

Wyoming



Eligible Hospitals Meaningful Use Stage 1 User Manual

March 20, 2014
Version 3

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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 a reimbursement, 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.

Wyoming Medicaid will work closely with federal and state partners to ensure the Wyoming Medicaid EHR Incentive Program fits into the overall strategic plan for the Wyoming Health Information Exchange, thereby advancing national and Wyoming 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 CMS Registration Module). CMS' official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>. The site provides both general and detailed information on the programs, including tabs on the path to payment, eligibility, meaningful use, certified EHR technology, and frequently asked questions.

2 Introduction

The Wyoming Medicaid EHR Incentive Program will provide incentive payments to eligible hospitals (EH) and critical access hospitals (CAHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.

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_gov __ home/1204](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/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.mpqhf.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 6/14/2012
- Version 2 4/5/2013

3 Eligibility

While EHs can begin the program in Calendar Year (CY) 2011, they must begin the program no later than 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 for the submitting 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 hospitals are potentially eligible to enroll in the Wyoming Medicaid EHR Incentive Program:

- Acute Care Hospital
- Children’s Hospital
- CAH

3.1 Additional requirements for the EH

To qualify for an EHR incentive payment for each year the EH seeks the incentive payment, the EH must be one of the following:

1. An acute care hospital (includes CAH) that has at least a 10 percent Medicaid patient volume for each year the hospital seeks an EHR incentive payment; or
2. A children’s hospital (exempt from meeting a patient volume threshold)

Hospital-based providers are not eligible for the EHR incentive program.

Note: 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.

Qualifying Providers by Type and Patient Volume

Program Entity	Percent Patient Volume over Minimum 90-days	
Acute care hospital	10%	
Children’s Hospital	Exception	

3.2 Establishing Patient Volume

A Wyoming Medicaid provider must annually meet patient volume requirements of Wyoming's Medicaid EHR Incentive Program as established through the state's CMS approved State Medicaid Health IT Plan (SMHP). The patient funding source identifies who can be counted in the patient volume: Title XIX (TXIX) – Medicaid and Title XXI (TXXI) – CHIP.

3.3 Eligible Hospital Volume Calculation

To calculate Medicaid patient volume, an EH must divide:

- The total Wyoming Medicaid and out-of-state Medicaid encounters in any representative 90-day period in the preceding fiscal year by:
- The total encounters in the same 90-day period.
 - Total number of inpatient bed days 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. (*Please note per CMS FAQ nursery days are excluded from inpatient bed days*)
 - An emergency department must be part of the hospital.

3.3.1 Eligible Hospital Medicaid Encounter

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;

Exception – a children's hospital is not required to meet Medicaid patient volume requirements.

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:

1. Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for part or all of the service.
2. 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.
3. 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 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 when developing aggregate EHR hospital incentive amounts for Medicaid-eligible hospitals. States will calculate hospital aggregate EHR hospital incentive amounts on the FFY 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:

$$EH\ Payment = Overall\ EHR\ Amount \times Medicaid\ Share$$

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 + Medicaid managed care 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.

5 Provider Registration

If this is your second year with the EHR incentive program then there is no need to register. You may log in directly to the Wyoming SLR to attest for Meaningful Use using the link <http://wyslr.health.wyo.gov/>.

If this is your first year with the EHR Incentive Payment Program then 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 CMS Registration Module). CMS' official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>. Hospitals must provide their name, NPI, business address, phone number, tax payer ID number (TIN) of the entity receiving the payment, and their CCN.

Hospitals must revisit the CMS Registration Module to make any changes to their registration information. After the initial registration, the provider does not need to return to the CMS Registration Module before seeking annual payments unless information needs to be updated. EHs seeking payment from both Medicare and Medicaid will be required to visit the CMS Registration Module 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 if Meaningful Use was met for the Medicare EHR Incentive Program.

CMS will assign the provider a CMS Registration Number and electronically notify Wyoming Medicaid of a hospital'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 the 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 the provider is a provider with Wyoming Medicaid. If either of these conditions is not met, a message will be automatically sent back to CMS indicating the provider is not eligible. Providers may check back at the CMS Registration Module to determine if the registration has been accepted.

