

Wyoming



Provider User Manual

Medicaid EHR Incentive Program

4 April 2013
Version 3

Table of Contents

1	Background.....	1
2	Introduction	2
3	Eligibility	3
3.1	Out-of-State Providers	5
3.2	Establishing Patient Volume	5
3.2.1	Patient Encounters Methodology for Eligible Professionals	5
3.2.2	Definition of an Encounter for Eligible Professionals	5
3.2.3	Definition of a Needy Individual Encounter	6
3.2.4	Group practices	7
3.2.5	Patient Encounters Methodology for Eligible Hospitals.....	7
3.2.6	Definition of an Encounter for an Eligible Hospital	7
4	Payment Methodology for EPs	8
4.1	Payments for Eligible Professionals.....	8
5	Payment Methodology for Eligible Hospitals	10
6	Provider Registration	12
7	Provider Attestation Process and Validation	13
8	Incentive Payments.....	15
9	Program Integrity	15
9.1	Administrative Appeals.....	15
10	Registration (Eligible Professionals)	16
10.1	Eligible Provider Sign-in Screen.....	16
10.2	EP CMS/NLR Screen.....	17
10.3	Provider Eligibility Details Screen	18
10.3.1	Establishing Patient volume EP	19
10.4	Provider Service Locations Screen	20
10.4.1	Multiple Service Locations	21
10.4.2	Change / Delete an existing service location entry	21
10.5	Incentive Payment Calculation Screen	23
10.6	Documentation Upload Screen	23
10.7	EP Attestation Screen	24
11	Registration (Eligible Hospitals)	25
11.1	Eligible Hospital CMS/NLR Screen	25
11.2	Hospital Eligibility Details Screen.....	26
11.3	Eligibility Incentive Payment Calculations.....	28
11.4	Document Upload Screen	29
11.4.1	Documentation Required for EHR Attestation	29
11.5	EH Attestation Screen	30
12	View All Payment Years.....	31
13	Issues/Concerns Screen	32
14	Manual.....	33
15	Appeals Screen.....	34
16	Additional Resources	35
17	Send Email.....	36

1 Background

The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH), including critical access hospitals (CAHs), participating in Medicare and Medicaid programs that are meaningful users of certified Electronic Health Records (EHR) technology. The incentive payments are not reimbursements, but are intended to encourage EPs and EHs to adopt, implement, or upgrade certified EHR technology and use it in a meaningful manner.

Use of certified EHR systems is required to qualify for incentive payments. The Office of the National Coordinator for Health Information Technology (ONC) has issued rules defining certified EHR systems and has identified entities that may certify systems. More information about this process is available at <http://www.healthit.hhs.gov>

Goals for the national program include: 1) enhance care coordination and patient safety; 2) reduce paperwork and improve efficiencies; 3) facilitate electronic information sharing across providers, payers, and state lines; and 4) enable data sharing using state Health Information Exchange (HIE) and the National Health Information Network (NHIN). Achieving these goals will improve health outcomes, facilitate access, simplify care and reduce costs of health care nationwide.

The Wyoming Medicaid will work closely with federal and state partners to ensure that the Wyoming Medicaid EHR Incentive Program fits into the overall strategic plan for the Wyoming Health Information Exchange, thereby advancing national and state goals for HIE.

Both EPs and EHs are required to begin by registering at the national level with the Medicare and Medicaid registration and attestation system (also referred to as the NLR). CMS' official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>. The site provides general and detailed information on the programs which includes tabs on the path to payment, eligibility, meaningful use, certified EHR technology, and frequently asked questions.

2 Introduction

The Wyoming Medicaid Electronic Health Record (EHR) Incentive Program will provide incentive payments to EP's, EH's and CAH's as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

Background information and registration procedures follow, **but if you are ready to start your EHR registration, please see 'Registration for Eligible Providers' on page 13 and 'Registration for Eligible Hospitals' on page 18.**

Resources:

- 42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record
- Incentive Program Final Rule located at <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>
- Wyoming Medicaid EHR Application Portal located at <http://wyslr.health.wyo.gov>
- Medicare and Medicaid Electronic Health Records (EHR) Incentive Program located at <http://www.cms.gov/EHRIncentivePrograms/>
- Office of the National Coordinator for Health Information Technology located at http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_govhome/1204

A Regional Extension Centers (RECs) has been designated to provide technical assistance to Wyoming EH's and EP's. The RECs provide a full range of assistance related to EHR selection and training and are listed below:

Wyoming Regional Extension Center

Website:

http://www.mpghf.com/index.php?option=com_content&view=article&id=212&Itemid=211

PO Box 2242

Glenrock, WY 82637

Phone: 307-436-8733 or 877-810-6248

Fax: 307-637-8163

Revisions

- Original 6/29/2011
- Version One 11/11/2011
- Version Two 2/8/2012
- Version Three 4/4/2013

3 Eligibility

While EPs can begin the program in Calendar Year (CY) 2011, they must begin the program no later than CY 2016, and EHs must begin by Federal Fiscal year (FFY) 2016.

The first tier of provider eligibility for the Wyoming Medicaid EHR Incentive Program is based on provider type and specialty. If the provider type and specialty submitted for the provider in the WY MMIS provider data store does not correspond to the provider types and specialties approved for participation in the Wyoming Medicaid EHR Incentive Program the provider will receive an error message with a disqualification statement.

At this time, CMS has determined that the following providers and hospitals are potentially eligible to enroll in the Wyoming Medicaid EHR Incentive Program:

- Physicians = 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.

Additional Requirements for the EP

To qualify for an EHR incentive payment each year the EP seeks the incentive payment, the EP must not be hospital-based and must:

1. Meet one of the following patient volume criteria:
 - a. Beginning in program year 2013 patient volume counts must be from at least one service location that has certified EHR technology.
 - b. Have a minimum 30 percent patient volume attributable to individuals receiving Medicaid funded services (Please note beginning in program year 2013 this changed to have a minimum 30 percent patient volume attributable to individuals *enrolled in a Medicaid program*)
 - c. Have a minimum 20 percent patient volume attributable to individuals receiving Medicaid funded services, **and** be a pediatrician (Please note beginning in program year 2013 have a minimum 20 percent patient volume attributable to individuals *enrolled in a Medicaid program* and be a pediatrician); **or**
 - d. Practice predominantly in a FQHC or RHC and have a minimum 30 percent patient volume attributable to needy individuals.
2. Have no sanctions and/or exclusions.

An individual EP may choose to receive the incentive him/herself or assign it to a Medicaid contracted clinic or group to which they are associated. The tax identification number (TIN) of the individual or entity receiving the incentive payment is required when registering with the National Level Registry (NLR) and must match a TIN linked to the individual provider in Wyoming EHR Incentive system.

Additional Requirements for the EH

To qualify for an EHR incentive payment the EH must be an acute care hospital (includes CAHs) with at least 10 percent Medicaid patient volume for each year the hospital seeks an EHR incentive payment. Children’s Hospitals are excluded from this requirement.

Providers that are hospital-based are not eligible for the EHR incentive program, but beginning in program year 2013 CMS established an exclusion for hospital based providers. An EP who meets the definition of hospital-based EP specified in § 495.4 but who can demonstrate to CMS that the EP funds the acquisition, implementation, and maintenance of Certified EHR Technology, including supporting hardware and interfaces needed for meaningful use without reimbursement from an eligible hospital or CAH, and uses such Certified EHR Technology in the inpatient or emergency department of a hospital (instead of the hospital's Certified EHR Technology), may be determined by CMS to be a nonhospital-based EP and can receive incentive payments.

Note also that some provider type’s eligible for the Medicare program, such as podiatrists, chiropractors and optometrists, are not currently eligible for the Wyoming Medicaid EHR Incentive Program. Wyoming Medicaid does not include optometrists because they do not meet the Wyoming State Plan for Medicaid Services definition of Physician Services ("Physician services include physicians, certified pediatric and family nurse practitioners, nurse midwives, FQHCs, RHCs and physician assistants.") Optometrists are also excluded from the definition of "Physician" in the Social Security Act.

