Maryland Electronic Health Records (EHR) Incentive Program
Registration and Attestation System

Provider User Guide

Version 2

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CSC

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Provider User Guide

Introduction

To facilitate enrollment in the Maryland Medicaid EHR Incentive Program, Maryland, in partnership with Computer Science Corporation (CSC), developed the electronic Medicaid Incentive Program Payment (eMIPP) system. This document outlines the necessary requirements for providers and hospitals to be allowed entrance into eMIPP. It also describes how to log into the system, enter eligibility information, fill out "core" and "menu set" values for Meaningful Use, and attest with the State.

If you are a hospital representative seeking to attest with Maryland, please signal your intent to participate by emailing dhmh.MarylandEHR@maryland.gov. Although general information about accessing, registering, and attesting in eMIPP is provided in this document, additional instructions for participation will be provided to hospitals on an individual basis.

Hospitals will not be paid by Maryland until they have signaled their intent to register and attest by emailing the State at dhmh.MarylandEHR@maryland.gov.

All other providers please follow the instructions listed below.

Getting Started

To qualify to register with the Maryland Medicaid Electronic Health Record (EHR) Registration and Attestation System, providers must complete these two steps:

Step 1: Verify Eligibility and Register with CMS

a. Verify eligibility to participate in the Medicaid EHR Incentive Program – read the information available at http://mmcp.dhmh.maryland.gov/ehr/SitePages/who-is-eligible.aspx.

b. Register with the Centers for Medicare and Medicaid Services (CMS) – go to https://ehrincentives.cms.gov/hitech/login.action.

Note: At the completion of CMS-level registration, providers will receive a confirmation number. This number may be referred to as either the CMS Registration Number or NLR Registration ID. Save this number; you will need it to complete State registration.

Step 2: Verify Enrollment in Maryland Medicaid Fee-for-Service and eMedicaid

a. To participate in the Maryland Medicaid EHR Incentive Program, all providers must be enrolled with Maryland Medicaid Fee-for-Service. If you do not know if you are registered as a Maryland Medicaid Fee-for-Service provider, or if you would like to register, contact Provider Enrollment at (410) 767-5340.

b. Maryland also requires that providers enroll in eMedicaid, Maryland Medicaid's provider Web service portal. You can verify or create an eMedicaid account by going to https://encrypt.emdhealthchoice.org/emedicaid/. If you have any problems enrolling in eMedicaid, contact Provider Enrollment at (410) 767-5340.

Once a provider has completed these two steps, they may then proceed to the State Registration and Attestation System, https://emipp.dhmh.maryland.gov/.

Browser Requirement

Although eMIPP is designed to be accessed through all major browsers, it works best with Internet Explorer 8 (IE8). If you are having problems logging into the system when prompted to enter your NLR Number (CMS Registration ID), you should try accessing eMIPP with IE8.

Register for EHR Incentive Program

Log In

Providers will receive their Registration ID (NLR Registration ID) after CMS registration (Step 1b above). You cannot sign in to the Maryland Medicaid Registration site without this number. To log into the Maryland EHR Registration and Attestation System, visit https://emipp.dhmh.maryland.gov/.

If your eMedicaid username and password combination do not match with the NLR Registration ID, please check to make sure you have entered the correct ID. If the problem persists, it is likely that your eMedicaid profile is not associated with the individual National Provider Identifier (NPI) with which you enrolled with CMS for participation in the EHR Incentive Program.

Problems with your eMedicaid account can be addressed by calling (410) 767-5503.

Physician Registration

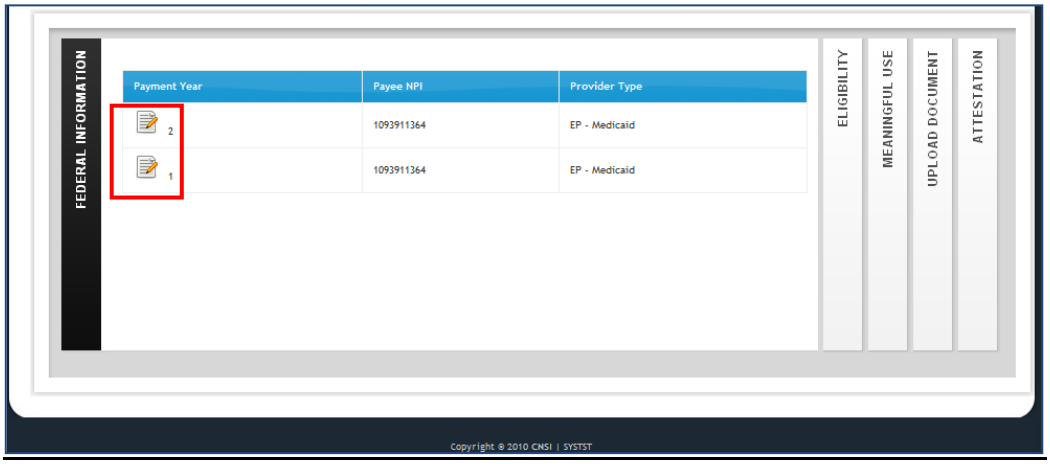
1. Login with eMedicaid username and password and click **submit**.
2. On the next screen, select **Go**.
3. Under MIPP Registration, select **Start**.
4. Enter your 10-digit NLR Registration ID; select **Search**.

Figure 1: Eligible Provider Registration ID

5. On the next screen, you will see a page with three tabs. By default, you will begin on Tab 1 **FEDERAL INFORMATION**.

On this tab, you need to review and confirm this information. The information is available by clicking on the icon that corresponds with your year of participation in the EHR Incentive Program. If this is your first year participating in the EHR Incentive Program you will only see one icon.

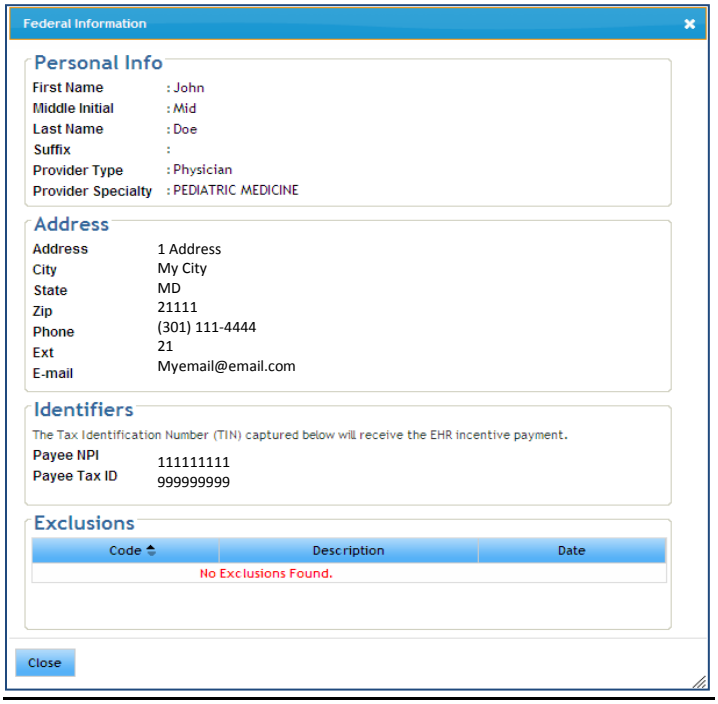
Figure 2: Eligible Provider Accessing Federal Information Screen



