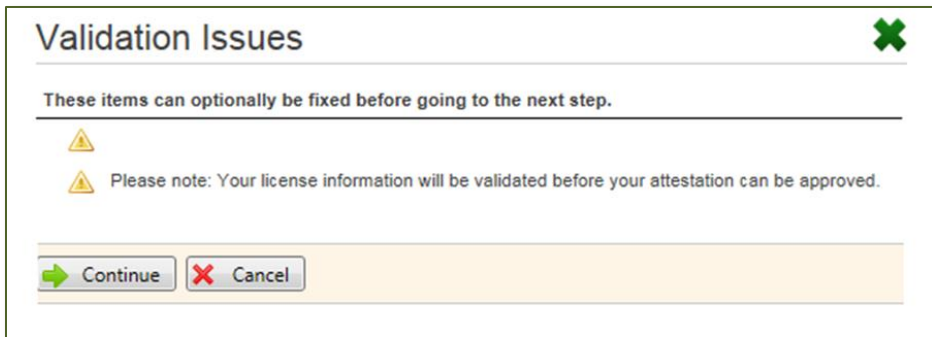
License Information

If you have successfully completed the Attestation section, the License Information section will allow for editing. If you have previously attested for the Hawaii Medicaid EHR Incentive Program, this information will be automatically populated with data from your last attestation.

- Medicaid Provider ID: Use your current six-digit Hawaii Medicaid Provider ID. If an invalid ID is entered, you'll receive a hard stop icon upon clicking on "Save & Continue". The system will not allow you to move to the next screen until the Medicaid Provider ID has been entered.

- Professional License Number: Enter your professional license number with the license type code in addition to the license numbers. The license number will be accepted with or without the dash and also if it is padded with zeroes.

   Examples: MD 1234, MD1234, MD-1234, MD0000000001234

If you enter a license number that does not match up with what MQD has on file under your provider record, you will receive a warning pop-up message upon clicking on "Save & Continue".


This is only a warning. You may continue through this but know we will have to take extra time to manually validate the information. For best results, pad the license number with zeroes to generate a 15-digit number.

- Payee Medicaid ID: The Payee Medicaid ID field is not editable. The SLR uses the payee NPI and TIN combination that you assigned during the CMS registration process to search for a record in MQD's provider enrollment database. If the SLR finds a match, the payee's Medicaid ID will automatically populate.

  If the SLR cannot locate a match for the payee NPI and TIN combination, the system will populate the value "Not Found".
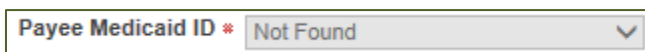
  If the NPI and TIN cannot locate a linked Payee Medicaid ID, you will not be able to Save & Continue in Step 1. An error message stating, "Payee Medicaid ID must be 6 digits" will appear.
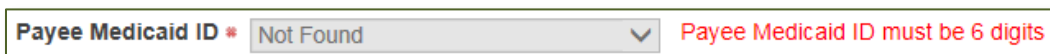
  To proceed, you must return to CMS's Medicare & Medicaid EHR Incentive Program Registration & Attestation System to correct your payee information. Please allow 24-48 hours for the SLR to update after a change is made in the CMS Medicare & Medicaid EHR Incentive Program Registration & Attestation System.
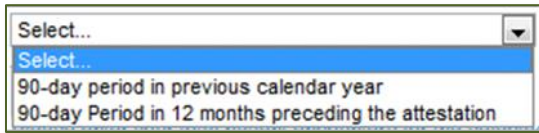
- Contact Person: The values in the Contact Person section are automatically populated from the information received from your CMS Medicaid EHR Incentive Program Registration Record. These fields are editable and you may update the contact information as needed. All correspondence regarding your attestation and the Hawaii Medicaid EHR Incentive Program will

be sent to the e-mail address indicated in this section. Please ensure this information is accurate.

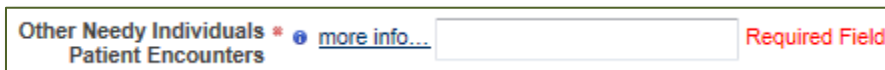## Step 2 – Confirm Medicaid Eligibility

Practice Eligibility Details

- Enter Representative Period: Select your representative period from the pull down menu. The most common time frame used is *90-day period in previous calendar year*.