Qualifying Providers by Type and Patient Volume

Program Entity	Percent Patient Volume over Minimum 90-days	
Physicians	30%	Or the Medicaid EP practices predominantly in an FQHC or RHC -30% "needy individual" patient volume threshold
Pediatricians	20%	
Dentists	30%	
Physician Assistants when practicing at an FQHC/RHC led by a physician	30%	
Nurse Practitioner	30%	
Acute care hospital	10%	Children’s Hospitals are excluded

3.1 Out-of-State Providers

The Wyoming Medicaid EHR Incentive Program welcomes any out-of-state provider to participate in this program as long as at least 50% of the EP's patient encounters during the EHR reporting period occurred at a practice/location equipped with certified EHR technology. Wyoming must be the only state they are requesting an incentive payment from during that participation year. Out-of-state providers, for audit purposes, must make available any and all records, claims data, and other data pertinent to an audit by either the Wyoming program or CMS. Records must be maintained as applicable by law in the state of practice or Wyoming, whichever is deemed longer.

3.2 Establishing Patient Volume

A Wyoming Medicaid provider must meet the annual patient volume requirements of the Wyoming's Medicaid EHR Incentive Program which are established through the states CMS approved State Medicaid Health IT Plan (SMHP). The patient funding source identifies who can be counted in the patient volume: Medicaid and CHIP. All EPs (except EPs predominantly practicing in an FQHC/RHC) will calculate patient volume based on Medicaid and out-of-state Medicaid patients. The EHR statute allows for an EP practicing predominantly in an FQHC or RHC to also consider CHIP patients under their needy individual patient volume requirements.

3.2.1 Patient Encounters Methodology for Eligible Professionals

EPs (except those practicing predominantly in an FQHC/RHC) - to calculate Medicaid patient volume, an EP must divide:

- ✓ The total Medicaid and/or out-of-state Medicaid patient encounters in any representative, continuous 90-day period in the preceding calendar year; by
- ✓ The total patient encounters in the same 90-day period.

EPs Practicing Predominantly in an FQHC/RHC - to calculate needy individual patient volume, an EP must divide:

- ✓ The total needy individual patient encounters in any representative, continuous 90-day period in the preceding calendar year; by
- ✓ The total patient encounters in the same 90-day period.

3.2.2 Definition of an Encounter for Eligible Professionals

For purposes of calculating EP patient volume, an encounter is defined as services rendered on any one day to an individual where Wyoming or another State's Medicaid program paid for:

- Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service;
- Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments, and/or cost-sharing

Beginning in program year 2013 the definition of an Eligible Professional Encounter was updated to be the following:

For purposes of calculating EP patient volume, a Medicaid encounter means services rendered to an individual on any one day where:

- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for part or all of the service;
- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, and cost-sharing;
- The individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under section 1115 of the Act) at the time the billable service was provided

3.2.3 Definition of a Needy Individual Encounter

For purposes of calculating patient volume for an EP practicing predominantly in an FQHC/RHC, a needy individual encounter is defined as services rendered on any one day to an individual where medical services were:

- Services rendered on any one day to an individual where Medicaid, CHIP, or an Medicaid or CHIP demonstration project under section 1115 of the Act paid for part or all of the service;
- Services rendered on any one day to an individual where Medicaid, CHIP, or an Medicaid or CHIP demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments, and/or cost sharing; or
- Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

Beginning in program year 2013 the definition of a needy individual encounter was updated to be the following:

For purposes of calculating EP patient volume, a needy patient encounter means services rendered to an individual on any 1 day if any of the following occur:

- Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid for part or all of the service;
- Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, or cost-sharing;
- The individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under section 1115 of the Act) at the time the billable service was provided; **or**
- The services were furnished at no cost (excluding bad debt) or the services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.

3.2.4 Group practices

Clinics or group practices will be permitted to calculate patient volume at the group practice/clinic level, but only in accordance with all of the following limitations:

- The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP;
- There is an auditable data source to support the clinic's or group practice's patient volume determination;
- All EPs in the group practice or clinic must use the same methodology for the payment year;
- The clinic or group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way; and
- If an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP's outside encounters.

3.2.5 Patient Encounters Methodology for Eligible Hospitals

To calculate patient volume, an EH must divide:

- The total WY and out-of-state Medicaid discharges and Medicaid emergency room visits in any representative 90-day period in the preceding fiscal year by:
- Total number of for all discharges in a 90-day period (even if some of those days preceded the 90-day range) plus total number of emergency department visits in the same 90-day period.
 - An emergency department must be part of the hospital.

3.2.6 Definition of an Encounter for an Eligible Hospital

For purposes of calculating eligible hospital patient volume, a Medicaid encounter is defined as services rendered to an individual 1) per inpatient discharge, or 2) on any one day in the emergency room where Wyoming Medicaid or another state's Medicaid program paid for:

- Part or all of the service;
- Part or all of their premiums, co-payments, and/or cost-sharing;

Beginning for Program Year 2013, for purposes of calculating eligible hospital patient volume, A Medicaid encounter means services rendered to an individual per inpatient discharge or rendered in emergency room department on any 1 day when any of the following occur:

- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for part or all of the service.
- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, and/or cost-sharing.
- The individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under section 1115 of the Act) at the time the billable service was provided.

4 Payment Methodology for EPs

The maximum incentive payment an EP could receive from Wyoming Medicaid equals \$63,750, over a period of six years, or \$42,500 for pediatricians with a 20-29 percent DMS patient volume as shown below.

Provider	EP	EP-Pediatrician
Patient Volume	30 Percent	20-29 Percent
Year 1	\$21,250	\$14,167
Year 2	8,500	5,667
Year 3	8,500	5,667
Year 4	8,500	5,667
Year 5	8,500	5,667
Year 6	8,500	5,667
Total Incentive Payment	\$63,750	\$42,500

Since pediatricians are qualified to participate in the Wyoming Medicaid EHR incentive program as physicians, and therefore classified as EPs, they may qualify to receive the full incentive if the pediatrician can demonstrate that they meet the minimum 30 percent Medicaid patient volume requirements.

4.1 Payments for Eligible Professionals

EP payments will be made in alignment with the calendar year and an EP must begin receiving incentive payments no later than CY 2016. EPs will assign the incentive payments to a tax ID (TIN) in the CMS EHR Registration and Attestation National Level Repository (NLR). The TIN must be associated in the Wyoming MMIS system with either the EP him/herself or a group or clinic with whom the EP is affiliated. EPs who assign payment to themselves (and not a group or clinic) will be required to provide Wyoming Medicaid with updated information. Each EP must have a current Wyoming Medicaid contract and be contracted for at least 90 days.

The Wyoming Medicaid EHR Incentive program does **not** include a future reimbursement rate reduction for non-participating Medicaid providers. (Medicare requires providers to implement and meaningfully use certified EHR technology by 2015 to avoid a Medicare reimbursement rate reduction.) For each year a provider wishes to receive a Medicaid incentive payment, determination must be made that he/she was a meaningful user of EHR technology during that year. Medicaid EPs are not required to participate on a consecutive annual basis, however, the last year an EP may begin receiving payments is 2016, and the last year the EP can receive payments is 2021.

Currently, all providers are required to submit a valid NPI as a condition of Wyoming Medicaid provider enrollment. Each EP or EH will be enrolled as a Medicaid provider and will therefore, without any change in process or system modification, meet the requirement to receive an NPI. Wyoming Medicaid performs a manual NPPES search to validate NPIs during the enrollment process.

In the event Wyoming Medicaid determines money has been paid inappropriately, incentive funds will be recouped and refunded to CMS.

The timeline for receiving incentive payments is illustrated below:

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

5 Payment Methodology for Eligible Hospitals

Statutory parameters placed on Wyoming Medicaid incentive payments to hospitals are largely based on the methodology applied to Medicare incentive payments. The specifications described in this section are limits to which all states must adhere to when developing aggregate EHR hospital incentive amounts for Medicaid-eligible hospitals. States will calculate hospital aggregate EHR hospital incentive amounts on the FY to align with hospitals participating in the Medicare EHR incentive program.

Acute care hospitals may be paid up to 100 percent of an aggregate EHR hospital incentive amount provided over a three-year period. Section 1905(t) (5) (D) requires that no payments can be made to hospitals after 2016 unless the provider has been paid a payment in the previous year; thus, while Medicaid EPs are afforded flexibility to receive payments on a non-consecutive, annual basis, hospitals receiving a Medicaid incentive payment must receive payments on a consecutive, annual basis after the year 2016. The aggregate EHR hospital incentive amount is calculated using an overall EHR amount multiplied by the Medicaid share.

