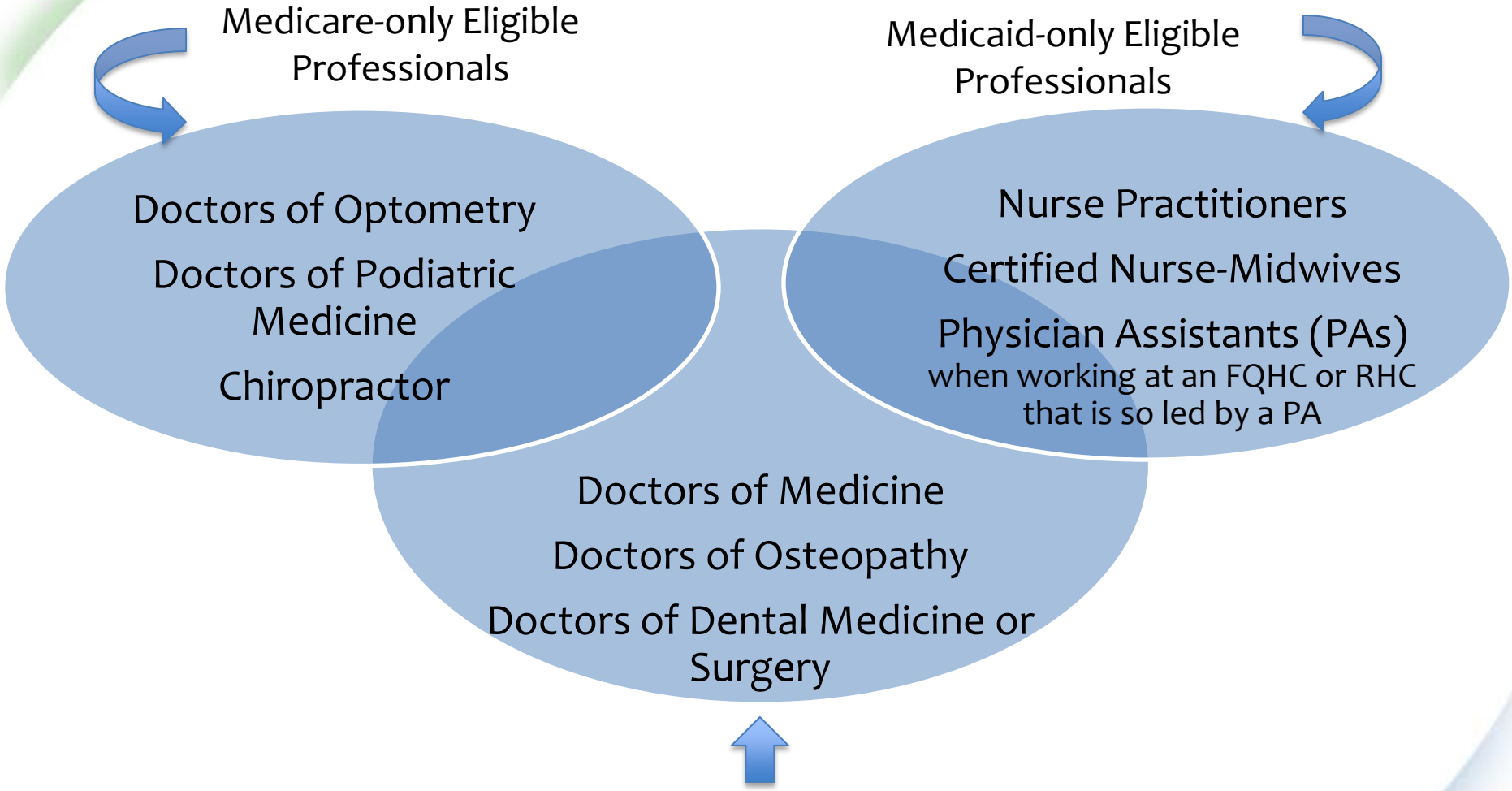
Registration and Attestation for the Medicare & Medicaid EHR Incentive Programs for Eligible Professionals

National Provider Call

September 9, 2011

Agenda

- Path to Payment
  - Register
  - Attest
  - Payments
- Highlights of the Registration and Attestation Processes
- Third Party Proxy
- Trouble shooting
- Helpful Resources
- Q&A Session


Medicare-only Eligible Professionals
Medicaid-only Eligible Professionals
Doctors of Optometry
Doctors of Podiatric Medicine
Chiropractor
Nurse Practitioners
Certified Nurse-Midwives
Physician Assistants (PAs)
when working at an FQHC or RHC that is so led by a PA
Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine or Surgery
Could be eligible for either Medicare & Medicaid

Medicare Eligible Professionals

- Must be a physician (defined as MD, DO, DDM/DDS, optometrist, podiatrist, chiropractor)
- Must have Part B Medicare allowed charges
- Must not be hospital-based
- Must be enrolled in Provider Enrollment, Chain and Ownership System (PECOS) and in an 'approved status' , living

Medicaid Eligible Professionals

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioner
- Certified nurse-midwife
- Dentist
- Physician assistant who furnishes services in a federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant

Register for the EHR Incentive Programs

- Visit the CMS EHR Incentive Programs website
  - Click on the Registration tab
  - Complete your registration

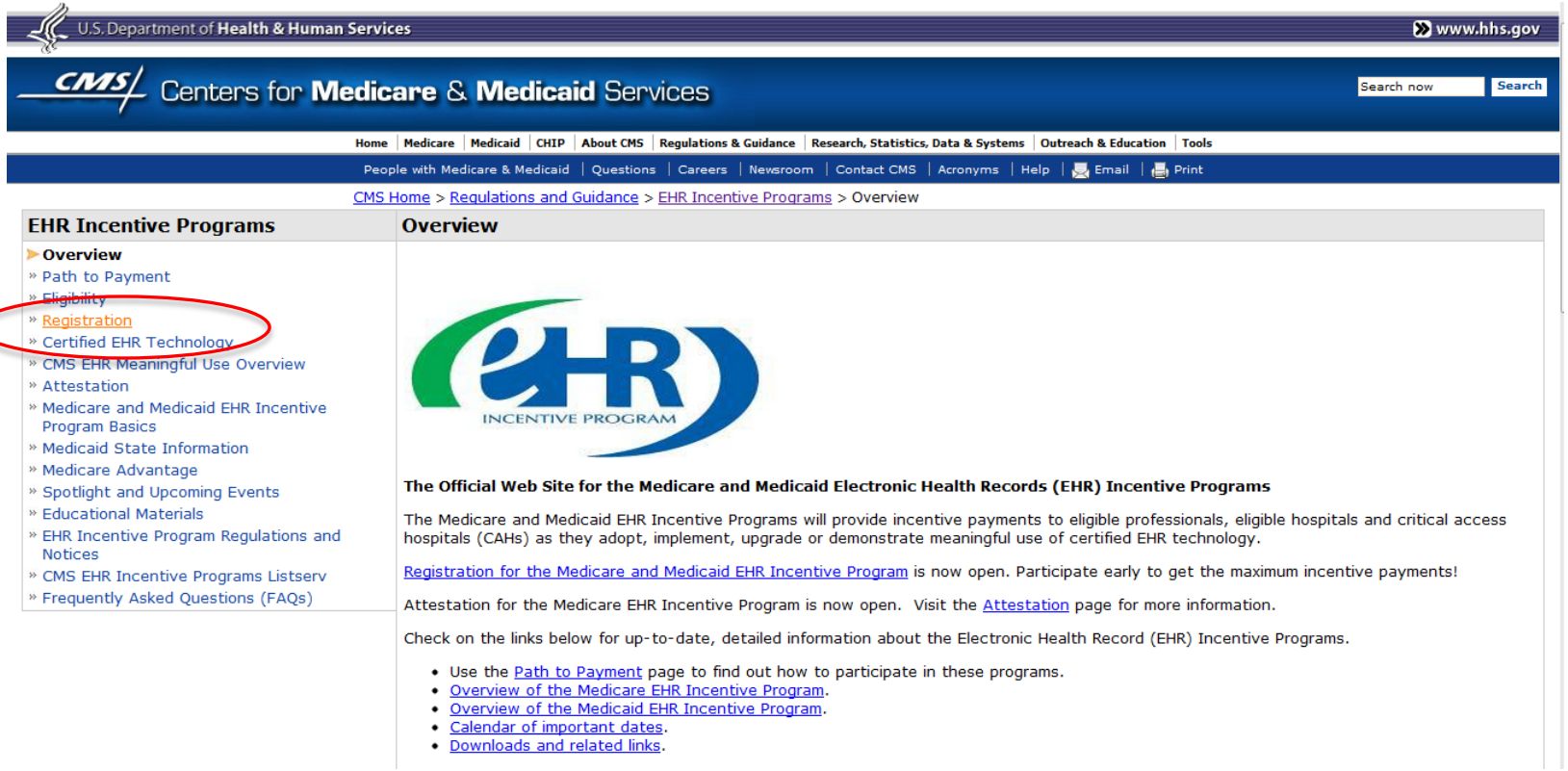
https://www.cms.gov/EHRIncentivePrograms/

Medicaid EP Registration

- If your State has not yet launched its Medicaid EHR Incentive Program, you will not be able to register.
- States launch their EHR Incentive Programs the 1st Monday of the month.
- Check your State's Medicaid EHR Incentive Program website for details regarding your State's timeline if they have not yet launched their program.
- This information is also on the CMS website at:

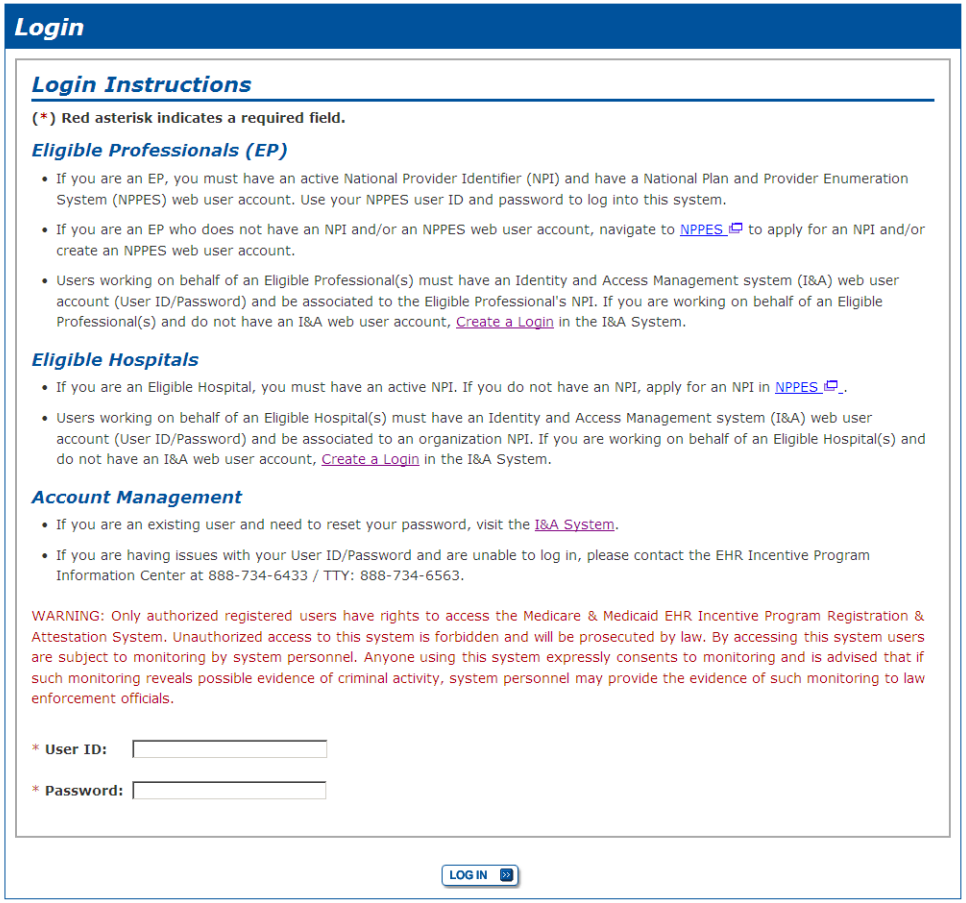
http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp#TopOfPage

EHR Incentive Programs Website



Registration Link and Registration User Guides

EHR Incentive Program Registration Module - Login



Enter the NPPES web User ID and Password

User ID and Password are case sensitive

Tabs will guide users through each phase

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | Attestation | Status | Account Management

Registrations

Registration Instructions

Welcome to the Registration Page.

Depending on the current status of your registration, please select one of the following actions:

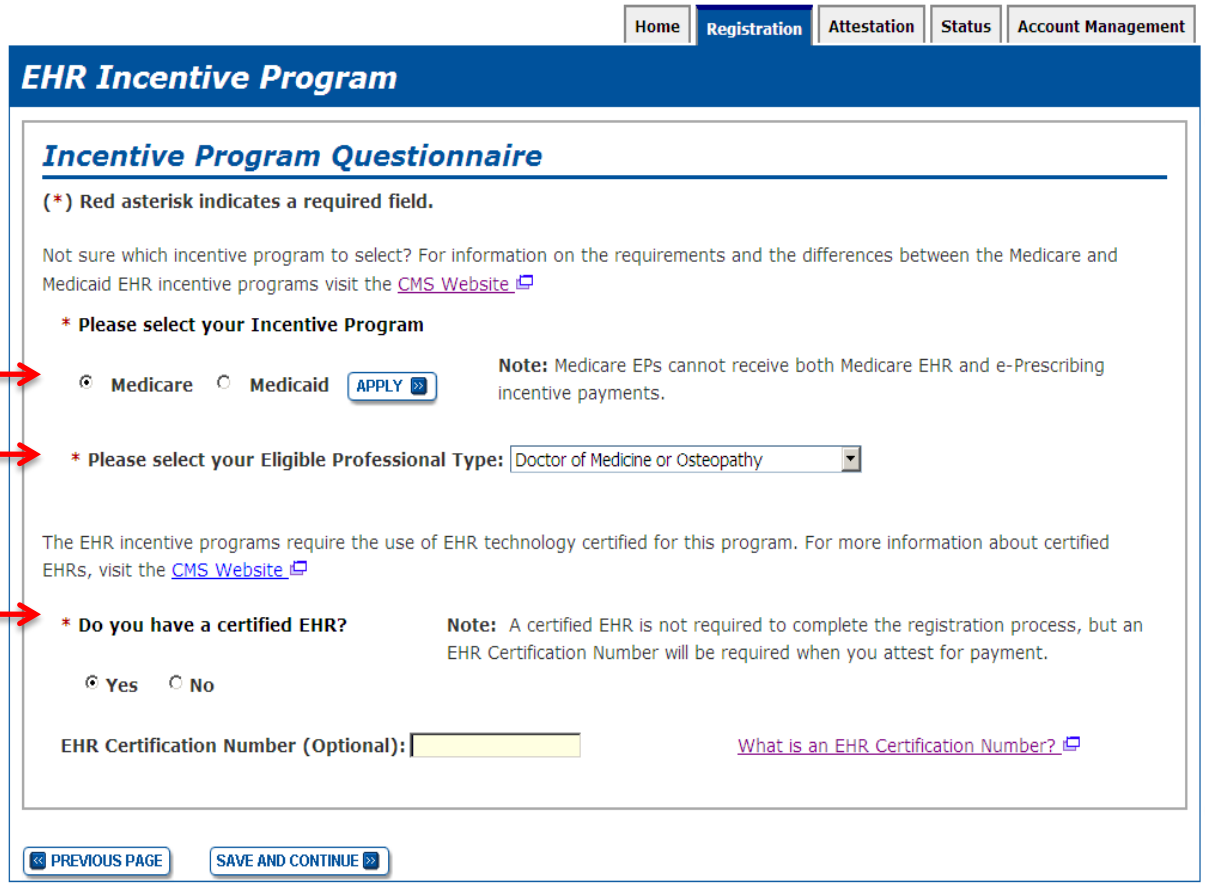
Register	Register for the EHR Incentive Programs Continue an incomplete registration
Modify	Modify Existing Registration Switch Incentive Programs (Medicare/Medicaid) Switch Medicaid State
Cancel	Discontinue participation in the Medicare & Medicaid EHR incentive programs
Reactivate	Reactivate a previously canceled registration
Resubmit	Resubmit a registration that was previously deemed ineligible.

Registration Selection

Identify the desired registration and select the Action you would like to perform. Please note only one Action can be performed at a time on this page.

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Type	Registration Status	Action
Nichole Davick	XXX-XX-2454 (SSN)	1174853675	Medicare	In Progress	Register Modify or Cancel

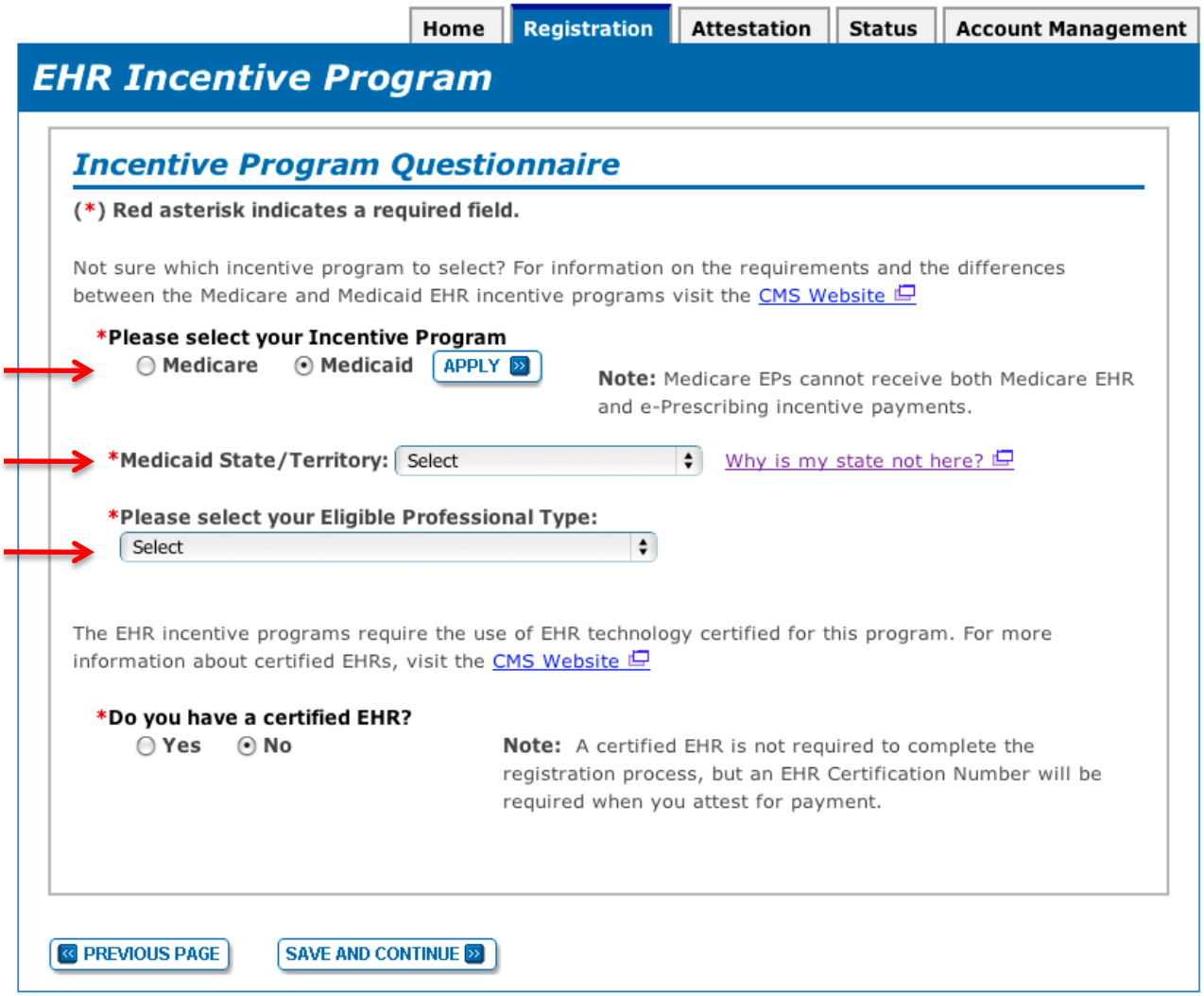
Medicare Questionnaire



SELECT
- Program type
- Provider type
- EHR Certification Number (optional at registration)

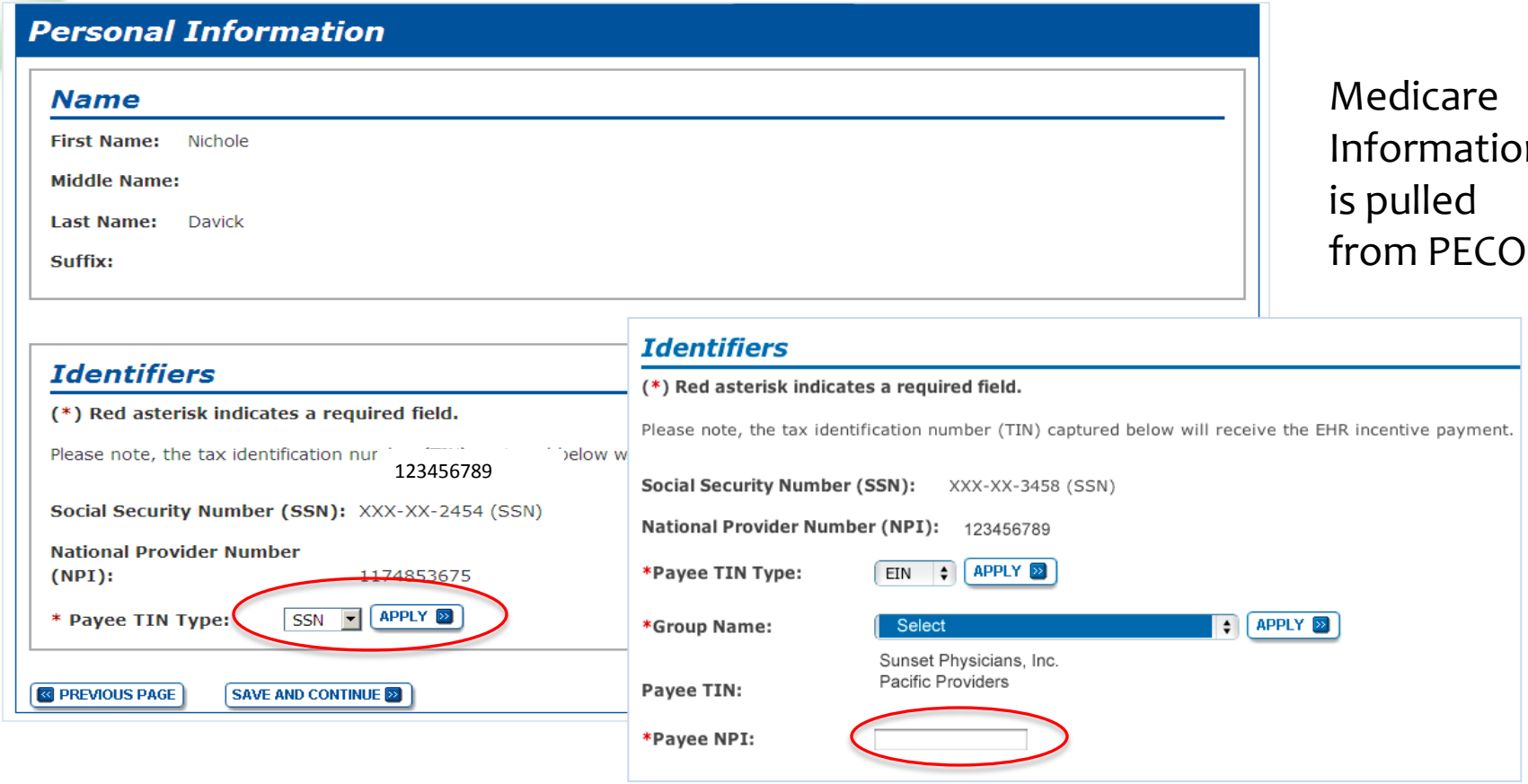
For the certified health IT product list visit;
http://healthit.hhs.gov/CHPL

