Nebraska Medicaid EHR Incentive Program

Attesting to AIU (Adopt, Implement, Upgrade) Attest by April 30, 2017

March 8, 2017

NEBRASKA Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Governor Pete Ricketts

Vision:

Grow Nebraska

Mission:

Create opportunity through more effective, more efficient, and customer focused state government

Priorities:

- Efficiency and Effectiveness
- Customer Service
- Growth
- Public Safety
- Reduced Regulatory Burden

We Value:

- The Taxpayer
- Our Team
- Simplicity
- Transparency
- Accountability
- Integrity
- Respect



Contact

• Contact us with any questions you have during or after the webinar at:

dhhs.ehrincentives@nebraska.gov

- We will try to answer all emails live during the webinar.
- All questions asked during or after the webinar will be listed in a FAQ and posted on our website at <u>http://dhhs.ne.gov/medicaid/pages/med_ehr.aspx</u>.



Overview

Presenters:

- Diane Rolfsmeyer, Program Specialist
- Karen Moran, Program Specialist
- LaVonna Moslander, Assistant
- Melissa Rappl, Guest provider

• Discussion points:

- Registering with Centers for Medicare and Medicaid Services (CMS)
- Registering with the Nebraska Medicaid EHR Incentive Program
- Registration Issues
- Attestation Screens
- Attestation Issues
- Questions

Send questions to: dhhs.ehrincentives@nebraska.gov



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Registering with CMS

 Prior to gaining access to the Nebraska Medicaid EHR portal, registration must be completed at the CMS Registration and Attestation website. This can be accessed on the left hand side of our portal (<u>www.nebraskaehrincentives.com</u>) via the link 'Register with CMS' or can be accessed at <u>https://ehrincentives.cms.gov/hitech/login.action</u>.

	Nebraska Medicaid EHR Incentive Program	
Provider Web Registration Register with CMS	Welcome	
Contact Us Provider Information: 102-471-9147 OHHS EHRINCentives@nebraska.gov Quick Links 2015 EHRINCentives@nebraska.gov	Please Log In User Name: Password: Recover User ID Reset Password Log In	
affed Health IT Product List (CPE1) S Meansful Use Calvalator IS Paramet Advances and Hardship Exceptions anaka Information Enclosive, Concentration et settiff. Council Instala Health Information Inflathe, (Net10) Anaka EFR Inscribe Program Information et Manual	WARNING! THIS IS A GOVERNMENT COMPUTER SYSTEM. Unauthorized access, use, misuse or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code 1030 and may subject the individual to Criminal and Civil penalties pursuant to Title 26. United States Code, Section 7213(A), 7213A (the Taxpaver Browsing Protection Act), 7431 and Health Insurance Portability and Accountability Act of 1996.	
	If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel. Additional information may be found at <u>http://dhhs.ne.gov/pages/disclaim.asov.</u> This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions.	
	Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.	
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Registering with CMS (continued)

• Once at the CMS Registration site, read through and click continue on each of these screens.



Registering with CMS (continued)

- The fourth page will be the CMS Registration and Attestation System login page. Set up a user name and password.
- Please contact the CMS Help Desk at (888) 734-6433 if you have questions regarding this site.