Wyoming is responsible for using auditable data sources to calculate Medicaid aggregate EHR hospital incentive amounts, as well as determining Wyoming Medicaid incentive payments to those providers. Auditable data sources include:

- Providers' Medicare cost reports;
- State-specific Medicaid cost reports;
- Payment and utilization information from the Wyoming MMIS (or other automated claims processing systems or information retrieval systems); and
- Hospital financial statements and hospital accounting records.

The Wyoming Medicaid EHR Incentive Program hospital aggregate incentive amount calculation will use the equation outlined in the proposed rule, as follows:

Where: _____

Overall EHR Amount = {Sum over 4 year of [(Base Amount plus Discharge Related Amount Applicable for Each Year) times Transition Factor Applicable for Each Year]}

Medicaid Share = {(Medicaid inpatient-bed-days divided by [(total inpatient-bed days) times (estimated total charges minus charity care charges) divided by (estimated total charges)]}

Wyoming intends to pay the aggregate hospital incentive payment amount over a period of three annual payments, contingent on the hospital's annual attestations and registrations for the annual Wyoming Medicaid payments. The reason for this approach is that most of Wyoming's numerous rural hospitals operate on a very thin margin and need the money as soon as possible to offset their EHR system costs.

In the first year, if all conditions for payment are met, 50 percent of the aggregate amount will be paid to the EH. In the second year, if all conditions for payment are met, 40 percent of the aggregate amount will be paid to the EH. In the third year, if all conditions for payment are met, 10 percent of the aggregate amount will be paid to the EH.

The last year that a hospital may begin receiving Medicaid incentive payments is FY 2016. States must make payments over a minimum of three years. Additionally, in any given payment year, no annual Medicaid incentive payment to a hospital may exceed 50 percent of the hospital's aggregate incentive payment. Likewise, over a two-year period, no Medicaid payment to a hospital may exceed 90 percent of the aggregate incentive.

6 Provider Registration

Both EPs and EHs are required to begin by registering at the national level with the Medicare and Medicaid registration and attestation system (also referred to as the NLR). CMS' official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>. Providers must provide their name, NPI, business address, phone number, tax payer ID number (TIN) of the entity receiving the payment and hospitals must provide their CCN. EPs may choose to receive the incentive payment themselves or assign them to a clinic or group to which they belong.

EPs must select between Medicare and Medicaid's incentive program (a provider may switch from one to the other once during the incentive program prior to 2015). If Medicaid is selected, the provider must choose only one state (EPs may switch states annually). Providers must revisit the NLR to make any changes to their information and/or choices, such as changing the program from which they want to receive their incentive payment. After the initial registration, the provider does not need to return to the NLR before seeking annual payments unless information needs to be updated. EHs seeking payment from both Medicare and Medicaid will be required to visit the NLR annually to attest to meaningful use before returning to the Wyoming SLR system to attest for Wyoming's Medicaid EHR Incentive Program. Wyoming Medicaid will assume meaningful use is met for hospitals deemed so for payment from the Medicare EHR Incentive Program.

The NLR will assign the provider a CMS Registration Number and electronically notify Wyoming Medicaid of a provider's choice to access Wyoming's Medicaid EHR Incentive Program for payment. The CMS Registration Number will be needed to complete the attestation in the Wyoming SLR system.

On receipt of NLR Registration transactions from CMS, two basic validations take place at the state level: 1) validate the NPI in the transaction is on file in the MMIS system, and 2) validate that the provider is a provider with the Wyoming Medicaid. If either of these conditions are not met, a message will be automatically sent back to the CMS NLR indicating the provider is not eligible. Providers may check back at the NLR level to determine if the registration has been accepted.

Once payment is disbursed to the eligible TIN, NLR will be notified by Wyoming Medicaid that a payment has been made.

7 Provider Attestation Process and Validation

Wyoming Medicaid will utilize the secure Wyoming SLR system to house the attestation system. The link will only be visible to providers whose type in the MMIS system matches an EHR incentive eligible provider category. If an eligible provider registers at the NLR and does not receive the link to the attestation system within two business days, assistance will be available by contacting the Wyoming Medicaid Electronic Health Record Incentive Program office.

Following is a description by eligible provider type of the information that a provider will have to report or attest to during the process.

Eligible Professional

1. After registering for the incentive program with the CMS EHR Registration and Attestation National Level Repository (NLR) (at <http://www.cms.gov/EHRIncentivePrograms/>), the EP will be asked to provide their NPI and CMS-assigned Registration Identifier.
2. The EP will then be asked to view the information that will be displayed with the pre-populated data received from the NLR (if the provider entry does not match, an error message with instructions will be returned).
3. EPs will then enter two categories of data to complete the Eligibility Provider Details screen including 1) patient volume characteristics and 2) EHR details.
4. The EP will be asked to attest to:
 - Assigning the incentive payment to a specific TIN (only asked if applicable); provider and TIN to which the payment was assigned at the NLR will be displayed
 - Not working as a hospital based professional (this will be verified by Wyoming Medicaid through claims analysis)*
 - Not applying for an incentive payment from another state or Medicare
 - Not applying for an incentive payment under another Wyoming Medicaid ID; and
 - Adoption, implementation or upgrade of certified EHR technology.
5. The EP will be asked to electronically sign the amendment.
 - The provider enters his/her initials and NPI on the Attestation Screen

***Please note** – Beginning in 2013 CMS established an exclusion for hospital based providers. An EP who meets the definition of hospital-based EP specified in § 495.4 but who can demonstrate to CMS that the EP funds the acquisition, implementation, and maintenance of Certified EHR Technology, including supporting hardware and interfaces needed for meaningful use without reimbursement from an eligible hospital or CAH, and uses such Certified EHR Technology in the inpatient or emergency department of a hospital (instead of the hospital's Certified EHR Technology), may be determined by CMS to be a nonhospital-based EP.

Eligible Hospital

1. After registering for the incentive program with the CMS EHR Registration and Attestation National Level Repository (NLR) at <http://www.cms.gov/EHRIncentivePrograms/> the EH will be asked provide:
 - Completed patient volume information on the Wyoming SLR Web site;
 - Completed Hospital EHR Incentive Payment Worksheet;
 - Certification number for the ONC-ATCB certified EHR system (or numbers if obtained in modules)
2. The EH will be asked to attest to:
 - Adoption, implementation or upgrade of certified EHR technology or meaningful use;
 - Not receiving a Medicaid incentive payment from another state
3. The EH will be asked to electronically sign the amendment;
 - The provider enters his/her initials and NPI on the Attestation Screen

Once the electronic attestation is submitted by a qualifying provider and appropriate documentation provided, Wyoming Medicaid will conduct a review which will include cross-checking for potential duplication payment requests, checking provider exclusion lists, and verifying supporting documentation.

The attestation itself will be electronic and will require the EP or EH to attest to meeting all requirements defined in the federal regulations. Some documentation will have to be provided to support specific elements of attestation. All providers will be required to submit supporting documentation for patient volume claimed in the attestation. More information on documentation will be provided in the attestation system.

During the first year of the program, EPs will only be able to attest to adopting, implementing or upgrading to certified EHR technology. Documentation is requested at the time of attestation is to ensure the system and version of EHR technology has been certified by ONC (the Certified Health IT Product List can be located at ONC's website at www.healthit.hhs.gov).

All providers will be required to attest to meeting meaningful use to receive incentive payments after the first year.

8 Incentive Payments

Wyoming Medicaid plans to use the Supplemental Payment functionality in the Wyoming WOLFS system to set up financial transactions for incentive payments. Providers will need to ensure they are enrolled in this system, in order to receive payments. Specific accounting codes will also be required for the transactions to enable Wyoming Medicaid to report the funds in the CMS-64 report. Different codes will be needed for each payment year.

Wyoming will ensure all reporting requirements and modifications are made to correct report expenditures, attestation information, and approval information. Wyoming Medicaid will also make the necessary changes to the CMS-64 reporting process to add the additional line item payment and administrative information.

Upon completion of the attestation process, including submission of the electronic attestation, receipt of required documentation, and validation by Wyoming Medicaid, an incentive payment can be approved.

