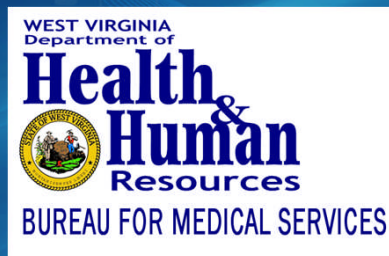




# Registration & Attestation For WV Medicaid EHR Incentive



Medicaid Hospitals  
*August 8, 2011*

## Agenda:

- **Federal EHR Incentive Program and Timeline**
- **WV Medicaid EHR Incentive for hospitals**
  - Eligibility and requirements
  - Medicaid incentive payment calculation
- **WV Medicaid EHR Registration/Attestation Process**

# Why CMS is doing this— Desired Progression of EHR Use

2010

2011

2013

2015

Data  
capture and  
sharing

Advanced  
clinical  
processes

Improved  
outcomes

Source: DHHS, HIT Policy Committee, Meaningful Use  
Workgroup Presentation, 7/16/09

# Eligibility

- Unlike individual providers, hospitals can collect from both Medicare and Medicaid
- Medicare
  - An eligible acute care inpatient hospital is defined as a health care facility with an average length of patient stay of 25 days or fewer and with a Claim Control Number (CCN) that has the last four digits in the series 0001-0879 or 1300-1399
  - Must be a subsection (d) hospital, which excludes any hospital not paid under PPS (rehab, children's hospitals, long-term care, psychiatric, cancer centers)
- For Medicaid
  - Same definition for hospitals as Medicare, plus Children's Hospitals are also eligible under the Medicaid program (CCN 3300-3399).
  - Medicaid volume (inpatient discharges and ER visits) over 90 days must be at least 10%. There is no Medicaid patient volume requirement for children's hospitals

## Payment timing-Medicare vs. Medicaid

- Medicare---calculated every year and paid over 4 consecutive years
  - Last year to start is 2013 to receive the full incentive amount
- Medicaid---calculated once and paid out over 3 years in WV (50%, 40%, 10%). Years may not be consecutive and hospitals have 6 years once the initial application for the incentive is made.
  - Last year to start is 2016 to receive the full incentive amount
- Hospital payment year is Federal Fiscal Year
  - Year beginning on October 1 and ending September 30
  - First available payment year began October 1, 2010

## Medicaid-First year differs from Medicare: Adopt/Implement/Upgrade (A/I/U)

- Adopted – Acquired and Installed
  - Ex: Evidence of installation prior to incentive
- Implemented – Commenced Utilization of
  - Ex: Staff training, data entry of patient demographic information into EHR
- Upgraded – Expanded
  - Upgraded to certified EHR technology or added new functionality to meet the definition of certified EHR technology

Year 1 investment relates to “up until now”; years 2-6 updated each year

## **Medicare and Medicaid after the initial payment year: Meaningful Use-Stage 1**

- Stage 1 applies in 2011 and 2012—maybe longer. Stage 2 and Stage 3 will each be progressively more complex
- To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology
- Eligible hospitals have to report on 19 of 24 MU objectives; 14 core plus 5 choice
- Reporting Period – 90 days for first year; full year subsequently
  - Clinical quality indicator reporting is one MU objective and there are core and menu indicators

## EHR reporting period

- 1<sup>st</sup> year – Continuous 90 day period **within payment year**
  - Hospital reporting period beginning July 3<sup>th</sup>
    - Meaningful use met September 30th
  - Hospital reporting period beginning July 4<sup>th</sup>
    - Meaningful use met December 29th
- Subsequent – Entire payment year

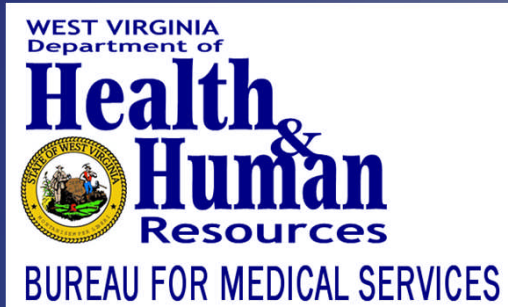


## Medicaid Eligible Hospitals

- Acute care hospitals (including Critical Access Hospitals) must have at least 10 percent Medicaid Patient Volume based on patient encounters
  - Inpatient Discharges plus Emergency Room visits
  - Any representative continuous 90-day period in most recent fiscal year
  - Border hospitals can only count Medicaid volume from West Virginia Medicaid.