The information on this slide is the exact information you entered with CMS. If there are any issues with the information that need to be corrected, **STOP** and go back to CMS and correct the issue(s). Then wait between 24 and 48 hours before accessing eMIPP. If the updated information is displayed, you can continue. If not, wait one more day and try again. If the new information is not displayed, call the CMS EHR Incentive Program Information Center. The hours are as follows:

7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays.
1-888-734-6433 (primary number) or 888-734-6563 (TTY number)

Figure 3: Eligible Provider Federal Information



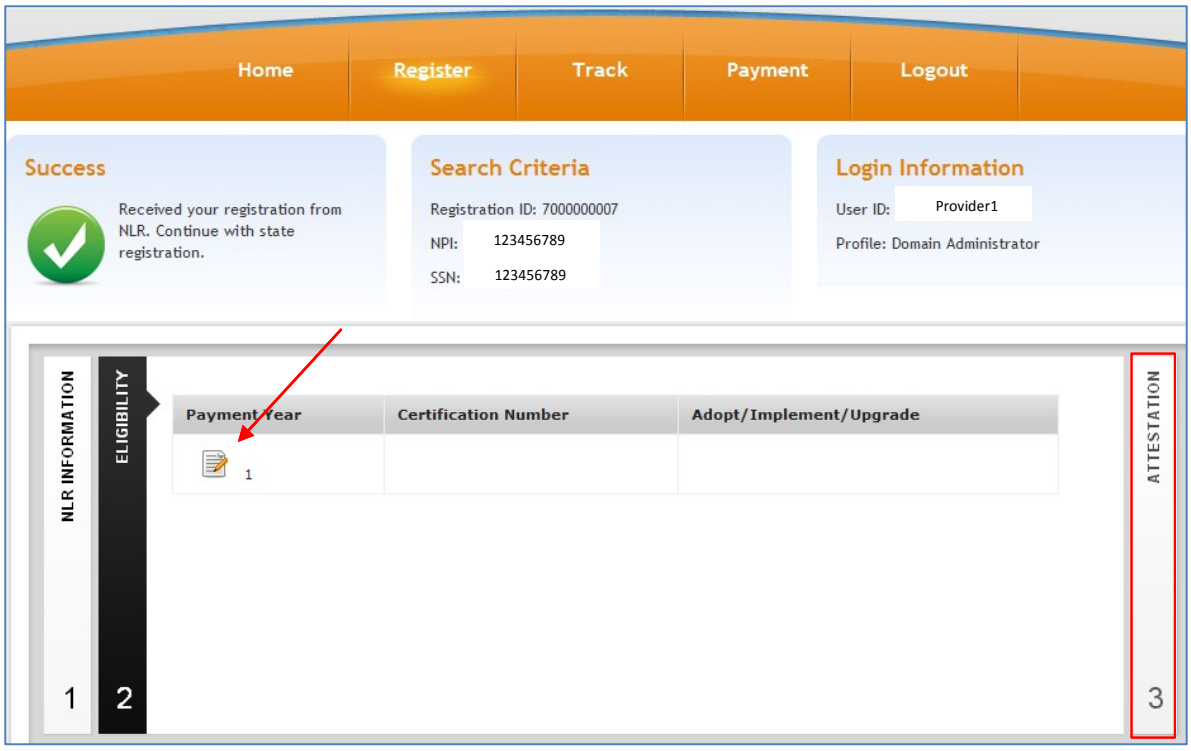
NOTE: Maryland will use the e-mail address listed in Figure 3 as the primary means of contact with you. Please make sure this is a valid e-mail address and that the inbox it is associated with is frequently monitored. After reviewing the information on Tab 1, click on Tab 2 **ELIGIBILITY**.

Submit Eligibility Information

All providers must attest to meeting eligibility criteria for participation in the EHR Incentive Program. This must be completed every year of participation.

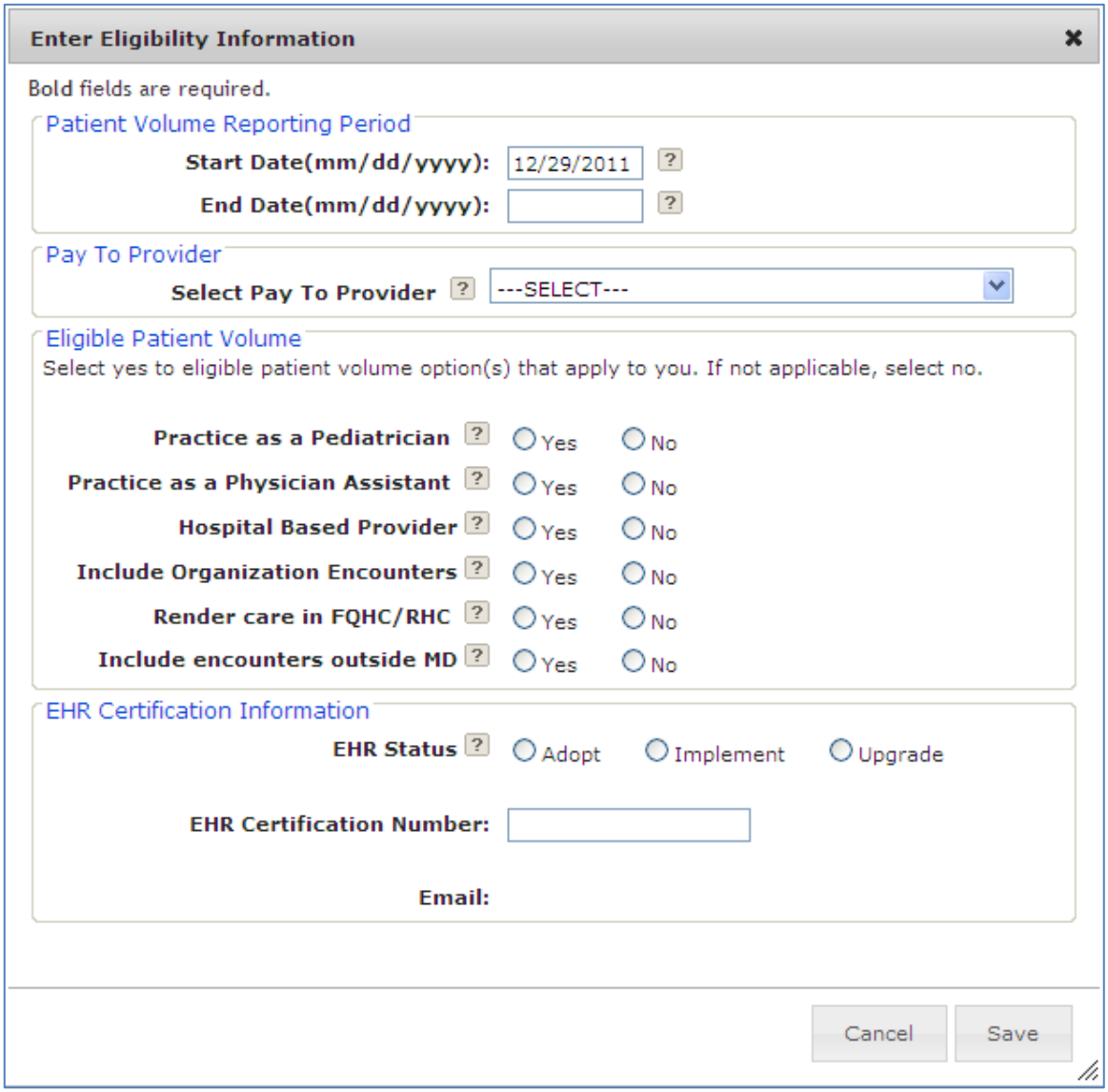
1. In Tab 2: **Eligibility,** click on the **Payment Year Icon** to add your EHR eligibility details.

