



# **Washington State Medicaid Promoting Interoperability Program (PIP)**

## **Eligible Professional (EP) Training Guide**

**2020 – 2021 Stage 3**

**(Revised June 2020)**

## Contents

Accessing eMIPP through ProviderOne.....	3
Beginning the application.....	6
Federal information tab.....	8
Eligibility tab.....	10
Meaningful use tab.....	17
Upload documentation.....	23
Attestation tab.....	26
Glossary.....	30
Helpful hints.....	32
Contact information.....	33

## Eligible Professionals applying for Meaningful Use

### *Accessing eMIPP through ProviderOne*

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

- Meaningful Use: Expanding the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training. **NOTE: The Last year to enter the program for payment was 2016. eMIPP is currently being updated with the new CMS changes for 2020-2021 attestations. Watch newsletters and website for go-live dates and deadlines. CQM attestation period is a minimum of 90 days for both years.**

Things to check for before you attest:

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

## Login to ProviderOne

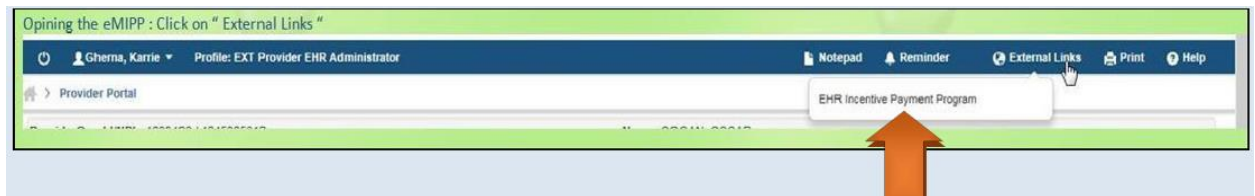
[ProviderOne login page](#)

The image shows a screenshot of the ProviderOne login page. The page has a blue background with a white login form in the center. The form contains the following elements:

- ProviderOne** logo at the top.
- A text input field for the domain, with an orange arrow pointing to it from a yellow box labeled "Enter Individual Provider Domain".
- A text input field labeled "User Name" with a person icon, with an orange arrow pointing to it from a yellow box labeled "User ID".
- A text input field labeled "Password" with a lock icon, with an orange arrow pointing to it from a yellow box labeled "Password".
- A "Login" button with a right-pointing arrow, with an orange arrow pointing to it from the right.
- A "Note" section: "Note: The Domain, Username and Password fields are case sensitive."
- Links for "Unlock Account and Reset Password? Click here", "If you are a Client, Click here", and "Login Problems? Click here".



From the drop down menu choose **“EXT Provider EHR Administrator”**



Click on “EHR Incentive Payment Program” from the “External Links” drop down menu. Note: If you do not see the dropdown you may be in the wrong Domain. Do not use your “Group” Domain, use the individual’s Domain to log in.

## Beginning the attestation

\*Please note that the screen shots may vary slightly for different program years




Click "Start"

Note: Use "Track" to view your attestation once submitted or to upload documentation to a submitted attestation

*Enter your Registration ID*

**Enter your Registration ID:**



Medicaid EHR  
INCENTIVE PROGRAM

EHR  
MIPP

Home Register Track Logout

**Find Registration**  
Enter your CMS Registration ID to begin your EHR Medicaid Incentive Payment Program (EHR MIPP) registration process.

Enter CMS Registration ID:

Search

Enter the CMS Registration ID (NLR number) and click “Search”

## Federal information tab

Medicaid EHR  
INCENTIVE PROGRAM

EHR MIPP

Home Register Track Logout

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

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

**Login Information**  
User ID : EHRTest3  
Profile : EXT Provider EHR Administrator

Payment Year	Program Year	Payee NPI	Provider Type
2	2021	XXXXXXXXXXXX	EP - Medicaid
1	2020	XXXXXXXXXXXX	EP - Medicaid

FEDERAL INFORMATION

ELIGIBILITY  
MEANINGFUL USE  
UPLOAD DOCUMENT  
ATTESTATION

Click on the “Federal Information tab” then the current attestation year



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

Federal Information
✕

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

### Personal Information

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

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<b>Address</b>	: 123 Anywhere Dr
<b>City</b>	: Puyallup
<b>State</b>	: WA
<b>Zip</b>	: 98371
<b>Phone</b>	: 206-XXX-XXXX
<b>Ext</b>	:
<b>E-mail</b>	: givememoney@info.com