Medicaid Questionnaire



SELECT
- Program type
- Medicaid State/Territory
- Provider type
- EHR Certification Number (optional at registration)

Personal Information

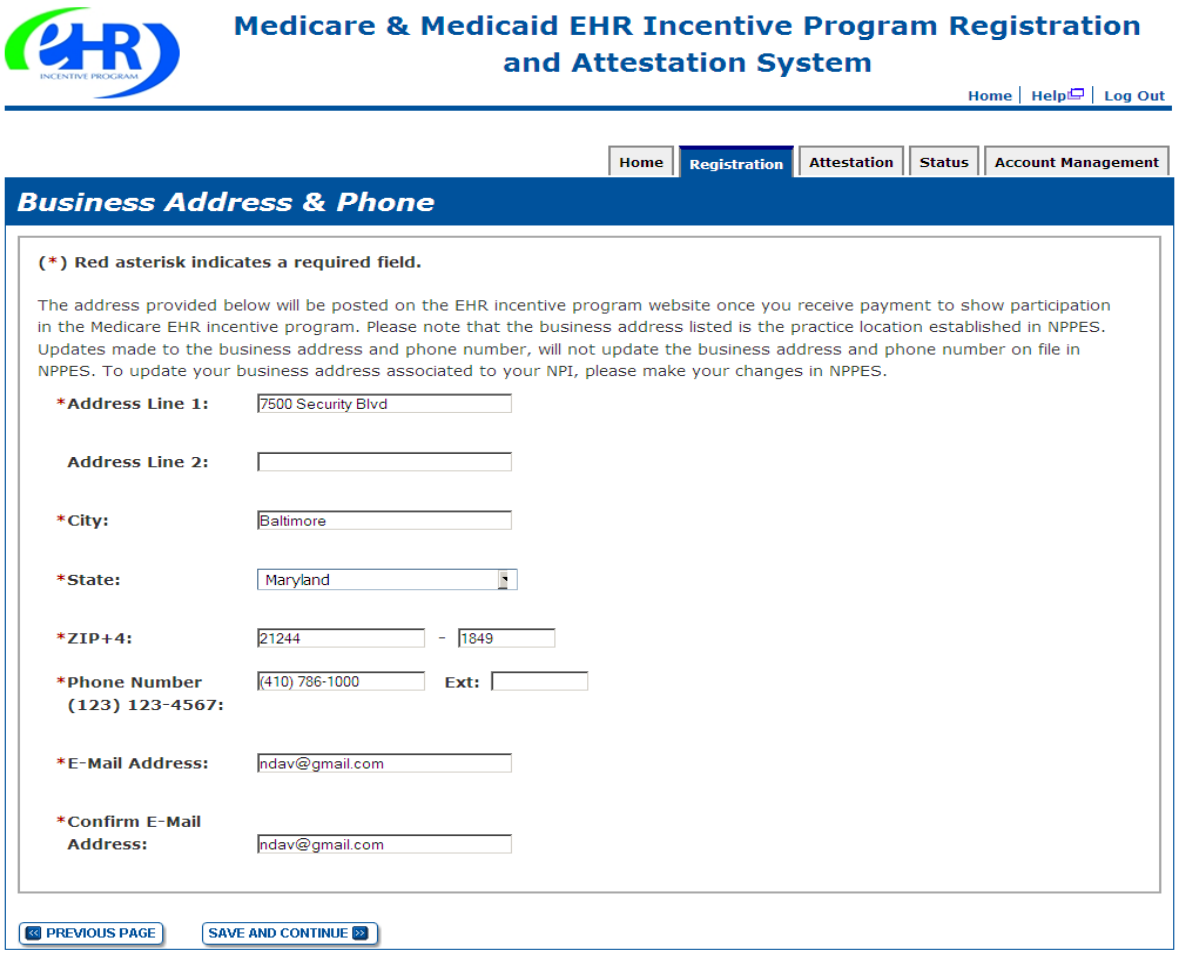


Medicare Information is pulled from PECOS

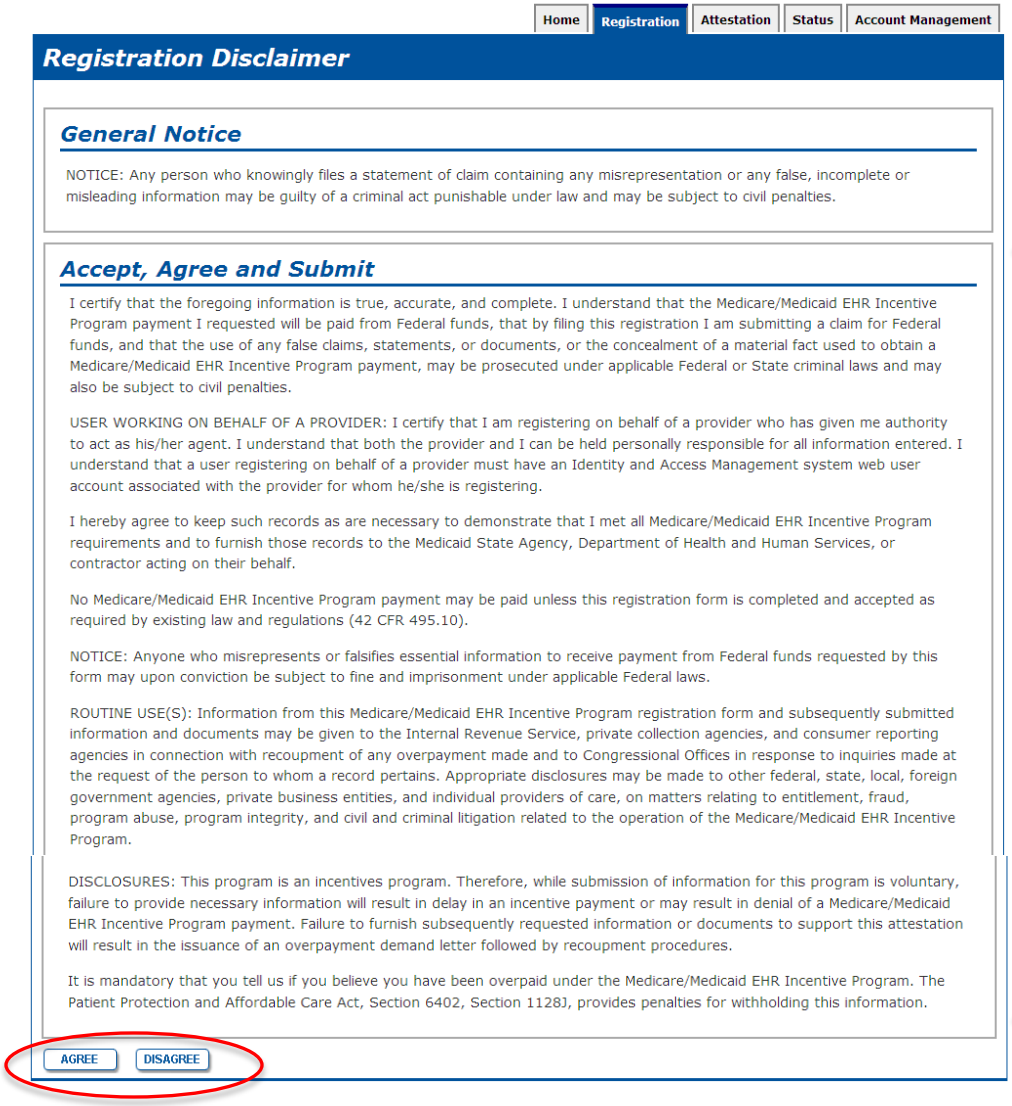
Select where your payment will go in the Payee TIN Type.
The EP may select their individual billing EIN to receive their EHR incentive payment.
The EP will select their group if all of their *Medicare* benefits are assigned to the group in PECOS.

Medicaid Payment Assignment

- Medicaid EPs can elect to have their payment go to another qualified entity by selecting Payee TIN Type of EIN.
- This information will be sent to the State.
- There are rules around reassignments governing this program.

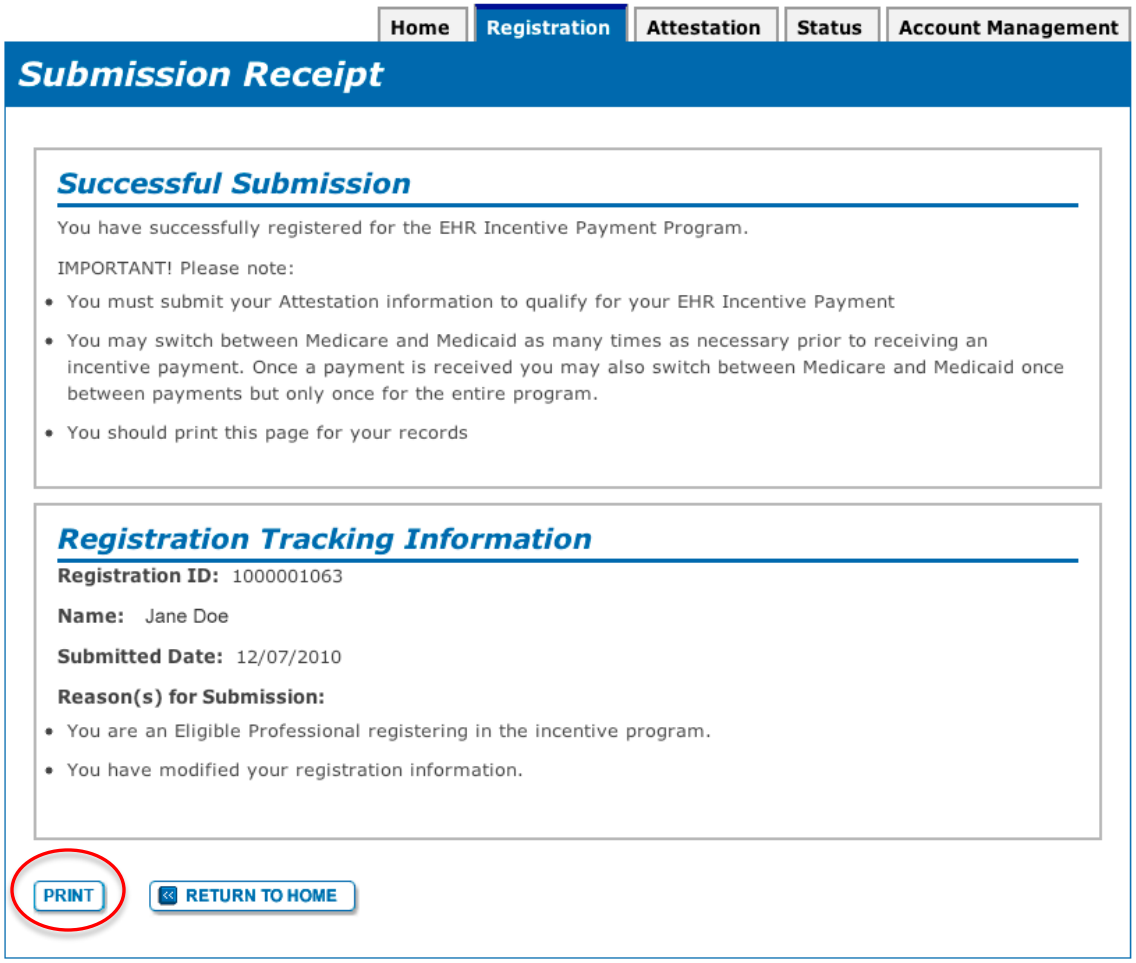


The address will be posted on the program website once you receive payment (Medicare only)



Read the Registration Disclaimer and choose AGREE or DISAGREE

Medicare Successful Submission



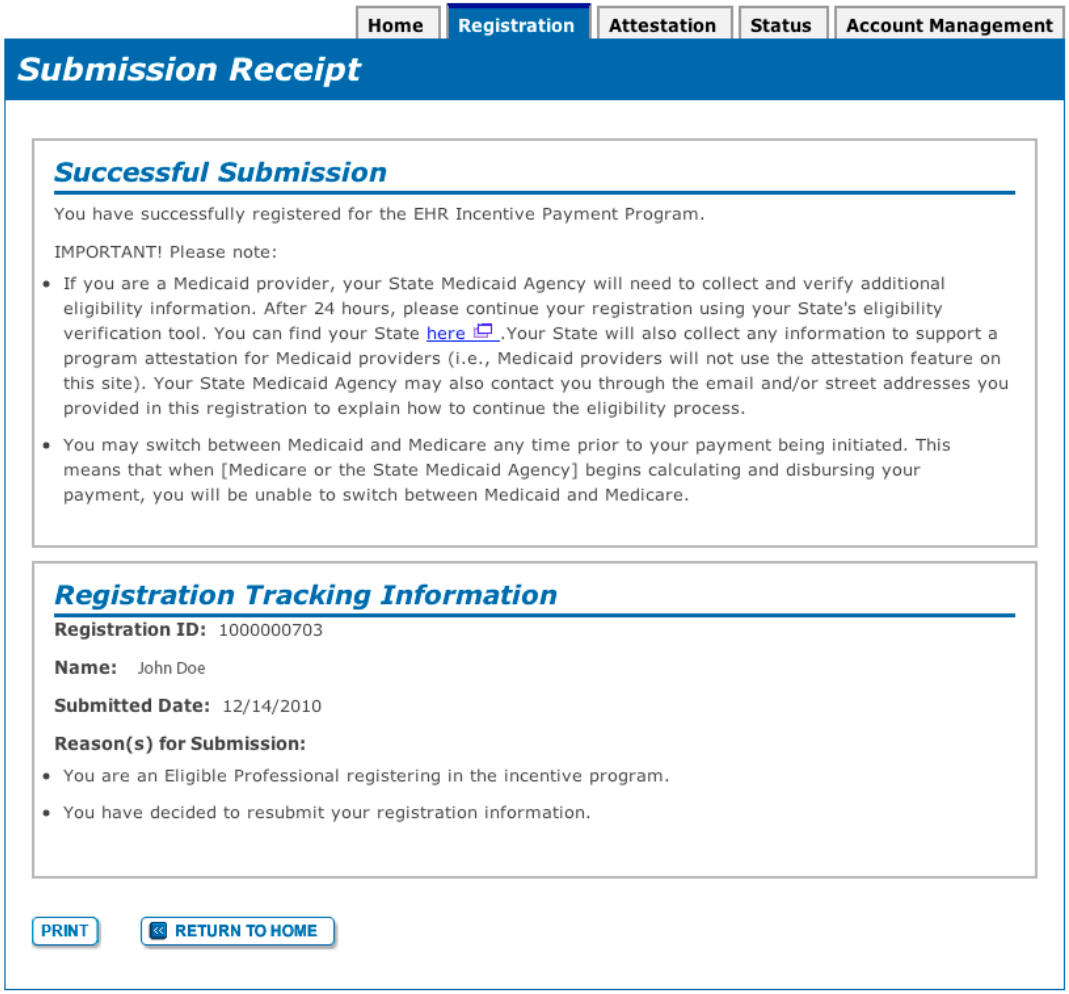
This completes your registration

Print the receipt for your records

Medicaid Successful Submission

This completes your registration

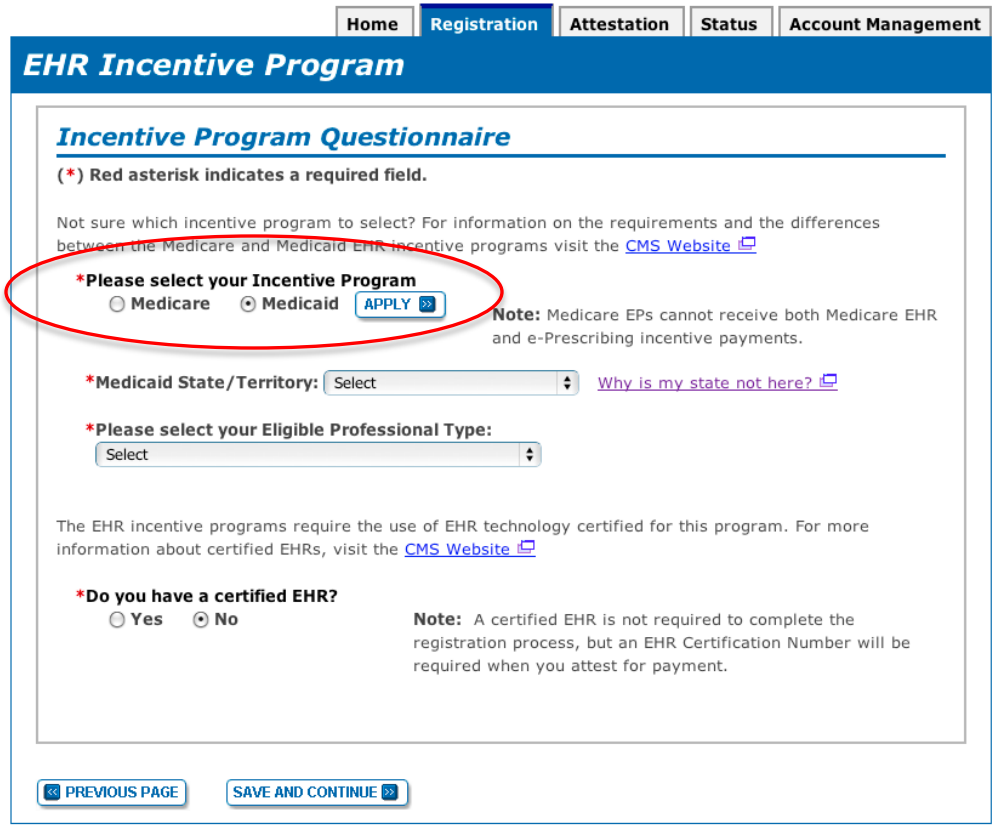
Print the receipt for your records



The State Medicaid agency will collect and verify additional eligibility information. After 24 hours, continue to your State's EHR Incentive Program website

Switching between Programs

Eligible Professionals may switch programs once after having received an incentive payment, but the switch must occur before 2015



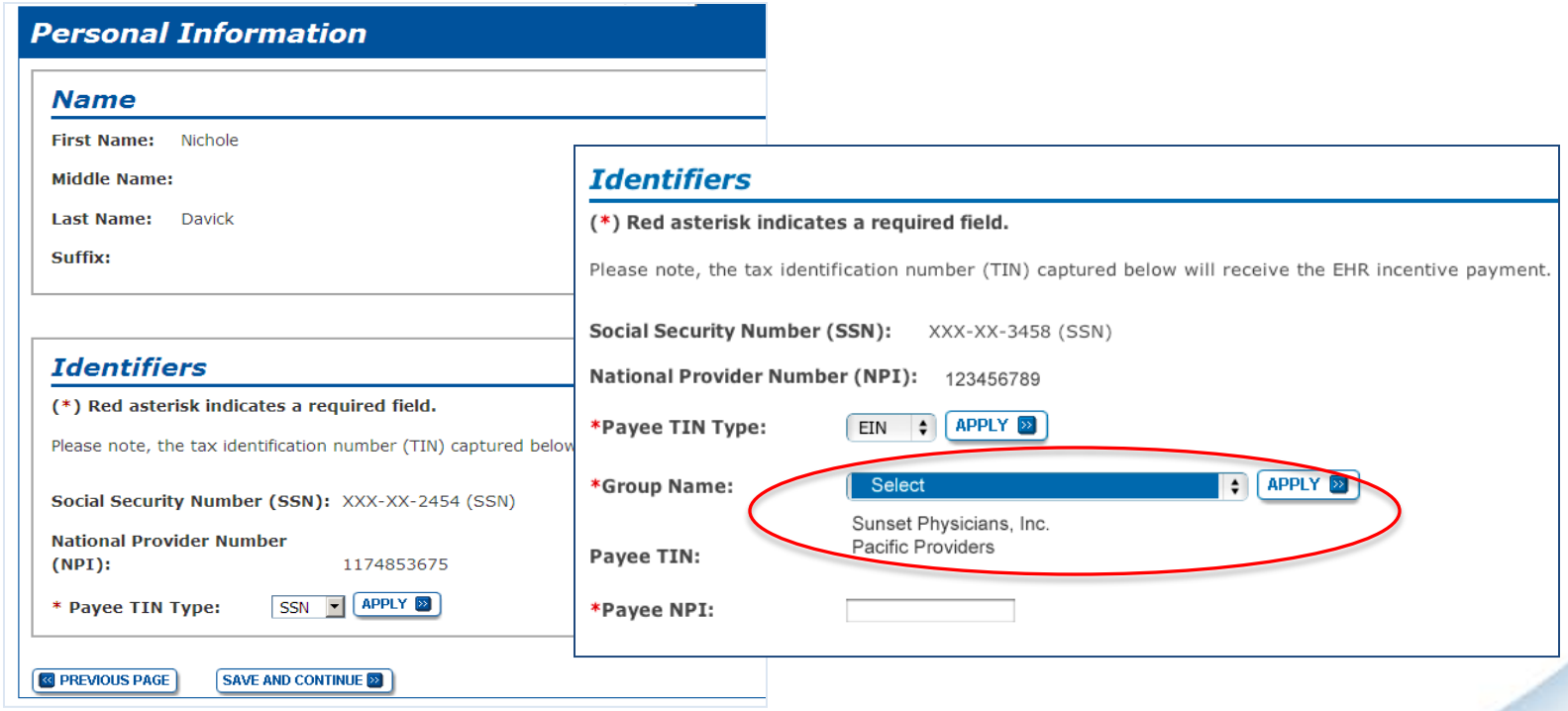
Notable Differences between the Medicare and Medicaid EHR Incentive Programs

Medicare	Medicaid
Federal Government will implement (will be an option nationally)	Voluntary for States to implement (may not be an option in every State)
Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use	No Medicaid payment reductions
Must demonstrate MU in Year 1	A/I/U option for Year 1
Maximum incentive is $44,000 for EPs (10% bonus for EPs in HPSAs)	Maximum incentive is $63,750 for EPs
Meaningful Use definition is common for Medicare	States can make minor modifications to Stage 1 Meaningful Use with CMS prior approval (none have to date)
Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015. Last payment year is 2016	Last year a provider may register for and initiate program is 2016; Last payment year is 2021
Only physicians, subsection (d) hospitals and CAHs	5 types of EPs, acute care hospitals (including CAHs) and children's hospitals