## Medicaid Hospital Payment Amount

- PPS and CAH payments are calculated under same methodology as Medicare PPS, but using Medicaid Share instead of Medicare Share AND
  - The total payment is calculated only once
  - Payment made over 3 – 6 years, state choice
    - No more than 50% of payment in 1 year; No more than 90% of payment in 2 years
    - BMS will pay 50%-40%-10% over three years
  - “Adopt, implement or upgrade certified EHR technology”
    - No meaningful use requirement in year 1
    - Meaningful use required for future years



Medicaid EHR Registration/Attestation

# THE PROCESS

# Two-Step Process

1. National Registration
2. State BMS Portal

## Registration

- You must register before you can submit attestation
- Hospitals are encouraged to register early
  - <https://ehrincentives.cms.gov/hitech/login.action>
- Hospitals with 10% Medicaid volume should select **Medicare and Medicaid** during the registration process, even if your hospital is not yet ready to attest for Medicare. *Once a payment has been initiated, the option selected cannot be changed.*

# WV Process-once NLR registration complete

Go to [www.wvmmis.com](http://www.wvmmis.com), login, and select the W.V. Medicaid EHR Incentive Program. Providers are required to have a login user name and password. Please call 1-888-483-0793 or use the following link <https://www.wvmmis.com/xjRegManage/tradingPartnerRegRight.screen> for a login user name and password.



**MOLINA**  
Medicaid Solutions | Your Extended Family.

Site Access

- Alerts
- Home
- Logout
- Password Reset
- View Trading
- Partner Information
- Site Requirements
- Suggestions

Reference

- Contact WVMMS
- Documents
- FAQ
- Forms
- Manuals
- Pharmacy
- Newsletters
- Provider Directory
- User Guides
- WV EHR Incentive Program**

powered by xjSERIES™

## Welcome to Health PAS Online

serving West Virginia Medicaid



The graphic shows a large, leafy tree with several circular portraits of healthcare professionals (doctors and nurses) positioned around its branches. Above the tree is a small toolbar with icons for print, email, and other functions.


# WV Registration-Welcome page


Welcome to the Provider Incentive Payment System for the Medicaid EHR Incentive Program

## About This Site

The Medicaid Electronic Health Records (EHR) Incentive Program provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

The Provider Incentive Payment (PIP) system is for the Medicaid EHR Incentive Program. Those wanting to take part in the program will use this system to participate in the program.

**Additional Resources:** For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#) 

**Eligible to Participate** - There are two types of groups who can participate in the program. For detailed information, visit [CMS website](#) .

 [Eligible Hospitals](#)



 [Eligible Professionals \(EPs\)](#)

CONTINUE

# WV Registration-Home page

Home Registration Attestation Status

Welcome

First Successful Login | Unsuccessful Login Attempts: 0

---

### Notifications

Welcome to the Provider Incentive Payment System

Medicaid EHR incentive program participants can complete their attestation and receive incentive payments using this system.

You will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program.

---

### Instructions

Select any tab to continue.

**Registration Tab**

Please select the Registration tab above to perform any of the following actions:

- Associate one or more Incentive Program Registrations with your user account
- Verify the content of an associated registration

**Attestation Tab**

Please select the Attestation tab above to perform any of the following actions:

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation

**Note:** You can attest for any registration associated with your user account.

**Status Tab**

Please select the Status tab above to perform any of the following actions:

- View current status of your Attestation and Payments(s) for the Incentive Program.


**Note:** You can view the status of any registration associated with your user account.

---

[Department of Health & Human Services](#) | [Bureau for Medical Services](#)

[Web Policies & Important Links](#) | [Accessibility](#)

WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002



You will come back to this screen to attest, complete attestation, or check status



# WV Registration

[Home](#) | [Help](#) | [Log Out](#)

[Home](#) | [Registration](#) | [Attestation](#) | [Status](#)

## Registrations

### Registration Instructions

Welcome to the Registration Page.

Eligible Professionals (EP) and Eligible Hospital(s) can register for the Medicaid EHR Incentive Program at the CMS Website. Please allow at least 24 hours for the State to receive and process your registration.

Once the State has received and processed your registration, you can add the registration to the list below. Registrations in this list will appear on the Attestation tab and the Status tab.

Select one of the following actions to manage the registrations associated with your Provider Incentive Payment System (PIP) user account:

#### Add Registration

Please select the **ADD REGISTRATION** button to associate a registration with your PIP user account for any of the following reasons:

- You are an EP or eligible hospital and have completed the Medicaid EHR Incentive Program registration at the CMS Website. You want to associate the registration with your PIP account to begin attestation.
- You are working on behalf of an EP or eligible hospital and want to view the provider's EHR Incentive Program records and/or attest on behalf of the provider.