9 Program Integrity

Wyoming Medicaid will be conducting regular reviews of attestations and incentive payments. These reviews will be selected as part of the current audit selection process, including risk assessment, receipt of a complaint or incorporation into reviews selected for other objectives. Providers should be sure to keep their supporting documentation.

9.1 Administrative Appeals

You may appeal the determination made by the Wyoming Department for Medicaid services on your incentive payment application. Please send a Formal Letter of Appeal to the address below, within 30 days of the determination date of notification. This formal written notification must include a detailed explanation of why the EP or EH deems a wrong determination made by the Wyoming Medicaid EHR Incentive Program. Any supporting documentation to the appeal should be included with the Letter of Appeal.

Division of Program Integrity
Department for Medicaid Services
6101 Yellowstone, Suite 210
Cheyenne, WY 82002

10 Registration (Eligible Professionals)

Eligible professionals (EPs) will be required to provide details including patient volume characteristics, EHR details, upload requested documentation, and an electronic signature of the attestation (more details follow in this manual).

After registering with the National Level Registry (NLR) at <http://www.cms.gov/EHRIncentivePrograms> the provider then begins the Wyoming Medicaid EHR Incentive Program registration process by accessing the Wyoming SLR system at <http://wyslr.health.wyo.gov> (Sign-in screen shown below).

10.1 Eligible Provider Sign-in Screen

Wyoming.gov | Citizen | Business | Government

Wyoming Department of Health
Healthcare Financing

WY MEDICAID EHR INCENTIVE PAYMENTS

WY Medicaid EHR Incentive Program

User Manual
CMS EHR Site
WY Medicaid EHR Site

In order to receive EHR incentive payments from Wyoming Medicaid, you first have to register at the [CMS Web Site](#). After about 24 hours of successfully registering at the CMS level you should be able to complete your application on this site.

Please enter your NPI

Please enter the CMS assigned Registration Identifier

[Contact Us](#) | [Site Map](#)
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The provider will enter the NPI registered on the NLR and the CMS-assigned Registration Identifier that was returned by the NLR. If the data submitted by the provider matches the data received from the NLR, the CMS/NLR Provider Demographics Screen will display with the pre-populated data received from the NLR. If the provider entry does not match, an error message with instructions will be returned.

10.2 EP CMS/NLR Screen


Wyoming Department of Health
Healthcare Financing

WY MEDICAID EHR INCENTIVE PAYMENTS

CMS/NLR (Step 1 of 5) (Year 1 Attestation) Logout

CMS/NLR
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources ▶
CMS/NLR

You are currently enrolled in WY's EHR Incentive Program

The current status of your application for the first year payment is 'AWAITING PROVIDER ATTESTATION'

Applicant National Provider Index (NPI):	1111111111	Name:	Test User
Applicant TIN:	1111111111	Address 1:	1 Test Street
Payee National Provider Index (NPI):	1111111111	Address 2:	
Payee TIN:	1111111111	City/State:	Cheyenne / WY
Program Option:	MEDICAID	Zip Code:	82001 -
Medicaid State:	WY	Phone Number:	(555) 555-5555
Provider Type:	Physician	Email:	testuser@test.com
Participation Year:	1	Specialty:	OBSTETRICS/GYNECOLOGY
Federal Exclusions:	<input type="checkbox"/>	State Rejection Reason:	<input type="text"/>

Taxonomy

*** If any of this information is incorrect, please correct on the [CMS Registration Module](#)

*** If you want to change the mailing address, please modify it here

Mailing Address

Address 1:

Address 2:

City/State :

Zip Code :

Please select one of the following options:

Payment_Year	Status	AttestationID	Action
1	Payment done	WY0000003	View

Along with the pre-populated data from CMS there are additional fields that can be updated by the provider. They are detailed below:

Taxonomy – Enter the taxonomy code that is associated with the attestation.

Mailing Address - The mailing address can be updated if the provider would like to change the address that is indicated on the top right side of the screen.

Once you have completed the information required on the CMS/NLR screen click on the 'Save' button. You will click next if this is your first year applying or Begin/Modify Attestation for payment years 2-6.

10.3 Provider Eligibility Details Screen

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Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Provider Eligibility Details (Step 2 of 5) (Year 1 Attestation) Logout

All * fields are required fields.

Patient Volume:

- Please indicate if your patient volume was calculated at a clinic or practice level for all Eligible professionals: Eligible Provider Professional Only
- If a clinic, please enter the NPI of the clinic/group:
- For which program year are you applying? * 2013
- Select the starting date of the 90-day period to calculate Medicaid encounter volume percentage: * (mm/dd/yy)
- Medicaid patient encounters during this period: *
- Total patient encounters during this period: *
- Medicaid patient volume percentage: **62.00%**

EHR Details:

- Enter the CMS EHR Certification ID of your EHR: * [What is this?](#)
- Indicate the status of your EHR: * Adopt Implement Upgrade Meaningful User

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EPs must enter two categories of data to complete the Eligibility Provider Details screen including patient volume characteristics and EHR details. The Provider will also have the option to change their mailing address for EHR payments. Providers will see the following data on the screen:

- **Patient Volume**

1. Please indicate if your patient volume was calculated at a clinic / practice level or for the eligible professional only.
2. If at the clinic, please enter the NPI of the clinic or group
3. Select the program year you wish to attest. This should be either the current year or it can be the prior year if the current date is on or before March 31st.
4. Select the starting date of the 90-day period to calculate Medicaid encounter volume percentage
5. Enter the Medicaid patient encounters during this period
6. Enter the total patient encounters during this period
7. Medicaid patient volume percentage (calculated)

- **EHR Details**

8. Enter the CMS EHR Certification ID of your EHR
9. Indicate the Status of your EHR – Choices:
 - (A) Adopt - Acquire, purchase, or secure access to certified EHR technology
 - (I) Implement - Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements
 - (U) Upgrade - Expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the ONC EHR certification criteria
 - Meaningful User – currently meaningfully using certified EHR technology and are prepared to attest to Meaningful Use and Clinical Quality Measures.

Please note EHR Status options for Adopt, Implement, or Upgrade is only available for the first payment year. All subsequent years will only display Meaningful User.

10.3.1 Establishing Patient volume EP

All EPs have patient volume thresholds to meet to be eligible for incentive payments. Claims data from the Wyoming MMIS will be used to verify the reasonableness of patient volume attested to by EPs.

EPs are required to have a minimum of 30 percent Medicaid for all patient encounters over any continuous 90-day period within the most recent calendar year prior to registering. There are two exceptions:

1. Pediatricians qualify if they have at least 20 percent Medicaid patient volume for all patient encounters over any continuous 90-day period within the most recent calendar year prior to registering;
2. EPs practicing predominantly in an IHS, FQHC, or RHC must have a minimum of 30 percent patient volume attributable to “needy individuals” for all patient encounters over any continuous 90-day period within the most recent calendar year prior to registering.

Needy individuals are defined as those:

- Receiving Medical assistance from Medicaid or CHIP
- Furnished uncompensated care by the provider (excluding bad debt)
- Furnished services at either no cost or reduced cost based on a sliding scale determined by the individual’s ability to pay

Wyoming Medicaid defines “encounter” as a service provided to one patient by one provider on one day.

Volume thresholds are calculated using as the numerator the EP’s total number of Medicaid member encounters for the 90-day period and the denominator is all patient encounters for the same EP over the same 90-day period.

10.4 Provider Service Locations Screen

After entering the provider eligibility details, EPs are required to enter all service locations for which they practice. This screen was added to satisfy a new requirement, beginning with program year 2013, that was established under 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

**Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS**

Provider Service Locations (Year 2 Attestation) Logout

Provider Service Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user at least 50% of an EPs patient encounters during an EHR reporting period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services:

Use the fields below to enter the details for each location in which you provide services.
Check the CEHRT box if the location entered has Certified EHR technology.
Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Address1:
Address 2:
City:
State:
Zip Code:
ZipCode Extension:

Certified EHRT Location:
Used in Patient Volume:

This new screen is added to allow providers the ability to enter all their locations and indicate if those locations have CEHRT as well as if they were used in the patient volume count.

Enter the number of locations in which you provide services – This is the count for the number of locations for which you see patients.