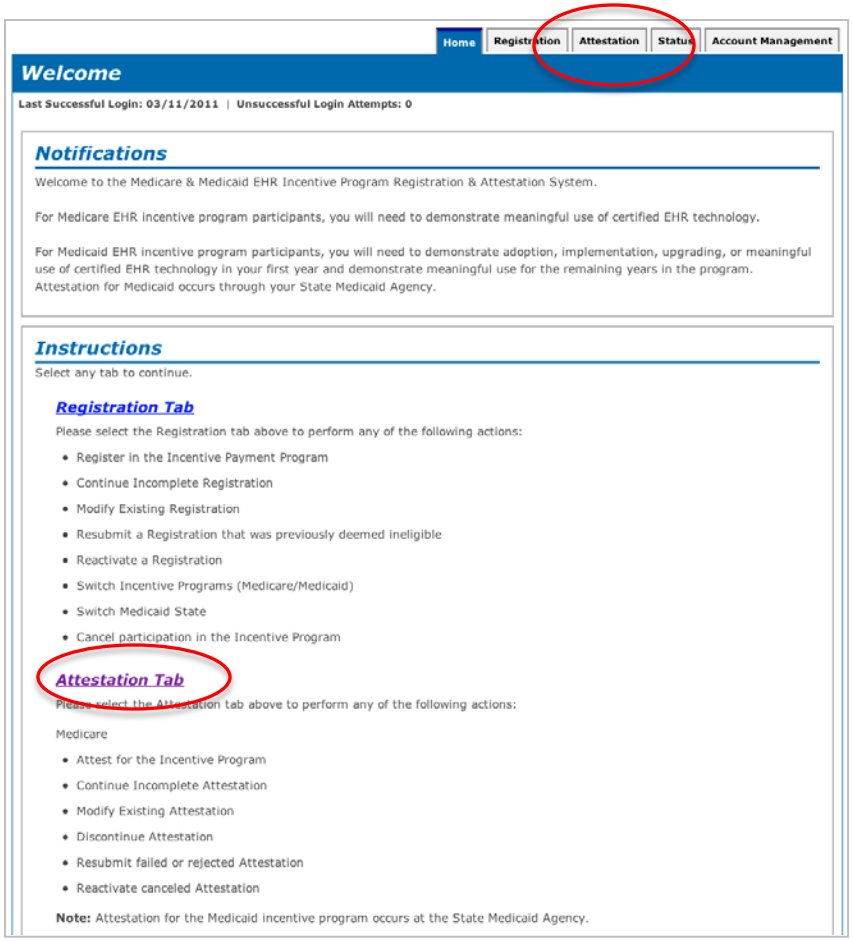
AIU = Adopt, Implement and Upgrade
CAH = Critical Access Hospital
HPSA = Health Professional Shortage Area

Reassigning Payments

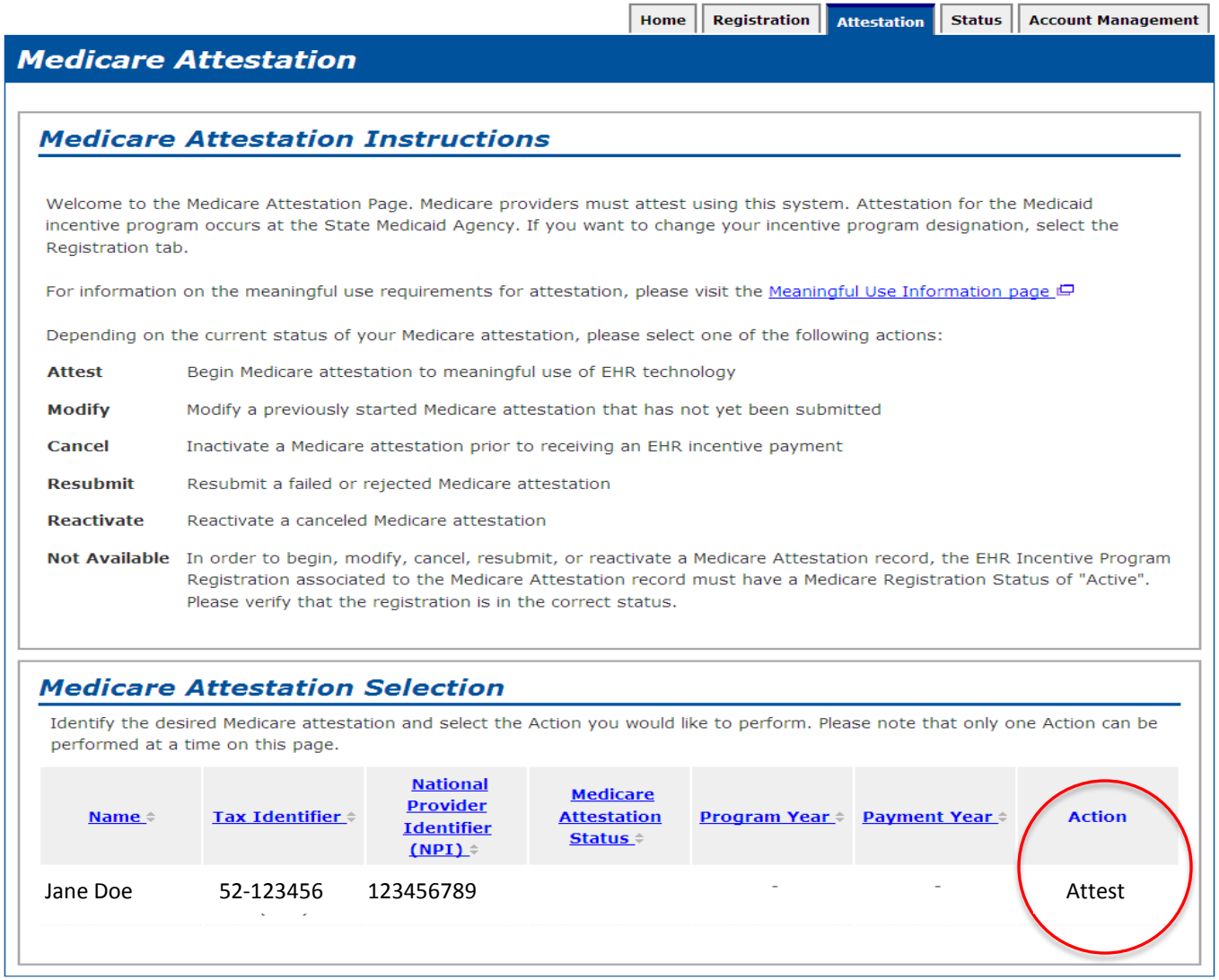
Medicare EPs can elect to have their payment go to another entity by selecting Payee TIN Type of EIN. (Choosing this option will activate a list of entities list that the EP reassigned Medicare benefits to in PECOS)



Medicare Attestation



Medicare Attestation Instructions

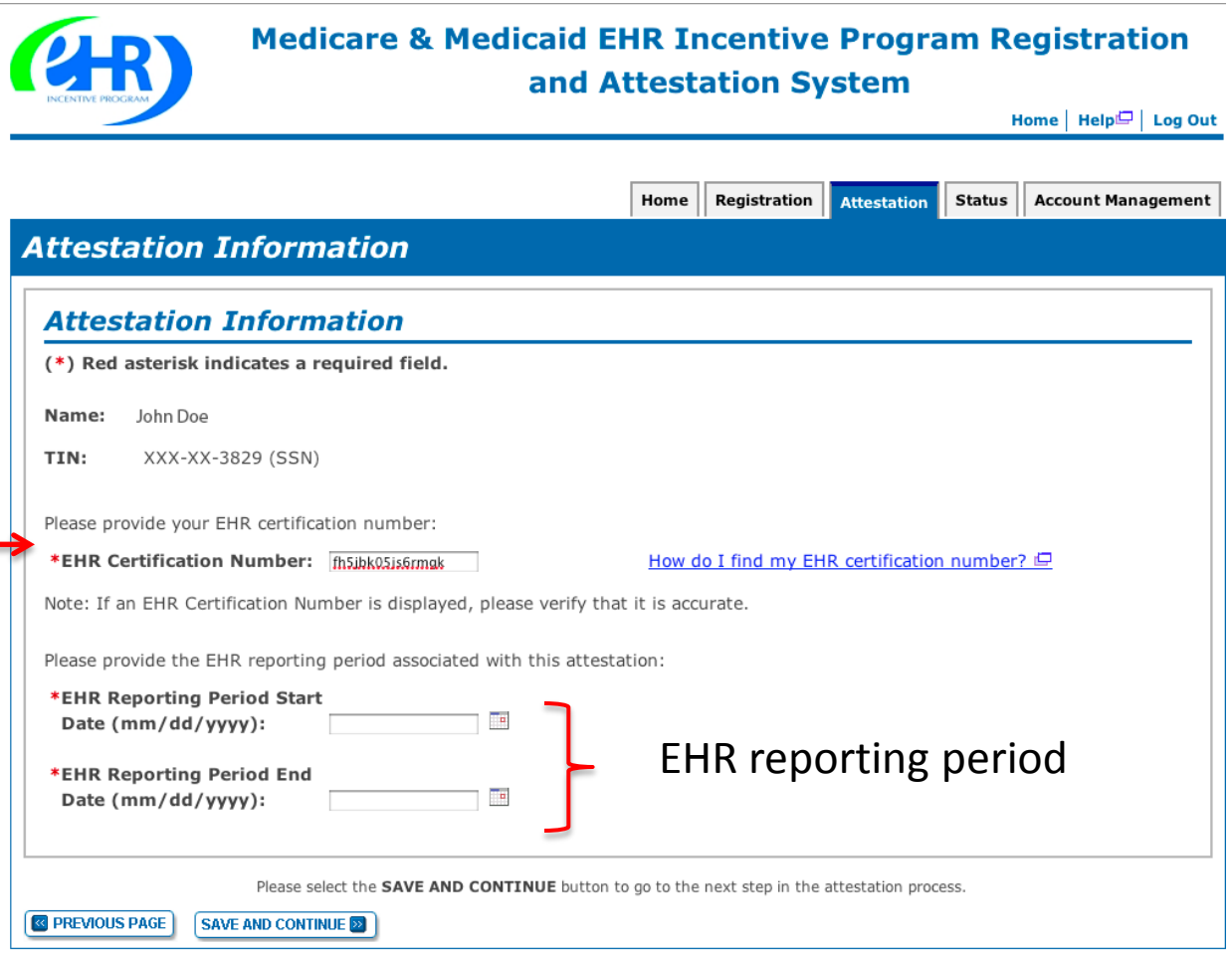


There are five attestation actions

Choose ATTEST to begin the attestation process

In order to complete your attestation you must complete ALL of the topics
Select START ATTESTATION to begin

Attestation Information



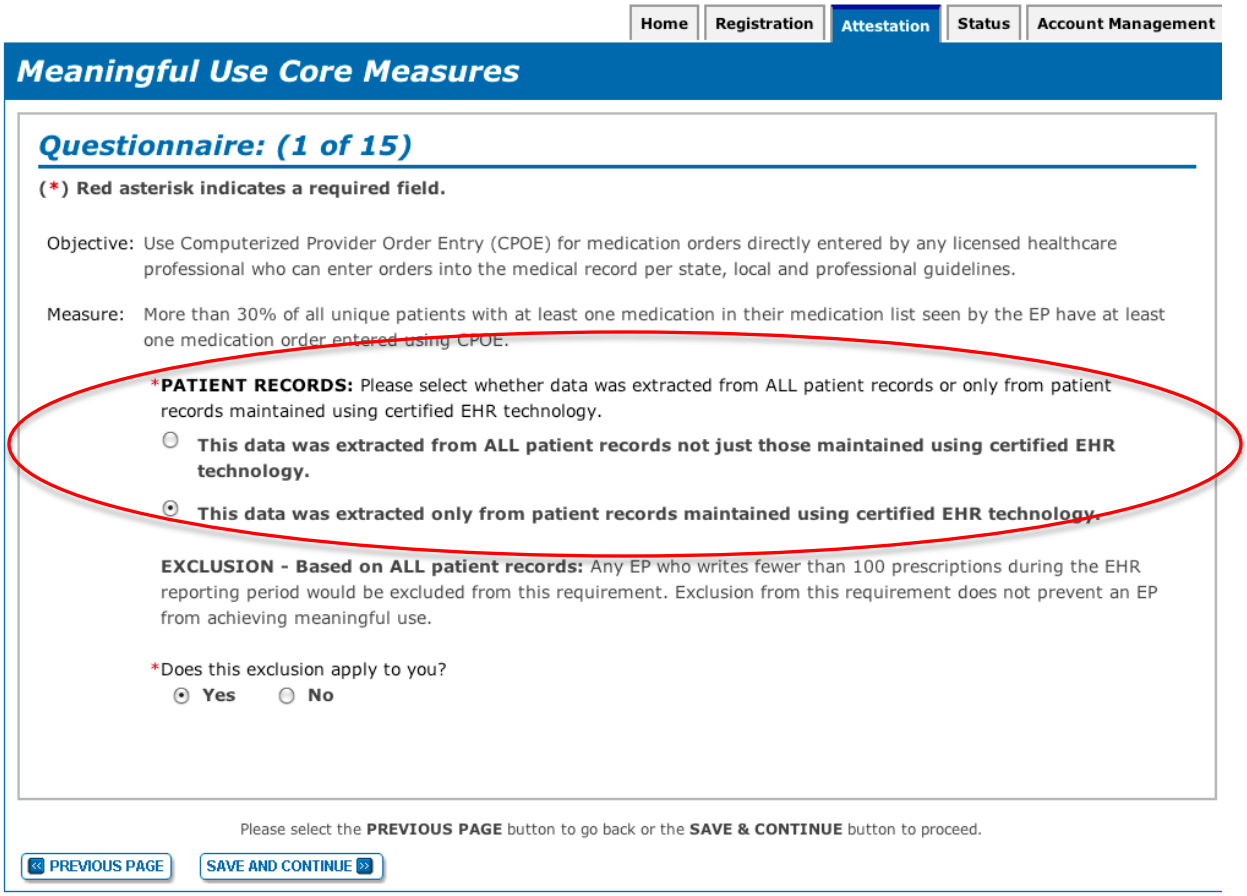
Enter the EHR Certification Number and the EHR reporting period for this attestation

To obtain your EHR Certification Number visit,

Office of the National Coordinator for Health IT (ONC) website

http://healthit.hhs.gov/chpl

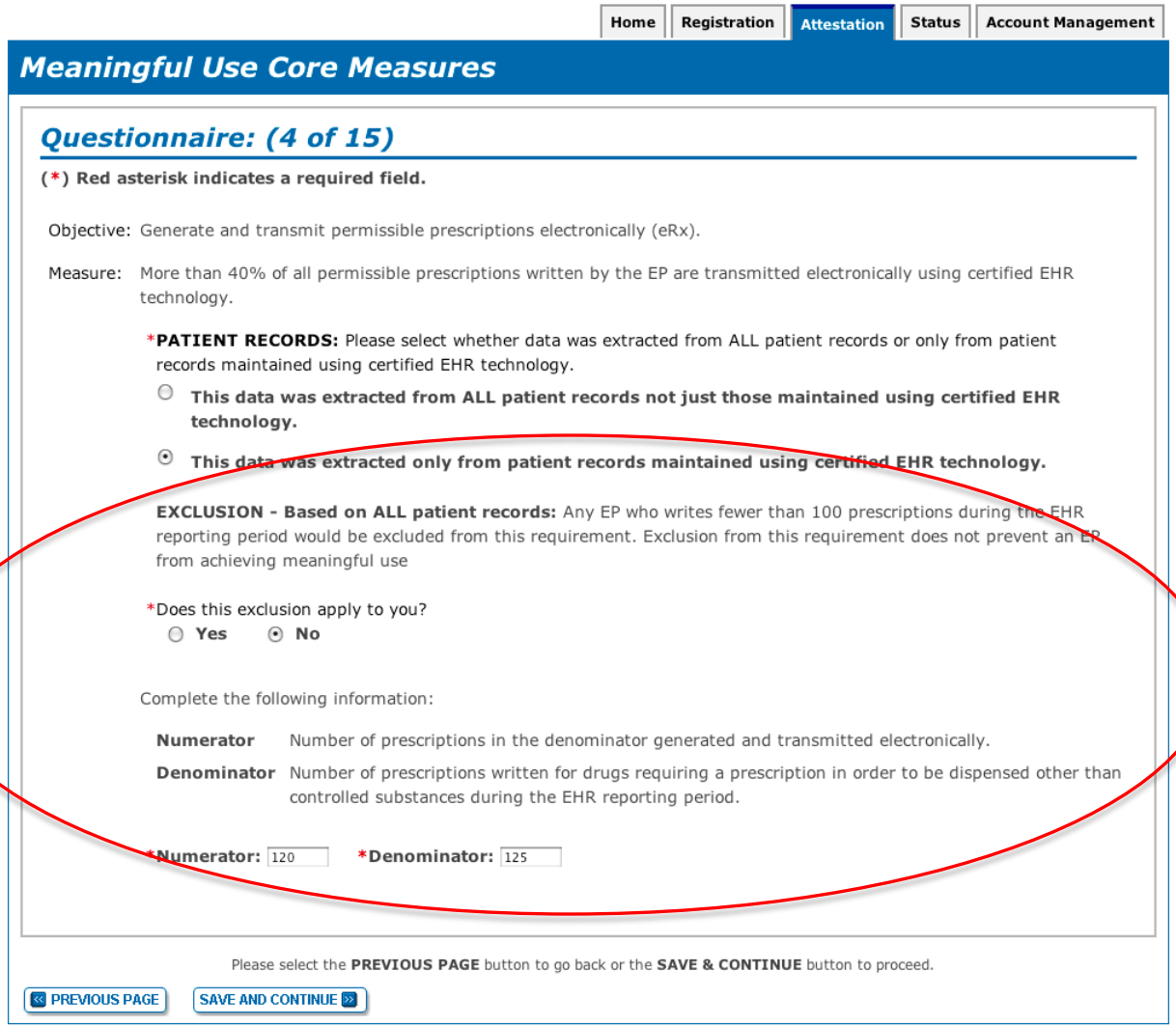
Meaningful Use Core Measures



There are 15 meaningful use core measures

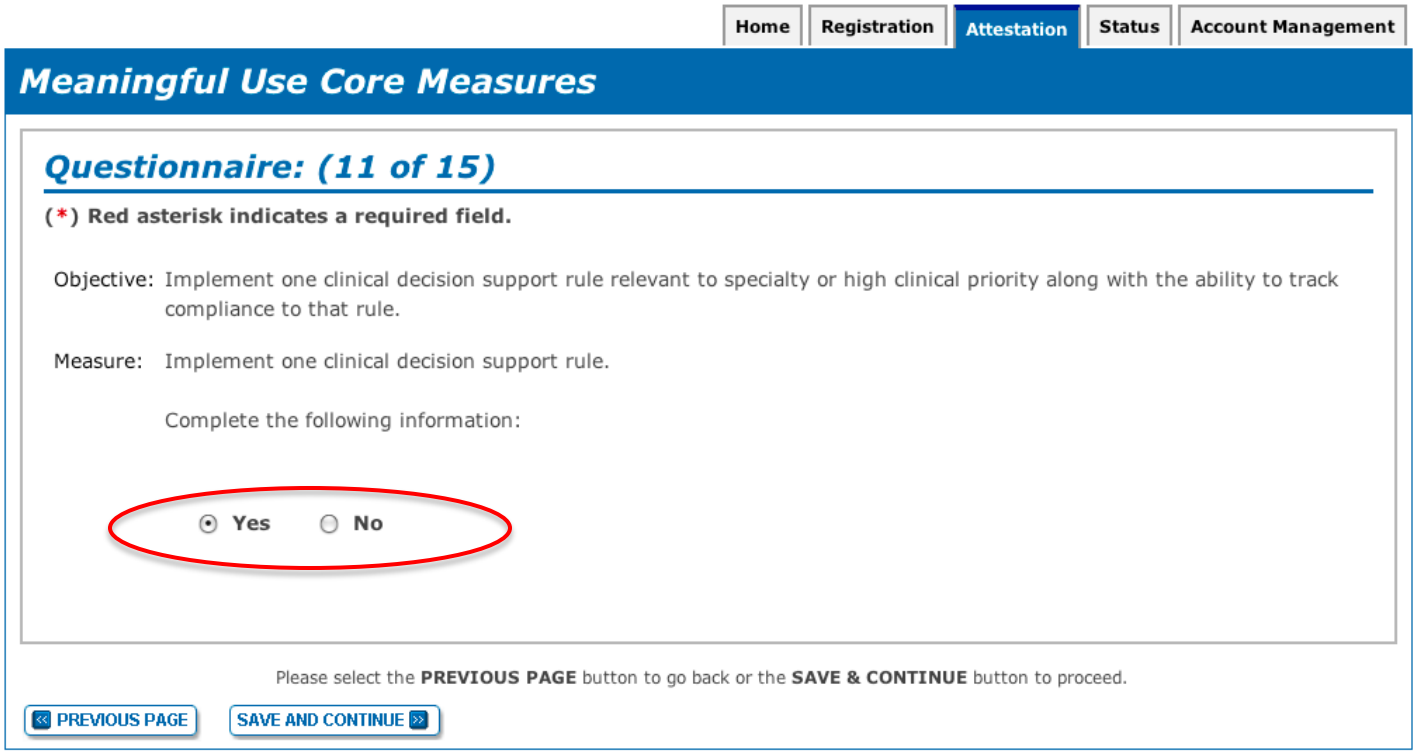
Some measures require whether data that you indicate was extracted from ALL patient records or from patient records maintained using certified EHR technology

Meaningful Use Core Measures



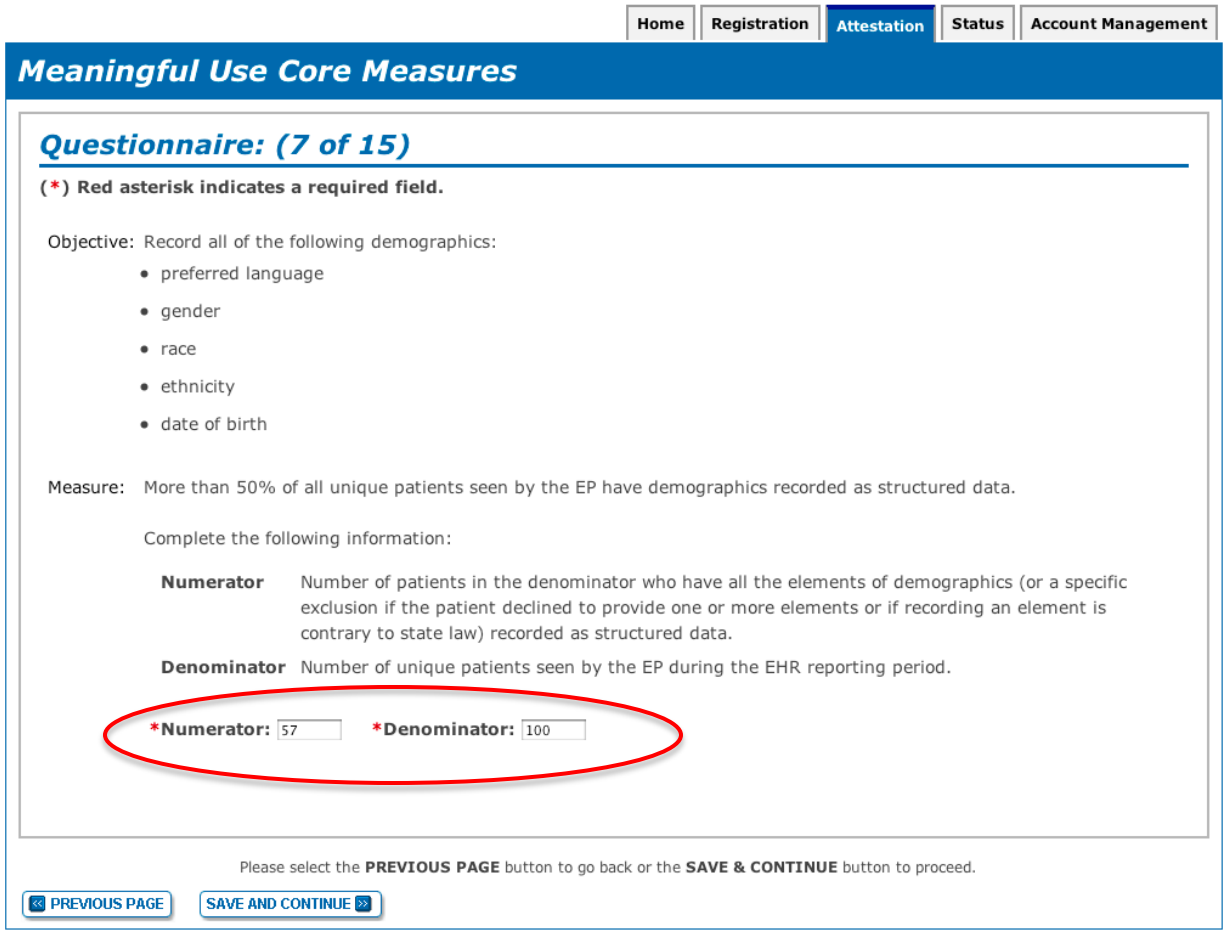
Eligible Professionals can be excluded from meeting an objective if they meet the requirements of the exclusion