Figure 4: Eligible Provider Accessing Eligibility Information Screen



2. **Enter Eligibility Information.** (Refer to the six scenarios on pages 13- 18 for more information on filling out this section; or, refer to Maryland Medicaid's State Registration video tutorial (http://mmcp.dhmh.maryland.gov/ehr/Videos/EP%20User%20Guide_01.2012.avi))

Figure 5: Eligible Provider Entering Eligibility Information



Note: Throughout this screen, any of the "?" icons can provide a pop-up tip for that item. Place your mouse over the icon and a pop-up tip will display.

Patient Volume Reporting Period: Enter the start date (in MM/DD/YYYY format) that you want to start your eligibility reporting period. This is not your meaningful use reporting period in year 1, it is the consecutive 90-day period in the prior calendar year that you are reporting your eligible/Medicaid patient volume. Once you fill in the start date, click in the end date field and the

system will automatically fill in the end date. **Note**: Both the start and end date must be in the prior calendar year—it cannot span multiple years. Your reporting period can be any consecutive 90- day period within the prior calendar year.

Eligible Patient Volume: All providers must also complete this section; however, depending on how you answer the questions you will be prompted for slightly different information.

Practice as a Pediatrician: Only select this option if you submitted to Maryland Medicaid during enrollment as a Fee-For-Service Maryland Medicaid provider proof of specialty, including documentation of three years experience, completion of a fellowship, or if you submitted proof that you are certified by the American Board of Pediatrics. If you are unsure of your designation, please call Provider Enrollment at (410) 767-5340.

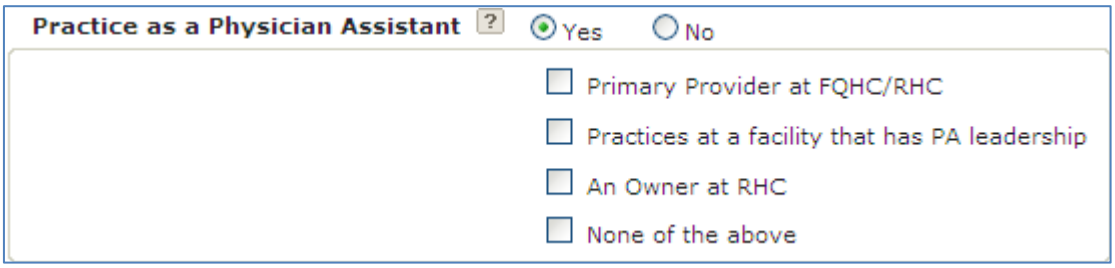
If yes, check all the boxes that apply. You must check at least one of the first three to be considered eligible.

Practice as a Physician Assistant: Only select this option if you are a Physician Assistant (PA) who practices predominantly in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) that is "PA-led." In Maryland, "so led" has the following meanings:

1. When a PA is the primary provider in a clinic (for example, when there is a part-time physician or full-time PA); or
2. When a PA is a clinical or medical director at a clinical site of practice.

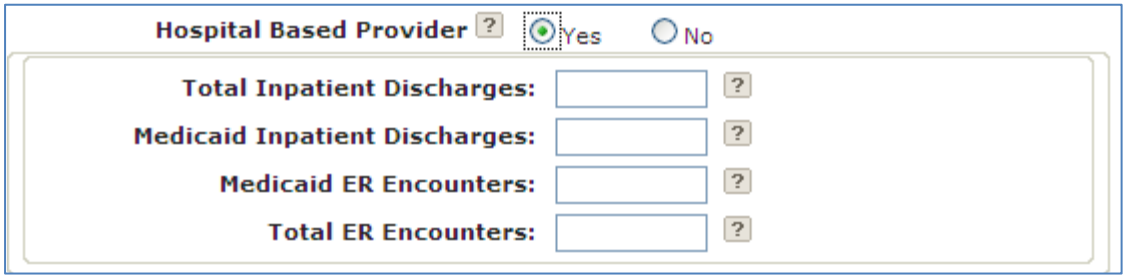
If you think you are a PA that meets one of these requirements, you must contact the Department of Health and Mental Hygiene (DHMH) at dhmh.MarylandEHR@maryland.gov **before continuing with registration**.

Figure 6: Eligibility Information for Physician Assistant



Hospital Based Provider: Only select this box if you rendered any care in a hospital setting during the reporting period. This would include hospital in-patient and emergency room settings. This is based on the Place of Service Code (POS Code). Only POS Codes 21 (Inpatient Hospital), and 23 (Emergency Department) are included. When you select "yes," an additional question will appear asking for the numbers of encounters in the hospital setting. In order to be eligible to participate in the Medicaid EHR Incentive Program, you must have less than 90 (ninety) percent of your covered professional services in either the inpatient (Place of Service 21) or emergency department (Place of Service 23) of a hospital. The only exception is for providers practicing predominantly in an FQHC or RHC.

Figure 7: Eligibility Information for Hospital-Based Provider Determination

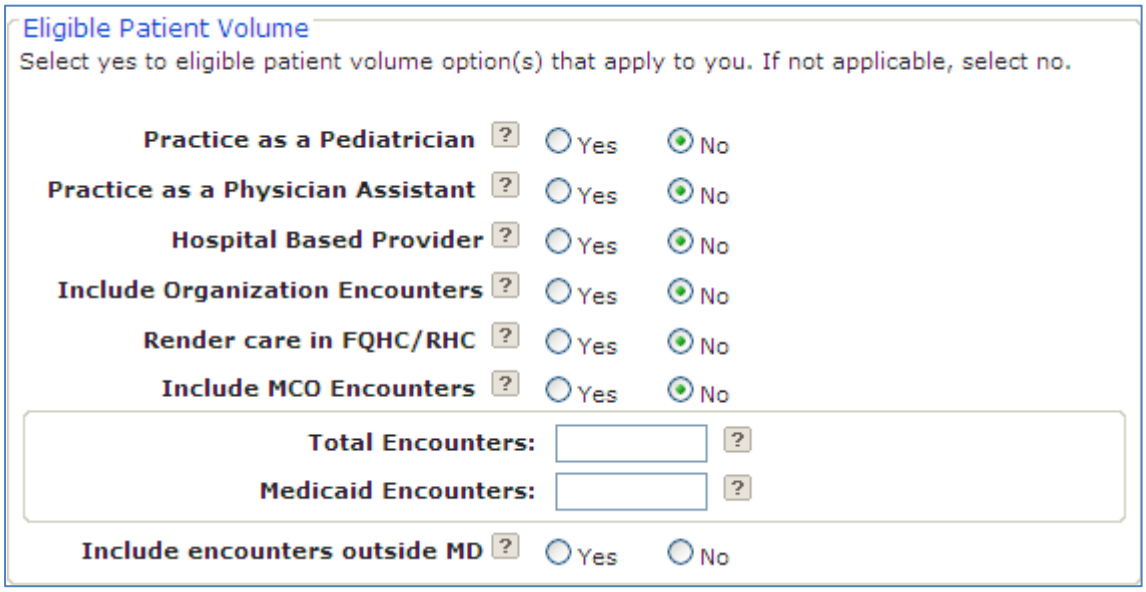


Depending on how you answer **Include Organization Encounter**, **Render Care in FQHC/RHC**, and **Include Managed Care Encounters**, you will be asked for different encounter volume items. Each of the scenarios are explained below. Refer to the video tutorial for additional scenarios.

