

## **ATTESTATION QUESTIONS**

### **SECURITY ISSUES:**

- I cannot find my log-in credentials.
- My log-in/password do not work
- The previous administrator is no longer here and I cannot sign in.

Contact our ProviderOne Security Dept. at: [provideronesecurity@hca.wa.gov](mailto:provideronesecurity@hca.wa.gov) or 1-800-562-3022 (Ext. 19963). Please specify that it is for the EHR Incentive Program.

### **WHEN I LOG IN WITH MY DOMAIN, I DO NOT SEE THE CORRECT PROFILE OR DROP DOWN SHOWN AS IN THE USER GUIDE:**

Make sure you are using the individual's Domain# (unless you are a solo provider with only one NPI) and log on. Each EP will have their personal Domain#. If you did not get an e-mail with the new Domain# (sent to the e-mail address on file at CMS), User ID and Password, contact our ProviderOne Security Dept. at [provideronesecurity@hca.wa.gov](mailto:provideronesecurity@hca.wa.gov) or 1-900-562-3022 (Ext. 19963)

### **DO I HAVE TO REGISTER WITH CMS EVERY YEAR?**

No, only the first year. But if your Registration expires (after 90-days due to inactivity at the state level), you may have to re-register at CMS. When it is time to attest for the next year, you will receive an automated e-mail letting you know. The e-mail will go to the e-mail address on file in your CMS Registration. If you have questions about the timing, contact CMS at 1-888-734-6433 (Option 1).

### **HOW DO I APPLY?**

See our website ([www.hca.wa.gov/healthit](http://www.hca.wa.gov/healthit)) for AIU and MU Instructions. On the left of the screen, click **LIBRARY AND TRAINING RESOURCES** THEN **ELECTRONIC HEALTH RECORDS LIBRARY**.

### **IS THIS A VOLUNTARY PROGRAM?**

Yes, but if you are a contracted Medicare Provider, contact them at 1-888-734-6433 (Option 1) to ask about "Payment Adjustments" for providers who do not meet Meaningful Use. Medicaid has no such "adjustments" and no penalties with their program. Information is also available on the CMS website.

## HOW MUCH TIME DO I HAVE TO ATTEST ONCE I HAVE REGISTERED AT CMS?

You will have 90 days. If you pass the 90 days, CMS will inactivate the application and cause an auto-denial. If this occurs, go back to CMS and re-submit your application to start the 90-day count again. Wait until the next day to attest, as it takes up to 24 hours to interface with our system.

## CAN I SKIP A YEAR?

Yes you can. The next time you apply, you will just start where you left off. You can skip a “year,” but not a “program year.” If you are also a Medicare provider, please check with Medicare first to make sure this will not cause a “payment adjustment.” Just remember that the last year you can enter the program is 2016. If you have not attested by 2017, you cannot participate in the EHR Incentive Program.

## ARE NATUOPATHIC PHYSICIANS INCLUDED IN THE PROGRAM?

Yes, as of December 2015 we are including these physicians.

## WHEN IS A PA (PHYSICIAN’S ASSISTANT) ELIGIBLE?

Please see our White Paper #7 for FHQC/RHCs on our website: [www.hca.wa.gov/healthit](http://www.hca.wa.gov/healthit)

## WHAT DOES WA STATE CONSIDER A PEDIATRICIAN FOR THE EHR INCENTIVE PROGRAM?

Our state defines a “pediatrician” as: A pediatrician is an MD, ARNP, or PA (IF the PA practices in a FQHC or RHC that is led by a PA) who is either (1) board certified in pediatrics, (2) completed a pediatric residency, or (3) maintained a predominantly pediatric caseload in the 90-day period specified by the EP for purposes of calculating patient volume. This definition includes pediatric specialties like pediatric ophthalmology and pediatric cardiology. EP has a current board certification in pediatrics or a pediatric subspecialty from the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP)

Focuses on treating patients 18 years old and younger, and attests that the majority of care (at least 50% of encounters) was for patients 18 years old or younger.

## SUPPORTING DOCUMENTATION SHOWING CERTIFIED EHR TECHNOLOGY

To show us you have the technology, we initially request the ONC Certificate, and **two** of these: Current Invoice, Current payment and/or signed agreement. If it is a “free” EHR, there are other requirements we will address at the time of attestation. If you are applying for subsequent years, then we just ask for a copy of your ONC Certificate, a current year’s invoice and proof of payment.

The new 2014 rule now requires that EPs provide the completed pre-payment questionnaire that will be provided to you after attestation for Meaningful Use (MU), which also requests samples of the required data.

## **WHAT KIND OF INFORMATION DO I NEED TO HAVE ON MY PATIENT VOLUME ENCOUNTER REPORT?**

Due to new CMS pre-payment audit instructions, we are required to collect the following information. You can supply the original report you ran to get your patient volumes or run a new one that shows similar PV. The report must be uploaded into each EP's attestation. Please use Excel if possible.

### **Attesting with Individual Encounters :**

- An encounter report to include patient names, dates of service, insurance carrier, client ID/insurance number (Identify the encounters that are Apple Health/Medicaid or otherwise includable in the 30% patient volume requirement, as opposed to other types of coverage.), or

### **Attesting with Group Proxy:**

- An encounter report to include patient names, date of services, insurance carrier, client ID/insurance number (Identify the encounters that are Apple Health/Medicaid or otherwise includable in the 30% patient volume requirement, as opposed to other types of coverage.) and,
- A list of providers included in the encounter data, including Name/NPI/License Type/Date of Hire and End Dat. When using group proxy, the entire practice must be included, including non-EP's.

If multiple Organizations: the name of each clinic or how the orgs are organized (specialty, location, license type, etc.).