Meaningful Use Core Measures



These objectives must be reported and there are no exclusions to reporting these measures

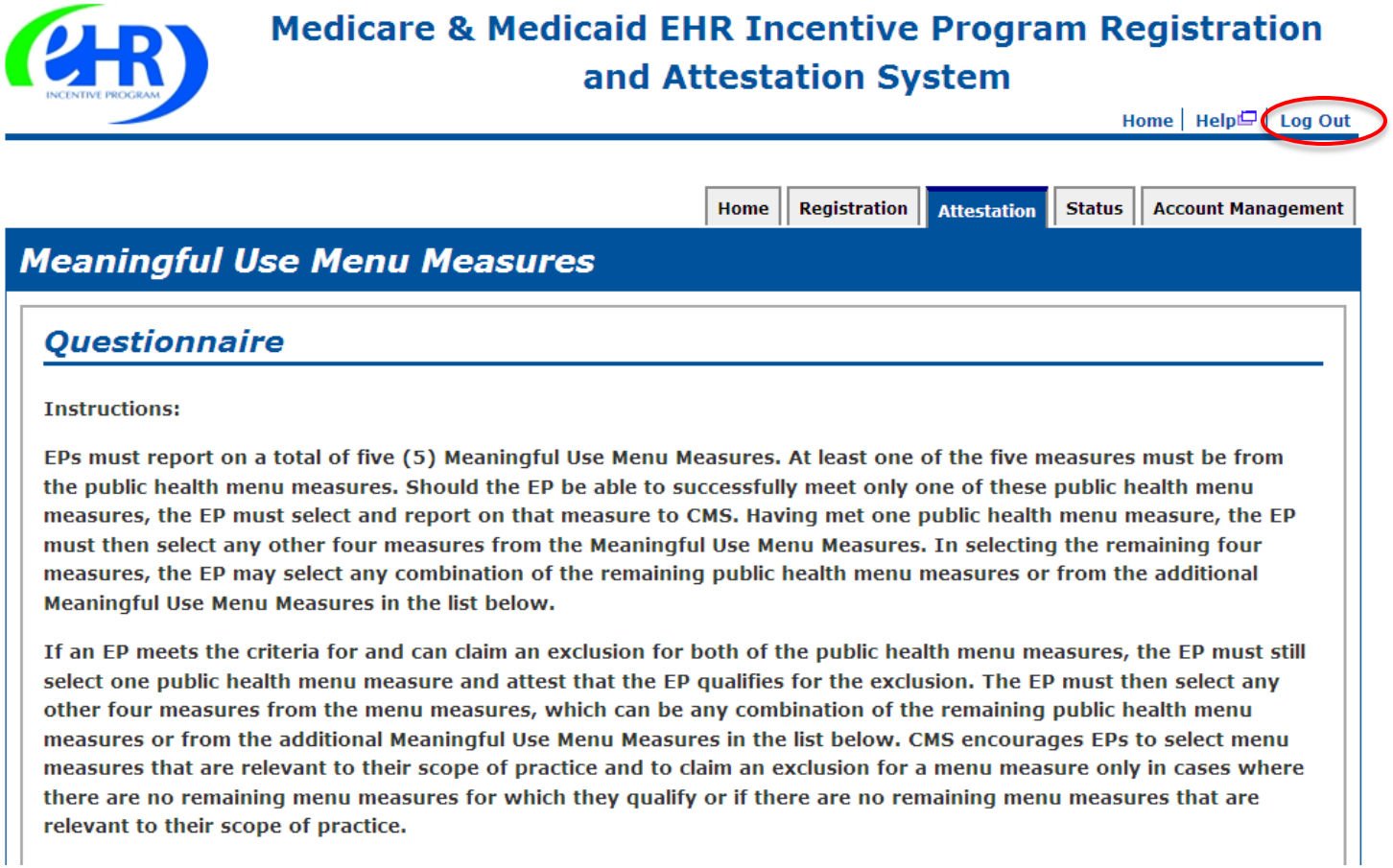
Meaningful Use Core Measures



Enter numerator and denominator for the measure

Numerator and denominator must be positive whole numbers

Meaningful Use Menu Measures



Report a total of five menu measures

Note: you may log out at any point during this attestation

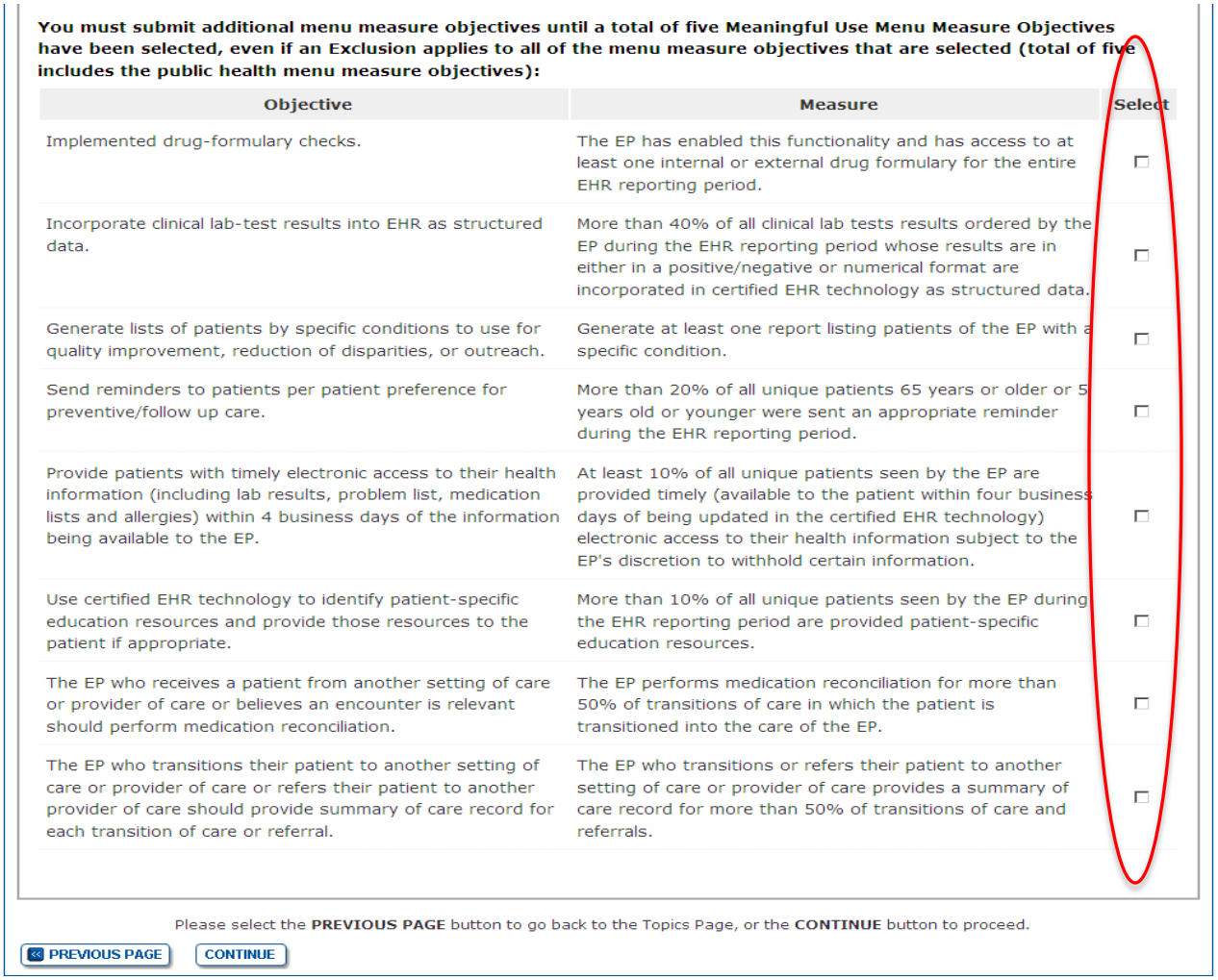
Public Health Measures

You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion applies to both:

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	☐
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	☐

Select up to two from the Public Health Measures

Additional Measures



You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Objective	Measure	Select
Implemented drug-formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	☐
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	☐
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	☐
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	☐
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	☐
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	☐
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	☐
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	☐

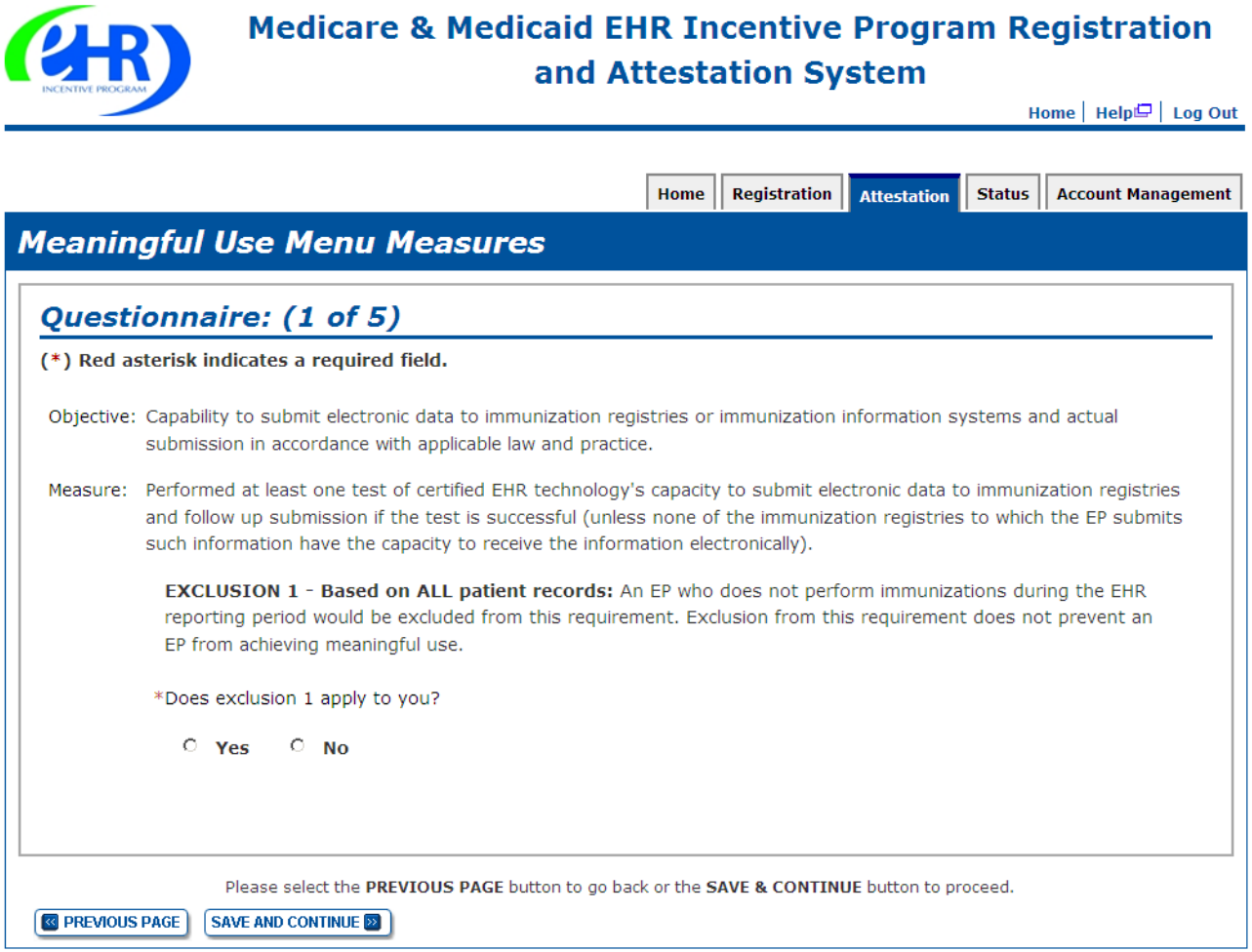
Please select the **PREVIOUS PAGE** button to go back to the Topics Page, or the **CONTINUE** button to proceed.

« PREVIOUS PAGE CONTINUE

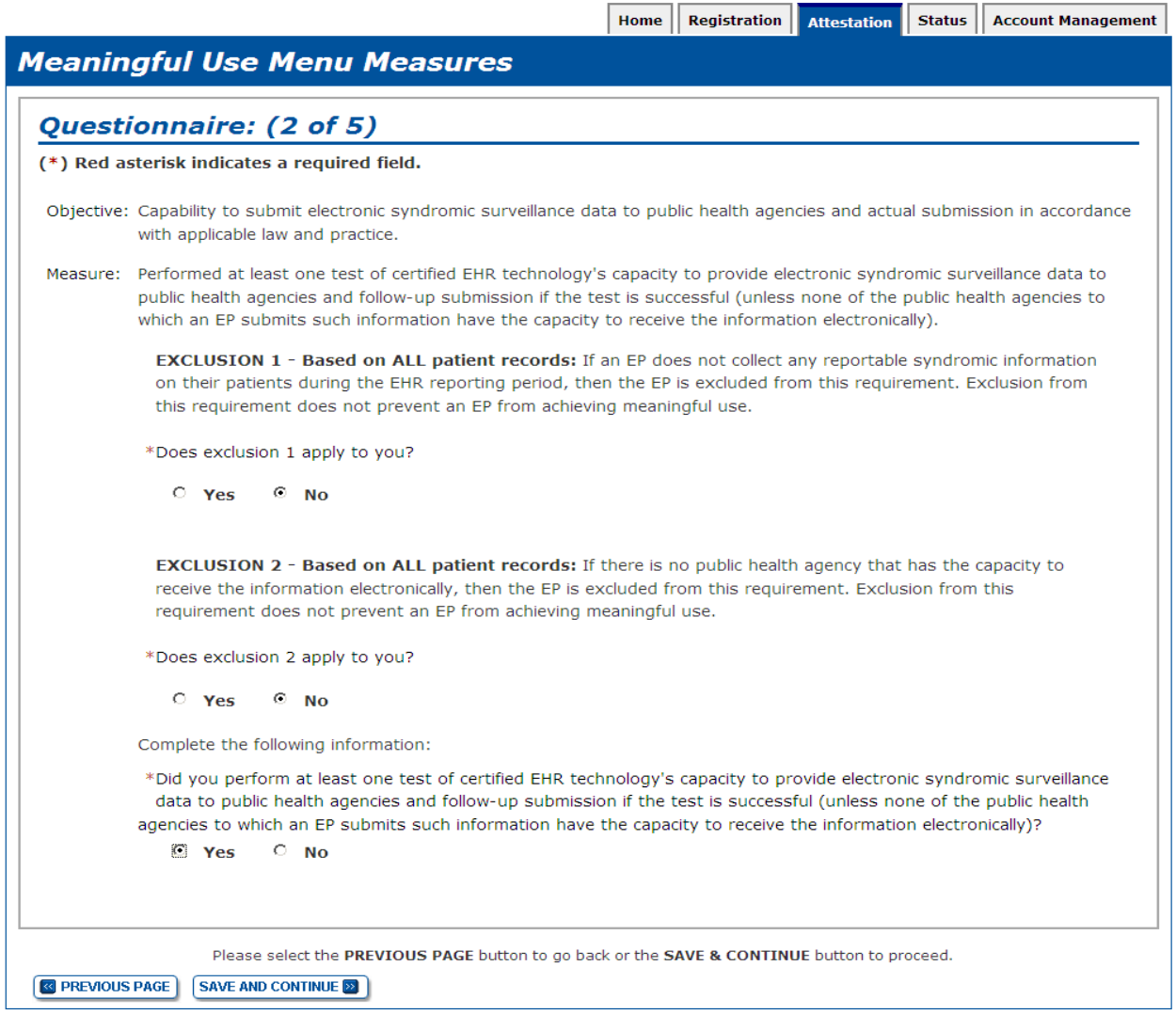
Only the five chosen measures will present on the next five screens

Submit additional menu measure objectives until a total of five menu measures have been selected