Address 1: - This is the first line of the service location address, it is required

Address 2: - This is the second line of the service location address, if necessary

City: - This is the City for the service location address, it is required

State: - This is the State for the service location address, it is required

Zip Code: - This is the zip code for the service location address, it is required

Zip Code Extension: - This is the zip code extension for the service location address, if necessary

Certified EHRT Location: - Click to check this check box to indicate if the service location entered has Certified EHR Technology.

Used in Patient Volume: - Click to check this check box to indicate if the service location entered was used in the patient volume provided on the previous screen.

*At least one service location must have CEHRT and Patient Volume checked in order to meet the requirement and continue with the attestation.

**The user must click on the 'Add' button in order to add the service location.

10.4.1 Multiple Service Locations

If the EP has multiple locations upon clicking 'Add' for the first service location entry the screen below will be displayed.

Provider Service Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user at least 50% of an EPs patient encounters during an EHR reporting period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services:

Use the fields below to enter the details for each location in which you provide services.
 Check the CEHRT box if the location entered has Certified EHR technology.
 Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Extension	CEHRT	Patient Volume	Delete
Modify	1 Test St.		Gillette	WY	82716		No	No	Delete
									Add

Buttons: Previous, Next, Save, Cancel

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In order to add additional service locations the EP will add the address information within the boxes listed in the grid shown above. The EP must click on the 'Add' button next to the line to add the service location.

Please note – depending on your individual screen resolution you may need to use the grid scroll bar to scroll to the right to see the 'Add' button.

10.4.2 Change / Delete an existing service location entry

In order to delete and invalid service location the EP will click on the Delete link on the right end of the service locations grid as shown above. The EP will be requested to give confirmation prior to deleting the record.

Provider Service Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user at least 50% of an EPs patient encounters during an EHR reporting period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services:

Use the fields below to enter the details for each location in which you provide services.
 Check the CEHRT box if the location entered has Certified EHR technology.
 Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Extension	CEHRT	Patient Volume	Delete
Modify	1 Test St.		Gillette	WY	82716		No	No	Delete
									Add

Buttons: Previous, Next, Save, Cancel

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In order to change an existing service location the EP will click on the Delete link under the Edit column

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Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Provider Service Locations (Year 2 Attestation) Logout

Provider Service Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user at least 50% of an EPs patient encounters during an EHR reporting period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services:

Use the fields below to enter the details for each location in which you provide services.
Check the CEHRT box if the location entered has Certified EHR technology.
Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Extension	CEHRT	Patient Volume	Delete
Modify	1 Test St		Gillette	WY	82716		No	No	Delete
							<input type="checkbox"/>	<input type="checkbox"/>	Add

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Once the EP has clicked on 'Modify' the fields will be open for editing.

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Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Provider Service Locations (Year 2 Attestation) Logout

Provider Service Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user at least 50% of an EPs patient encounters during an EHR reporting period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services:

Use the fields below to enter the details for each location in which you provide services.
Check the CEHRT box if the location entered has Certified EHR technology.
Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Extension	CEHRT	Patient Volume	Delete
Update Cancel	12 Test St		Gillette	WY	82716		<input type="checkbox"/>	<input type="checkbox"/>	Delete
							<input type="checkbox"/>	<input type="checkbox"/>	Add

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After the EP has completed their editing of the service location they will need to select one of the following options under the edit column:

Update – This will accept the changes made to the service location

Cancel – This will cancel the changes made to the service location and return to the original entry.

10.5 Incentive Payment Calculation Screen

The screen lists the estimated payment for the EP for the current attestation.

10.6 Documentation Upload Screen

This page will allow the EP to attach documentation with their current year attestation.

- Clicking on the Browse button will allow the EP to search and select the documents they would like to attach
- Clicking on the upload button will attach and save the document relating to the current attestation payment year.
- Only PDFs are allowed to be uploaded

10.7 EP Attestation Screen



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Healthcare Financing

WY MEDICAID EHR INCENTIVE PAYMENTS

Attestation (Step 5 of 5) (Year 1 Attestation) Logout

Please verify the following information:

CMS/NLR:			
Applicant National Provider Index (NPI):	1111111111	Name:	Test User
Applicant TIN:	1111111111	Address 1:	1 Test Street
Payee National Provider Index (NPI):	1111111111	Address 2:	
Payee TIN:	1111111111	City/State:	Rawlins / WY
Program Option:	MEDICAID	Zip Code:	82301 -5127
Medicaid State:	WY	Phone Number:	555-555-5555
Payment Year:	1	Email:	amy@healthtechsolutionsonline.com
Provider Type:	Physician	Specialty:	FAMILY PRACTICE

Eligible Details:

Patient Volume:	1.	Was patient volume calculated at a clinic or practice level for all Eligible professionals:	No
	2.	If yes, Please enter the NPI of the clinic or group:	0
	3.	For which program year are you applying?	2013
	4.	I am not hospital based(less than 90% of my patient encounters are at the ER or in an inpatient setting)	Y
	5.	The starting date of the 90-day period to calculate Medicaid encounter volume percentage:	9/1/2012 (mm/dd/yyyy)
	6.	Medicaid patient encounters during this period:	588
	7.	Total patient encounters during this period:	941
EHR Details:	8.	Enter the CMS EHR Certification ID of your EHR:	30000004HORCEAD
	9.	Indicate the status of your EHR:	<input checked="" type="radio"/> Adopt <input type="radio"/> Implement <input type="radio"/> Upgrade <input type="radio"/> Meaningful User

You are about to submit your attestation for the Wyoming Medicaid EHR Incentive Program

This is to certify that the foregoing information is true, accurate and complete. I understand that the Medicaid EHR Incentive payments submitted under this provider number will be from Federal funds, and any falsification, or any concealment of a material fact may be prosecuted under Federal and State laws.

I hereby agree to keep such records as are necessary to demonstrate that I met all Wyoming EHR Incentive Program requirements and to furnish those records to the Wyoming Department Health, the U.S. Department of Health and Human Services or contractor(s) acting on their behalf. I understand that I must retain all support documentation for incentive program requirements, including but not limited to that pertaining to patient volume determination, for a minimum of six years from the last year of my participation in the incentive program, and will make such information available for audit(s) conducted by the Wyoming Medicaid, the U.S. Department of Health and Human Services, or contractors acting on their behalf.

No EHR incentive payment may be paid unless this application is completed as required by existing law and regulations. Failure to provide required information will result in delay of payment or may result in denial of EHR incentive payment. Failure to furnish requested information of documents post incentive payment will result in the issuance of an overpayment demand letter, followed by recoupment procedures.

Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this application may, upon conviction, be subject to fine and imprisonment under applicable Federal laws. Information from this Wyoming Medicaid EHR Incentive Program application and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the EHR Incentive Program.

I understand that it is mandatory that I inform the Wyoming Department of Health if I believe that I have been overpaid under the EHR Incentive Program. I certify that I am not receiving Medicaid incentive funds from any other state or commonwealth and have not received an EHR incentive payment from the Wyoming Department of Health and Human Services for attested participation year.

I shall retain documentation for a minimum of six years that demonstrates acquisition, purchase, or access to certified EHR technology prior to the incentive. The documentation must show a LEGAL or FINANCIAL COMMITMENT to the adoption, implementation, or upgrade to certified EHR technology (naming the product(s) and version(s)). Such documentation may include but is not limited to: an invoice and receipt for payment; purchase agreement; license agreement; binding contract (signed by both parties). Should the documentation not specify the certified EHR technology product (product name and version), a letter from the certified EHR technology vendor that clarifies the product name and version may be retained with the documentation as a SUPPLEMENT. Such a letter will not be regarded as stand-alone support documentation.

I understand that to qualify for an EHR incentive payment, a Medicaid Eligible Professional must not be hospital-based, defined as any provider who furnishes 90 percent or more of their Medicaid services in the following two place of service (POS) codes for HIPAA standard transactions: 21 – Inpatient Hospital, 25 – Emergency Room; I hereby certify that I am not hospital-based, and that this attestation can be supported by data from the year preceding this participation year. Also, if I have indicated reassignment of my incentive payment, I hereby certify that the reassignment of my incentive payment is to an employer or entity with which I have a contractual arrangement, consistent with all rules governing reassignments including 42 CFR PART 424 SUBPART F. By requesting a reassignment of incentive payment, I understand that I am attesting that such reassignment is consistent with applicable Medicaid laws, rules, and regulations, including, without limitation, those related to fraud, waste and abuse.