### Identifiers

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

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

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

## Eligibility tab

Click on “Eligibility tab” then click on the top “Payment Year” icon

The screenshot displays the Medicaid EHR Incentive Program interface. At the top, there are navigation buttons for Home, Register, Track, and Logout. Below these are three informational boxes: a success message with a green checkmark, search criteria (Registration ID: 1000138351, NPI: 123456789, Tax ID: 123456789-01), and login information (User ID, Profile: EXT Provider EHR Administrator). The main content area features a table with the following data:

Payment Year	Program Year	Certification Number	EHR Status
2	2021	0015HNL3SB9CQH5	Meaningful Use
	2020	0015HNL3SB9CQH5	Upgrade

On the left side, a vertical sidebar contains the 'ELIGIBILITY' tab, which is highlighted by an orange arrow. Another orange arrow points to the 'Payment Year' column header in the table. On the right side, there are three vertical buttons labeled 'MEANINGFUL USE', 'UPLOAD DOCUMENT', and 'ATTESTATION'.

## Overview

### Eligibility Information

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

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

---

#### Identifying Information

Registration ID:	Program Year:	2021
NPI:	Payment Year:	4

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

#### EHR Certification Information

EHR Status  MU


EHR Certification Number

CQM Certification Number

MU Reporting Choice

Fmail

### Fill out Eligibility tab sections

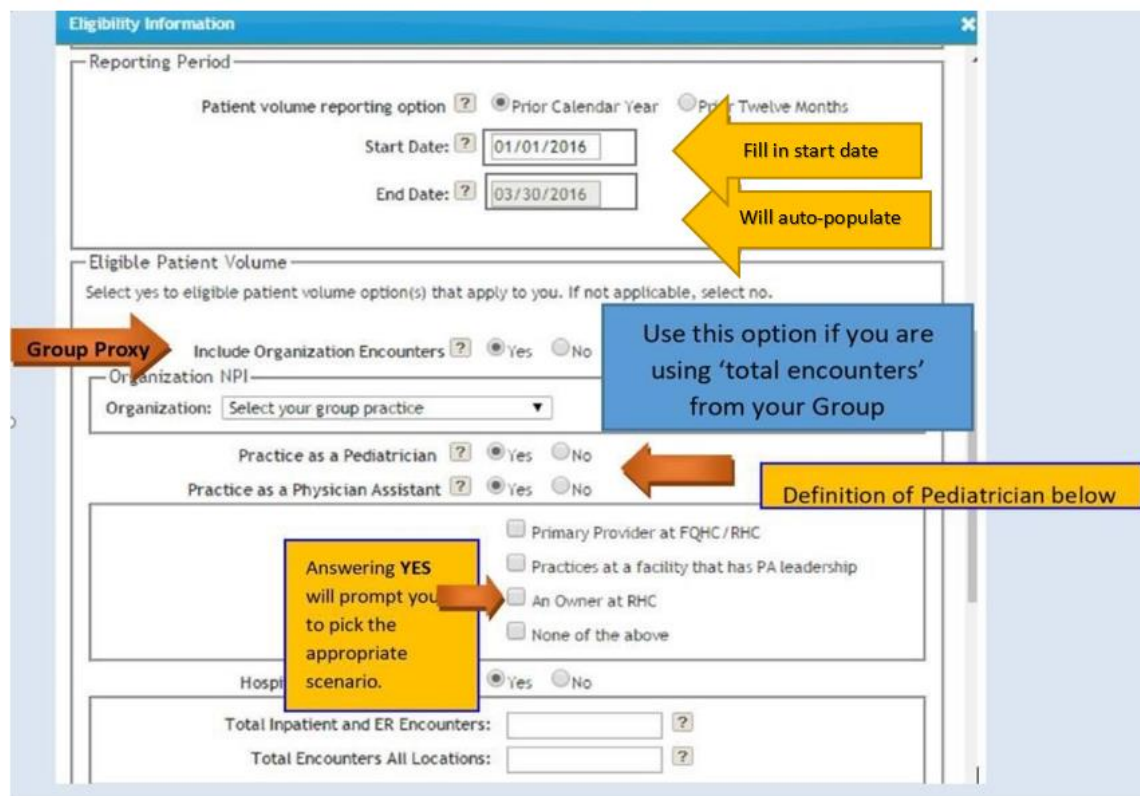
**Tool tip:** Hovering over the  will show a box with more detailed information

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

EHR Certification Information: This will populate from the CMS Registration information you entered. You must update it, if needed, in the CMS registration or eMIPP. **For 2020 and 2021 you must be using a 2015 EHR product for Stage 3.** The EHR Certification Number will be auto populated with the information entered at CMS. If it is not showing, or needs to be corrected, you can enter it directly into this attestation.