If you are unable to supply the above documents for some reason, please contact us to discuss optional documents we can accept.

## **HOW DO I FIND MY ONC CERTIFICATION NUMBER?**

Use this link and follow the instructions. <http://oncchpl.force.com/ehrcert>  
If you still need assistance finding the number, please contact your vendor.

## WHAT ARE THE REPORTING PERIODS?

For the **Patient Volume** encounters (on the Eligibility Tab) it is any 90-days in the previous calendar year or previous 12 months.

For **Meaningful Use** Data (on the Meaningful Use Tab) it is 90-days in the current calendar year (per the CMS New Rule)

## ORG NPI# INFORMATION-ADDING A SERVICING PROVIDER

In the past, the ORG NPI# did not have to be registered in ProviderOne (P1). Starting in 2014, not only does the ORG NPI# you use have to be registered in P1, but you also have to add the EPs you are applying for as a Servicing Provider. You do not have to “bill” using this NPI#. If you need assistance with this process of adding an NPI or Servicing NPI, you can contact Provider Enrollment at 1-800-562-3022 (Ext. 16137). Please tell them it is for the EHR Incentive Program.

## QUESTIONS ABOUT REPORTING ENCOUNTERS:

**What is an encounter?** An encounter is a visit with the patient. If there are multiple ancillary services (ultrasound, labs; etc) it is still only one encounter. If there are encounters for different providers for different reasons (ie; the flu on one visit and a broken arm on the next visit), then count each of those encounters.

**What are “no-cost” encounters?** Encounters for Medicaid clients that might have been denied, or are not covered. They must still be an eligible Medicaid client. This is just for your information and does not affect your totals. It is not a requirement to report.

**When using Group Proxy, can I include a provider that started after the patient volume reporting period?** Yes, as long as they are with your group "at the time of attestation" and have at least one (1) Medicaid claim in the previous calendar year or previous 12 months - then you can attest.

## HOW DO I UPDATE INFORMATION AT CMS IF ANY CHANGES NEED TO BE MADE TO PAYEE NPI#, PRACTICE TYPE, ETC.?

Contact CMS at 866-484-8049 option 3

**Note:** We can only work with the contact **e-mail address** that has been entered in CMS. If that contact information has changed, in any way, please update at CMS then re-submit. If you need help, you can contact CMS Security at 1-866-484-8049 (Option 3).

## STATE-WIDE VENDOR NUMBER MISSING:

This means that the Payee NPI# is not registered or not current in ProviderOne. Contact Provider Enrollment at 1-888-562-3022 (Ext. 16137).

## DEADLINE/START DATE:

You can apply for AIU in any time as of January 1st. Deadline for applying is normally February 28 or 29 of the next year unless we announce an extension.

## HOW LONG WILL IT TAKE TO GET PAID?

The state reviews all applications in the order received. Please note that the application review, approval and payment take on average four to six weeks from the receipt of a completed and submitted application. Because of the CMS changes and implementation we will do our best to process within this timeline, but it is subject to the amount of attestations that are submitted.

Once the state reviews and approves an application, it will send a payment request to CMS for final approval. Upon final CMS approval, the state will provide payment.

You may track your application and payment in your eMIPP record. Once logged in to eMIPP, you have the capability through "View Status" (using TRACK button) to see where your application (and payment) is in the approval process. Since records are updated to reflect any change in status, checking eMIPP provides you with the fastest and most accurate information on your situation.

Your EHR Incentive Payments will appear on your Remittance Advice and are identified by adjustment **reason code 144** and Gross Adjustment claim type. Since payments are made based on approved individual eligible professionals, you are likely to see multiple lines reflecting each participating EP's payment. Hospitals are eligible for a single payment each year and also identified with a 144 code.

## MU QUESTIONS

### WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT MEANINGFUL USE MEASURES INTENT OR REGULATIONS?

Contact CMS at 1-888-734-6433 (Option 1)

### I HAVE QUESTIONS ABOUT SYNDROMIC SURVEILLANCE

Please go to Department of Health (DOH) for this information:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/DataReportingandRetrieval/ElectronicHealthRecordsMeaningfulUse.aspx>

**Note:** Must be reported directly to DOH (not through a commercial system) If questions regarding this, please contact Dept of Health directly.

Their email is [informatics.csc@doh.wa.gov](mailto:informatics.csc@doh.wa.gov)

## HOW CAN I UPLOAD THE MU INFORMATION INSTEAD OF HAND ENTERING?

The pdf is in the application under the Meaningful Use Tab. You can download it, fill it out, upload it. It will automatically fill in your responses. Pdfs are also located on our website.

You can manually update that section by clicking on the **Meaningful Use** Tab and click the “on-line” button.

## DO I HAVE TO USE THE SAME DATE SPAN FOR THE ENCOUNTER DATA AND MEANINGFUL USE DATA?

No, they do not have to be the same.

## DO I HAVE TO USE THE SAME MU DATE SPAN FOR ALL OF MY PROVIDERS?

No, each provider can use a unique date span.

## HOW CAN I CONTACT THE STATE OR CMS FOR ASSISTANCE?

For **state assistance** please send your email to: [healthit@hca.wa.gov](mailto:healthit@hca.wa.gov)

**State Security Dept.** (logon/password issues): [provideronesecurity@hca.wa.gov](mailto:provideronesecurity@hca.wa.gov)

**CMS Security** (User information): 1-866-484-8049 (Option 3)

**CMS EHR Helpdesk:** 1- 888-734-6433 (Option 1)

## HOW CAN I FIND THE CMS WEBSITE?

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

**HCA WEBSITE INFO:** [www.hca.wa.gov/healthit](http://www.hca.wa.gov/healthit)