If you are an EP, you must have an active National	Users working on behalf of an Eligible Professional(s) a
Provider Identifier (NPT) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.	have an Identity and Access Management system (IBA) user account (User ID/Password) and be associated to th Eligible Professional's NPI. If you are working on behalf (an Eligible Professional's and do not have an IBA web u
 If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to NPPES.¹⁰ to apply for an NPI and/or create an NPPES web user account. 	account, <u>Create a Login</u> in the I&A System.
Eligible Hospitals	
 If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in <u>NPPES</u> 	 Users working on behalf of an Eligible Hospital(s) must have an identity and Access Management system (ISA) is organization NPL. If you are working on behalf of an Eligi Hospital(s) and do not have an ISA web user account, <u>Create a Login</u> in the IBA System.
Associated with both Eligible Professionals	s (EPs) and Eligible Hospitals
 If you are an EP using your NPPES web user account, you may also be permitted to work on behalf of a hospital. Navigate to the I&A System and use your NPPES User ID and password to request to work on behalf of an organization. 	 Users working on behalf of an Eligible Professional(s) m also work on behalf of an Eligible Hospita(c). An Identity and Access Management system (I&A) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not be the system is and user account. Create a Login in the IBA System.
Account Management	
 If you are an existing user and need to reset your password, visit the <u>I&A System</u>. 	 If you are having issues with your User ID/Password ar are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888 734-6563.
(*) Red asterisk indicates a required field.	
*User ID: *Password:	View our <u>check list of required materials</u> here.
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Registering with Nebraska Medicaid EHR Incentive Program

- Once registered with CMS, the provider will receive an emailed invitation to register with the Nebraska Medicaid EHR Incentive Program. This generally takes 24-48 hours. The email subject line will read: CMS EHR Incentive Program Registration Received.
- To complete registration for the Nebraska Medicaid EHR Incentive Program, click on the link in the email you receive to access the NE portal to establish your account. You will be taken to this screen. Enter the information as asked.

Nebraska Medicaid EHR Incentive Program
Create New User
User Role: Self V
Last four numbers of Tax ID:
Find Back

• Next you will be required to set up a user name, password, and answer security questions.



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Registering with Nebraska Medicaid EHR Incentive Program (continued)

- Once your account has been created, an activation email is sent to the email address registered with CMS. The email subject line will read: *Nebraska Medicaid EHR Incentive Program Registration Activation.*
- Click on the link provided in the email to activate your account. You must do this to activate your account. You will be taken to the portal log in page.
- Enter the user name and password created during the Nebraska Medicaid EHR registration.

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Registration Issues with Nebraska Medicaid EHR Incentive Program

- Review the user manual for information such as:
 - The registration process.
 - How to locate your provider profile information to set up your account.
 - General questions.
- The user manual is on the left hand side of the Nebraska Medicaid EHR Incentive Program portal.



Attestation

- Once you have registered and are logged in to the portal, you are ready to attest!
- Click on Apply for Incentive (Attest) on the left hand side of the main page.





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Attestation: Provider Questions page

- Click on the 'Attest' button on the left hand side of Provider Questions.
- Provider, EHR, and Patient Volume Questions pages need to be completed in sequence.

Provider EHR Criteria

	Criteria
Attest	Provider Questions
<u>Attest</u>	EHR Questions
<u>Attest</u>	Patient Volume Questions



Attestation: Provider Questions page (continued)

- Answer the questions as asked.
- Example of Provider Questions page.

Document Criteria				
Provider Questions				
1. Are you currently enrolled as a Nebraska Medicaid p	provider? Not Answered 👻			
2. My professional license number is				
License State : NE 🔻				
3. Do you have any sanctions? Not Answered -				
4. Do you practice in multiple locations? Not Answered -				
5. EPs can choose to attest to AIU or MU in their first	: year of program participation without			
reducing their payments or years of eligibility. To what are you attesting? Not Answered 👻				
Document Name User Name				
Add Document OK	Cancel			



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Attestation: EHR Questions page

• Click on the 'Attest' button on the left hand side of EHR Questions.

Provider EHR Criteria

	Criteria
<u>Attest</u>	Provider Questions
Attest	EHR Questions
Attest	Patient Volume Questions



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Attestation: EHR Questions page (continued)

- Enter your CMS EHR Certification number, the name, and version of your EHR system.
- If you need to upload documentation, click on the 'Add Document' at the bottom of the screen to upload.
- This is the link to Nebraska Medicaid EHR Incentive Program website that includes information on how to obtain your CMS EHR number: <u>http://dhhs.ne.gov/medicaid/Pages/EHR-Resources.aspx</u>.