  - o *90-day period in previous calendar year*: This is the previous calendar year to the Program Year for which you are attesting. If it is for Program Year 2016, the previous calendar year is 2015.

  - o *90-day period in 12 months preceding the attestation:* This is literal and based on the date of the attestation. Example: If attesting on August 1, 2016, you may use a 90-day consecutive period within the range of August 1, 2015 through July 31, 2016.

- Year X Start Date: Manually enter or use the calendar icon to select the start date. If you selected *90-day period in previous calendar year*, the date entered may not overlap the reporting period used in your Program Year 2015 attestation.

- Do you practice predominately in a FQHC or RHC?: The system will default to *None*. If FQHC or RHC is selected, you will be required to enter a value into the Other Needy Individuals Patient Encounters field.
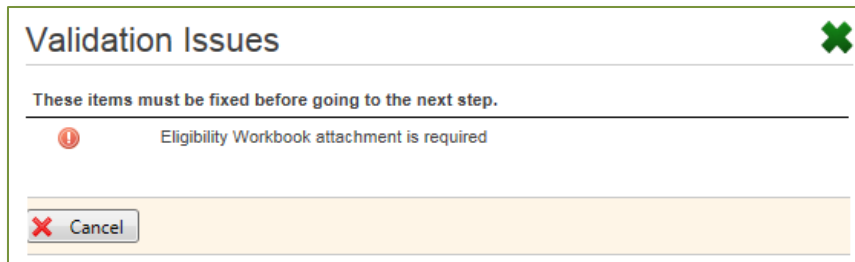

  If you are not using Other Needy Individual Patient Encounters, you may leave the radio button on *None*, even if you practice predominately in a FQHC or RHC.

- Attach Documentation: You are required to upload a completed Hawaii EP Eligibility Workbook. If you are using Other Needy Individuals Patient Encounters, you must complete the *Eligibility-FQHC or RHC* tab in the HI EP Eligibility Workbook. The HI EP Eligibility Workbook may be downloaded from the Hawaii Provider Outreach Page- EP Jumpstart page. http://hi.arraincentive.com/jumpstart_ep.aspx

  You will receive a hard stop if the required Eligibility Workbook has not been uploaded.

Validation Issues ✖

These items must be fixed before going to the next step.

❗   Eligibility Workbook attachment is required

✖ Cancel

Step 3 – Attestation of EHR

You will be given a choice to choose Adopt, Implement, Upgrade (AIU) or Meaningful Use (MU) if you are in your first year of the EHR Program. Click on the *Attest to Meaningful Use* box.

EHR Certification

- <u>Understanding of Provider Responsibility:</u> It is the provider's responsibility to generate an EHR Certification ID that accurately reflects the complete EHR or combination of modules representing a complete EHR used by the provider before attesting to the State. Failure to do so could result in a false negative result that may disqualify the provider from receiving payment.
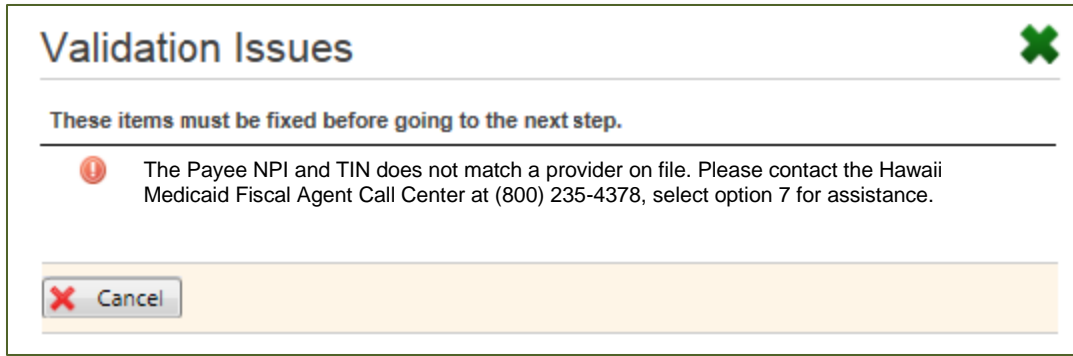
  Click on the checkbox to acknowledge your responsibility of this. You will not be able to continue if this box is not checked.