All * fields are required fields.

Initials: *

NPI: *

Note: Once you press the submit button below, you will not be able to change your information.

Previous
Submit

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The provider enters his/her initials and NPI on the bottom of the Attestation Screen to complete the Wyoming Medicaid EHR Incentive Program Attestation process. By completing this step of the registration process, the provider will have attested to the validity of all data submitted for consideration by the Wyoming Medicaid EHR Incentive Program. Once the provider submits this data on the screen, the registration process is completed, and the provider may logout of the application.

11 Registration (Eligible Hospitals)

Hospitals will be required to provide details including patient volume characteristics, EHR details, growth rate, and Medicaid share. They will complete a Hospital EHR Incentive Payment worksheet as well as upload all requested documentation and electronically sign the attestation (more details follow in this manual). They will first register with the National Level Registry (NLR) at <http://www.cms.gov/EHRIncentivePrograms/>. The hospital provider then begins the Wyoming Medicaid EHR Incentive Program registration process by accessing the Wyoming SLR system at <https://wyslr.health.wyo.gov> (sign-in screen shown below) and entering the NPI and CMS-assigned registration identifier that was received from CMS.

Eligible Hospital Sign-in Screen

11.1 Eligible Hospital CMS/NLR Screen

Payment Year	Payment Status	AttestationID
1	Attestation in process	-

Along with the pre-populated data from CMS there are additional fields that can be updated by the provider. They are detailed below:

Taxonomy – Enter the taxonomy code that is associated with the attestation.

Mailing Address - The mailing address can be updated if the provider would like to change the address that is indicated on the top right side of the screen.

Once you have completed the information required on the CMS/NLR screen click on the 'Save' button. You will click next if this is your first year applying or Begin/Modify Attestation for payment years 2-6.

11.2 Hospital Eligibility Details Screen

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Hospital Eligibility Details (Step 2 of 4) (Year 1 Attestation) Logout

CMS/NLR
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources

For instructions on locating where to find these figures, please visit www.wyomingincentive.com hospital calculator under Quick Links.

Patient Volume:	1. For which program year are you applying?	2011
	2. Select the starting date of the 90-day period(in the prior FFY) * to calculate Medicaid patient volume percentage:	7/1/2010 (mm/dd/yy)
	3. Total Medicaid patient discharges during this period:	726
	4. Total patient discharges during this period:	4443
	5. Medicaid patient volume percentage:	0 %
EHR Details:	6. Enter the CMS EHR Certification ID of your EHR:	30000002GOFLEAA What is this?
	7. Indicate the status of your EHR:	<input checked="" type="radio"/> Adopt <input type="radio"/> Implement <input type="radio"/> Upgrade <input type="radio"/> Meaningful User
Growth Rates:	8. Select the end date of the hospital's most recently filed 12-month cost reporting period:	6/30/2011 (mm/dd/yy)
	9. Total number of discharges that fiscal year:	1966
	10. Total number of discharges one year prior:	2288
	11. Total number of discharges two years prior:	2113
	12. Total number of discharges three years prior:	2049
Medicaid Share:	13. Total Medicaid inpatient bed days (Exclude Nursery beds):	1183
	14. Total Medicaid HMO inpatient bed days (Exclude Nursery beds):	0
	15. Total inpatient bed days:	6487
	16. Total hospital charges:	118365464.00
	17. Total uncompensated care charges:	723689.00

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As shown above, hospitals must enter four categories of data to complete the Eligibility Details screen including patient volume, EHR details, growth rate, and Medicaid share. Providers will enter the following data on the screen:

- **Patient volume**
 - Select the program year you wish to attest. This should be either the current year or it can be the prior year if the current date is between 10/1 – 12/31.
 - Starting date of the 90-day period to calculate Medicaid patient volume percentage
 - Total Medicaid patient discharges during this period
 - Total patient discharges during the period
 - Medicaid patient volume percentage (calculated)
- **EHR details**
 - EHR certification ID of EHR
 - Status of your EHR – Choices:
 - **(A) Adopt** - Acquire, purchase, or secure access to certified EHR technology
 - **(I) Implement** - Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements
 - **(U) Upgrade** - Expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the ONC EHR certification criteria
 - NOTE: To find the CMS EHR Certification ID, proceed to <http://onc-chpl.force.com/ehrcert>

- Select your practice type by selecting the Ambulatory or Inpatient buttons below
 - Search for EHR Products by browsing all products, searching by product name or searching by criteria met
 - Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
 - Request a CMS EHR Certification ID for CMS registration or attestation from your cart page (THIS IS THE NUMBER YOU WILL ENTER IN THE ELIGIBILITY SCREEN)
- **Meaningful User** - currently meaningfully using certified EHR technology and are prepared to attest to Meaningful Use and Clinical Quality Measures.
- **Growth rate**
 - This section does not have to be updated after year 1 unless there is a special circumstance that would warrant the need to update this data.
 - Due to special circumstances does your cost report information need to be adjusted – This should only be yes if you are a new hospital and did not have a full 4 years of data during your attestation, or you have been working with the Medicaid her Staff due to another issue and requested that you update this information.
 - End date of the hospital’s most recently filed 12-month cost reporting period
 - Total number of discharges that fiscal year
 - Total number of discharges one year prior
 - Total number of discharges two years prior
 - Total number of discharges three years prior
 - Average annual growth rate (calculated)
- **Medicaid share**
 - Total Medicaid inpatient bed days
 - Total Medicaid Health Maintenance Organization (HMO) inpatient bed days
 - Total inpatient bed days (*Please note per CMS FAQ nursery days are excluded from inpatient bed days*)
 - Total hospital charges
 - Total uncompensated care charges
 - Estimated total payment (calculated)

11.3 Eligibility Incentive Payment Calculations



Wyoming Department of Health
Healthcare Financing

WY MEDICAID EHR INCENTIVE PAYMENTS

Incentive Payment Calculations (Year 1 Attestation) Logout

CMS/NLR
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources
[Home](#)

Patient Volume Calculations	
Medicaid Patient Volume Percentage:	0.00% * should be greater than 10% to qualify
Rate of growth prior year:	-14.073%
Rate of growth 2 years prior:	8.282%
Rate of growth 3 years prior:	3.123%
Average rate of growth:	-0.889% * use this growth rate to project number of discharges for year 2 through year 4 below

EHR Amount Calculations								
	Year	Discharges	Allowable Discharges	Discharge Related Amount	Base Amount	Aggregate EHR amount	Transition Factor	EHR Amount
First year	1966	817		\$163,400.00	\$2,000,000	\$2,163,400.00	1.00	\$2,163,400.00
Second Year	1949	800		\$160,000.00	\$2,000,000	\$2,160,000.00	.75	\$1,620,000.00
Third Year	1932	783		\$156,600.00	\$2,000,000	\$2,156,600.00	.50	\$1,078,300.00
Fourth Year	1915	766		\$153,200.00	\$2,000,000	\$2,153,200.00	.25	\$538,300.00
Total Amount								\$5,400,000.00

Medicaid Share Calculations	
Total Medicaid and Passport Inpatient Bed Days:	1183
Total Bed Days:	6487
Percentage of total charges which are non-charity: ((total charges - uncompensated charges)/ total charges)	99.39%
Total Beds that should be considered non charity:	6447
Total Medicaid Percentage:	18.34962%
Total Medicaid Aggregate EHR Incentive Payment:	9990,879.48
Total Estimated Medicaid Aggregate EHR Incentive Payment First Year (50%):	\$495,439.74

Previous
Next

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This screen will list the estimated payment for the EH or CAH for the current attestation.

The current payment amount is located as the last line of the screen. For year 1 this will be 50%, year 2 40%, and year 3 10% of the total aggregate EHR Incentive Payment.

11.4 Document Upload Screen

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Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Document Upload (Step 3 of 4) (Year 1 Attestation) Logout

Please ensure the following documentation is uploaded to expedite your approval process:

Patient volume methodology is required to be uploaded for each year, as well as any changes with the EHR system.