#### View Registration

Please select the **View** action next to the registration in the list to view the registration information that was entered at the CMS Website.

#### Remove Registration

Please select the **Remove** action next to the registration in the list to disassociate the registration from your PIP user account. The registration and attestation information will not be lost. You can re-associate the registration by selecting the ADD REGISTRATION button.

### Registration Selection

Identify the desired registration and select the Action you would like to perform.

Action	Name	Tax Identifier	National Provider Identifier (NPI)	Status	Action
<a href="#">Select</a>	General Hospital	160 (EPN)	11	Active	<a href="#">Remove</a>
<a href="#">Select</a>	Provider Name	XXX-XX-1234 (SSN)	181	Active	<a href="#">Remove</a>

Please select the **ADD REGISTRATION** button to add a registration to the list.

[ADD REGISTRATION](#)

# Registration verification

Information is verified based on the data entered in the NLR. Inaccuracies must be corrected through that system.

Home | Help | Log Out

Home Registration Attestation Status

**Registrations**

**Registration Information**

Please review the registration summary below to ensure this is the correct registration information. If any information is incorrect, please update the information at the CMS Website.


<b>Registration ID:</b> 10	<b>Business Address:</b>
<b>Name:</b> General Hospital	1325 L Ave
<b>TIN:</b> 31: (EIN)	Fairmont, WV, 21435
<b>NPI:</b> 175	<b>Phone #:</b> 30-7130 100 Ext.
<b>CCN:</b> S10047	<b>E-Mail:</b> abc@test.org
<b>Incentive Program:</b> Medicare / Medicaid (MD)	

[PREVIOUS PAGE](#)

[Department of Health & Human Services](#) | [Bureau for Medical Services](#)

[Web Policies & Important Links](#) | [Accessibility](#)

WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002



# Attestation Process

## What you need:

- A copy of your facility's financial cost report for the previous fiscal year and discharge information for the past 4 years. This data is used to calculate the payment your facility is entitled to and must include the following:
  - Total hospital discharges in the 4 fiscal years previous for the system to calculate the facility's Annual Average Growth rate
  - Total Inpatient Bed Days
  - Total Medicaid Bed Days
  - Total Medicaid Managed Care Bed Days
  - Total Hospital Charges
  - Total Charity Care Charges
- The registration ID that was provided upon registering with CMS; your facility and payee NPI.
- CMS certification number for your EHR/EMR

## **You will also need:**

- Medicaid encounter volume for a 90 day period during your last fiscal year (inpatient discharges and ER visits wherein multiple visits on one day by one person count as one)
- Total volume for the same 90 day period, using the same definitions

## Attestation process notes

- You do not need to complete the Attestation process in one sitting. Each screen in the Attestation flow has a Save and Continue button. This will save your changes and allow you to stop at any time without the loss of data that was entered on that page. The attestation process does not allow you to skip forward to screens or jump past a screen without entering data. You may edit answers until you have submitted the attestation.
- The BMS Provider Incentive Payment Manual includes a worksheet that can be completed in advance of starting the online process and walks through all the required data.

# Attestation starting point

Home | Registration | **Attestation** | Status

## Attestations

### Attestation Instructions

Welcome to the Attestation Page

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

**Attest**  
Please select the **Attest** link to start attestation

- Attest for an EHR incentive programs payment year
- Continue and incomplete attestation

**Cancel**  
Please select the **Cancel** link to Cancel processing of a submitted attestation

**Resubmit**  
Please select the **Resubmit** link to Resubmit an attestation that was previously deemed ineligible


### Attestation Selection

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

Name	Tax Identifier	National Provider Identifier (NPI)	Period	Status	Action
General Hospital	60 (EIN)	1	Payment Year 1 (10/1/2010 - 9/30/2011)		<a href="#">Attest</a>
<input type="text" value="Provider Name"/>	XXX-XX-XXXX (SSN)	185	Payment Year 1 (1/1/2011 - 12/31/2011)		<a href="#">Attest</a>

[Department of Health & Human Services](#) | [Bureau for Medical Services](#)  
[Web Policies & Important Links](#) | [Accessibility](#)

WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002



Beginning  
of the  
actual  
attestation  
screen  
sequence

Home Registration **Attestation** Status

**Topics for this Attestation**

Registration ID: 1000000208

**Reason for Attestation**

- You are a Medicaid Eligible Professional completing an attestation for the EHR Incentive Program.
- You completing an attestation for the EHR Incentive Program on behalf of a Medicaid Eligible Professional.