Scenario 1:

Include Organization Encounters = **No**
Render Care in FQHC/RHC = **No**
Include MCO Encounters = **No**

Figure 8: eMIPP Default Eligibility Scenario

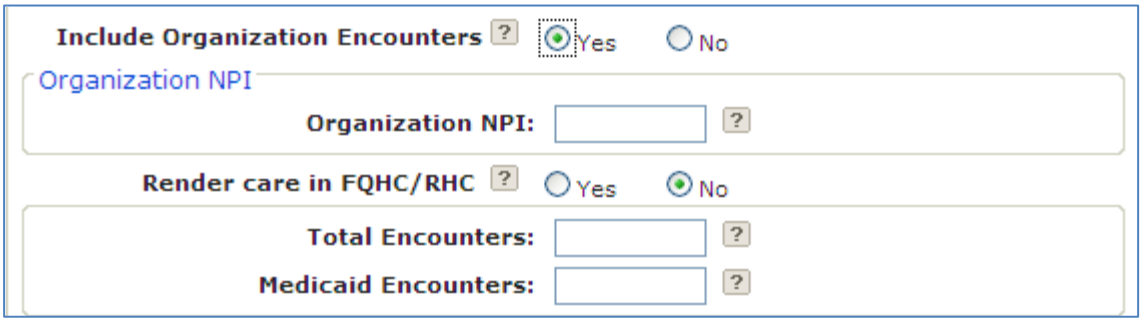


This is the simplest scenario. Enter your total encounters (all payers, all locations) and your Medicaid encounters in the provided fields.

Scenario 2:

Include Organization Encounter = **Yes**
Render Care in FQHC/RHC = **No**
Include MCO Encounters = **N/A**

Figure 9: Selection Criteria for Choosing "Group Proxy"



Under this scenario, you are electing to use your Practice/Organization's encounter numbers as a proxy. This is optional. You will need to provide the group or organization NPI that you are using as a proxy and Practice/Organization's encounter numbers. If you are choosing to use the "group proxy" approach to determine patient volume, you need to pool all the encounters for the entire group, including those who are not eligible provider types for participation in the EHR Incentive Program. Further, if you choose the "group proxy," no individual group member can apply for an EHR Incentive using their individual patient volume. Either the whole group participates using the group proxy or no one does.

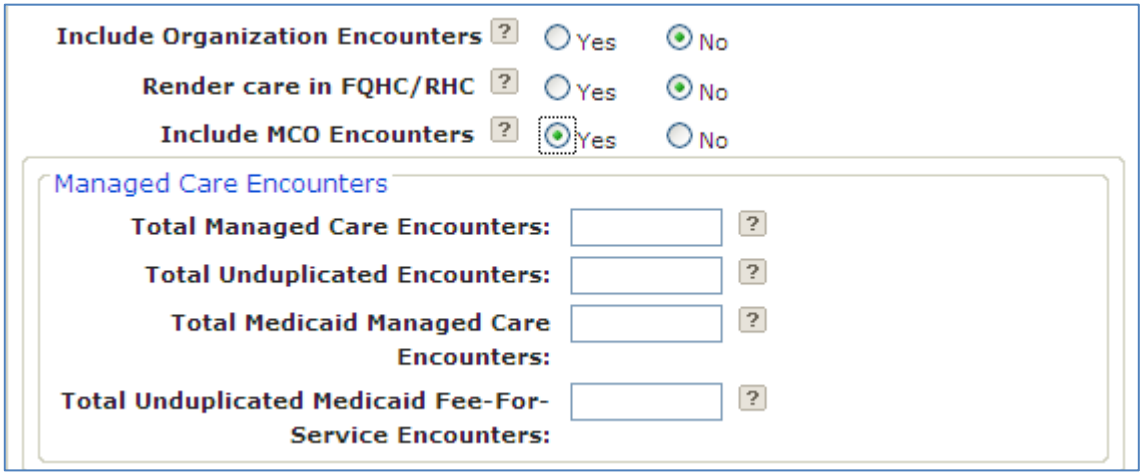
In some cases, Maryland Medicaid may instruct you to enter your group NPI, even if you are not choosing to use the "group proxy" approach.

Note: "Include MCO Encounter" is not a viable option in this scenario; however, you can still calculate your patient volume with your Managed Care Organization (MCO) encounters. You should include MCO encounters when calculating total and Medicaid encounters.

Scenario 3:

Include Organization Encounter = **No**
Render Care in FQHC/RHC = **No**
Include MCO Encounters = **Yes**

Figure 10: Selection Criteria for Choosing to Include Managed Care Organization (MCO) Encounters



Under this scenario, you are electing to include your managed care encounters. You must provide managed care encounters for both Medicaid and total (all payers including Medicaid).

Total Managed Care Encounters (1): These are all your managed care encounters, including private and Medicaid. You may not have any private managed care encounters.

Total Unduplicated Encounters (2): All non-managed care based encounters. This includes Fee-For-Service Medicaid, private insurance, etc.

Total Medicaid Managed Care Encounters (3): All Maryland Medicaid MCO encounters.