1. Patient volume methodology: please explain and show calculations
2. EHR documentation: license, invoice or contract (something binding clinic/provider to vendor)
3. Screen shot of the EHR version is helpful to the Wyoming Incentive Staff
4. If available a vendor letter is helpful as well, however, this cannot be used by itself for EHR documentation
5. Most current complete cost report, to include 5-10 if applicable. If 5-10 was not required, upload your methodology and figures for uncompensated care
6. Three previous years worksheet 5-3, Part 1

	Payment Year	File Name	Description
View	1	BMH_Wyoming_Medicaid_Attes.pdf	Miscellaneous
View	1	BMH_CharityCostReport_Mist.pdf	Miscellaneous
View	1	BMH_CharityCostReport_Mist.pdf	Miscellaneous

Upload a new PDF document:

Please select the documentation type:

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This page will allow the EH to attach documentation with their current year attestation.

- Clicking on the Browse button will allow the EH to search and select the documents they would like to attach
- Clicking on the upload button will attach and save the document relating to the current attestation payment year.
- Only PDFs are allowed to be uploaded

11.4.1 Documentation Required for EHR Attestation

1. Proof of EHR – Must be a document showing a **binding agreement** between provider and vendor.
 - a. Contract between entities
 - b. Invoice showing payment (actual numbers may be blacked out)
 - c. Purchase Order

**A vendor letter is not acceptable unless submitted with additional binding documentation
2. Exact Name and Version of EHR system
3. Patient Encounter Volume Methodology
Total Medicaid encounters divided by Total Patient encounters during same time period
- Date range must be 90 consecutive days from previous year
4. Hospitals count only in-patient discharges and all emergency department encounters
*Encounters may be broken out from bundled charges
*Method used to determine Medicaid volume must be the same method used for total volume
Calendar Year for Providers / Federal Fiscal Year for Hospitals

After EPs and EHs have completed loading their documentation and press "Next," navigation will take them to the Attestation screen below.

11.5 EH Attestation Screen



Wyoming Department of Health
Healthcare Financing

WY MEDICAID EHR INCENTIVE PAYMENTS

Attestation (Step 4 of 4) (Year 2 Attestation) Logout

CMS/NLR:

Applicant National Provider Index (NPI):	1111111111	Name:	Test Hospital
Applicant TIN:	111111111	Address 1:	1 Test Street
Payee National Provider Index (NPI):		Address 2:	
Payee TIN:	111111111	City/State:	Torrington / WY
Program Option:	DUALLY_ELIGIBLE	Zip Code:	82240 -1528
Medicaid State:	WY	Phone Number:	5555555555
Payment Year:	1	Email:	testhospital@test.com
Provider Type:	Acute_Care_Hospitals	Specialty:	CRITICAL ACCESS HOSPITAL

Hospital Eligibility Details:

Patient Volume:	For which program year are you applying?	--Select--
	Select the starting date (in 2010) of the 90-day period to calculate Medicaid patient volume percentage:	(mm/dd/yy)
	Total Medicaid patient discharges during this period:	
	Total patient discharges during this period:	
EHR details:	Enter the EHR certification number of your EHR:	
	Indicate the status of your EHR:	<input type="radio"/> Meaningful User
	Due to special circumstances does your Cost report information need to be adjusted?	<input type="radio"/> Yes <input type="radio"/> No
Growth Rate:	Select the end date of the hospital's most recently filed 12-month cost reporting period:	(mm/dd/yy)
	Total number of discharges that fiscal year:	(w/s 5-3 part I, col. 15, line 14)
	Total number of discharges one year prior:	
	Total number of discharges two years prior:	
	Total number of discharges three years prior:	
Medicaid share:	Total Medicaid inpatient bed days:	(w/s 5-3 part I, col. 7, line 14)
	Total Medicaid HMO inpatient bed days:	(w/s 5-3 part I, col. 7, line 2)
	Total inpatient bed days:	(w/s 5-3 part I, col. 8, line 14)
	Total hospital charges:	(w/s c part I, col. 8, line 202)
	Total unannounced rate charges:	(RMAP.4, line 41)

You are about to submit your attestation for the Wyoming Medicaid EHR Incentive Program

This is to certify that the foregoing information is true, accurate and complete. I understand that the Medicaid EHR Incentive payments submitted under this provider number will be from Federal funds, and any falsification, or any concealment of a material fact may be prosecuted under Federal and State laws.

I hereby agree to keep such records as are necessary to demonstrate that I met all Wyoming EHR Incentive Program requirements and to furnish those records to the Wyoming Department of Health, the U.S. Department of Health and Human Services or contractor(s) acting on their behalf. I understand that I must retain all support documentation for incentive program requirements, including but not limited to that pertaining to patient volume determination, for a minimum of six years from the last year of my participation in the incentive program, and will make such information available for audit(s) conducted by the Wyoming Medicaid, the U.S. Department of Health and Human Services, or contractors acting on their behalf.

No EHR incentive payment may be paid unless this application is completed as required by existing law and regulations. Failure to provide required information will result in delay of payment or may result in denial of EHR incentive payment. Failure to furnish requested information of documents post incentive payment will result in the issuance of an overpayment demand letter, followed by recoupment procedures.

Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this application may, upon conviction, be subject to fine and imprisonment under applicable Federal laws. Information from this Wyoming Medicaid EHR Incentive Program application and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the EHR Incentive Program.

I understand that it is mandatory that I inform the Wyoming Department of Health if I believe that I have been overpaid under the EHR Incentive Program. I certify that I am not receiving Medicaid incentive funds from any other state or commonwealth and have not received an EHR Incentive payment from the Wyoming Department of Health and Human Services for attested participation year.

I shall retain documentation for a minimum of six years that demonstrates acquisition, purchase, or access to certified EHR technology prior to the incentive. The documentation must show a LEGAL or FINANCIAL COMMITMENT to the adoption, implementation, or upgrade to certified EHR technology (naming the product(s) and version(s)). Such documentation may include but is not limited to: an invoice and receipt for payment; purchase agreement; license agreement; binding contract (signed by both parties). Should the documentation not specify the certified EHR technology product (product name and version), a letter from the certified EHR technology vendor that clarifies the product name and version may be retained with the documentation as a SUPPLEMENT. Such a letter will not be regarded as stand-alone support documentation.

I understand that to qualify for an EHR incentive payment, a Medicaid Eligible Professional must not be hospital-based, defined as any provider who furnishes 90 percent or more of their Medicaid services in the following two place of service (POS) codes for HIPAA standard transactions: 21 – Inpatient Hospital, 23 – Emergency Room. I hereby certify that I am not hospital-based, and that this attestation can be supported by data from the year preceding this participation year. Also, if I have indicated reassignment of my incentive payment, I hereby certify that the reassignment of my incentive payment is to an employer or entity with which I have a contractual arrangement, consistent with all rules governing reassignments including 42 CFR PART 424 SUBPART F. By requesting a reassignment of incentive payment, I understand that I am attesting that such reassignment is consistent with applicable Medicaid laws, rules, and regulations, including, without limitation, those related to fraud, waste and abuse.

Initials: *

NPI: *

Note: Once you press the submit button below, you will not be able to change your information.

After submitting the initials and NPI, your attestation is complete.

12 View All Payment Years

The View All Payments screen is accessed by a link that is located on the left navigation menu. This screen is a read only screen that displays any payments or adjustments made to the EH by payment year.

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Payments (Year 2 Attestation) Logout

CMS/NLR
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources ▶

Payments Details:

Payment Year	Payment Amount	Payment Date	Payment Type
1	351196.67	2/16/2012 12:00:00 AM	Initial

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13 Issues/Concerns Screen

The Issues / Concerns link is located on the left navigation menu seen below:

The screenshot shows the Wyoming Department of Health Healthcare Financing website. The header includes the logo and the text "Wyoming Department of Health Healthcare Financing" and "WY MEDICAID EHR INCENTIVE PAYMENTS". Below the header, there is a navigation menu on the left with the following items: CMS/NLR, Eligibility Details, View All Payment Years, **Issues/Concerns** (highlighted with a red arrow), Manual, Appeals, and Additional Resources. To the right of the navigation menu, there is a "Payments Details:" section with a table showing payment information.