- <u>EHR Certification Number:</u> You will need to enter a 2014 Edition EHR Certification Number. You may attest using an EHR technology certified to the 2015 Edition, or a combination of the two if the 2015 Edition is available. If you do not know your EHR Certification Number, there is a link on this page (https://chpl.healthit.gov/) to enter your EHR and version. Characters 3-5 in the EHR Certification Number must be "14E" to prove you have a 2014 Edition CEHRT.

  You will receive a hard stop if the number you have entered does not meet the 2014 Edition standards and certification criteria, and may not continue with your attestation.

- <u>Attach Documentation:</u> You are given the option to attach an ONC CHPL Screen Print.

If your Payee Medicaid ID field value was "Not Found" in Step 1, you will receive a hard stop in this screen after clicking on "Save & Continue". This means that the Payee NPI is not linked to an active Hawaii Medicaid provider in MQD's provider enrollment database. Please contact the Hawaii Medicaid Fiscal Agent Call Center for guidance.

Validation Issues ✖

These items must be fixed before going to the next step.

⊘ The Payee NPI and TIN does not match a provider on file. Please contact the Hawaii Medicaid Fiscal Agent Call Center at (800) 235-4378, select option 7 for assistance.

✖ Cancel

EHR Reporting Period

- Numerator and Denominator: Enter the numerator and denominator, showing 80% of your patients have records in the CEHRT.

- Add New Location: If you work at multiple locations but don't have certified EHR technology available at all of your locations, you must have 50% of your total patient encounters at locations where the EHR technology is available. You must base all MU measures only on encounters that occurred at locations where CEHRT is available. Note: All providers are required to complete this section.

  o Click on *Add New Location*.

    ▪ The correspondence address associated with your NPI/TIN is displayed and may be manually changed if needed.

    ▪ Numerator: Enter the number of patient encounters entered into the EHR software at the specified location during the reporting period.

    ▪ Denominator: Enter the number of patient encounters at the specified location during the reporting period.

    ▪ EHR Technology: Select Yes or No if certified EHR technology was used at the specified location.

    ▪ Scroll to the left and click on *Insert* to save the information.

    ▪ Repeat these steps to add additional locations.

  The percentage of total patient encounters at the combined locations must calculate to 50% or higher. If the value is below 50%, you will receive a hard stop message upon clicking on "Save & Continue".
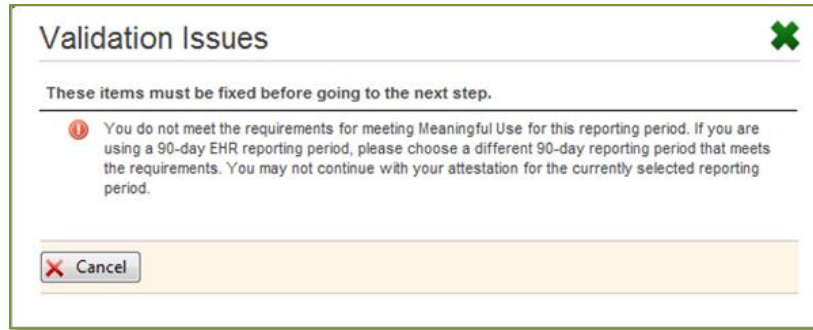
- <u>Agreement Statements:</u> You must agree to the statements shown. If both checkboxes aren't checked, the "Save & Continue" button will not be enabled at the bottom of the screen.

- <u>90-Day Reporting Period:</u> All meaningful users may attest using a 90-day EHR reporting period for Program Year 2016. The End Date is automatically populated for 90-days based off your start date; however, the SLR allows it to be edited. The Start Date AND End Date must fall within the EHR calendar year (January 1, 2016 through December 31, 2016).

- <u>I am Reporting CQMs for a Different Reporting Period than My Meaningful Use Objectives:</u> The SLR provides the option to identify a different reporting period for your CQMs. The Start Date AND End Date must be a minimum of 90-days and fall within the EHR calendar year (January 1, 2016 through December 31, 2016).