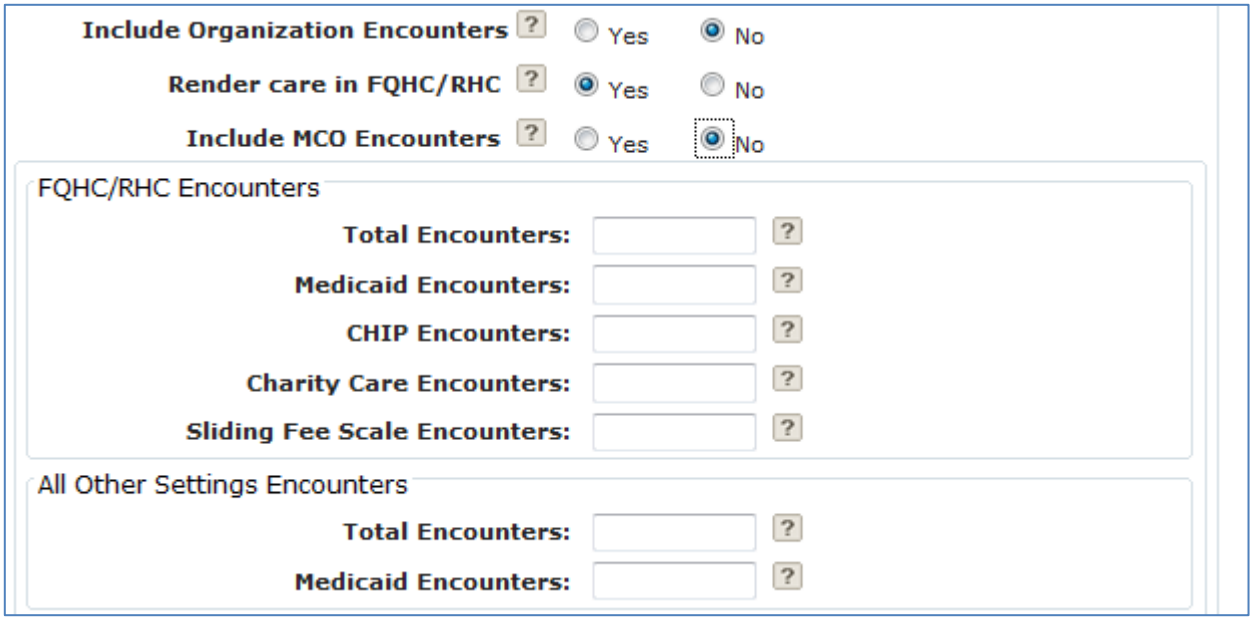
Total Unduplicated Medicaid Fee-For-Service Encounters (4): All Maryland Medicaid Fee-For-Service encounters.

To get your percentage you do the following:
(3+4) / (1+2) = percent of total encounters that are Medicaid.

Scenario 4:

Include Organization Encounter = **No**
Render Care in FQHC/RHC = **Yes**
Include MCO Encounters = **No**

Figure 11: Selection Criteria for Choosing Rendering Care in an FQHC



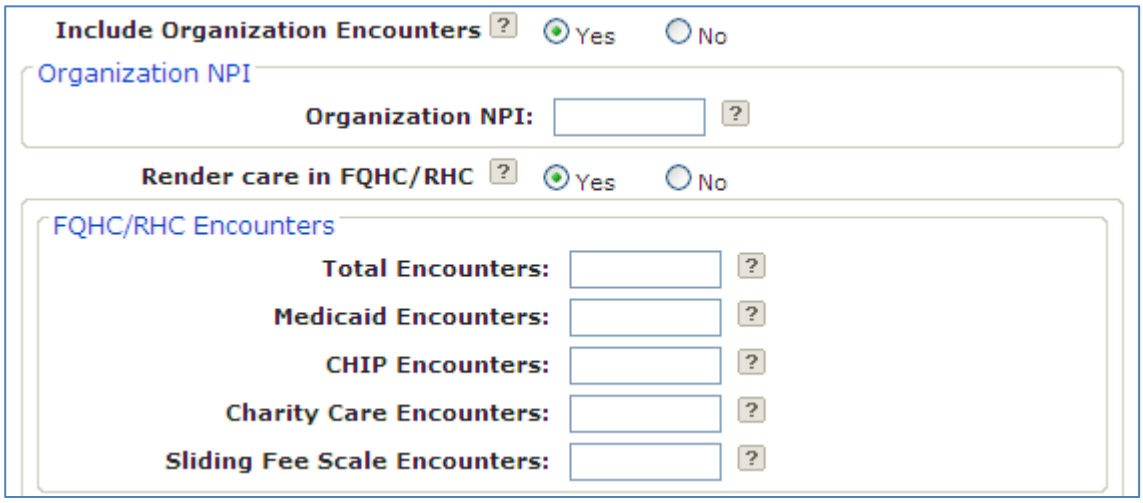
Providers who practice predominantly in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) are allowed to include some additional types of encounters in their eligible patient volume. In this scenario, providers must supply encounter numbers both in the FQHC or RHC and outside the FQHC or RHC (in the "All Other Settings Encounters" section). If a provider only practices in a FQHC or RHC, these "All Other Settings Encounters" can be entered as zeros.

An EP "practices predominantly" at an FQHC or an RHC when the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months occurs at an FQHC or RHC. Providers can only use these additional types of encounters if they meet this requirement.

Scenario 5:

Include Organization Encounter = **Yes**
Render Care in FQHC/RHC = **Yes**
Include MCO Encounters = **N/A**

Figure 12: Selection Criteria for Choosing Rendering Care in an FQHC and Participating Using "Group Proxy"



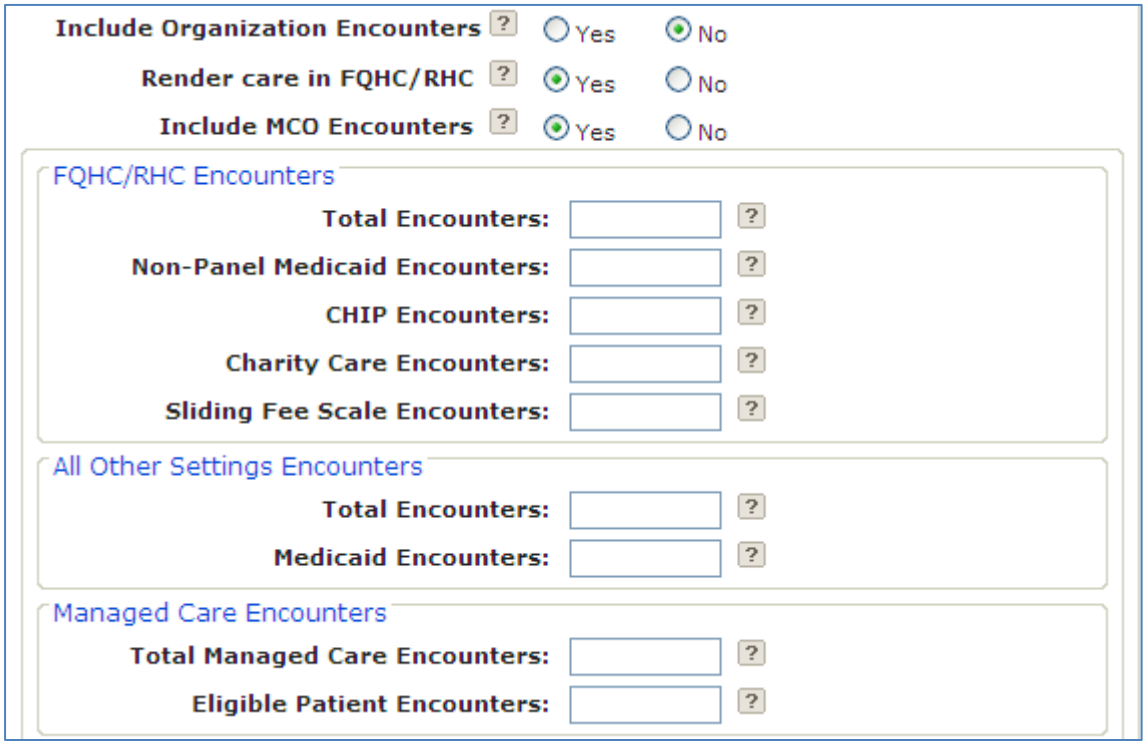
Under this scenario, you are electing to use your Practice/Organization's encounter numbers as a proxy. You will need to provide the group or organization NPI that you are using as a proxy and Practice/Organization's encounter numbers.