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

6 Provider Attestation Process and Validation

Wyoming Medicaid will utilize the secure Wyoming SLR system to house the attestation system. If an eligible hospital registers at CMS and does not receive an email with 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 of the information that a provider will have to report or attest to during the process.

1. After registering for the incentive program with the CMS EHR Registration and Attestation National Level Repository (CMS Registration Module) at <http://www.cms.gov/EHRIncentivePrograms/>, the EH will be asked to:
 - Complete patient volume information on the Wyoming SLR Web site
 - Complete 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 user
 - 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 (there is a place for an agent or staff member of the provider to so identify)
 - The person filling out the form should enter his or her name.

Once the electronic attestation is submitted by a qualifying hospital 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 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 will be the only time an EH will be allowed 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 <http://www.healthit.hhs.gov>). EHs can attest to either AIU or meaningful use as appropriate.

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

7 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 correctly 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.

8 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 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 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). First year participants will first register with CMS at <http://www.cms.gov/EHRIncentivePrograms/>.

This registration is only needed once; if this is your second year of the EHR Incentive Program then you may go directly to the Wyoming SLR sight shown below.

10.1 Eligible Hospital Sign-in Screen

Wyoming.gov | Citizen | Business | Government | Visitor

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Release 1.22

WY Medicaid EHR Incentive Program

Manual
CMS EHR Site
WY Medicaid EHR Site
Send E-mail

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

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The hospital provider will then begin 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.

10.2 Eligible Hospital CMS/NLR Screen

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

CMS/NLR (Step 1 of 4) (Year 2 Attestation)
Logout

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

You are currently enrolled in WY's EHR Incentive Program
The current status of your application for the second year payment is 'AWAITING PROVIDER ATTESTATION'

Applicant National Provider Index (NPI):	111111111	Name:	Test Hospital
Applicant TIN:	111111111	Address 1:	1 Test Drive
Payee National Provider Index (NPI):	111111111	Address 2:	
Payee TIN:	111111111	City/State:	Torrington / WY
Program Option:	DUALY_ELIGIBLE	Zip Code:	82240 -1528
Medical State:	WY	Phone Number:	5555555555
Provider Type:	Acute_Care_Hospitals	Email:	testhospital@test.com
Participation Year:	2	Specialty:	<input type="text"/>
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:

Payment Year	Payment Status	AttestationID
1	Payment done	WY0000027

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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 Hospital Eligibility Details Screen

All * fields are required fields.

Field #	Description	Value
1	For which program year are you applying?	2012
2	Select the starting date of the 90-day period in the prior FFIY to calculate Medicaid patient volume percentage:	(mm/dd/yy)
3.0	Medicaid inpatient Discharges during this period:	
3.00	Medicaid ER/other Discharges (requires attestation):	
3.000	Total Medicaid patient discharges during this period:	
4	Total patient discharges during this period:	
5	Medicaid patient volume percentage:	0%
6	Enter the CMS EHR Certification ID of your EHR:	What is this?
7	Indicate the status of your EHR:	<input checked="" type="radio"/> Meaningful User
Due to special circumstances does your Cost report information need to be adjusted?		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
8	Select the end date of the hospital's most recently filed 12-month cost reporting period:	9/30/2010 (mm/dd/yy)
Click here for more information on fields 9-17		
9	Total number of discharges that fiscal year:	823
10	Total number of discharges one year prior:	752
11	Total number of discharges two years prior:	860
12	Total number of discharges three years prior:	962
Medicaid Share:		
13	Total Medicaid inpatient bed days (Exclude Nursery beds):	270
14	Total Medicaid HMO inpatient bed days (Exclude Nursery beds):	0
15	Total inpatient bed days:	2004
16	Total hospital charges:	29718168.00
17	Total uncompensated care charges:	1210885.00

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
 - 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)

10.4 Meaningful Use Questionnaire Screen

After entering the provider eligibility details, EHs who have selected Meaningful Use will be directed to the Meaningful Use Questionnaire screen and will need to enter some additional data prior to entering data for their measures.