**Topics**

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the **START ATTESTATION** button to modify any previously entered information. The system will show checks for each item when completed.

Completed	Topics
—	Eligibility
—	Payments
—	Adopt, Implement, or Upgrade Certified EHR Technology


**Note:**

When all topics are marked as completed or N/A, please select the **SUBMIT & ATTEST** button to complete the attestation process.

[PREVIOUS PAGE](#) [START ATTESTATION](#) [SUBMIT & ATTEST](#)

[Department of Health & Human Services](#) | [Bureau for Medical Services](#)  
[Web Policies & Important Links](#) | [Accessibility](#)

WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002



*A check mark will appear next to the topic when it is completed and the required answers are entered and saved.*

*Topics become available as prerequisite topics are completed*

After a registration confirmation step, Medicaid encounter volume information is entered to confirm eligibility

Attestations > Attest > Eligibility

### Questionnaire: (1 of 1)

(\*) Red asterisk indicates a required field.

#### Medicaid Patient Volume

To be eligible to participate in the Medicaid EHR Incentive Program, an eligible hospital must meet certain Medicaid patient volume thresholds.

\* Select any 90-day period in the previous Federal fiscal year for your patient volume figures.

Start Date:  End Date:

Complete the following information:

**Numerator** An encounter for a hospital is defined as services rendered to an individual per inpatient discharges AND services rendered to an individual in an emergency department on any one day where Medicaid or a Medicaid demonstration paid for part or all of the service or paid all or part of their premiums, co-payments, and/or cost-sharing.

\* fee-for-service (FFS) encounter

\* managed care encounter +

Total number of Medicaid patient encounters treated during the 90-day period. =

**Denominator** \* All patient encounters over the same 90-day period.

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

An encounter for hospitals is defined as the number of inpatient discharges and the number of ER encounters over a 90 day period during the hospital's most recently completed fiscal year.



## Payment

- The system will calculate the amount for your hospital based on the information that you enter. Remember to use an auditable data source such as the Medicare cost report.
- Selecting the appropriate Cost Report is important:** Calendar year is not an option. 42 CFR 495.31 (g)(1)((i) (B) states that the discharge-related data amount must be calculated using a 12 month period that ends in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year.

### EXAMPLES

1<sup>st</sup> payment year (if payment by Sept 30, 2011) = FFY11; One year prior = FFY10. Hospitals must use their year- end cost report that falls within the period Oct 1, 2009 – Sept 30, 2010.

If hospital A YE = 12/31/2011, hospital A must report discharge and Medicaid share data using their cost report ending 12/31/2009

If hospital B YE = 6/30/2011, hospital B must report discharge and Medicaid share data using their cost report ending 6/30/2010

If hospital C YE = 9/30/2011, hospital C must report discharge and Medicaid share data using their cost report ending 9/30/2010

# Payment Calculation information

In the user manual, there is a series of definitions for the terms that are on the screens. In addition, the manual includes a worksheet that can be completed and then referenced during the online attestation process.

## Medicaid Incentive Payment Calculation (1 of 2)

(\*) Red asterisk indicates a required field.

### Selecting Cost Report

42 CFR 495.31 (g)(1)(i) (B) states that the discharge-related data amount must be calculated using a 12 month period that ends in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year. To assist hospitals in determining the correct cost reporting period(s) to utilize in entering discharge and Medicaid share data used in calculating their HIT incentive payment, the following reference is provided.

1. Enter the current federal fiscal year in which you are applying (If applying prior to 9/30/11 enter FY2011: if applying 10/1/11 enter FY2012)
2. Subtract from the date entered in Step 1, one fiscal year (Assuming FFY 2011 is entered, the date entered would be FFY 2010)
3. Select the year end cost report that falls within the FFY identified in Step 2
  - a. If Hospital A YE = 12/31; Hospital A must report discharge and Medicaid share data using their cost report ending 12/31/2009
  - b. If Hospital B YE = 6/30; Hospital B must report discharge and Medicaid share data using their cost report ending 6/30/2010
  - c. If Hospital C YE = 9/30; Hospital C must report discharge and Medicaid share data using their cost report ending 9/30/2010

### Average Annual Growth Rate

To determine the average annual growth rate of the eligible hospital or CAH, please enter the number of discharges in the four most recent years of available data.