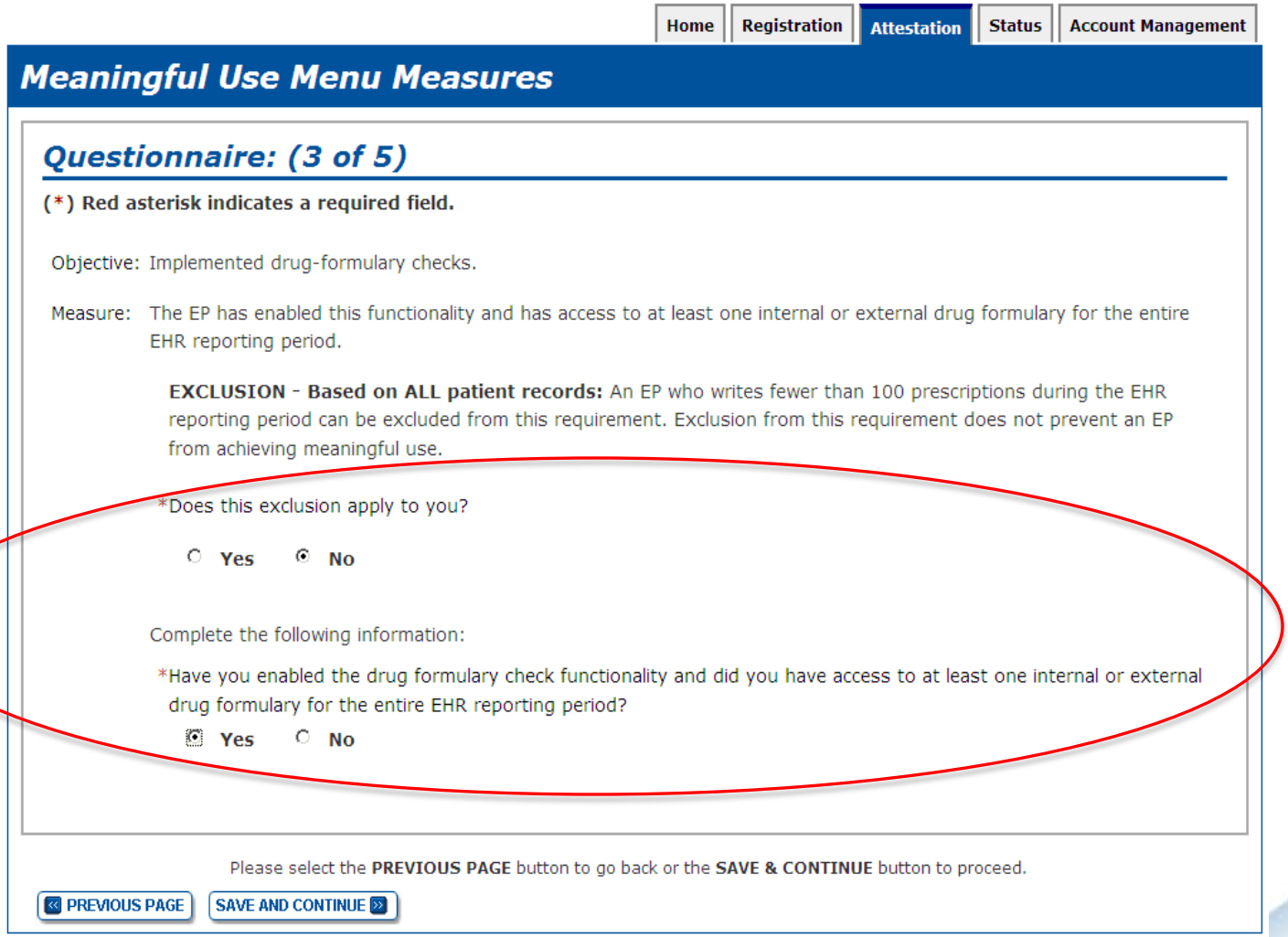
Public Health Menu Measure



Public Health Menu Measure

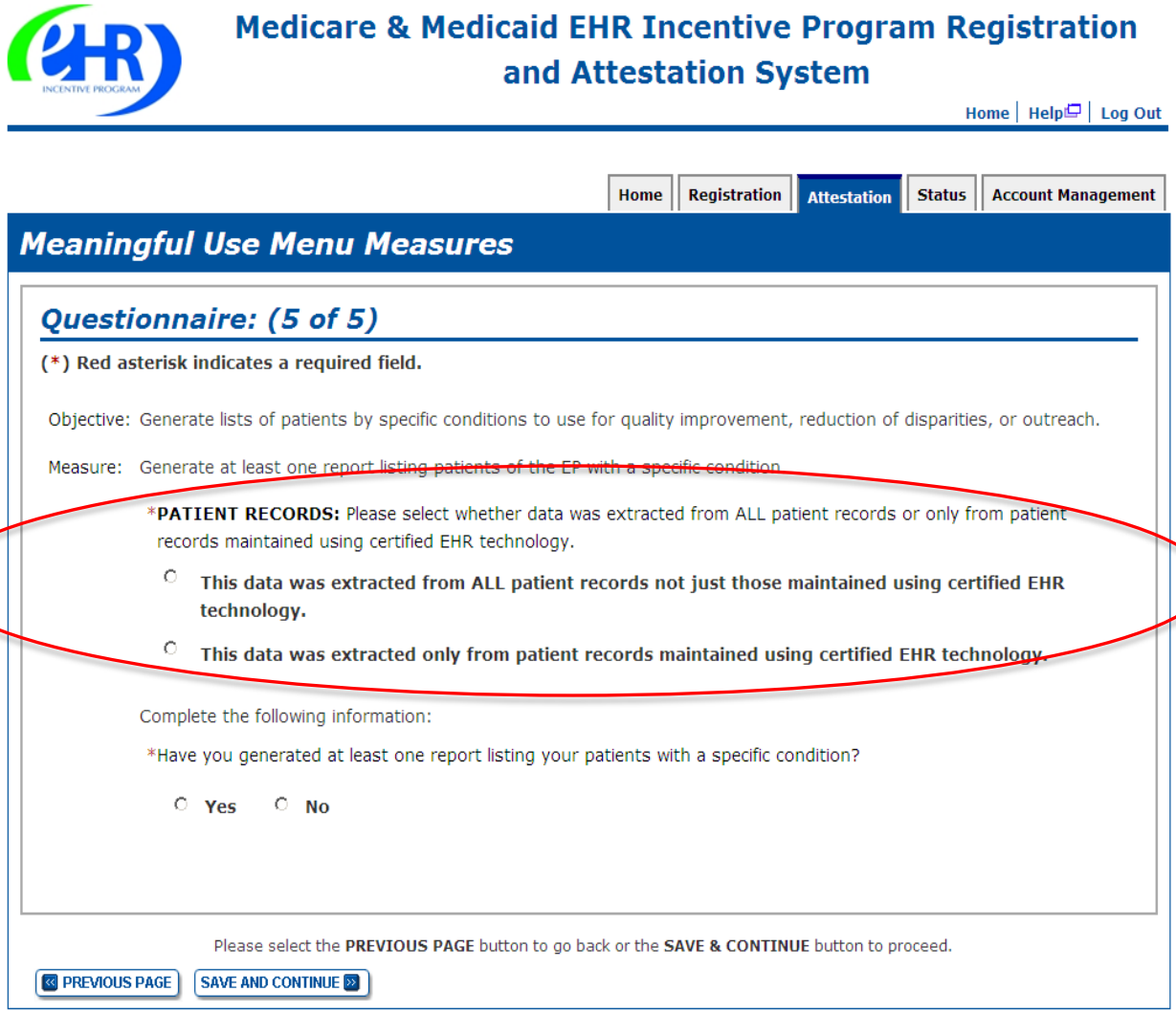


Menu Measure
Exclusions example



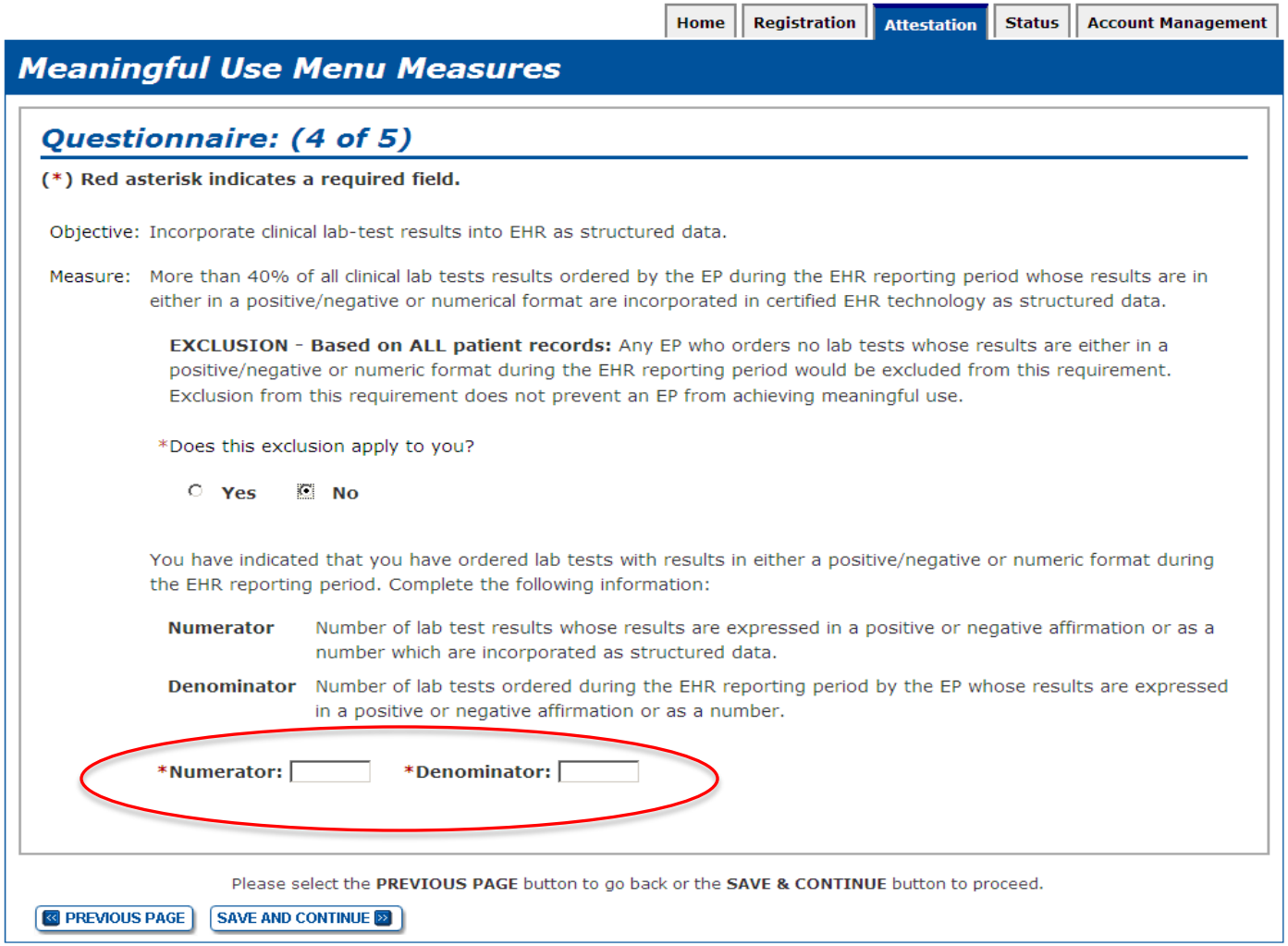
Menu Measure

Patient Records example

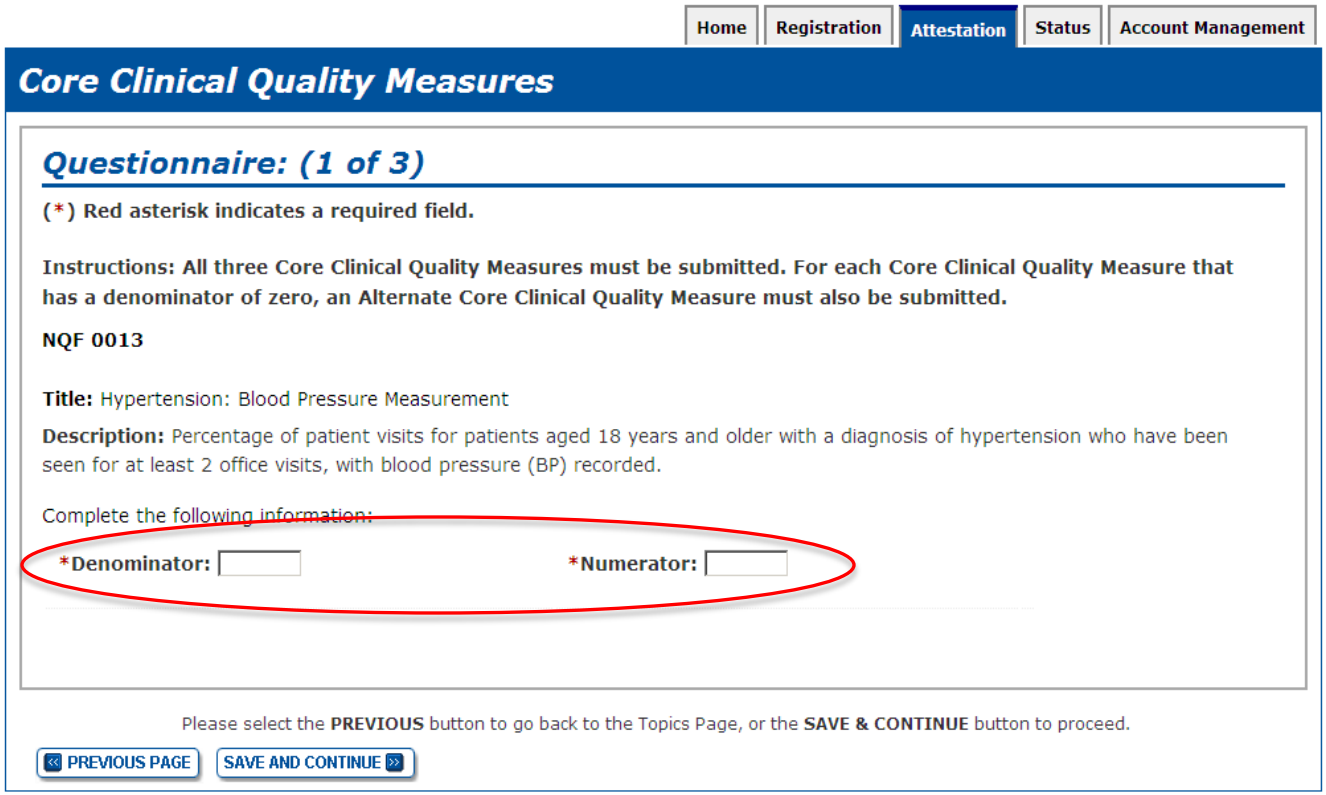


Menu Measure

Numerator and Denominator example



Core Clinical Quality Measures

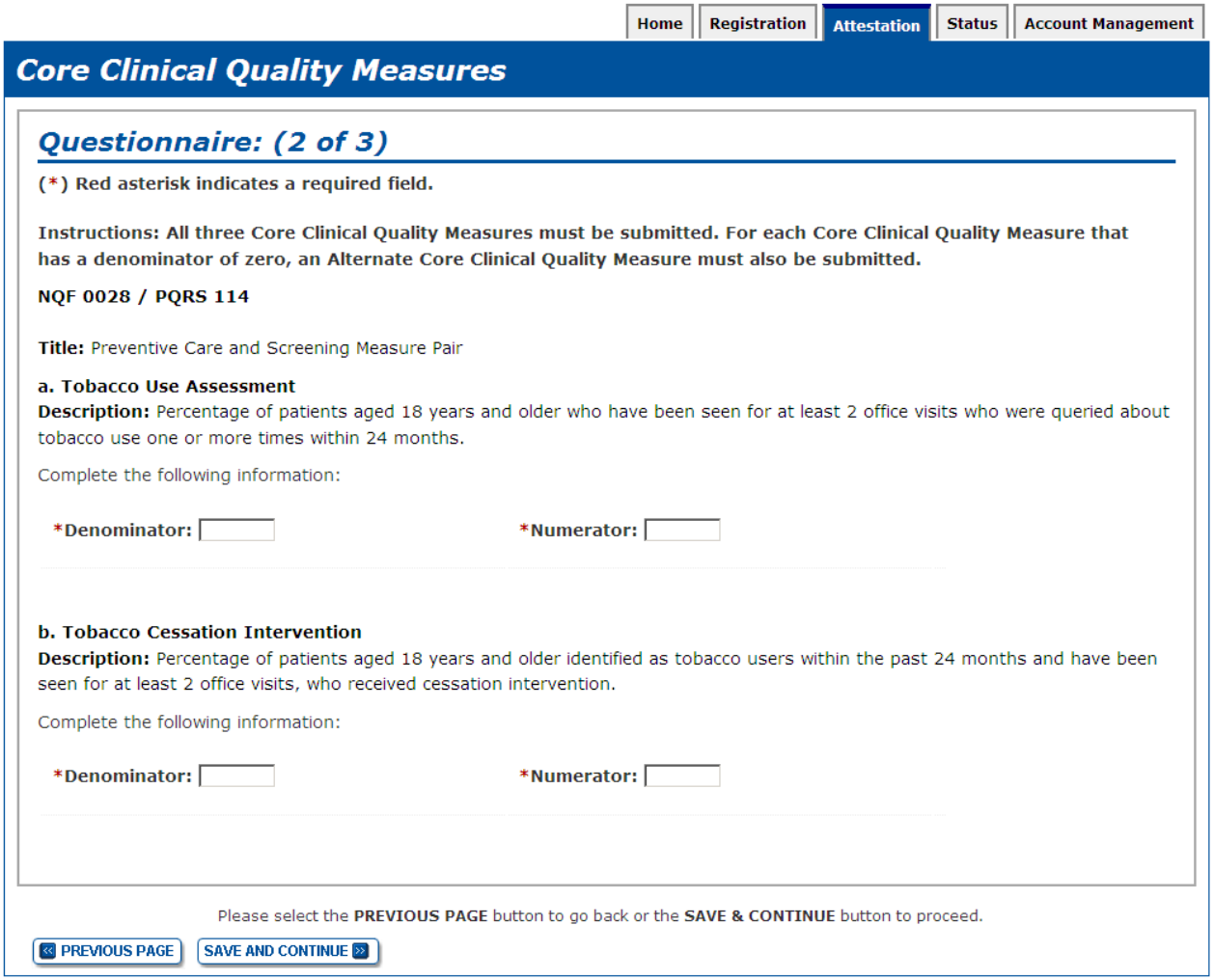


Each Eligible Professional must report on three core Clinical Quality measures (or alternate core) and three additional quality measures

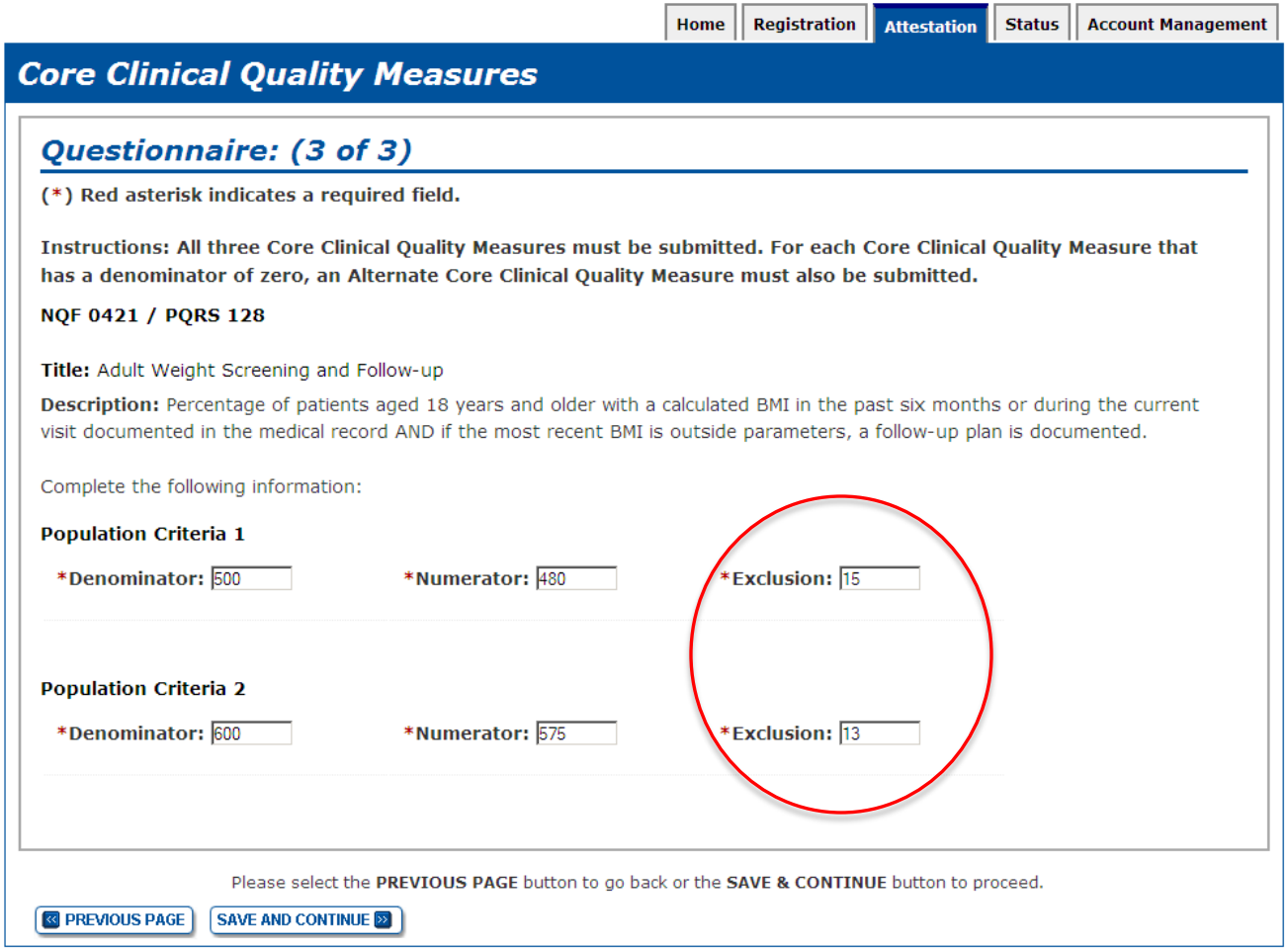
Denominator is entered before numerator for the clinical quality measures

You will be reporting on a minimum of 6 Clinical Quality Measures (CQMs) or a maximum of 9 CQMs

Core Clinical Quality Measures



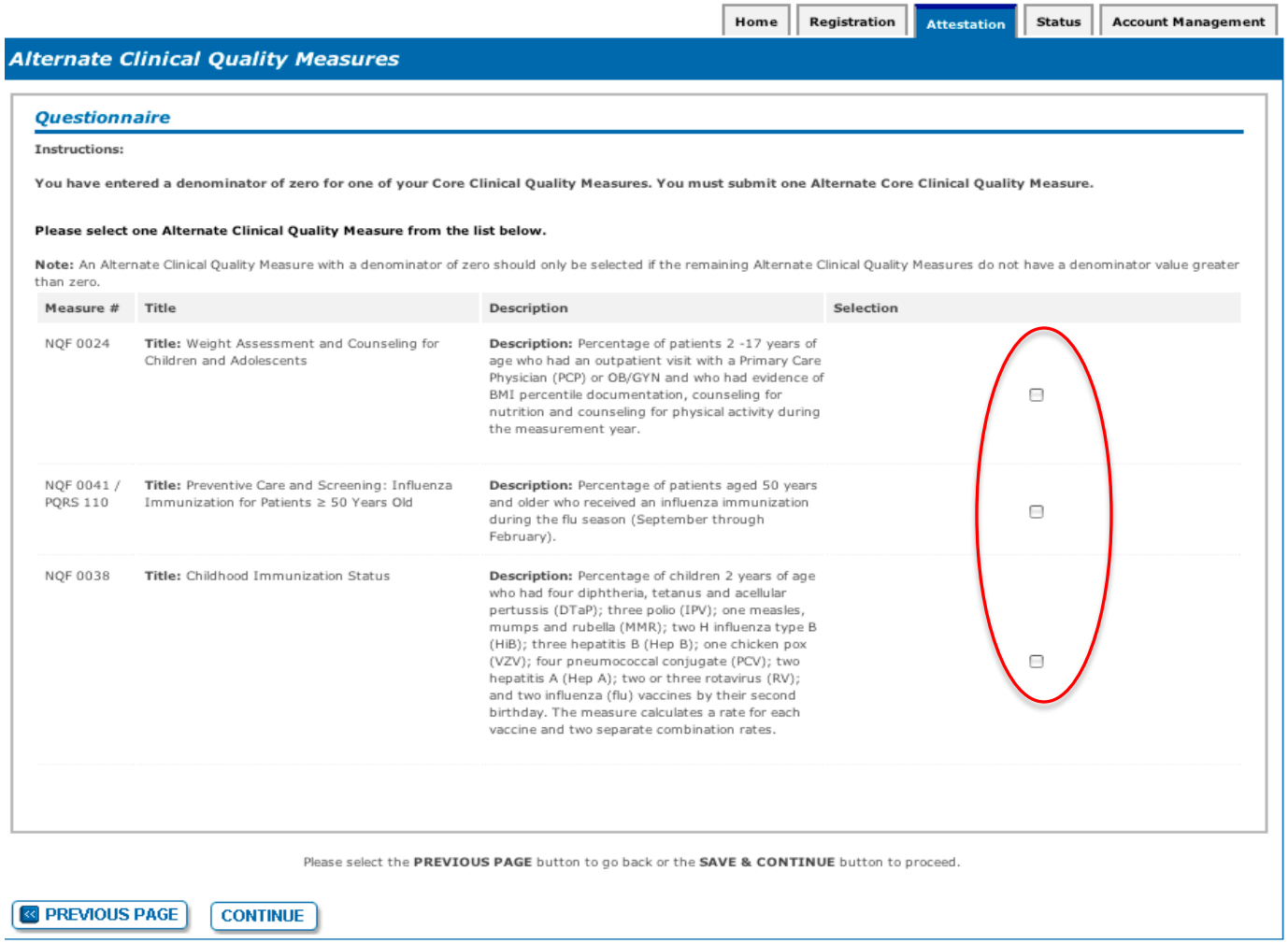
Core Clinical Quality Measures



Enter denominator, numerator *and* exclusion* (if applicable) for the three CQMs

*Exclusion refers to the patient population

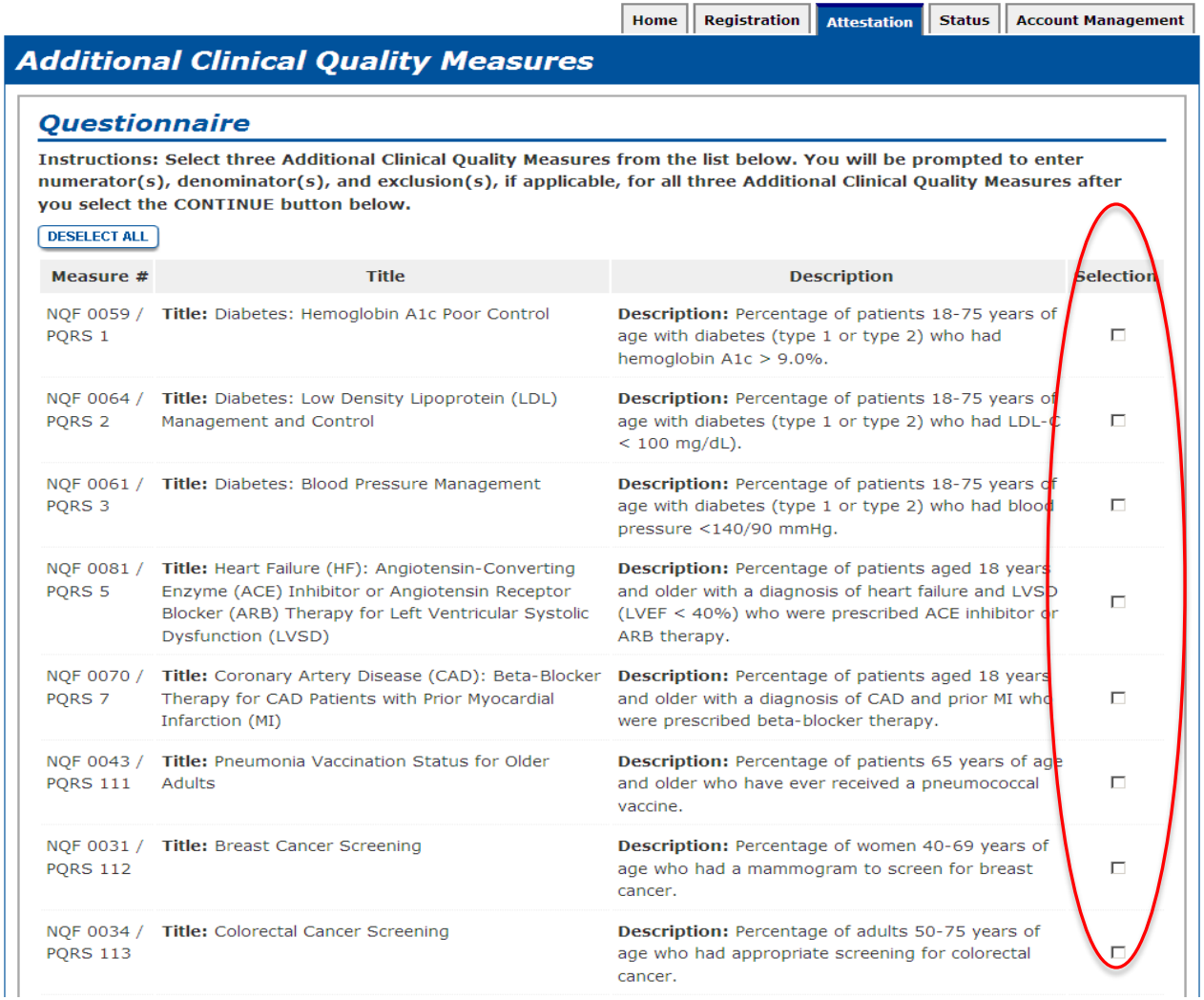
Alternate Clinical Quality Measures



The screen will prompt you with the number of alternate core CQMs you must select