1. CMS EHR Certificatio	n number:			
1a. Name, version, and	description of Certified EHR System:			
Providers are required I If you have changed you. The following is acceptal • A page of the contract EHR technology and the • If your current contra updates/upgrades ind amendment/attachme • A copy of your purcha A screenshot of CHPL. of proof of A/I/U. If you have a quection a	o submit proof that they have adopted, implem r certified EHR technology, you are required to su- le documentation for such proof. Please submit c or lease showing the provider, vendor, and nam e dated signature page. t/lease agreement requires the vendor to provide uding certified EHR technology, a signed and date th showing the installation of certified EHR technology, so order identifying the vendor and certified EHR showing a certified EHR system and/or module(s) bout what is acceptable documentation, please or taff at DHUS EHRIProcentives@nebracka.cov	nented, or upgraded to certi ubmit proof of the EHR techn one of the following: le of the certified le you with appropriate ed copy of ology. Lechnology being acquired. j is not sufficient documentat ontact the Nebraska Medicaid	ed EHR technology. logy.	
EHR Incentive Program	an at prints.En ancentives@nebrabia.gov.			
EHR Incentive Program				
EHR Incentive Program :	= User Name			NEBRASK/
ERR Incentive Program	= User Name			Good Life. Great Missie
EHR Incentive Program :	= User Name OK Cancel			GOOD LIFE. GREAT MISS

Attestation: Patient Volume Questions page

• Click on the 'Attest' button on the left hand side of Patient Volume Questions.

Provider EHR Criteria

	Criteria
<u>Attest</u>	Provider Questions
Attest	EHR Questions
<u>Attest</u>	Patient Volume Questions



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Attestation: Patient Volume Questions page (continued)

• Example of Eligible Provider Patient Volume Questions page.

Document Criteria		Document Criteria	
Patient Volume Questions	ncentive Year: 2016	NOTE: Medicaid patient volume should include Nebraska Medicaid, out of state Medicaid as well as needy patient encounters, if applicable.	
 To be eligible for the incentive, 30% of your patient encounters (20% for pediatricians) over a within the preceding 12 months prior to submission must be attributable to Medicaid (needy indiv predominantly in an FQHC/RHC). Provide the beginning date for the 90-day period you are claimi 	consecutive 90-day period viduals for those practicing ng to prove patient volume	5a. Percentage of enrolled Medicaid encounters over the selected 90-day period:	
requirements. The system will automatically calculate the end date. Beginning Date: www.end.com [15]		6. Hospital-based EPs are not eligible for the incentive payment. Are you a hospital-based provider? Not Answered 💌	
End Date:		7. Do you practice predominantly in an FQHC/RHC? Not Answered 💌	
2. Is patient volume being submitted for individual or group? Not Answered 💌		8. Are any of your Medicaid patients covered by another state's Medicaid program? Not Answered 🔹	
3. Are you claiming the Managed Care patient panel methodology? Not Answered 🔹		10. What is the auditable data source you are using to calculate patient volume? Not Answered 🔻	
		11. Enter your Nebraska Medicaid provider numbers that pertain to this attestation:	
4. What is the total number of patient encounters within the selected 90-day period?		Devide Marker	
(your denominator)		Provider Numbers	NEBRASKA
5. What is the total number of Medicaid encounters within the selected 90-day period?		Add	Good Life. Great Mission
(your numerator) 0 (m)			DEFT. OF HEALTH AND HUMAN BEIMICE
Helpina Peo	ple Live Bette	er Lives.	