- <u>Attach Documentation:</u> You are required to attach a fully executed document demonstrating binding legal or financial commitment to EHR. You also have the option to upload a report supporting MU data. You will receive a hard stop if the required document has not been uploaded.
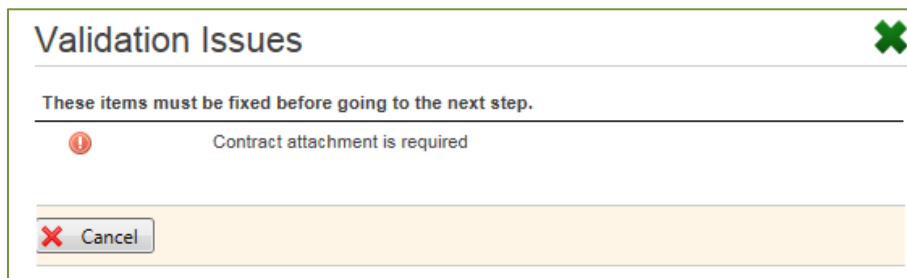
Meaningful Use Import

The Meaningful Use Import screen allows EPs to import MU objective data. Click on the MU Import Specification Control Document link, which opens a PDF document that defines the format required to import the objective data.

If you are not importing MU objective data, you may click on "Continue" to proceed to the MU Objective

Summary page.

MU Objective Summary

Specification Sheets from CMS: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPTableOfContents.pdf

You are required to complete all 10 MU Objectives. Many of the alternate exclusions and measures that were available in Program Year 2015 are not applicable in Program Year 2016.

- Protect Patient Health Information: In order to pass this measure, you will need to have conducted or reviewed a security risk analysis within the Program Year, prior to submitting your attestation. This field will be manually validated. If the security risk analysis was conducted or reviewed in the tail end of the grace period, you may not use the same date in your Program Year 2017 attestation. Although it is not required, you may attach the security risk analysis from the Program Year.

- Clinical Decision Support: It is important to pay attention to all the measures and their exclusions – and how they may apply to you. Please ensure all required text boxes for this objective contain relevant data. These fields will be manually validated.

- Computerized Provider Order Entry (CPOE): If you were scheduled to be in Stage 1 in 2016, you may claim an alternate exclusion for Measure 2 (Laboratory orders) and Measure 3 (Radiology orders), or choose the modified Stage 2 objectives and measures. If you were scheduled to be in Stage 2 in 2016, the SLR will not display the Stage 1 Exclusions.

- Electronic Prescribing: It is important to pay attention to the measure and its exclusion – and how they may apply to you. While there are no required attachments, it would be beneficial to have a report supporting your numerator and denominator, or written proof the exclusion applies. This would be helpful if there was a post payment audit. Please do not include any PHI in the report.

- Health Information Exchange: It is important to pay attention to the measure and its exclusion – and how they may apply to you. You may attach a HIE participation Agreement/Contract.

- Patient Specific Education: It is important to pay attention to the measure and its exclusion – and how they may apply to you. You may attach a report or proof of exclusion.

- Medication Reconciliation: It is important to pay attention to the measure and its exclusion – and how they may apply to you. You may attach a report or proof of exclusion.

- Patient Electronic Access: It is important to pay attention to all the measures and their exclusions – and how they may apply to you. You may attach a report or proof of exclusion.

- Secure Electronic Messaging: It is important to pay attention to the measure and its exclusions –

and how they may apply to you. Please identify the secure messaging method you use in the text box. This field will be manually validated. Although it is not required, you may attach a copy of your Secure Electronic Messaging contract/agreement, or login page.

- Public Health Reporting: You must report on two measures from the Public Health Reporting Objective Measures. If you aren't able to report on two measures, you must report on ALL measures by reporting on any possible measure and claiming exclusion for the remaining measures. If no measures are available, you may meet the objective by claiming applicable exclusions for all measures.

If you were scheduled to be in Stage 1 or in Stage 2 in 2016, you may claim an alternate exclusion for the Public Health Measures that might require acquisition of additional technologies that you did not previously have or intend to include for MU. Alternate exclusions may be claimed for Syndromic Surveillance (Measure 2) and Specialized Registry Reporting (Measure 3).

You can identify your intent to report or claim exclusion on this page of the SLR by clicking on the appropriate checkboxes.

Measure		I will report on this measure	I will claim exclusion for this measure
Measure 1 – Immunization Registry Reporting	ⓘ	☐	☐
Measure 2 – Syndromic Surveillance Reporting	ⓘ	☐	☐
Measure 3 – Specialized Registry Reporting	ⓘ	☐	☐
Measure 3 – Specialized Registry Reporting (Registry #2)	ⓘ	☐	☐

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

⬅ Previous Screen | Save & Continue ➡

You will receive a hard stop error message if you have not selected two or more measures, or claimed exclusion for all measures.