The following fields are required to continue with the attestation:

- **EHR Reporting Period Start Date** – This is the starting date for the period of time you are reporting your Meaningful Use Measure data.
 - If you are attesting as dually eligible then this date should be the same date as the one that was attested for your Medicare Meaningful Use attestation.
- **EHR Reporting Period End Date** – This is the end date for the period of time you are reporting your Meaningful Use Measure data.
 - If you are attesting as a dual eligible hospital then this date should be the same date as the one that was attested for your Medicare Meaningful Use attestation. The system will locate the file from Medicare from this date and you will not be requested to re-enter those measures already submitted to Medicare

For the first year of reporting Meaningful Use EHs are required to report on a continuous 90 day period within the program year being attested. For the second year of reporting Meaningful Use an entire year of reporting will be required (*except in program year 2014 which allows a 90 day period for all providers*).

- **Enter the percentage of unique patients who have structured data recorded in your certified EHR technology as of the reporting period above** – This should be the percentage of all the patients you have seen total who have data recorded in your EHR. The amount of patients with structured data stored in your EHR should be at least 80%
- **Emergency Department (ED) Admissions** – Indicate the method that designates how patients admitted to the ED will be included in the denominators of certain Meaningful Use Core and Menu Measures.

10.5 Meaningful Use

If you are a EH / CAH who is not registered as dually eligible and are only attesting for the Medicaid Incentive Payments then you will be required to go through the measure screens and enter the EH/CAH Measure data. Currently there are no hospitals in WY who are not dually eligible therefore the Measures must be submitted to Medicare prior to attesting for Medicaid. Please allow at least 3 days after your Medicare attestation to ensure the data has been sent to the State prior to your Wyoming Medicaid EHR Attestation.

If you would like more information on the measures required for Meaningful Use please see the CMS sites below:

Stage 1 Meaningful Use Information

http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage

Stage 2 Meaningful Use Information

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html

CQM Information

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>

Electronic CQM Information

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Electronic_Reporting_Spec.html

10.6 Eligibility Incentive Payment Calculations Screen

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

Incentive Payment Calculations (Year 2 Attestation) Logout

Patient Volume Calculations

Medicaid Patient Volume Percentage: 0.00% * should be greater than 10% to qualify
 Rate of growth prior year: 9.441%
 Rate of growth 2 years prior: -12.558%
 Rate of growth 3 years prior: -10.603%
 Average rate of growth: -4.573% * 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	823	0	\$0.00	\$2,000,000	\$2,000,000.00	1.00	\$2,000,000.00
Second Year	785	0	\$0.00	\$2,000,000	\$2,000,000.00	.75	\$1,500,000.00
Third Year	749	0	\$0.00	\$2,000,000	\$2,000,000.00	.50	\$1,000,000.00
Fourth Year	715	0	\$0.00	\$2,000,000	\$2,000,000.00	.25	\$500,000.00
Total Amount							\$5,000,000.00

Medicaid Share Calculations

Total Medicaid and Passport Inpatient Bed Days: 270
 Total Bed Days: 2004
 Percentage of total charges which are non-charity: (Total charges - uncompensated charges)/total charges) 95.93%
 Total Beds that should be considered non charity: 1922
 Total Medicaid Percentage: 14.04787%
 Total Medicaid Aggregate EHR Incentive Payment: \$702,393.34
 Total Estimated Medicaid Aggregate EHR Incentive Payment second year (40%): \$280,957.33

Previous Next

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.