Reporting period: Patient Volume reporting option. 90 days in the Prior Calendar Year or Prior 12-Months. If you use the “prior 12 month” option, it counts back from the day you are submitting the attestation.

NOTE: you will receive an error if you pick “prior calendar year” and try to enter dates from the current program year (dates are samples only).



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

- Reporting Period:**
  - Patient volume reporting option:  Prior Calendar Year,  Prior Twelve Months
  - Start Date:  (Annotation: Fill in start date)
  - End Date:  (Annotation: Will auto-populate)
- Eligible Patient Volume:**
  - Select yes to eligible patient volume option(s) that apply to you. If not applicable, select no.
  - Include Organization Encounters:  Yes,  No (Annotation: Group Proxy)
  - Organization NPI: Organization:
  - Practice as a Pediatrician:  Yes,  No (Annotation: Definition of Pediatrician below)
  - Practice as a Physician Assistant:  Yes,  No
  - Primary Provider at FQHC/RHC:
  - Practices at a facility that has PA leadership:
  - An Owner at RHC:
  - None of the above:
  - Hospital:  Yes,  No
- Encounters:**
  - Total Inpatient and ER Encounters:  ?
  - Total Encounters All Locations:  ?

Additional annotations:

- Use this option if you are using 'total encounters' from your Group (points to 'Include Organization Encounters')
- Answering YES will prompt you to pick the appropriate scenario. (points to the 'Practice as a Pediatrician' section)

*Definition of a Pediatrician (Washington State)*

MD, OP, ARNP or qualifying PA that is:

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

*Practice as a Physician Assistant:*

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

*Hospital Based Provider:*

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

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

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

Render care in FQHC/RHC  ?  Yes  No If "yes", continue

Provider Practice Setting

Provider Setting  ?  FQHC  RHC

FQHC/RHC Encounters

Total Encounters:  ?

Medicaid Encounters:  ?

CHIP Encounters:  ?

Charity Care Encounters:  ?

Sliding Fee Scale Encounters:  ?

If RHC or FQHC you are able to report any encounters on this list. Must be signed, pre-arranged payment

Did you include no-cost encounters?  ?  Yes  No

No Cost Encounters:  ?

Include encounters outside WA  ?  Yes  No

State(s):  ?

Save Cancel

### Reporting encounters

If you are using Group Proxy you will see this information in a pop-up box on your first application:  
 Tool Tip: It is important to note which EP you attest for first the "administrator or anchor". If we reject anyone in your group for Patient Volume reasons, you have to correct/resubmit this one first. This EP is like an "anchor" that the other group members are attached to and pull their information from. You will be required to upload an encounter report showing us how you calculated your patient volume. (See White Paper #8 for minimum requirements). If information is not complete, it could hold up your attestation.

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



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

**Managed Care PCP Panel**

Total Panel:  ?

Eligible Patient Panel:  ?

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

**Panel**

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

Did you include no-cost encounters? ?  Yes  No

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

Note: This is optional and informational only, it does not affect the patient volume.