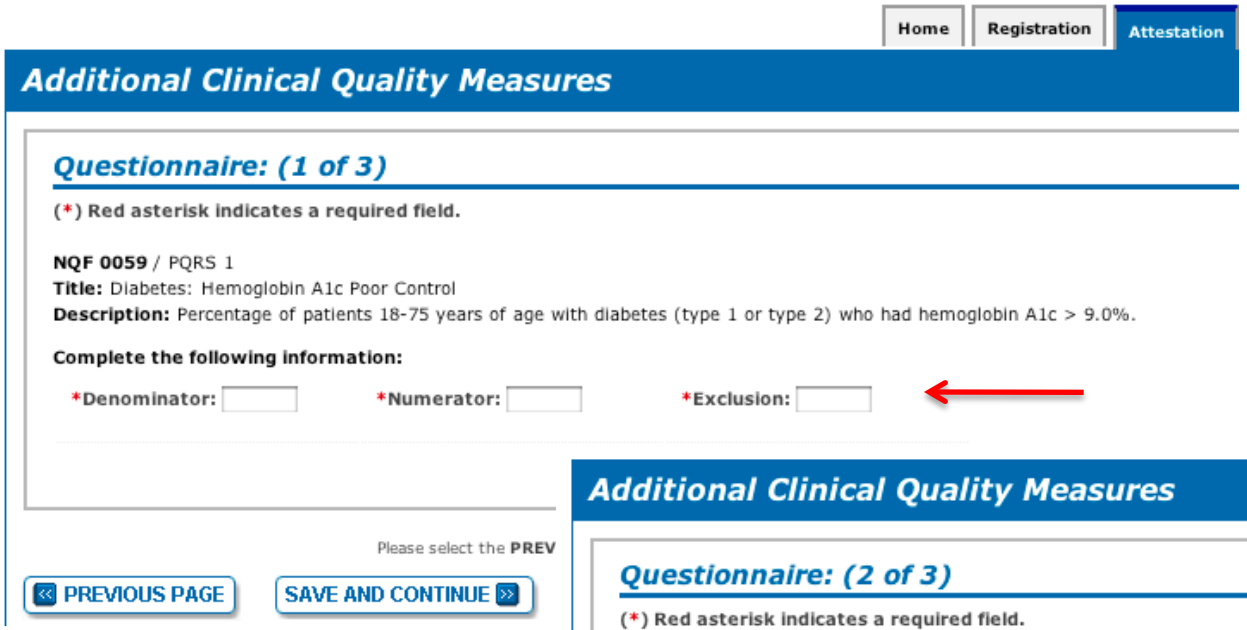
That number is based on the number of zeros you reported in the denominators of core CQMs

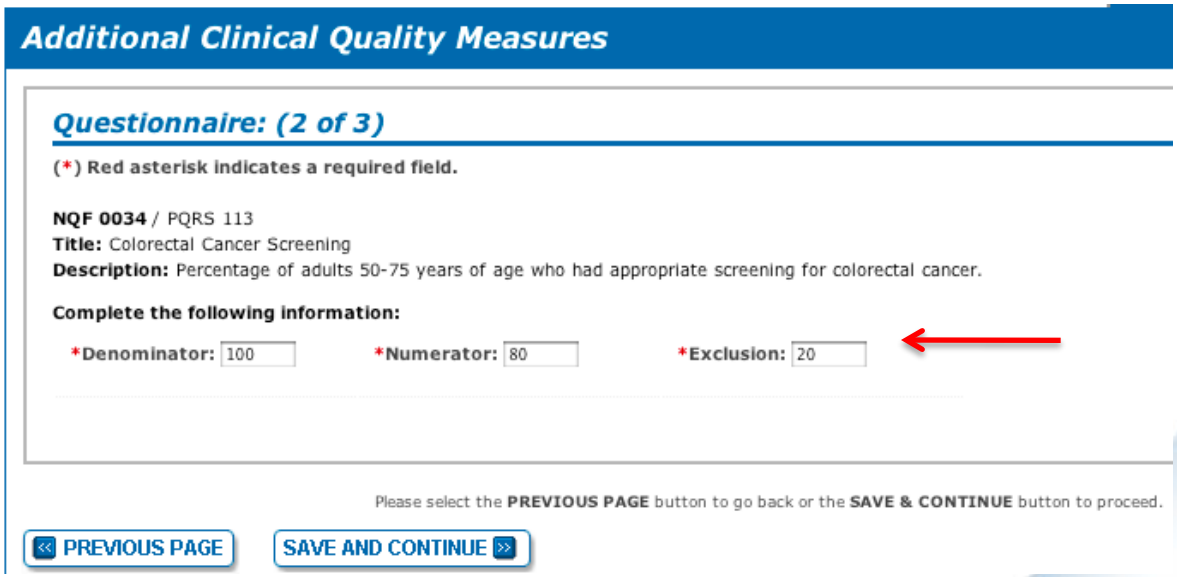
Additional Quality Measures



Select three additional CQMs from the list of forty-four measures

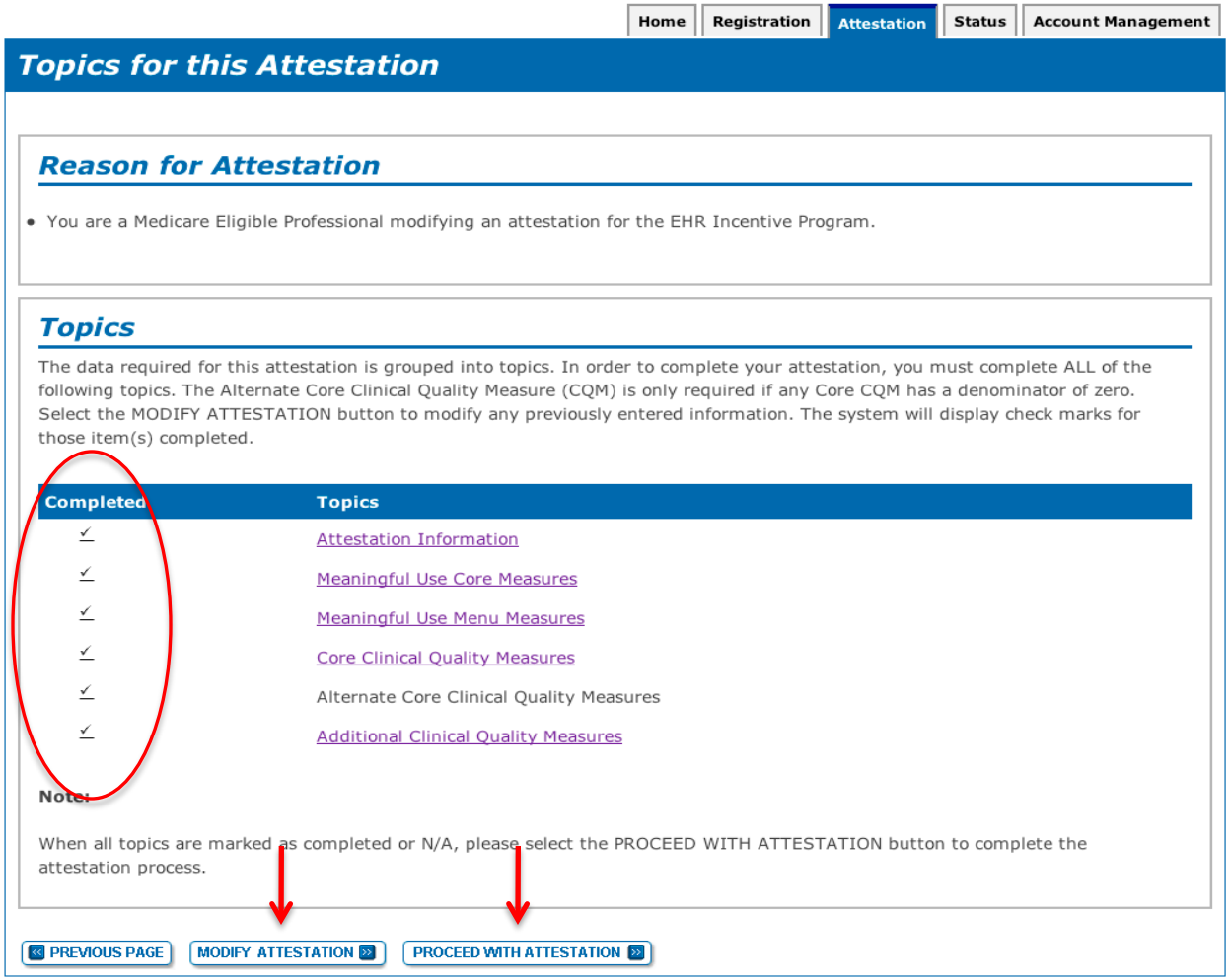
Additional Quality Measures





Enter denominator, numerator for the CQMs *and* exclusion (if applicable) for all three measures

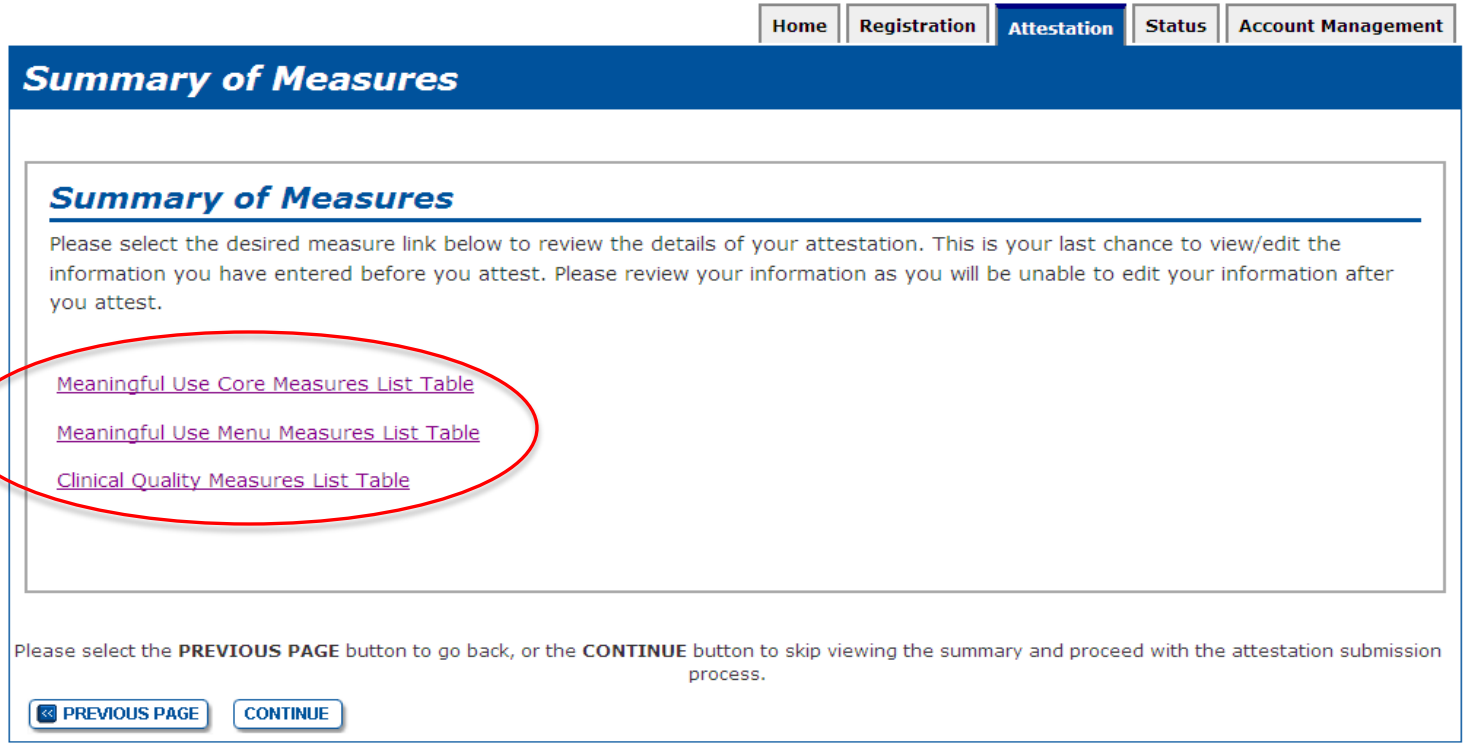
Topics for this Attestation



Once you have completed the attestation information, checkmarks will indicate the completed topics

Choose PROCEED WITH ATTESTATION to review the summary of measures or MODIFY ATTESTATION to start the process from the Attestation Information screen

Summary of Measures



Select the measure links to review the details of your attestation

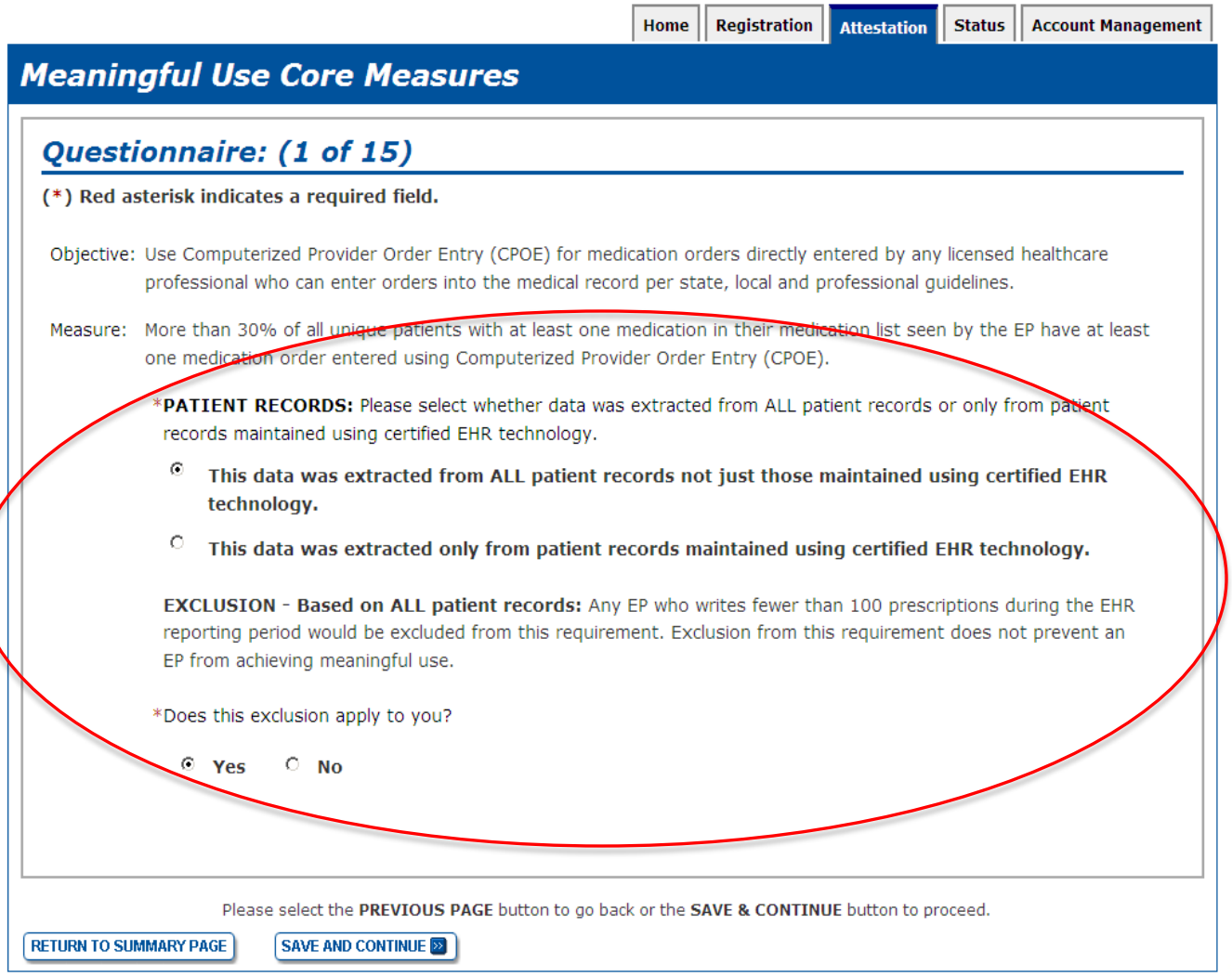
This is your last chance to view/edit the information you have entered before you attest

Summary of Measures

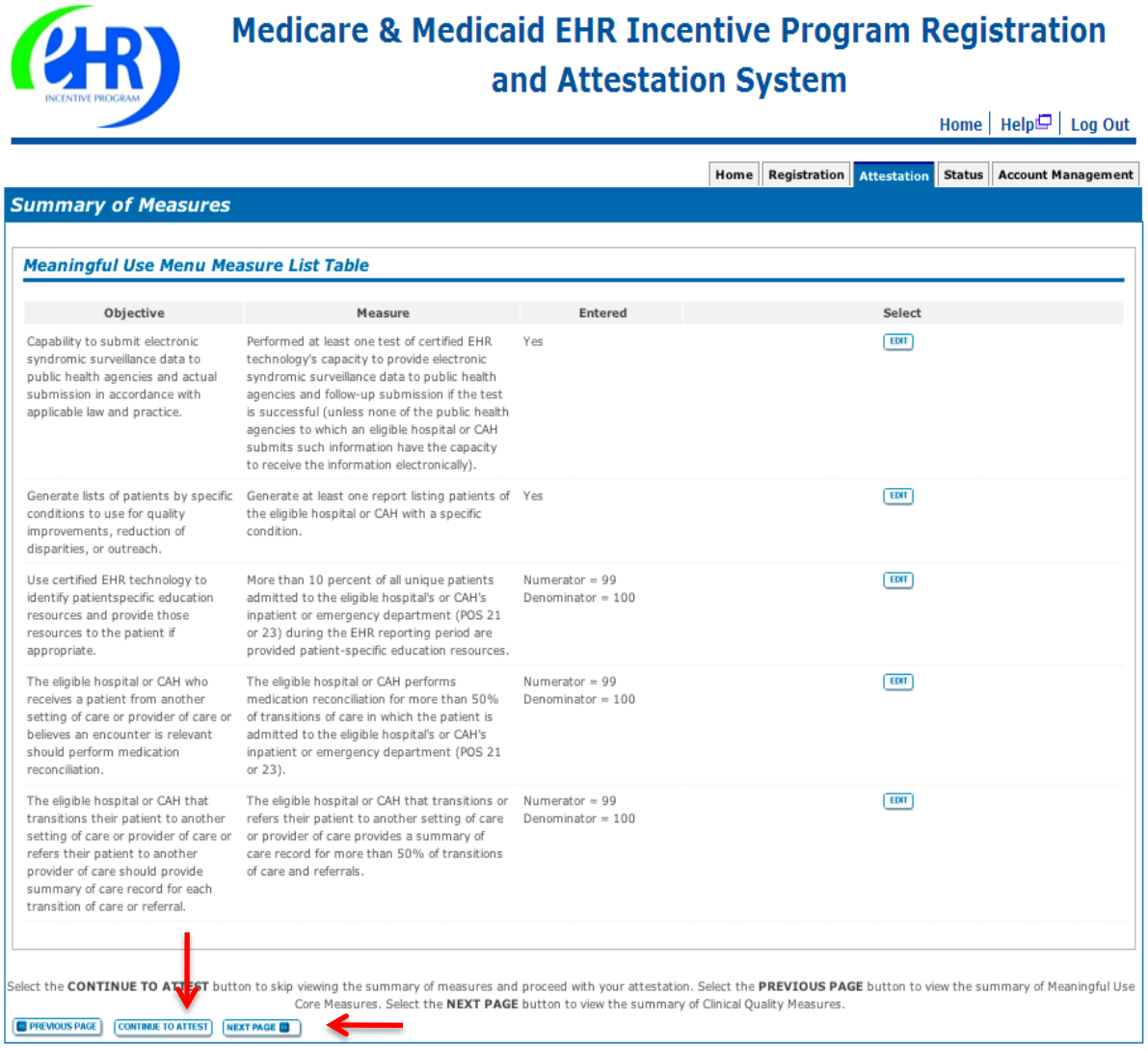
Meaningful Use Core Measure List Table

Edit your entries before attesting

Modify each Measure Individually



Summary of Measures, continued



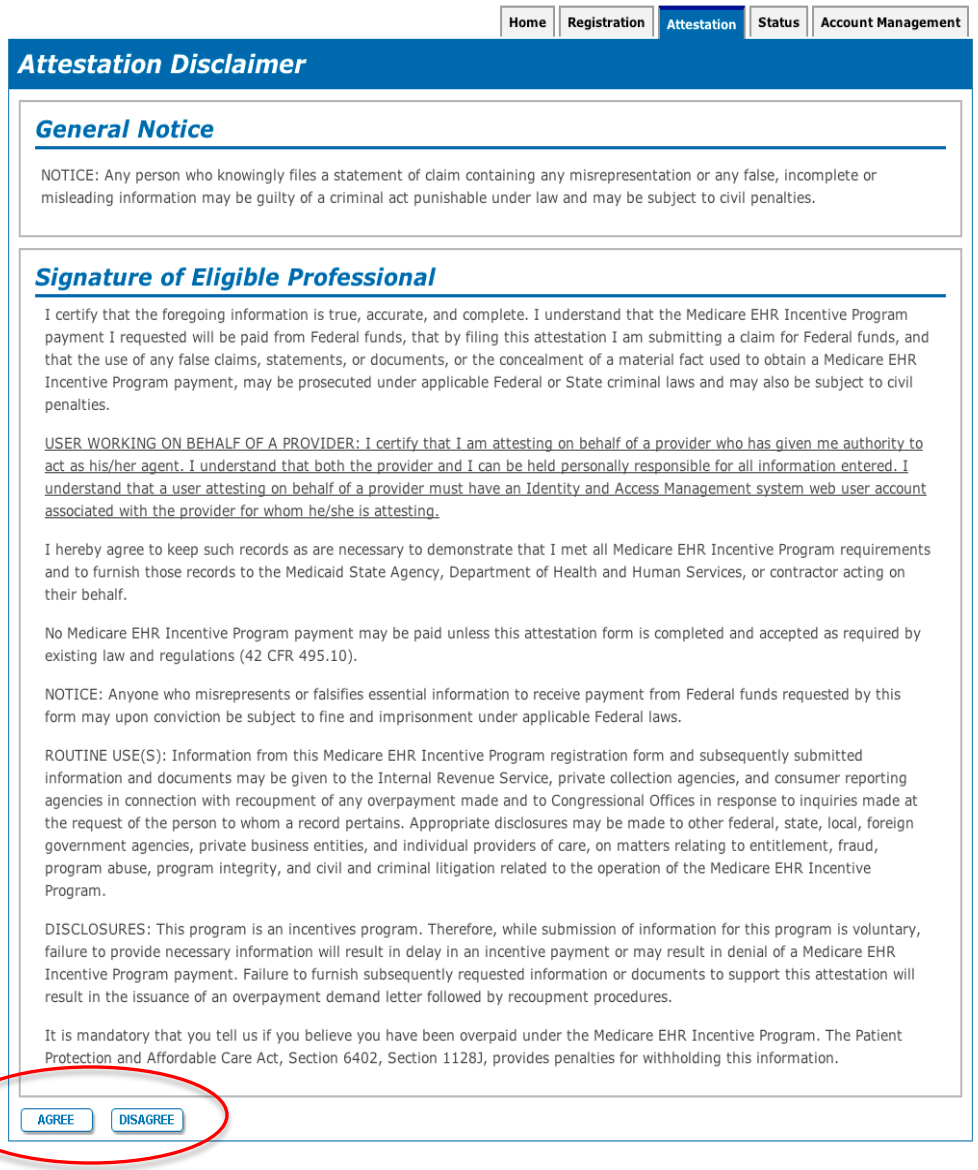
Choose NEXT PAGE to review and edit the remaining measures