10.7 Document Upload Screen

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Document Upload (Step 3 of 4) (Year 2 Attestation) Logout

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

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 S-10 if applicable. If S-10 was not required, upload your methodology and figures for uncompensated care
6. Three previous years worksheet S-3, Part 1

	Payment Year	File Name	Description
View	1	Cerner_FirstNet_Signed.pdf	Purchase Order
View	1	Cerner_HealthSentry_Signed.pdf	Invoice
View	1	Cerner_PowerChart_Signed.pdf	Invoice
View	1	PeriGen Letter.pdf	Receipt
View	1	380 Community Hospital Cos.pdf	Cost Reports
View	1	380 Statistics 01-10 to 03.pdf	Patient Volume
View	1	20120127110042433(Cerner A).pdf	Receipt

Upload a new PDF document:

Please select the documentation type:

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

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

10.8 Attestation Screen

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

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

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

CMS/NLR:			
Applicant National Provider Index (NPI):	1111111111	Name:	Test Hospital
Applicant TIN:	1111111111	Address 1:	1 Test Street
Payee National Provider Index (NPI):		Address 2:	
Payee TIN:	1111111111	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 S-3 part 1, 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 S-3 part 1, col. 7, line 14)
	Total Medicaid HMO inpatient bed days: (w/s S-3 part 1, col. 7, line 2)
	Total inpatient bed days: (w/s S-3 part 1, col. 8, line 14)
	Total hospital charges: (w/s c part 1, col. 8, line 202)
	Total uncompensated care charges: (XMAP-4, line 4)

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.

Previous
Submit

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

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11 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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12 Issues/Concerns Screen

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

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Payments (Year 2 Attestation)

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

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

Wyoming.gov | Citizen | Business | Government | Visitor

Wyoming Electronic Health Record Incentive

HOME PROVIDERS HOSPITALS WY TOTAL HEALTH RECORD (THR) RESOURCES NEWS CONTACT US

Contact Us
Wyoming Department of Health Medicaid Incentive Payment Program
6101 Yellowstone Rd. Suite 210
Cheyenne, WY 82002
PHONE (307) 777-5414

Your Name (required)
Your Email (required)
Phone
Your Message
Send

Quick Links
Provider Applications
Hospital Applications
Hospital Calculator
WYH Public Health Meaningful Use Measures
Meaningful Use FAQs
Other FAQs
State Medicaid Health Information Technology

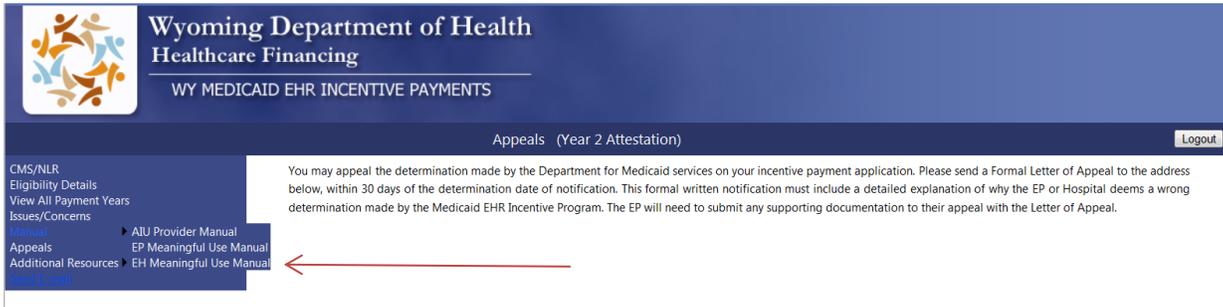
Latest News
What certified products are available for dentistry?
News from the Wyoming Department of Health
Health IT Toolkit for Rural Providers
Wyoming State Medicaid Health Information Plan (SHIP)
Wyoming Medicaid EHR Incentive Program Is Ready To Accept Registrations

Contact Us
Wyoming Department of Health Medicaid EHR Incentive Payment Program (WYHIPP)
Linda Cramer
6101 Yellowstone Rd. Suite 210
Cheyenne, WY 82002
PHONE (307) 777-5414
Contact Us