*Include encounters outside of WA:*

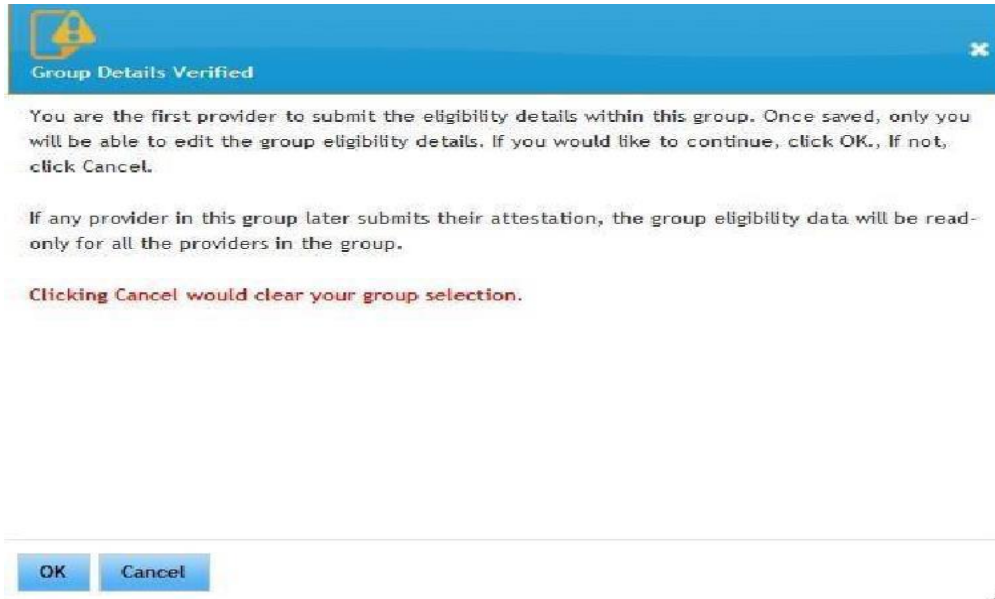
Include encounters outside WA ?  Yes  No

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

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

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

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





## Meaningful Use tab

### *Meaningful Use reporting period*

Click on the “Meaningful Use tab” and select the most recent year’s icon

	Program Year	Start Date	End Date	Core / Objectives	Menu / PH	CQM
6	2021	01/01/2016	12/31/2016	Complete	Complete	Complete
5	2015	10/01/2015	12/29/2015	Complete	Complete	Complete
4	2014	08/01/2014	10/29/2014	Complete	Complete	Complete
3	2013	01/01/2013	12/31/2013	Complete	Complete	Complete
2	2012	04/01/2012	06/30/2012	Complete	Complete	Complete

\*Because of yearly CMS changes, some screenshots could show different years and measures

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

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

MU tab Overview

Meaningful Use Information

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

Please submit a copy of your Meaningful Use dashboard from your certified EHR system via the Upload Document card.

Actions included in the numerator must occur within the MU reporting period if that period is a full calendar year, or if it is less than a full calendar year, within the calendar year in which the MU reporting period occurs.

— Meaningful Use Reporting Period —

— MU Objectives and Public Health Reporting Period —

Start Date:

End Date:

Objectives require a 90 day period for the program year you are attesting for.

— MU CQM Reporting Period —

Start Date:

End Date:

eCQMs require a minimum of 90 days for 2020 and "only" 90 days in 2021.

— Meaningful Use Submission —

Submission Method:  Online  PDF  QRDA III

MU Submission Methods:  
QRDA III, Manually enter on-line or upload the PDF.

Save Cancel

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

Note: Hit SAVE after each tab to save your work.

Summary tab overview



Meaningful Use Information ✕

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

**Identifying Information**

<b>Confirmation Number:</b>	1000578824	<b>Program Year:</b>	2020
<b>NPI:</b>	1619044286	<b>Payment Year:</b>	2

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

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

Save
Cancel

*MU Objectives tab (must respond to all Objectives)*

Meaningful Use Information

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

Meaningful Use Objectives

- EPs must complete all 7 Meaningful Use Objectives.

❗ Objective Not Completed Yet    ✅ Objective Completed

▶ Objective 1 : Protect Patient Health Information	❗
▶ Objective 2 : Clinical Decision Support	❗
▶ Objective 3 : Computerized Provider Order Entry (CPOE)	❗
▶ Objective 4 : Electronic Prescribing	❗
▶ Objective 5 : Health Information Exchange	❗
▶ Objective 6 : Patient-Specific Education	❗
▶ Objective 7 : Medication Reconciliation	❗
▶ Objective 8 : Patient Electronic Access	❗
▶ Objective 9 : Secure Electronic Messaging	❗

Save Cancel

*MU Public Health Measures overview*

**Meaningful Use Information**

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

**Meaningful Use Public Health Measures**

- EPs must minimally complete 2 non-excluded measures through active engagement compliance and provide the corresponding registry details.
- An EP may provide up to 2 registries for measure 4 and measure 5, respectively, which will be counted toward the total number of non-excluded measures necessary to meet the minimum criteria.
- Supporting documentation must be provided for non-State registries via the "Upload Document" card for the reported Public Health Measures.
- If 2 Public Health measures are not reported, all other measures must be set to excluded to be compliant.
- Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry.
- By selecting "other", a provider may manually enter and count a specialized registry if the provider achieved Active Engagement Option 3: Production, including production data submission with the specialized registry in a prior year under the applicable requirements of the EHR Incentive Programs in 2015 through 2017.
- When attesting to a specialized registry for Stage 3, which was also attested to in a prior program year, you must match the specialized registry as it was entered previously.