Note: You should include MCO Encounters when calculating total and Medicaid encounters. If you select this option you are also attesting to meeting the practices predominantly requirement in order to use a FQHC or RHC's organization's volume as a proxy. Also, please review the criteria described in Scenarios 2 and 4.

Scenario 6:

Include Organization Encounter = **No**
Render Care in FQHC/RHC = **Yes**
Include MCO Encounters = **Yes**

Figure 13: Selection Criteria for Choosing Rendering Care in an FQHC, Participating Using "Group Proxy," and Including MCO Encounters

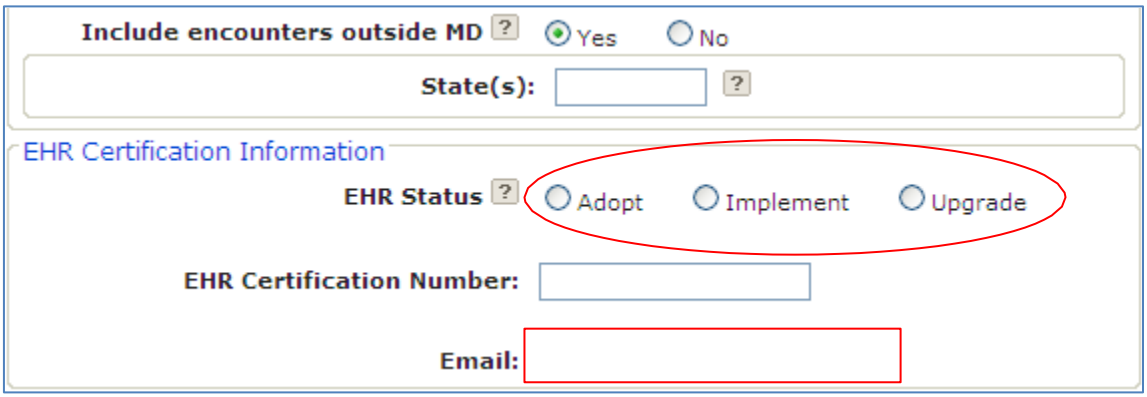


In this scenario, you are selecting that you are practicing in an FQHC or RHC, have additional encounters in another setting, and also see Medicaid Managed Care patients.

Note: Please review the criteria described in Scenario 4.

All providers also have the option of including encounters from other states. If you select this option, you will be asked what other states were included. The inclusion of out-of-state encounters is optional and will initiate an eligibility verification audit so Medicaid staff can contact you for additional information and the other state(s) to confirm encounter data; this will likely delay payment.

Figure 14: Selecting Adopt, Implement, and Upgrade (AIU)



Enter the CMS EHR Certification ID for the EHR technology you are adopting, implementing, upgrading or currently using. This is not the ONC Certification Number. You should only enter one "EHR Certification Number." **Note**: The CMS EHR Certification ID is made up of 15 alphanumeric, case sensitive characters and should be entered in ALL UPPER CASE. The provider must also select their EHR status. For Year 1, providers must select and attest to adopting, implementing or upgrading to certified EHR technology. Select the most appropriate option.

This is also the section that includes an email address. If you provided one to the NLR at the federal level, it will be listed here. If not you must enter one in the space provided. The email address should be of the person completing the registration and who wants to be notified of its status.

About the EHR Certification Number

During attestation, CMS requires each eligible professional to provide a CMS EHR Certification ID that identifies the certified EHR technology being used to demonstrate Meaningful Use. This unique CMS EHR Certification ID or Number can be obtained by entering the certified EHR technology product information at the Certified Health IT Product List (CHPL) on the ONC website http://healthit.hhs.gov/chpl.

Note: The ONC CHPL Product Number issued to your vendor for each certified technology is different than the CMS EHR Certification ID. Only a CMS EHR Certification ID obtained through CHPL will be accepted at attestation.

Eligible professionals can obtain a CMS EHR Certification ID by following these steps:

1. Go to the ONC CHPL website: http://healthit.hhs.gov/chpl.
2. Select your practice type by selecting the Ambulatory or Inpatient button.
3. Search for EHR Products by browsing all products, searching by product name, or searching by criteria met.
4. Add product(s) to your cart to determine if your product(s) meet 100% of the CMS required criteria.
5. Request a CMS EHR Certification ID for CMS attestation.

Note: The "Get CMS EHR Certification ID" button will NOT be activated until the products in your cart meet 100% of the CMS required criteria. If the EHR products do not meet 100% of the CMS required criteria to demonstrate Meaningful Use, a CMS EHR Certification ID will not be issued.

3. Click **Save**.

If this is your first year participating in the EHR Incentive Program, you are not participating in Meaningful Use. Please go to page 29 and continue with the attestation process.

For all other providers, you should proceed to the next page and fill out the information contained in the Meaningful Use slide.

Meaningful Use – Eligible Provider

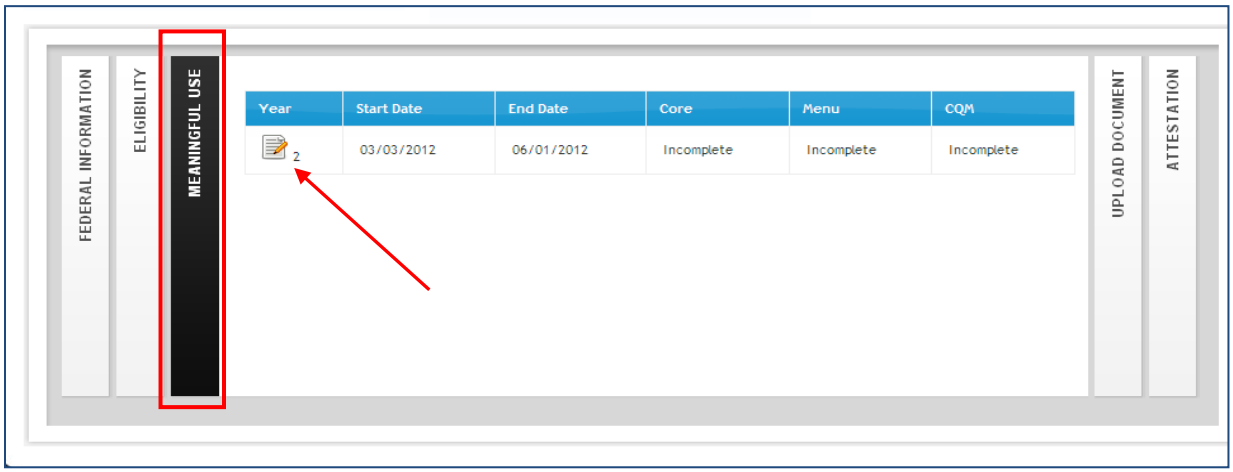
If you are participating in at least your second year with the Medicaid EHR Incentive Program, you will be able to click on the slide "Meaningful Use." This slide shows a summary of your Meaningful Use information with the State.