Payment Year	Payment Amount	Payment Date	Payment Type
1	351196.67	2/16/2012 12:00:00 AM	Initial

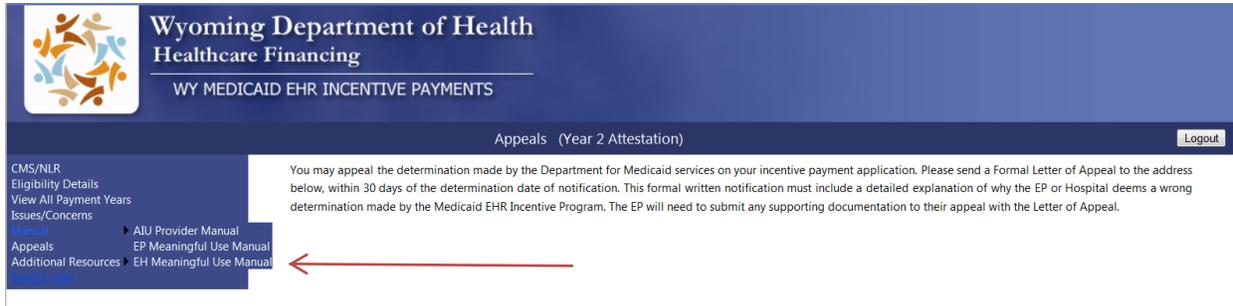
The Issues / Concerns link will open a new window that gives the provider access to the Wyoming contact us page.

The screenshot shows the "Contact Us" page of the Wyoming Electronic Health Record Incentive program. The page features a header with the Wyoming state logo and navigation links: HOME, PROVIDERS, HOSPITALS, WY TOTAL HEALTH RECORD (THR), RESOURCES, NEWS, and CONTACT US. The main content area includes the Wyoming Medicaid EHR Incentive Program logo, contact information (6101 Yellowstone Rd, Suite 210, Cheyenne, WY 82002, Phone: (307) 777-5414), and a contact form with fields for "Your Name (required)", "Your Email (required)", "Phone", and "Your Message". A "Send" button is located at the bottom of the form. There are also sections for "Latest News" and "Quick Links" on the left side of the page.

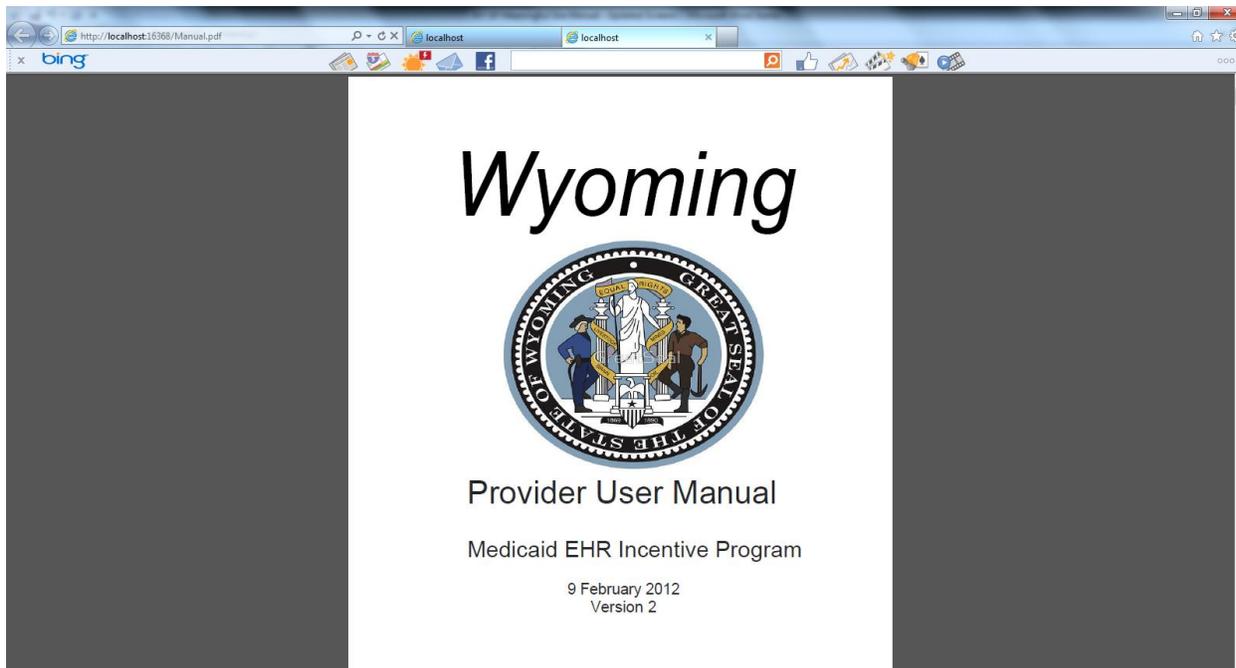
The provider can submit their issue or concern by entering their name, email, phone number (not required), an explanation of their issue or concern, and clicking the send button on the web page. The Wyoming EHR staff monitors the submissions and will respond to the issue or concern by email or phone depending on the information given by the provider.

14 Manual

The Manual link is located on the left navigation menu seen below:



The Manual link will give the provider quick access to the EHR manuals from their Attestation. By clicking on the link a new window will open in the internet browser and will display the user manual that the provider can review as necessary.



15 Appeals Screen

The screenshot shows the 'Appeals (Year 2 Attestation)' screen. At the top right, there are navigation links: Wyoming.gov | Citizen | Business | Government | Visitor. The header features the Wyoming Department of Health Healthcare Financing logo and the text 'WY MEDICAID EHR INCENTIVE PAYMENTS'. Below the header, the page title 'Appeals (Year 2 Attestation)' is centered, with a 'Logout' button on the right. A left sidebar contains a menu with items: CMS/NLR, Eligibility Details, View All Payment Years, Issues/Concerns, Manual, Appeals, and Additional Resources. The main content area contains the following text: 'You may appeal the determination made by the Department for Medicaid services on your incentive payment application. Please send a Formal Letter of Appeal to the address below, within 30 days of the determination date of notification. This formal written notification must include a detailed explanation of why the EP or Hospital deems a wrong determination made by the Medicaid EHR Incentive Program. The EP will need to submit any supporting documentation to their appeal with the Letter of Appeal.' Below this text is the contact information for the Division of Program Integrity, Department for Medicaid Services, located at 6101 Yellowstone Suite 210, Cheyenne, WY 82002. At the bottom, there are links for 'Contact Us', 'Privacy Policy', and 'About Wyoming', followed by the copyright notice: 'Copyright © 2011 State of Wyoming. All rights reserved.'

The Appeals screen is a read only screen that inform the EH of how to initiate an appeal and provides contact information for the appeal.

16 Additional Resources

The Manual link is located on the left navigation menu seen below:

The screenshot shows the 'Wyoming Department of Health Healthcare Financing' portal. The left navigation menu includes links for 'CMS/NLR', 'Eligibility Details', 'View All Payment Years', 'Issues/Concerns', 'Manual', 'Appeals', 'Additional Resources', and 'Manual Manual'. A red arrow points to the 'Additional Resources' link. The main content area displays 'WY MEDICAID EHR INCENTIVE PAYMENTS' and 'CMS/NLR (Step 1 of 5) (Year 1 Attestation)'. It shows a status of 'AWAITING PROVIDER ATTESTATION' and a form for provider information, including fields for Name, Address, TIN, and Specialty.

The Additional Resources link gives the provider quick access to the Wyoming Medicaid EHR site as well as the CMS EHR site. By clicking on either of those links a new internet browser page will be opened to either of those sites.

The screenshot shows a web browser window displaying the 'Wyoming Electronic Health Record Incentive' website. The browser address bar shows 'www.wyomaidincentive.com'. The website features a navigation menu with 'HOME', 'PROVIDERS', 'HOSPITALS', 'WY TOTAL HEALTH RECORD (THR)', 'RESOURCES', 'NEWS', and 'CONTACT US'. A central banner reads 'Got Incentive?' with a graphic of a computer monitor and stacks of money. Below the banner, there is a 'BAID TO DATE AS OF May 31, 2012' notice and a 'Latest News' section. The footer includes 'Quick Links' and contact information for Linda Cramer.

17 Send Email

The Send email link can be found on the left navigation menu. This provides quick access to email the Wyoming EHR staff for any questions you have during your attestation. The provider can submit their email by entering their name, email, phone number (not required), their message, and clicking the send button on the web page. The Wyoming EHR staff monitors the submissions and will respond to the issue or concern by email or phone depending on the information given by the provider.