⬇ Objective Not Completed Yet   
 ✔ Objective Completed

▶ Measure 1 : Immunization Registry Reporting	⬇
▶ Measure 2 : Syndromic Surveillance Reporting	⬇
▶ Measure 3 : Specialized Registry Reporting	⬇

Save    Cancel

*MU Clinical Quality Measures overview*

**MU-Clinical Quality Measures Overview:**

Meaningful Use Information

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

**Meaningful Use Clinical Quality Measures**

- Providers must respond to 6 measures.
- When reporting as a group practice, EPs must report all available CQMs.
- When using the group eCQM option on eligibility tab, you will not be able to enter CQM information via PDF upload. Only MU Objective and Public Health data will be uploaded from the PDF file.

🚫 Objective Not Completed Yet    ✅ Objective Completed

- Domain: Person and Caregiver-Centered Experience and Outcomes
- Domain: Patient Safety
- Domain: Communication and Care Coordination
- Domain: Community/Population Health
- Domain: Efficiency and Cost Reduction
- Domain: Effective Clinical Care

Save Cancel

**Required Public Health Documentation:**

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

Click on carrot next to each measure and respond to each. CMS is requiring that we gather proof of engagement (letter or email). You do not need a new letter each year, but can use previous year's letters if your engagement status has not changed. By this time we expect most would be in active engagement. If you are using the CDR, please submit the OneHealthPort Interoperability Profile from your OHP account.

## Upload Documentation tab

The screenshot shows the Medicaid EHR Incentive Program interface. At the top, there is a navigation bar with buttons for Home, Register, Track, and Logout. Below this, there are three informational panels: 'Success' (with a green checkmark and text: 'Received your registration from CMS. Continue with state registration.'), 'Search Criteria' (with fields for Registration ID and NPI), and 'Login Information' (with fields for User ID and Profile: 'EXT Provider EHR Administrator'). The main content area is a table with the following data:

Payment Year	Program Year	Payee NPI	View	Upload
4	2020	1619209574		
3	2014	1619209574		
2	2013	1619209574		
1	2012	1619209574		

On the left side of the table, there is a vertical sidebar with tabs for 'FEDERAL INFORMATION', 'ELIGIBILITY', 'MEANINGFUL USE', and 'UPLOAD DOCUMENT'. An orange arrow points to the 'UPLOAD DOCUMENT' tab. On the right side, there is a vertical sidebar labeled 'ATTESTATION'.

Mandatory documents can be found on our [White Paper #9](#)

Certain documents must be uploaded at the time of attestation or the system will not allow you to continue: Encounter Information, MU Dashboard from your EHR and Public Health Registry Verification. In 2021 a mandatory document type will be the SRA (Security Risk Analysis).

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

Click on the Upload Icon for the corresponding year.

## To upload documents

Click on the BROWSE button

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

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

Use Drop-down to pick File Type (Mandatory Encounter Information, MU Dashboard from your EHR and Public Health Registry Verification and in 2021, the SRA.)

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

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

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



Enter information in the File Description box, Click on “Upload”

Upload Document

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

Click Browse to Upload File

File Name: \*  Browse...

File Type: \* Other Supporting Documents

B I U S P 10

File Description: \* enter brief description here

Upload Cancel

NOTE: If you are uploading documents AFTER you attest, log in thru TRACK instead of START.

## Attestation tab

Click on the “Upload” button

Payment Year	Program Year	Payee NPI	View	Upload
2	2017	1538152269		

Click on the attestation tab to the right. By clicking on the Print Preview button, you can read the Attestation document in a larger window. Print a copy of this Attestation prior to submitting the attestation. **A SIGNED COPY MUST BE UPLOADED INTO YOUR ATTESTATION.** The authorized person completing this attestation must sign. Click the “close” button to return to the application. A blank form on our website can be accessed if needed, called the [eMIPP Attestation Statement](#) under Tools and Tip Sheets.