When complete, choose CONTINUE TO ATTEST

Submission Process: Attestation Statements

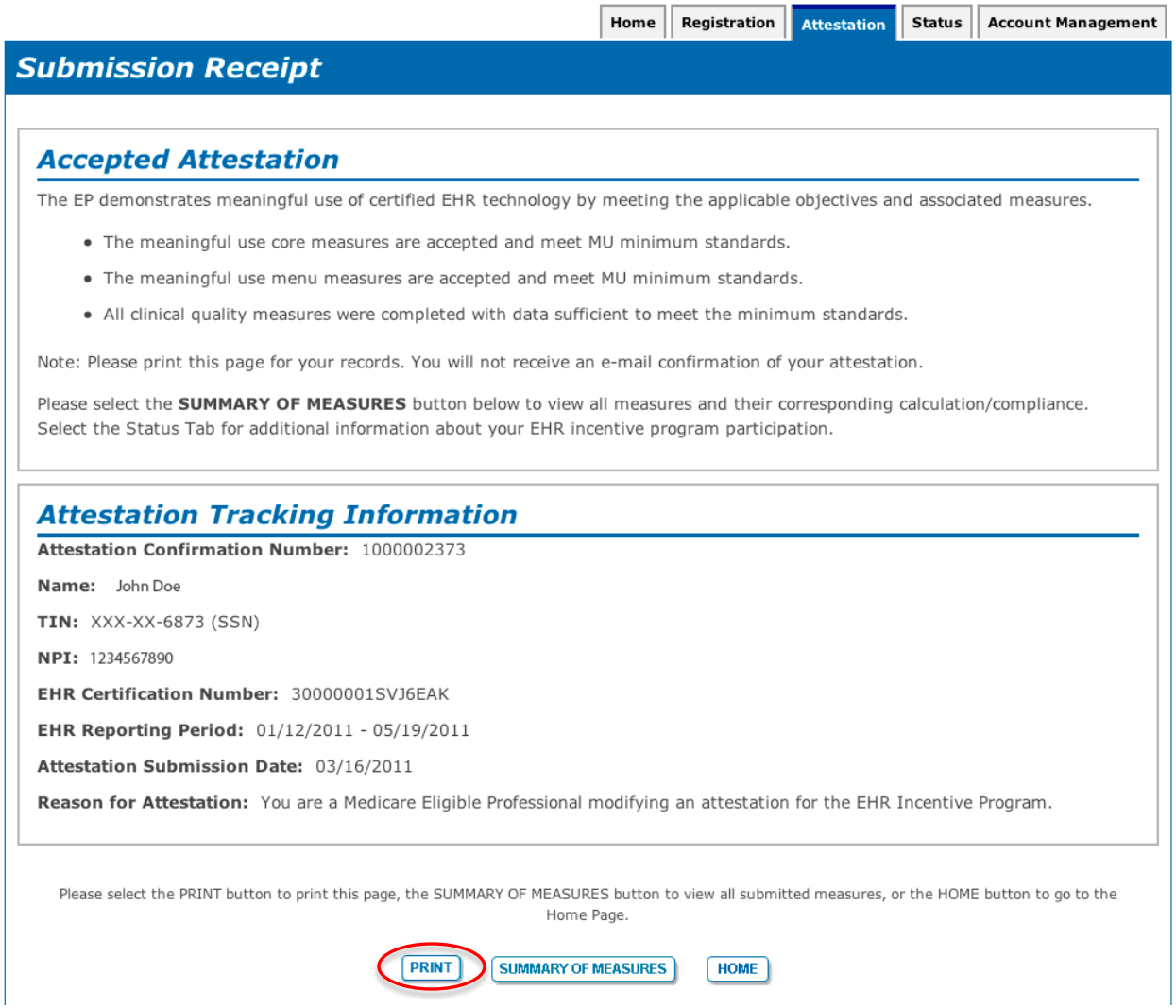
Check the box next to each statement to attest
Choose AGREE to complete your attestation

Attestation Disclaimer



Read the disclaimer and choose AGREE to continue your attestation

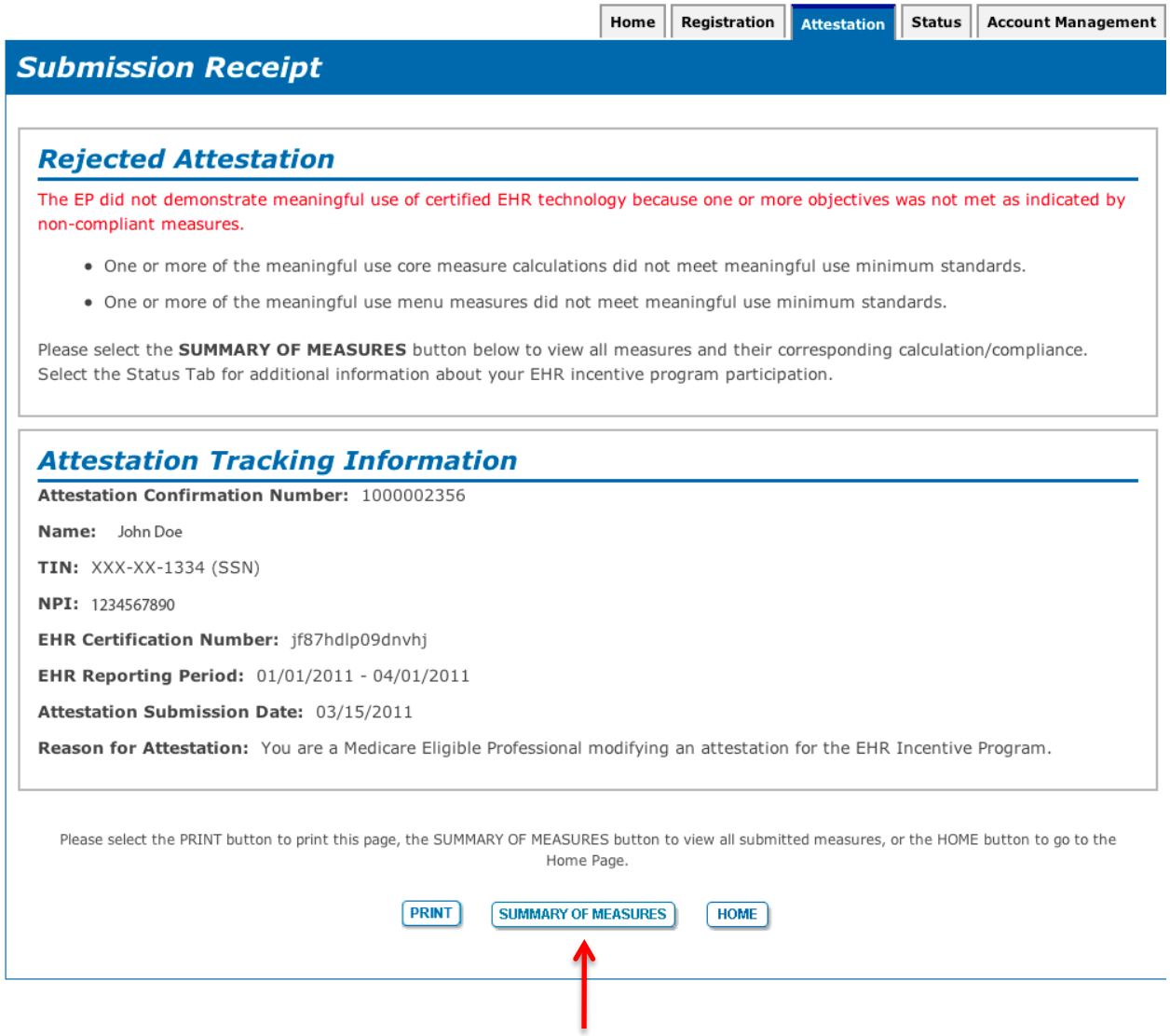
Submission Receipt



Print this page for your records

Your attestation is locked and cannot be edited

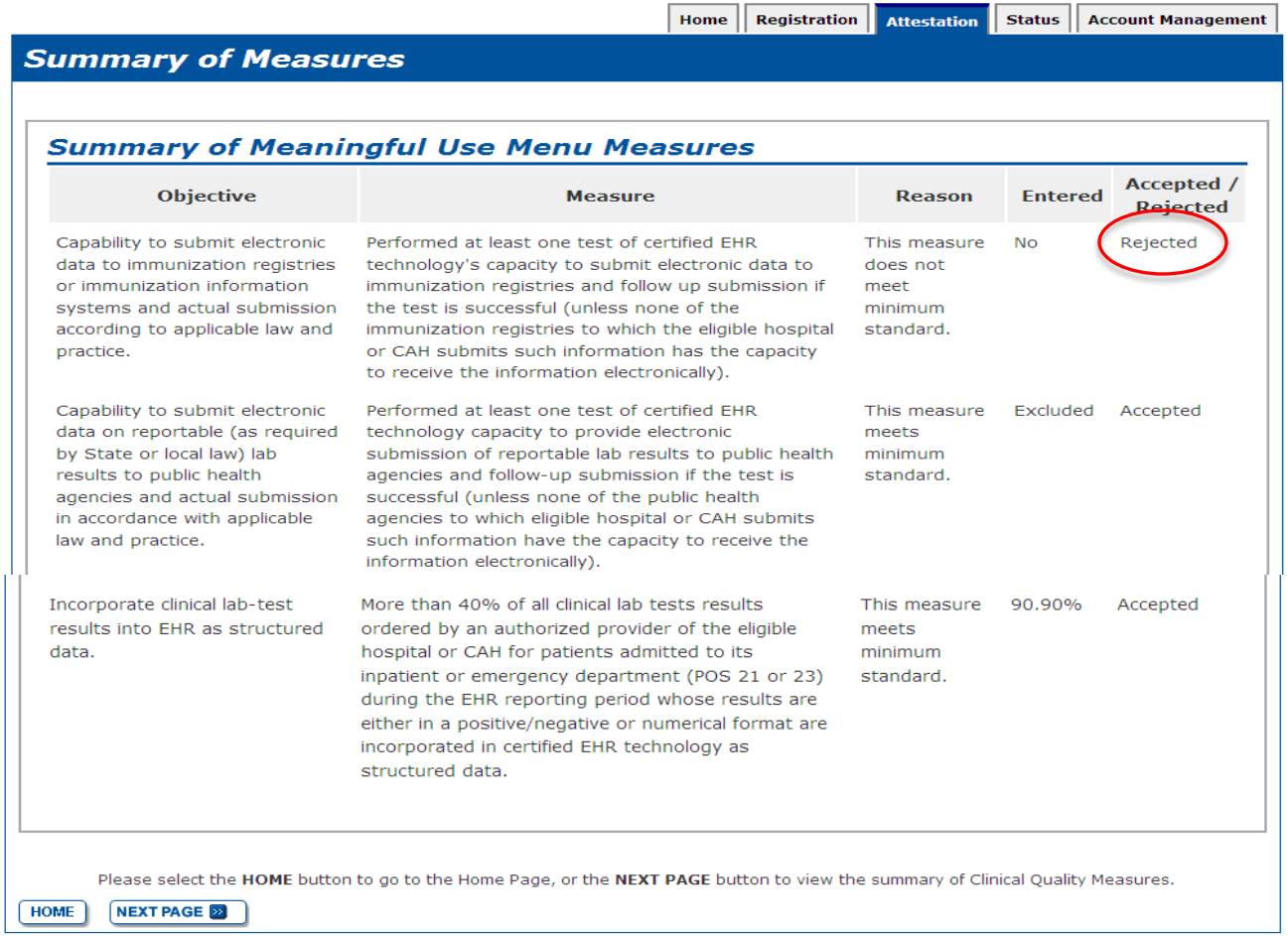
Rejected Attestation



You did not meet one or more of the meaningful use minimum standards

Choose SUMMARY OF MEASURES to review your entries

Summary of Measures
(rejected attestation)



Home | Registration | Attestation | Status | Account Management

Summary of Measures

Summary of Meaningful Use Menu Measures

Objective	Measure	Reason	Entered	Accepted / Rejected
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	This measure does not meet minimum standard.	No	Rejected
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	This measure meets minimum standard.	Excluded	Accepted
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	This measure meets minimum standard.	90.90%	Accepted

Please select the **HOME** button to go to the Home Page, or the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

HOME | NEXT PAGE

Rejected Attestation

Reassess/modify your practice so that you can meet the measure(s)

- Resubmit your attestation information again
- Re-submit new information

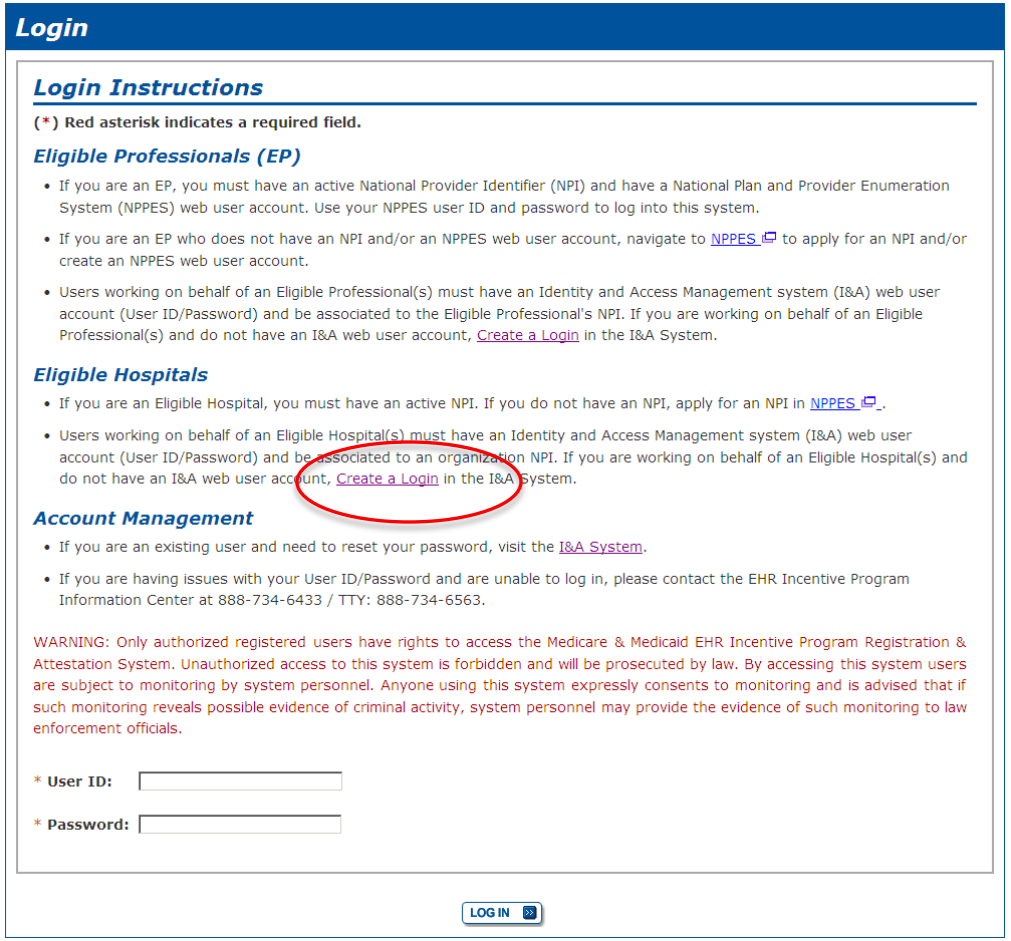
Review your documentation

- If an error is found correct and re-submit

You may submit an attestation for a different reporting period during the first payment year to successfully demonstrate meaningful use

- The 90-day reporting period can be a day later (example 03/01/11 through 05/31/11 versus 03/02/11 through 06/01/11). That will mean that the eligible professional will have to recalculate numerator and denominator information

Third Party Proxy Identification & Authentication System (I&A)



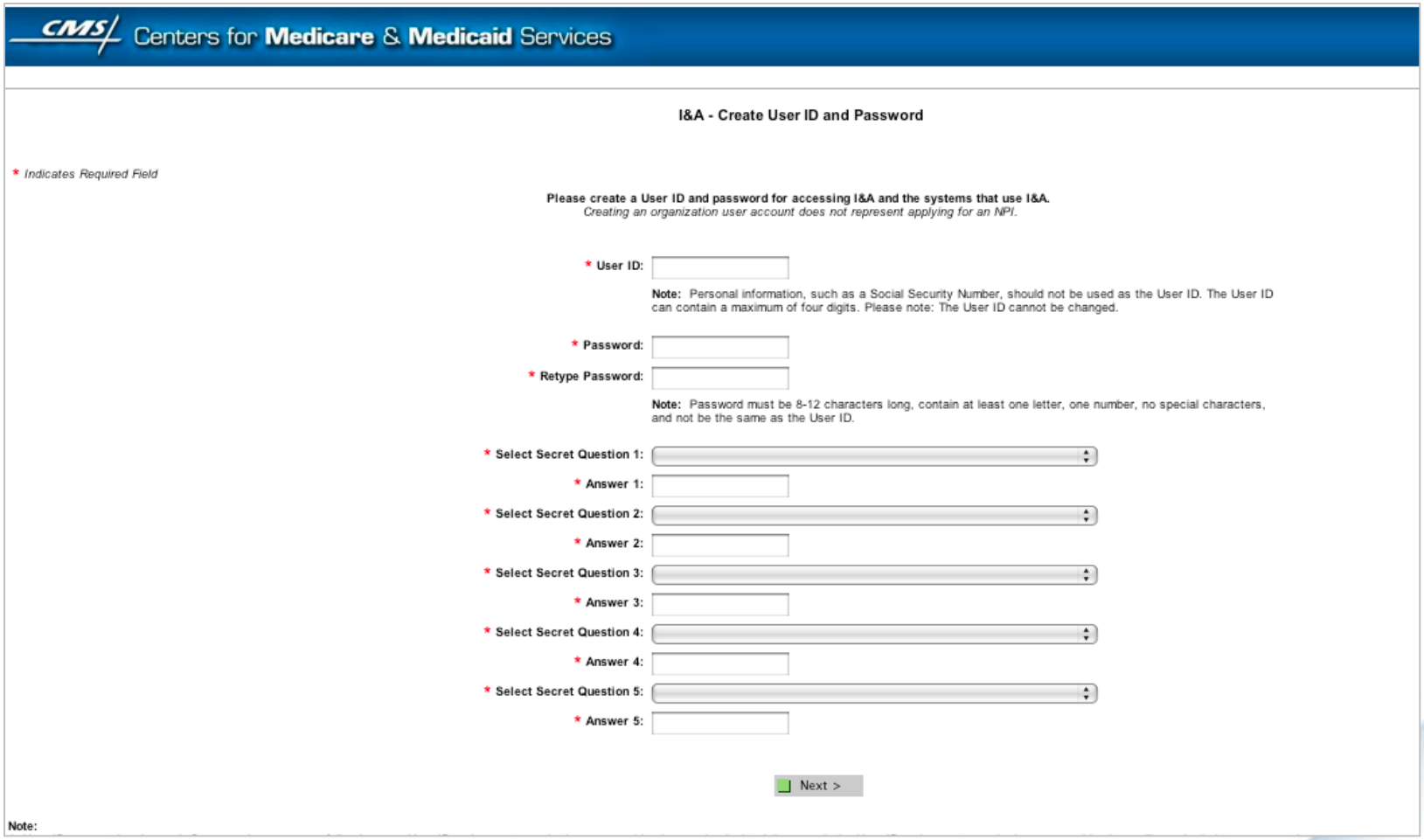
Users Working on Behalf of an Eligible Professional(s)

Click CREAT A LOGIN to obtain an I&A web user account

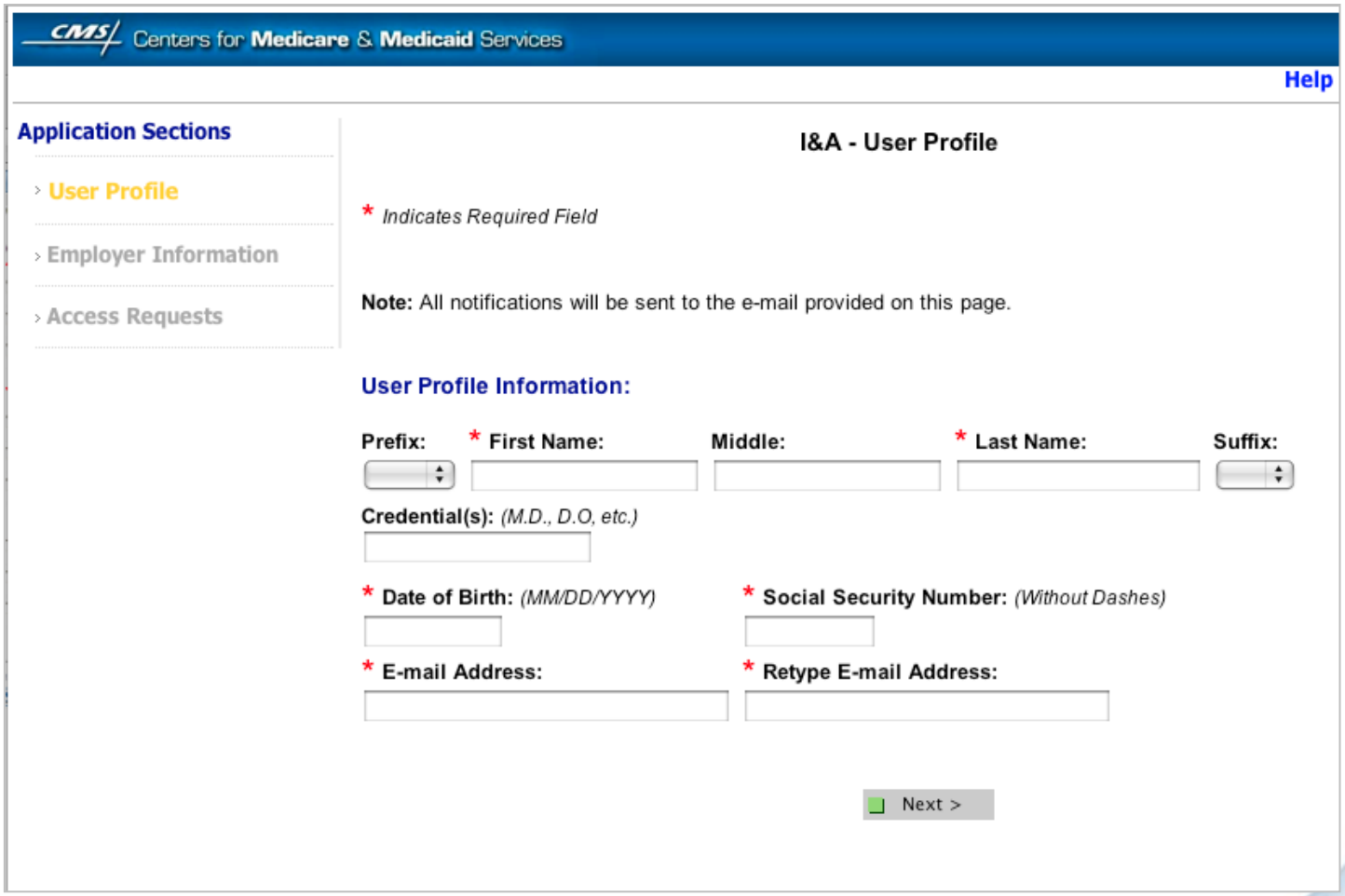
I&A Application Security Check

For help with the I&A System, contact
External User Services (EUS) Help Desk 1-866-484-8049 - TTY 1-866-523-4759
EUSSupport@cgi.com