⚠ EPs need to meet two of the total number of measures available. Please select two or more measures for response. If you are not able to report on two measures, you must report on any possible measures and claim the exclusion for the remaining measures. If no measures remain available, the EP can meet the objective by claiming applicable exclusions for all measures.

Measure 1 - Immunization Registry Reporting

Many (if not all) EPs will select this measure. If you chose to report on this measure you will have three levels of active engagement options. *Active Engagement* means that you are in the process of moving towards sending "production data" to a public health agency or clinical data registry, or are sending production data to a public health agency or clinical data agency.

Option 1 - Completed Registration to Submit Data: the EP registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

　* I registered in a prior year

◉No　○Yes

　* Enter the date you registered with the PHA:

[_____] 🗓 🕐

Option 2 – Testing and Validation: the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.

　* Enter the date of your most recent test or submission:

[_____] 🗓 🕐

Option 3 – Production: the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA.

If you select to exclude, please select the appropriate exclusion.

Exclusion Criteria: Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply. ⓘ

☐ 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 where 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 from the EP at the start of the EHR reporting period.

- Attach Files: You may upload a Hawaii Immunization Registry Facility User Agreement/Enrollment Application; and Hawaii Immunization Registry Confidentiality and Security Statement.

Measure 2 – Syndromic Surveillance Reporting

If you chose to report on this measure you will have three levels of active engagement options. Active Engagement means that you are in the process of moving towards sending "production data" to a public health agency or clinical data registry, or are sending production data to a public health agency or clinical data agency.

Option 1 – Completed Registration to Submit Data: the EP registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

* I registered in a prior year

◉ No   ◯ Yes

* Enter the date you registered with the PHA:

[   ] 🔳 🕐

Option 2 – Testing and Validation: the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.

* Enter the date of your most recent test or submission:

[   ] 🔳 🕐

Option 3 – Production: the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA.

If you select to exclude, please select the appropriate exclusion.

Exclusion Criteria:	Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply. ⓘ
☐	Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
☐	Operates in a jurisdiction where no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
☐	Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from the EP at the start of the EHR reporting period.
☐	Alternate Exclusion: For 2016, I claim an alternate exclusion for this measure whiich might require the acquisition of additional technologies I did not previously have or I did not previously intend to include in activities for meaningful use.

Measure 3 – Specialized Registry Reporting (#1 and #2)

If you chose to report on this measure you will have three levels of active engagement options. Active Engagement means that you are in the process of moving towards sending "production data" to a public health agency or clinical data registry, or are sending production data to a public health agency or clinical data agency.

Option 1 – Completed Registration to Submit Data: the EP registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

* I registered in a prior year

○ Yes   ● No

* Enter the date you registered with the PHA:

Option 2 – Testing and Validation: the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.

* Enter the date of your most recent test or submission:

Option 3 – Production: the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA.

* Registry Name

If you select to exclude, please select the appropriate exclusion.

Exclusion Criteria: Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply. ⓘ

☐ Does not diagnose or treat any disease or condition associated with a specialized registry in their jurisdiction during the EHR reporting period.

☐ Operates in a jurisdiction where no specialized agency is capable of receiving electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

☐ Operates in a jurisdiction where no specialized agency for which the EP is eligible has declared readiness to receive electronic registry transactions at the start of the EHR reporting period.

☐ Alternate Exclusion: For 2016, I claim an alternate exclusion for this measure whiich might require the acquisition of additional technologies I did not previously have or I did not previously intend to include in activities for meaningful use.

- <u>Attach Files:</u> You may upload a report or proof of exclusion.

CQM - Import

As with the Meaningful Use measures, if your system allows you can import your CQM's.

Clinical Quality Measures

Nothing has changed from 2014 with the CQMs. You must report on nine Clinical Quality Measures that cover at least three of the National Quality Strategy domains. You are able to report a zero result in the

numerator and/or denominator, as long as the value was produced by certified EHR technology. If reporting zeroes, please upload a copy of your EHR-generated CQM report.