### *Attestation confirmation*

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

*View your confirmation page*



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

Attestation confirmation example:

**eMIPP**  
Measuring EHR Incentive Payments Today  
Measuring Meaningful Use for the Future

### MU Attestation Summary

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

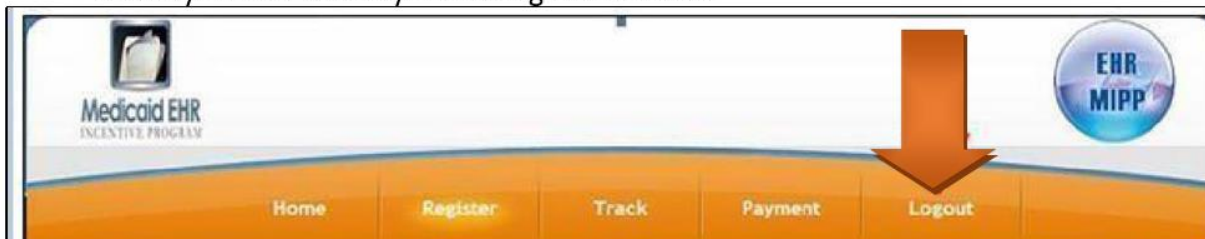
Meaningful Use Objectives								
#	Objective Name	Yes/No	Num	Den	Exclusion	Exception	Calculated %	Status
1	Protect Patient Health Information	Y						✓
2.1	Clinical Decision Support	Y						✓
2.2	Clinical Decision Support	N						✗
3.1	Computerized Provider Order Entry (CPOE)		90	100			90	✓
3.2	Computerized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

Meaningful Use Public Health Measures								
#	Objective Name	Yes/No	Num	Den	Exclusion	Exception	Calculated %	Status
1	Immunization Registry Reporting	Y			N			✓
2	Syndromic Surveillance Reporting	Y			N			✓
3.1	Specialized Registry Reporting	Y			N			✓

Log out after submission. Your information will be saved for future use.

When you are finished you can Log Out of eMIPP



## Glossary

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

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

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

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

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

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

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

**ONC NUMBER/CERTIFICATION:** A list of certified EHR systems is available through the Office of the National Coordinator for Health Information Technology at: <https://chpl.healthit.gov/#/search>

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

**PA-LEAD CLINIC:** To be eligible for WA State Medicaid EHR Incentive Program Physician Assistants (PAs) need to have at least 50% of their encounters, over 6-month period in the prior calendar year or

previous 12 months in a FQHC/RHC setting. Also, PAs should provide verification of either working in PA-led setting or be the Primary Provider (or RHC owner). WA State will accept a signed and dated letter from clinic's Medical Director, or equivalent, for the purposes of verification of PA-lead requirement.

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

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

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



## Helpful hints

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

Phone: 1-800-562-3022 (Ext. 16137) or visit their website at:

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

**EHR CERTIFICATION NUMBER (ONC NUMBER):** In 2019 you must use a 2015 or Hybrid certified product.

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

**ENROLLMENT YEARS (STAGES):**

AIU (not considered a "stage," since it can be skipped and is only through Medicaid). As of 2017, this is no longer an option. You may not begin the program after 2016. MU Year 1- MU is always 90 days of reporting.

MU Year 2 and beyond - CQMs for 2018- attestations are a 365 day reporting period. For 2019-2021 it is a 90 days reporting period.

**FEDERAL INFORMATION TAB:** Information comes from CMS, so changes/updates have to be made through the CMS system. Make sure the contact information is current/correct, this is who we contact if there are questions and who the automated emails go to. .

**The Payee NPI and Tax ID:** The tax liability goes to the Payee NPI and cannot be changed once payment has been issued.

**LOG ON ISSUES (Password/User ID/Missing Profile):** Contact Security at:  
provideronesecurity@hca.wa.gov

**TRACK vs. START:** After you enter the Registration number, click on the orange START button. The TRACK button is only for checking status or uploading documents after you have submitted.





## Contact information

HCA EHR Contact: [HealthIT@hca.wa.gov](mailto:HealthIT@hca.wa.gov) or 855-682-0800 to leave a message for our team.

### *RESOURCES:*

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

Click on Resources then Electronic Health Records

ProviderOne Security: [Provideronesecurity@hca.wa.gov](mailto:Provideronesecurity@hca.wa.gov)

For assistance with Users and Passwords.

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