The icon shows the year of participation with the State followed by the start and end date for your Meaningful Use period. Your Meaningful Use period is either: (1) 90-days in the current calendar year (for eligible providers) or 90-days in the current federal fiscal year (for eligible hospitals) or (2) a full 365-days. Generally, your first year of Meaningful Use is for 90 days and 365 days for any subsequent year. [1]

This slide also shows the status of your Meaningful Use measures. If you have entered a valid value or selected an exclusion for the number of Core, Menu, and Clinical Quality Measures (CQM) required under Meaningful Use for your year of participation, you will see the word "Complete" under the appropriate heading. If not, you will see the word "Incomplete."

Click on the icon to enter Meaningful Use information.

Figure 15: Eligible Provider Meaningful Use Attestation Icon



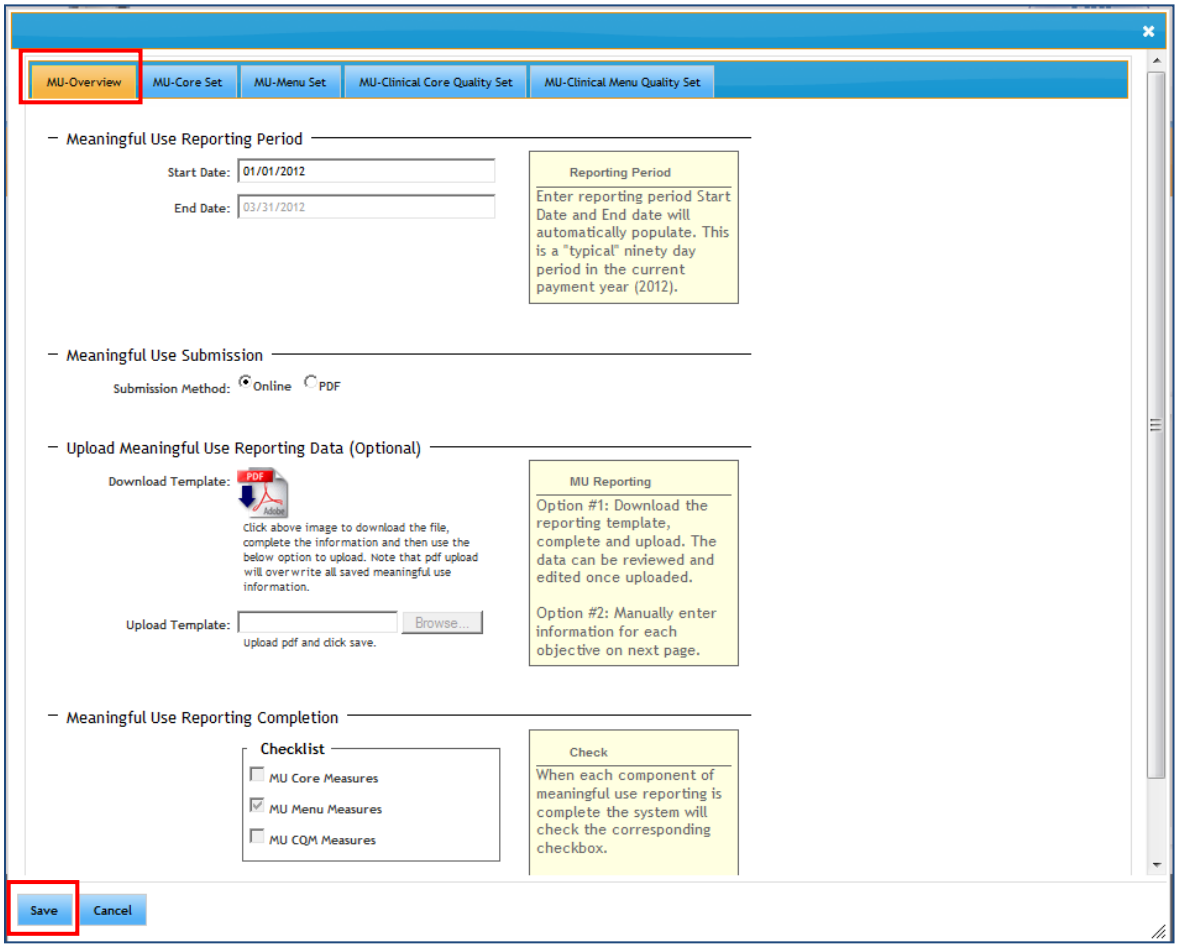
Meaningful Use Overview

When you click on the icon, you will be shown a page containing: (1) information about choosing your Meaningful Use period; (2) an option to select either to enter your Meaningful Use information through the eMIPP web tool or via a fillable PDF form; and (3) a system-generated check list showing your Meaningful Use status.

[1] See the Frequently Asked Questions at the end of this document for information on the Meaningful Use reporting timeline.

Throughout the Meaningful Use web tool, you will see yellow notes providing helpful information.

Figure 16: Eligible Provider Meaningful Use Overview Screen



Step 1: Enter Meaningful Use Reporting Period

Depending on when you are participating in Meaningful Use, you may either be reporting for a 90-day consecutive period or for a full 365-day period in the current calendar or fiscal year. Enter your begin date. Once you enter the begin date, the system will automatically end date your Meaningful Use period. Information on the Meaningful Use reporting periods is available in the Frequently Asked Questions section of this document.

Step 2: Select Submission Method

You may either enter your Meaningful Use information online or via a fillable PDF form. Only providers with Adobe PDF 6 or greater can use this feature. The PDF form must be uploaded upon completion. The PDF form is available on the Maryland EHR Incentive Program Website homepage: http://mmcp.dhmh.maryland.gov/ehr/SitePages/Home.aspx.

If you choose to submit your information using the fillable PDF form, you may proceed to page 28 for instructions.

Step 3: Save

Please save your information by clicking the save button at the bottom left of the screen.

> **If you would like to fill out your Meaningful Use Information online, select the second tab at the top of this page, "MU-Core Set."**

Meaningful Use Core Set

The page below shows the Meaningful Use Core Set required by CMS for eligible providers. Eligible providers must meet or claim a valid exclusion for all objectives listed in the Core Set. On the right-hand side of this page, the system summarizes your status meeting the Core Set objectives. For example, this particular provider has accurately filled out Meaningful Use Core Set information for 11 out of the required 15 Core Set objectives.

To see the details on any objective, just move your cursor over the objective and click.