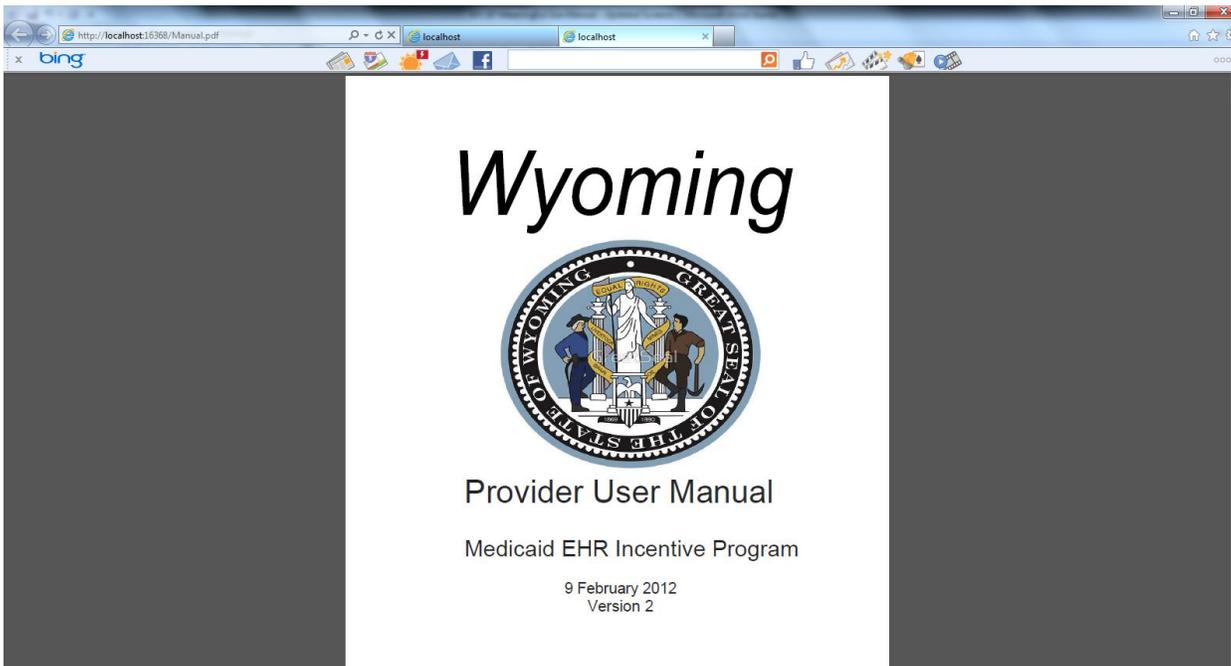
The hospital provider can submit their issue or concern by entering their name, email, phone number (not required), an explanation of the issue or concern, and clicking the send button on the web page. The Wyoming EHR staff monitors the submissions and will respond to the issue or concern by email or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

13 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.



14 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 includes the Wyoming Department of Health logo and the text 'Wyoming Department of Health Healthcare Financing 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 (with a right-pointing arrow). Below the menu is a 'Send E-mail' link. The main content area contains a paragraph: '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, 6101 Yellowstone Suite 210, Cheyenne, WY 82002. At the bottom center, 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 informs the EH of how to initiate an appeal and provides contact information for the appeal.

15 Additional Resources

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

**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 → WY Medicaid EHR Site
CMS EHR Site

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:	

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: 1 Test Street
Address 2:
City/State : Cheyenne WY

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.

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

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

Wyoming.gov | Citizen | Business | Government | Visitor

Wyoming Electronic Health Record Incentive

HOME PROVIDERS HOSPITALS WY TOTAL HEALTH RECORD (THR) RESOURCES NEWS CONTACT US

WYOMING MEDICAID EHR INCENTIVE PROGRAM

Got Incentive?

PAID TO DATE AS OF May 31, 2012
Wyoming Medicaid EHR Incentive Payment Program has paid eligible hospitals and providers...

Home
Welcome to the Wyoming Medicaid Electronic Health Record (EHR) Incentive Payment Program website... This site is designed to provide the

Latest News
What certified products are available for dentistry?
News from the Wyoming Department of Health
Health IT Toolkit for Rural Providers
Wyoming State Medicaid Health Information Plan (SHIP)
Wyoming Medicaid EHR Incentive Program Is Ready To Accept Registrations

Contact Us
Wyoming Department of Health
Medicaid EHR Incentive Payment Program (WYMIPP)
Linda Cramer
6101 Yellowstone Rd.

16 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.