Step 4 – Review and Sign Agreement

### Step 1: Print to Sign Attestation

- Review the attestation prior to printing to ensure it has the correct information on it.
  - Ensure the payee on page 2 is who you expect it to be. This is the payee that is identified on the CMS/NLR system. As a reminder, the SLR pulls the Correspondence address of the payee from the MQD provider enrollment database. The address shown is not necessarily the address the EHR incentive payment will be mailed to.

Step 2: Scan and Upload Signed Attestation

- Sign and date the attestation, then scan and upload the document to the SLR. The SLR will give you a hard stop if the attestation has not been uploaded.

Step 5 Send Year X Attestation

You must complete the final step to electronically send your attestation by clicking on the step "5. Send Year X Attestation" link from the Dashboard homepage. This action will bring up a pop up box with the choice to Send Attestation or Cancel and do not send.
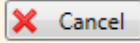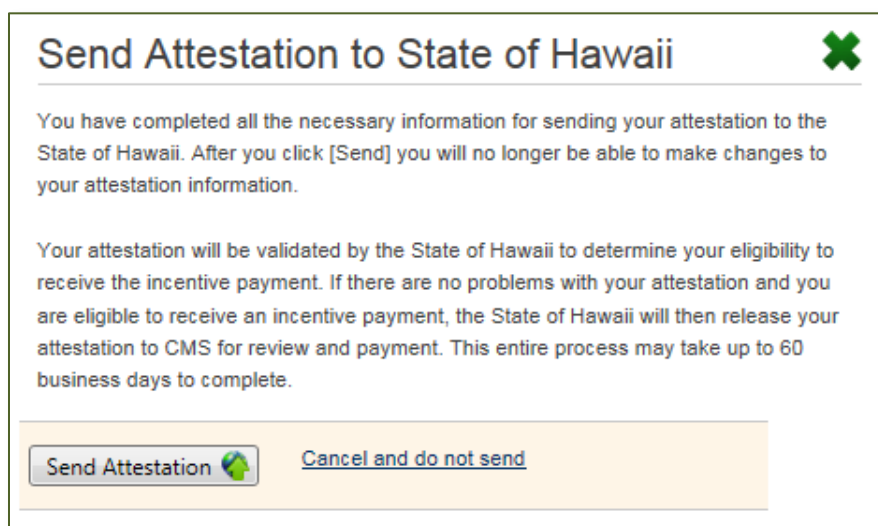

Click on "Send Attestation". If you receive a Validation Issues pop up window about your license information, this is only a warning, and you may click on "Continue".

Validation Issues

These items can optionally be fixed before going to the next step.

⚠ Please note: Your license information will be validated before your attestation can be approved.

➡ Continue   ✖ Cancel

Once you send your attestation, your attestation will be sent electronically and may no longer be edited.
Note: MQD no longer requires the hard copy attestation.

The final pop up will appear, confirming that your attestation was successfully submitted.

Sent Attestation Confirmation

You have successfully submitted your electronic attestation for 2016 to the State of Hawaii.

Your attestation will be validated by the State of Hawaii to determine your eligibility to receive the incentive payment. Once the State of Hawaii has completed the validation process, your information will be submitted to verify you are eligible to receive Federal funds. Upon receiving confirmation from CMS that you are eligible to receive payment, the State of Hawaii will initiate the payment process. This entire process may take up to 60 business days to complete.

Click on the *X* to return to the Dashboard homepage.

Your attestation will be locked and in read-only mode. If Step 5 Send Year X Attestation does not have a closed padlock next to it, your attestation was not sent successfully. Repeat Step 5 to send your attestation.

What Happens Next?

You've locked your SLR submission on Step 5. We will begin the validation process in the order that the attestations are received.

- If we cannot validate the encounters you provided we will "pend" the attestation to give you an opportunity to correct the attestation or provide auditable proof your numbers are valid.

- If we are unable to validate any of the information, we will "pend" the attestation. We will contact you or your representative to work with them to correct the information. This is why it is so important to have the correct contact information in Step 1 of the SLR.

- Pending the attestation means it opens it up to Step 3 for the provider to update any needed information, upload either the same or corrected attestation and lock it on Step 5 again. The sooner you can make the corrections and resubmit, the sooner it will be validated.

- EHR Incentive Payments will be made after the attestation has been fully reviewed and validated.

- Please contact the Hawaii SLR Helpdesk if you have any questions.

  Telephone Number: (800) 235-4378, select option 7

  Email Address: SLRHelpdesk@conduent.com