Complete the following information:

Most recent year of available data:

\* Total hospital discharges in FY2010:

\* Total hospital discharges in FY2009:

\* Total hospital discharges in FY2008:

\* Total hospital discharges in FY2007:

Average Annual Growth Rate:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#)

[SAVE AND CONTINUE](#)

# More payment calculation input...

## ***Medicaid Incentive Payment Calculation (2 of 2)***

(\*) Red asterisk indicates a required field.

The "Medicaid Share", against which the overall EHR amount is multiplied, is essentially the percentage of a hospital's inpatient, non-charity care days that are attributable to Medicaid inpatients. More specifically, the Medicaid share is a fraction expressed as - Estimated Medicaid inpatient-bed-days plus estimated Medicaid managed care inpatient-bed-days; Divided by; Estimated total inpatient-bed days multiplied by ((estimated total charges minus charity care charges) divided by estimated total charges).

### ***Medicaid Share***

To determine the Medicaid Share and calculate the eligible hospital or CAH incentive payment amount, please enter the following information using data from fiscal year 2010 (10/1/2009 - 9/30/2010).

Complete the following information:

\* Total discharges:

\* Total inpatient-bed-days:

\* Medicaid inpatient-bed-days:

(excluding Medicaid managed care)

\* Medicaid managed care inpatient-bed-days:

\* Total hospital charges:

(including charity care charges)

\* Charity care charges:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**PREVIOUS PAGE**

**SAVE AND CONTINUE**

# Payment Calculation

•**EHR Amount = (\$2,000,000 + (\$200.00\*Total Discharges))\*transition factor**

The sum of the following calculations for each year in a hypothetical 4 year period. This uses discharges from last FY and applies a 3 year historical trend.

(The base amount of \$2,000,000 plus the discharge related amount - \$200 for the 1,150th through the 23,000th discharge for each 12 month period.)

•**Multiplied by:** the transition factor for the year:

- 1 – for year 1
- 3/4 – for year 2
- 1/2 – for year 3
- 1/4 – for year 4

•**Step 1: Calculate Medicaid Share**

Medicaid Share = (Estimated Medicaid inpatient-bed-days + estimated Medicaid managed inpatient-bed-days) divided by: (Estimated total inpatient-bed-days \* (estimated total charges – charity care charges))divided by estimated total charges

•**Step 2: Multiply the EHR Amount \* Medicaid Share = Total Hospital Incentive Payment Amount**

# Payment schedule

*Eligibility*


[Attestations](#) > [Attest](#) > Payment Schedule

## ***Payment Schedule***

Based on the values entered for the Incentive Payment calculation in the previous screen, the Eligible Hospital -  $\epsilon$  ON MEMORIAL HOSPITAL CO may receive an incentive payment of **\$65,150,000.00**. The Payment will be broken down into three fiscal years and the hospital will receive the payment in parts as shown below:

Payment Year	Payment Amount
October 1, 2010 - September 30, 2011	\$32,575,000.00
October 1, 2011 - September 30, 2012	\$26,060,000.00
October 1, 2012 - September 30, 2013	\$6,515,000.00

The aggregate EHR hospital incentive amount is calculated using an overall EHR amount multiplied by the Medicaid share. The overall EHR amount is equal to the sum over 4 years of (I)(a) the base amount (defined by statute as \$2,000,000); plus (b) the discharge related amount defined as \$200 for the 1,150th through the 23,000th discharge for the first year (for subsequent years, States must assume discharges increase by the provider's average annual rate of growth for the most recent 3 years for which data are available per year); multiplied by (II) the transition factor for each year equals 1 in year 1, 3/4 in year 2, 1/2 in year 3, and 1/4 in year 4.

[PREVIOUS PAGE](#) [CONTINUE](#) 

# Moving into the AIU attestation...

**Adopt, Implement, or Upgrade EHR**

[Attestations](#) > [Attest](#) > Adopt, Implement or Upgrade

(\*) Red asterisk indicates a required field.

**Instructions:**

The Medicare and Medicaid EHR Incentive Programs require the use of certified EHR technology. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments.

REMEMBER: You do not need to have your certified EHR technology in place to register for the EHR incentive programs! However, you must adopt, implement, upgrade, or successfully demonstrate meaningful use of certified EHR technology under the Medicaid EHR Incentive Program before you can receive an EHR incentive payment.

Enter the CMS EHR Certification ID you received from the ONC EHR CHPL Web site.