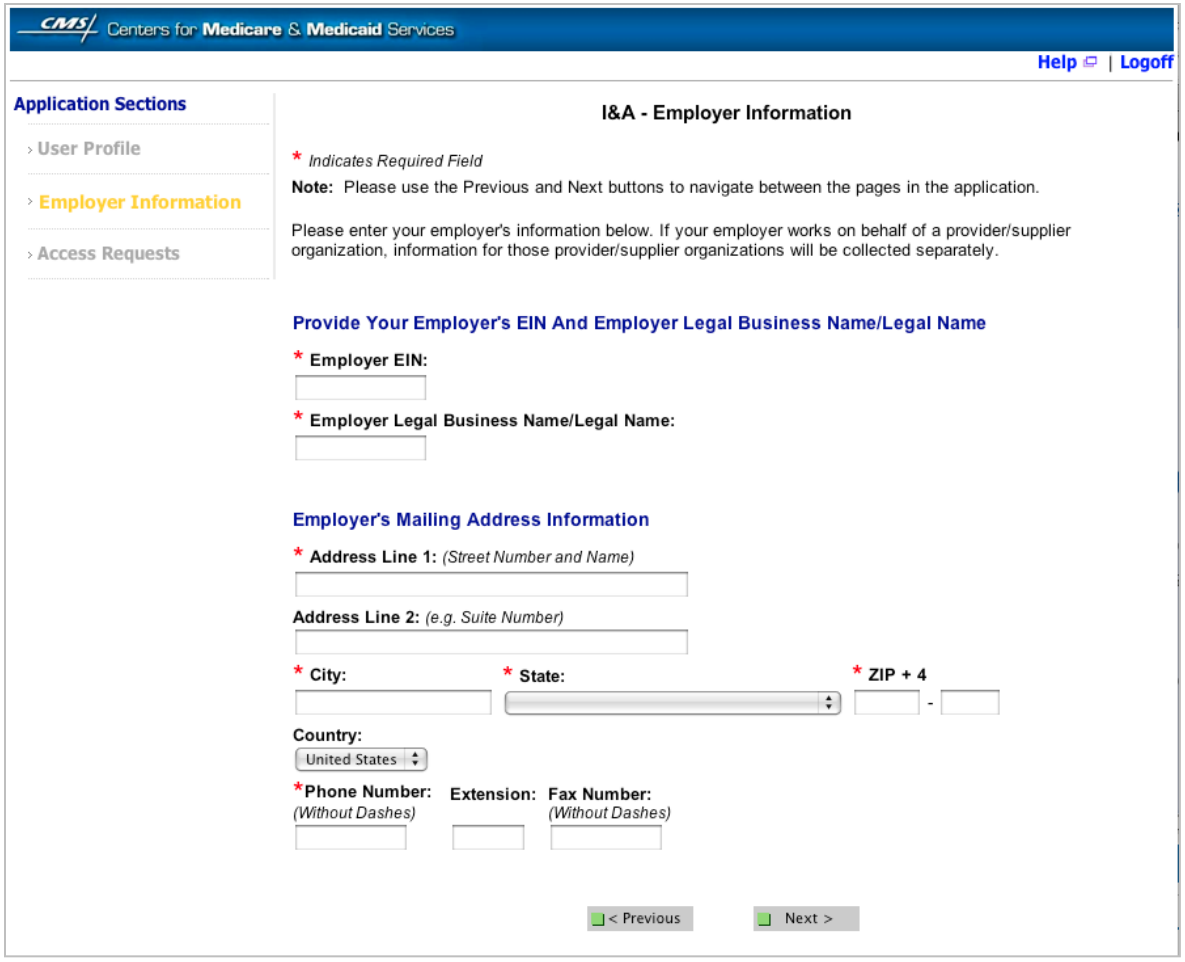
I&A Create User ID and Password



I&A User Profile

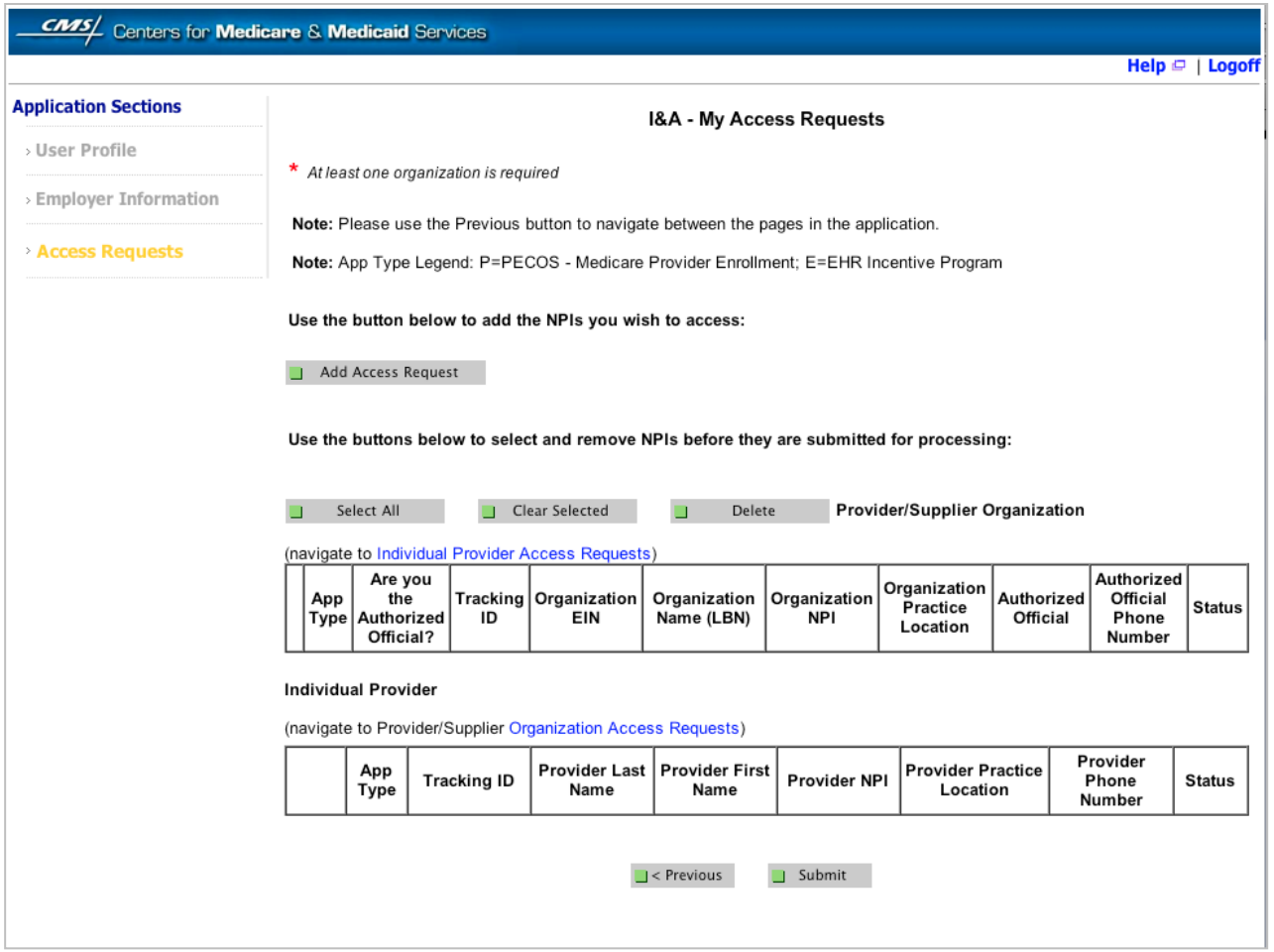


I&A Employer Information

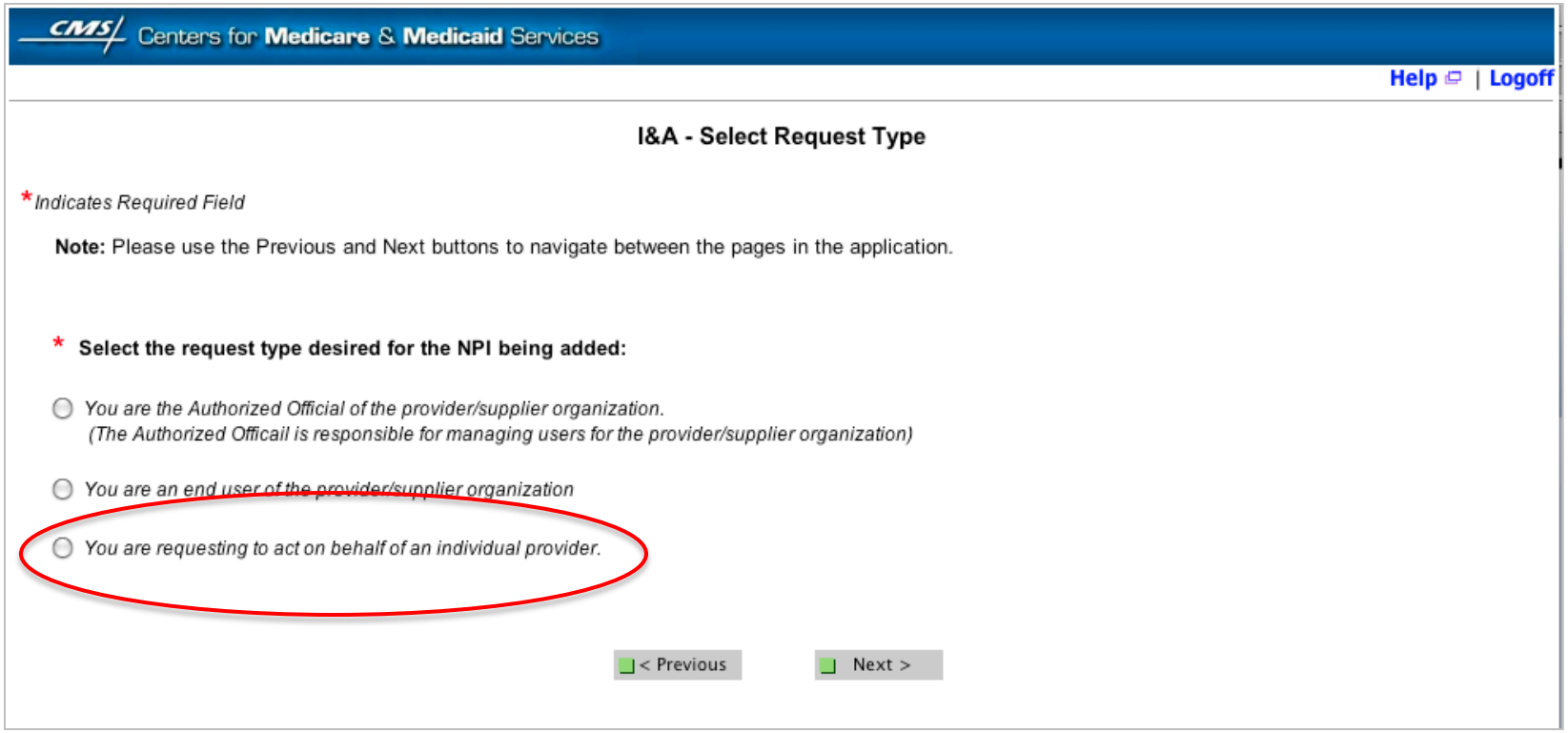


Provide your employer's EIN, legal business name and mailing address

I&A My Access Requests



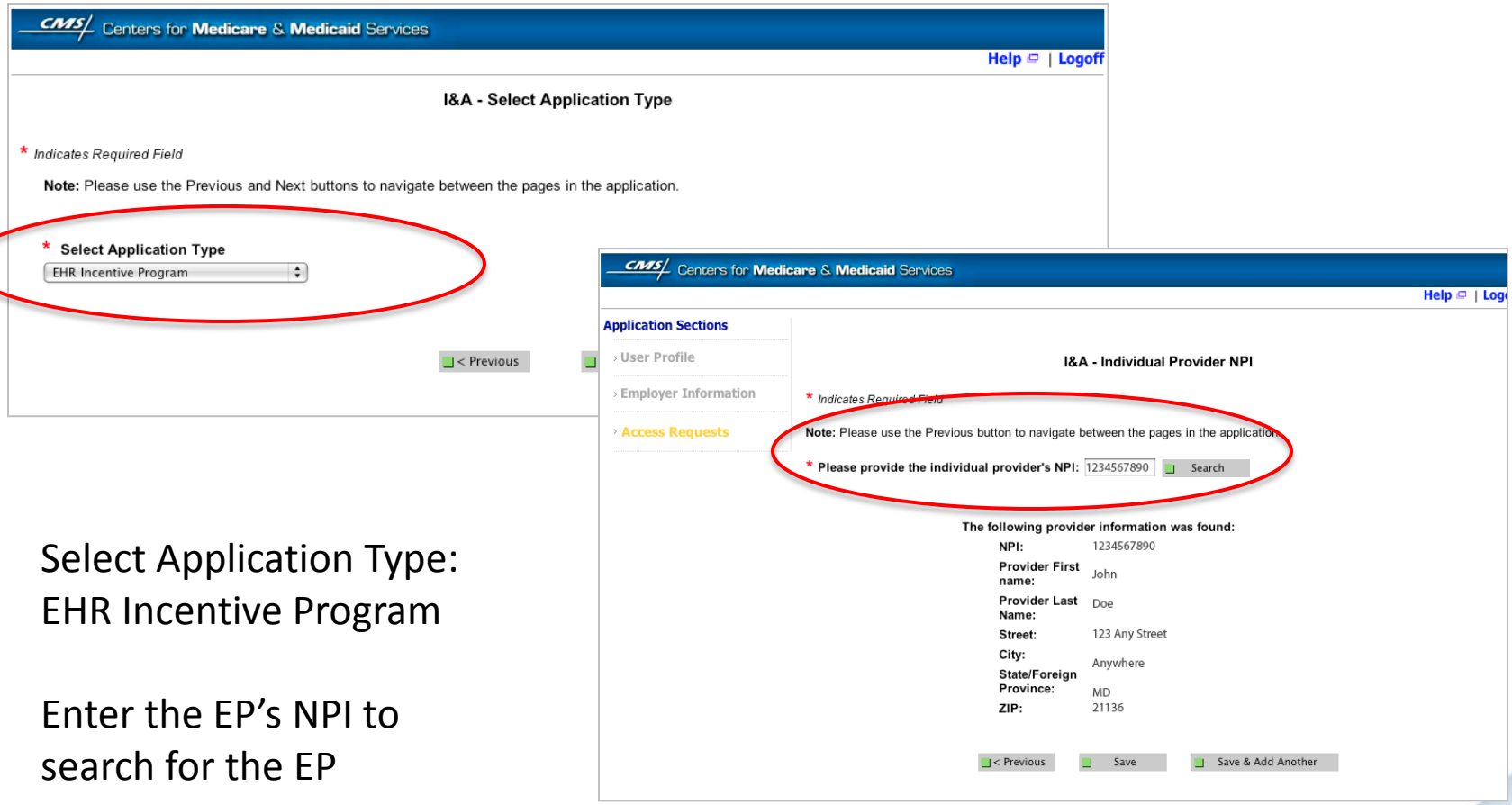
I&A Select Request Type



Select request type: 'you are requesting to act on behalf of an individual provider'

A proxy user may only register and attest for 300 eligible professionals

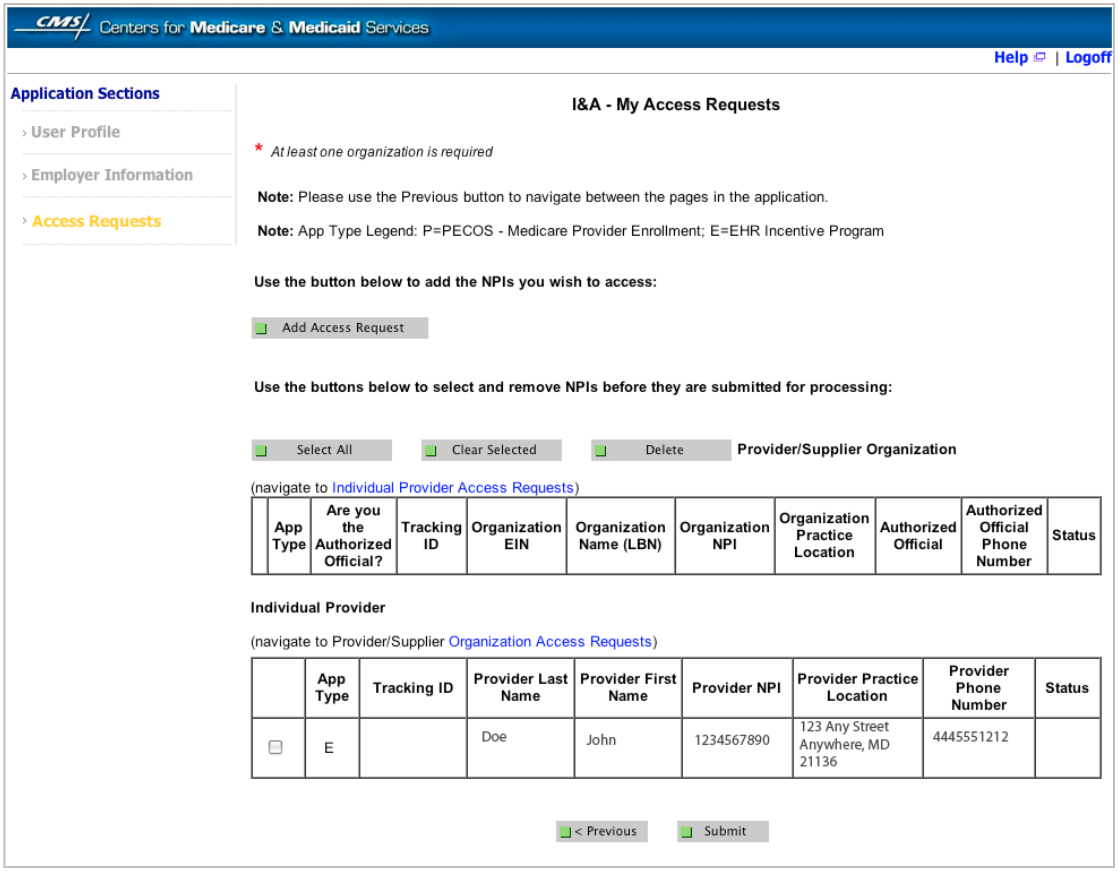
I&A Application Type and NPI



Select Application Type:
EHR Incentive Program

Enter the EP's NPI to search for the EP

I&A My Access Requests



The EP must log into the I&A system and approve your request

Notify the EP that you have requested access

At this time there is not an automated email notification of the I&A system

EP Path to Payment

- Make sure you are eligible for the Medicare or Medicaid EHR Incentive Program
- Get registered on the CMS website
- Adopt, implement or upgrade (Medicaid) or Meaningfully use (Medicare or Medicaid) certified Electronic Health Record (EHR) technology
- Obtain your EHR certification number from the Office of the National Coordinator for Health Information Technology (ONC) Certified HIT Product List (CHPL) website
- Complete attestation for CMS (Medicare) or State (Medicaid)

Helpful Resources

- CMS EHR Incentive Program website
  www.cms.gov/EHRIncentivePrograms
  - Frequently Asked Questions (FAQs)
  - Final Rule
  - Meaningful Use Attestation Calculator
  - Registration & Attestation User Guides
  - Listserv
- HHS Office of National Coordinator Health IT - certified EHR technology list
  http://healthit.hhs.gov/CHPL

Troubleshooting

EHR Information Center Help Desk
(888) 734-6433 / TTY: (888) 734-6563
Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones
(except on Federal holidays)

NPPES Help Desk for assistance.
Visit; https://nppes.cms.hhs.gov/NPPES/Welcome.do
(800) 465-3203 - TTY (800) 692-2326

PECOS Help Desk for assistance. Visit; https://pecos.cms.hhs.gov/
(866)484-8049 / TTY (866)523-4759

Identification & Authentication System (I&A) Help Desk for assistance, PECOS External User Services (EUS) Help Desk Phone: 1-866-484-8049 – TTY 1-866-523-4759
E-mail: EUSSupport@cgi.com

User Guides and Other Resources

Below are step-by-step guides to help you register for EHR Incentive Programs. Choose the guide that fits your needs:

- Registration User Guide for Eligible Professionals - Medicare Electronic Health Record (EHR) Incentive Program.
- Registration User Guide for Eligible Professionals - Medicaid Electronic Health Record (EHR) Incentive Program.
- Registration User Guide for Eligible Hospitals - Medicare and Medicaid Electronic Health Record (EHR) Incentive Program.
- Medicare and Medicaid EHR Incentive Program Webinar for Eligible Professionals - This tutorial video will provide Eligible Professionals with a step-by-step guide to help ensure the registration process is a success.
  - A transcript of this webinar is available.

Below are step-by-step Attestation User Guides to help you attest for the Medicare EHR Incentive Program. You can also use our Attestation Worksheet, Meaningful Use Attestation Calculator, and educational webinar to help you prepare for and complete the attestation process:

- Attestation User Guide for Eligible Hospitals
- Attestation User Guide for Medicare Eligible Professionals
- Meaningful Use Attestation Calculator (version 1)
- Electronic Specifications for clinical quality measures (CQM)

The Electronic Health Record (EHR) Information Center is open to assist the EHR Provider Community with inquiries.

1-888-734-6433. TTY users should call 1-888-734-6563.

EHR Information Center Hours of Operation: 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays.

Submit an Inquiry to the EHR Information Center

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Questions & Answers