Attestation: Patient Volume Questions page (continued)

Example of Eligible Hospital Patient Volume Questions page. ۲

Document Criteria	Document Criteria	
Patient Volume Questions Incentive Year: 2017	6. What is the auditable data source you are using to calculate patient volume? Not Answered * Enter your Nebraska Medicaid provider numbers that pertain to this attestation:	
 To be eligible for the incentive, 10% of your patient encounters (ED and inpatient) over a consecutive 90-day period within the preceding 12 months prior to submission must be attributable to Medicaid. Which 90-day period will you be using? Provide the beginning date for the 90-day period you are claiming to prove patient volume requirements. The system will automatically calculate the end date. Beginning Date: End Date: End Date: 	Provider Numbers	
2. What is the total number of patient encounters within the selected 90-day period? (your denominator)		
3. What is the total number of Medicaid encounters within the selected 90-day period? (your numerator) 0 *	= Document Name User Name	
 Percentage of enrolled Medicaid encounters over the selected 90-day period: Are any of your Medicaid patients covered by another state's Medicaid program? Not Answered * 		NEBRASKA
	OK Cancel	Good Life. Great Mission

Attestation: Patient Volume Questions page (continued)

- Tips for Patient Volume Questions page
- If one of the providers in a group attests to group volume, all providers in the same group must attest to group volume.
- Refer to our website for information on calculating patient volume: <u>http://dhhs.ne.gov/medicaid/Pages/EHR-Resources.aspx</u>.
- It is helpful to attach a detailed Medicaid encounter report, for the 90 days attested to for patient volume. This needs to include the name of the Medicaid patient, their date of birth, and the date(s) of service during the 90 days.
- Your Nebraska Medicaid provider number is used to generate the report required in calculating Medicaid encounters.



Attestation: Payment Calculation page

- For Eligible Hospitals only.
- Click on the 'Attest' button on the left hand side of Payment Calculation.

Provider EHR Criteria

		Criteria
	<u>Attest</u>	Provider Questions
	Attest	EHR Questions
	<u>Attest</u>	Patient Volume Questions
>	<u>Attest</u>	Payment Calculations
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Attestation: Payment Calculation page (continued)

- Only hospitals that are attesting to their first year of the program need to fill out this page.
- Information for this page can be found either in the hospital's current Medicare cost report or another auditable data source.

Document Criteria	
Payment Estimate Questions	Total Medicaid HMO Days: w/s S-3 part I, col. 7, line 2
Hospitals can use any auditable data source for calculating the incentive payment. Do not include bad debt charges in Charity Care. Please indicate which auditable data source you are using for calculating the hospital incentive payment. Medicare Cost Report	Total Hospital Charges: w/s C part I, col. 8, line 200 Non-charity Percentage: 0.00%
Overall EHR Amount Per the Medicare cost report 2552-10, worksheet S-3, part I, line 14, column 15 - Total discharges Current Year Discharges: 0 O Average Growth Rate: 0.00%	Charity Care: w/s S-10, column 3, line 20 (excludes bad
Prior Year 1: 0 Prior Year 2: 0 Prior Year 3: 0 Compute	Total Hospital Days: w/s S-3 part I, col. 8, lines 1, 2 + 8-12 0 Medicaid Percentage: 0.00%
Medicaid Computation Total Medicaid Days: w/s S-3 part I, col. 7, SUM of line 1 and lines 8-12 0 * * 0 * * * * * * * * * * * * *	Total Non-charity Hospital Days: 0 Medicaid Aggregate EHR Incentive Amount: Compute
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Attestation: Payment Calculation page (continued)

- For Eligible Hospitals only.
- After entering the information on the Payment Calculation page, the Medicaid payments will be automatically calculated for each of the three years.

Medicaid Payments	
	Year 1 Payment (50%): \$0.00
	Year 2 Payment (40%): \$0.00
	Year 3 Payment (10%): \$0.00
Document Name	User Name
Add Document	OK Cancel



Attestation Issues with Nebraska Medicaid EHR Incentive Program

- Review the user manual for answers to questions such as:
 - The attestation process.
 - Details specific to each of the pages.
 - General questions.
- The user manual is on the left hand side

of the Nebraska Medicaid EHR Incentive Program portal.



Questions



Send questions to: <u>dhhs.ehrincentives@nebraska.gov</u>

Website: http://dhhs.ne.gov/medicaid/pages/med_ehr.aspx



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