\*CMS EHR Certification Number:

\*Adopt/Implement/Upgrade Status:

I certify that I adopted, implemented, or upgraded to the above EHR for a 90-day period in the current payment year ,starting on the following date.

\*Please select a 90-day period in the current payment year

Start Date:

End Date:

# Attestation

## Attestation Information

Please review the summary below to ensure this is the correct attestation information and reason you wish to submit. If the summary below is correct, select the **CONTINUE** button at the bottom of this page.

For changes to the Registration Data you need to please return to the [CMS website](#) to edit the information. To make changes to your Attestation Details click the **PREVIOUS** button

### Registration Data:

<b>Registration ID:</b> 1	<b>Business Address:</b>
<b>Name:</b> I	PO BOX 0
<b>TIN:</b> XX:	MORGANTOWN, WV, 26507-780
<b>NPI:</b> 1	<b>Phone #:</b> 300
<b>Payee NPI:</b> 1	<b>E-Mail:</b> k@com.
<b>Payee TIN:</b> 1	
<b>Incentive Program:</b> Medicaid	

### Verify Email Address:

Confirm or update the email address to which you would like to receive notifications about the status of the attestation.

Email Address:

## Reason(s) for Submission

- You are an Eligible Professional attesting for a payment year in the incentive program.
- You have decided to resubmit your attestation information.

[PREVIOUS PAGE](#)

[SUBMIT](#)

The Submit Attestation button remains disabled if the eligibility checks failed or not all required questions have been answered. Only if the eligibility checks passed and all required questions are answered, does the system allow you to move forward.

# The success screen!

*Submission Receipt*

[Attestations](#) > [Attest](#) > Submission Receipt

---

## ***Successful Submission***

You have successfully attested for the Medicaid EHR Incentive Program. IMPORTANT! Please Note:

- You can make a note of the Payment Schedule provided to you
- You may print this page

<b>Registration ID:</b>	<b>Business Address:</b>
<b>Name:</b>	
<b>TIN:</b>	
<b>NPI:</b>	<b>Phone #:</b>
<b>Payee NPI:</b>	<b>E-Mail:</b> WV@test.org
<b>Payee TIN:</b>	
<b>Incentive Program:</b> Medicaid	

---

## ***Attestation Tracking Information***

- You are an Eligible **Professional** attesting for a payment year in the incentive program.
- You have decided to resubmit your attestation information.

[PRINT](#)      [RETURN TO HOME](#)



## Things To Keep In Mind

- For the West Virginia Medicaid EHR Hospital Incentive Payment program a hospital must demonstrate AIU for year 1 by simply selecting within the West Virginia EHR Hospital Incentive Program web portal that they are adopting, implementing, or upgrading. However, hospitals should be prepared to provide proof of AIU according to the West Virginia Medicaid Provider Manual Common Chapter Section 800.19 Maintenance of Records.
- All information submitted during the registration and attestation process is subject to verification and audit.

## Going back into the system...

### Select *Review Attestation Status/Payment* from the home screen after log-in:

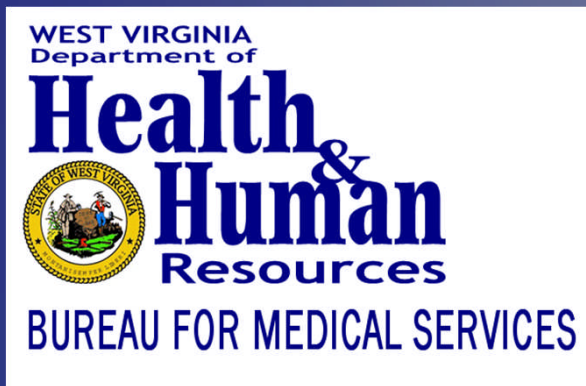
- Provides a screen that lists the registration IDs linked to you and displays attestation and payment status.

Emails will communicate status changes when they occur.

Help Desk will be able to provide support. More information is in the user manual.

## More Resources

- WV Medicaid EHR Incentive Program website  
<http://www.dhhr.wv.gov/bms/ehr>
- CMS EHR Incentive  
<http://www.cms.gov/EHRIncentivePrograms/>
- ONC Health Information Technology EHR product certification  
<http://onc-chpl.force.com/ehrcert>
- WV Regional HIT Extension Center (WVRHITEC)  
<http://www.wvrhitec.org>



## QUESTIONS?

Please submit questions by email to [dhhrehr@wv.gov](mailto:dhhrehr@wv.gov) or call 1-888 483-0793 and select option 8 when prompted.