Figure 17: Eligible Provider Meaningful Use Core Set Screen

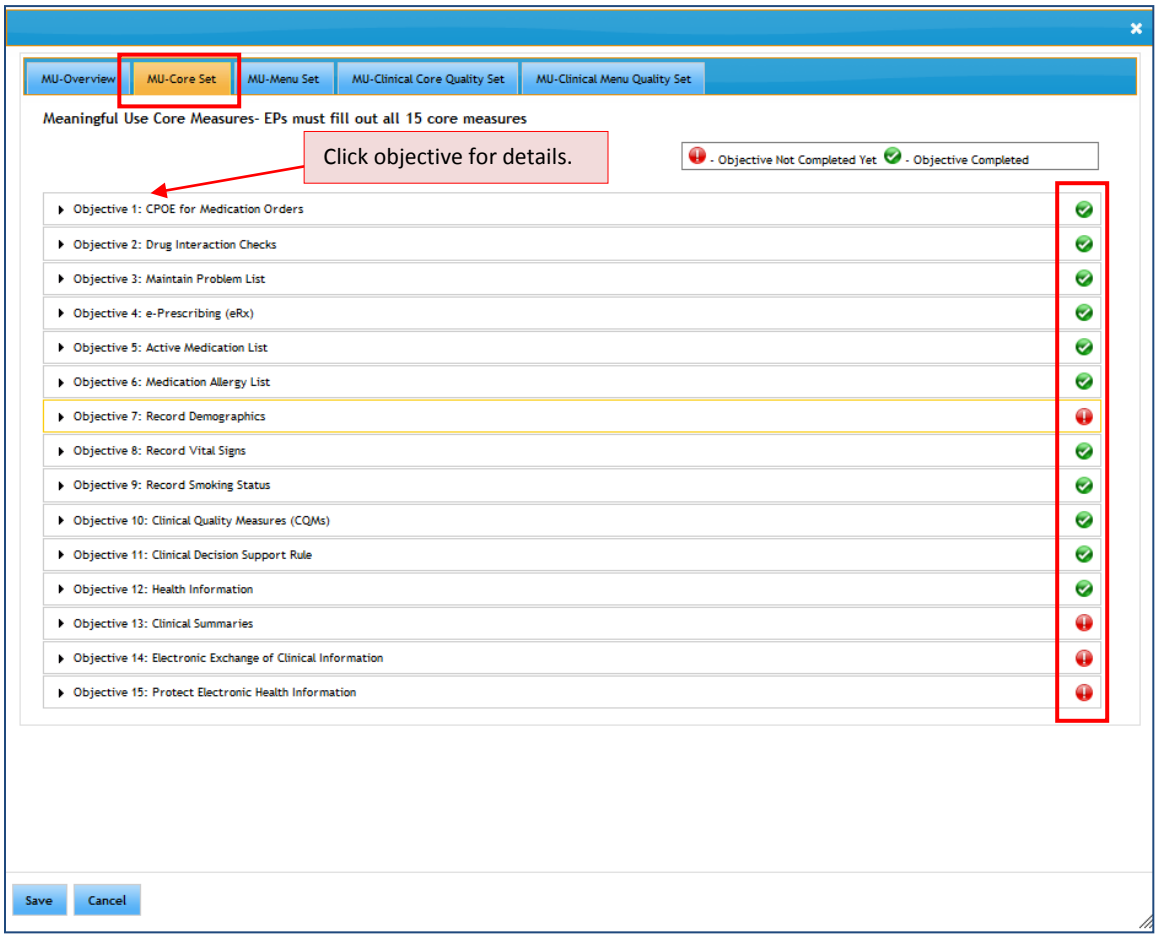
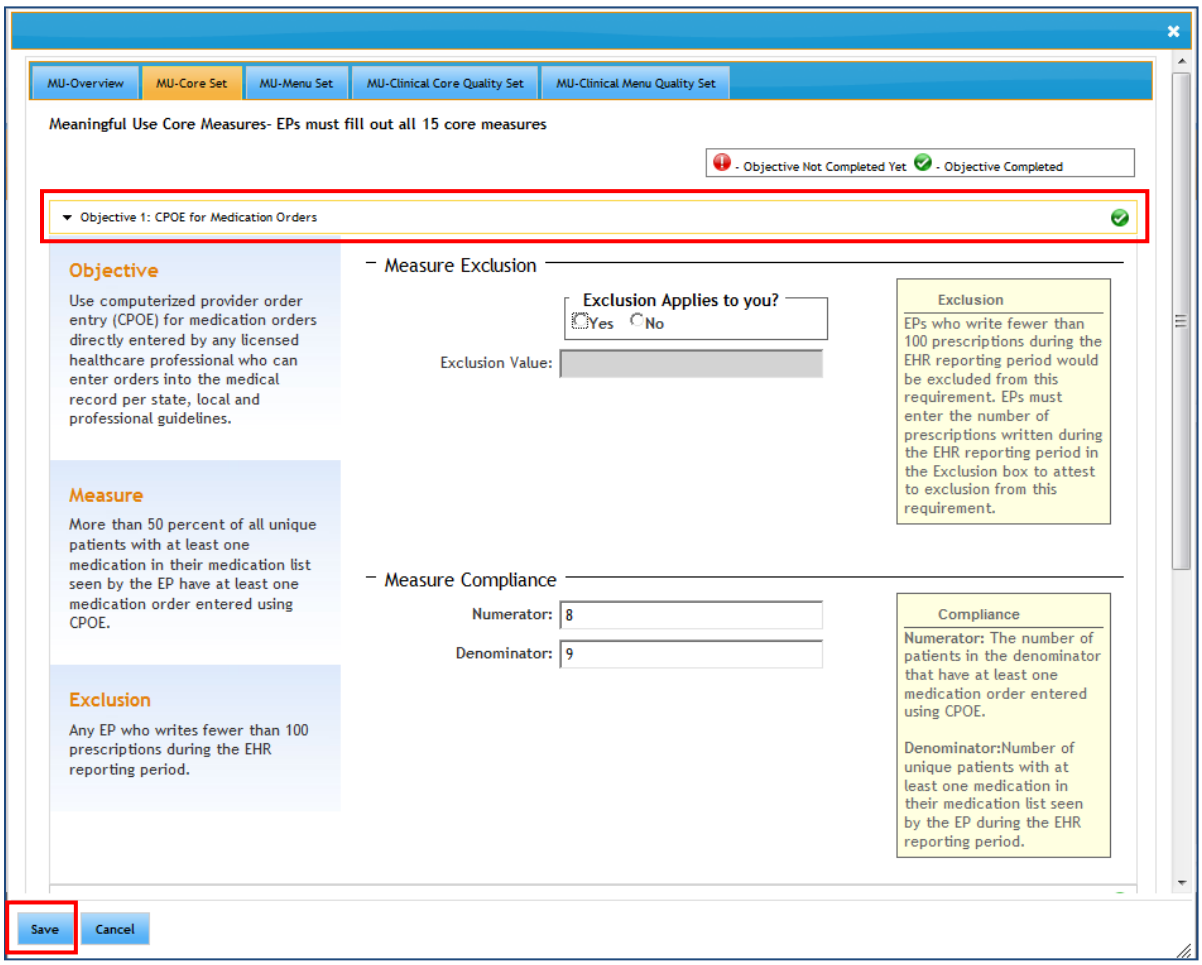


Figure 18: Eligible Provider Meaningful Use Objective Selection



This is an example of the detail page for **Objective 1: CPOE for Medication Orders**. All of the objectives have similar pages. In this example, a provider may claim a valid exclusion or submit an appropriate numerator and denominator to meet the threshold for this objective. Information on the objective, how it is measured (*i.e.*, what patients are counted to arrive at the percentage and what is the threshold percentage), and when a provider may claim an exclusion for the objective, are listed on the left-hand side of the page. The appropriate information will be available for every objective.

On the right-hand side of the page, the system provides more detailed information about how to fill out the text boxes. If invalid information is entered, the system will return an error message with a description of the error. **The system does not validate whether the numbers entered meet the threshold value. They only ensure that the denominator is greater than or equal to the numerator.**

Providers can fill out all required information for the Core Set at once, or they can save their progress and return at a later time.

Note: If at any time you change information on any objective, please save your information by clicking

on the Save button at the bottom left-hand side of the screen.

Meaningful Use Menu Set

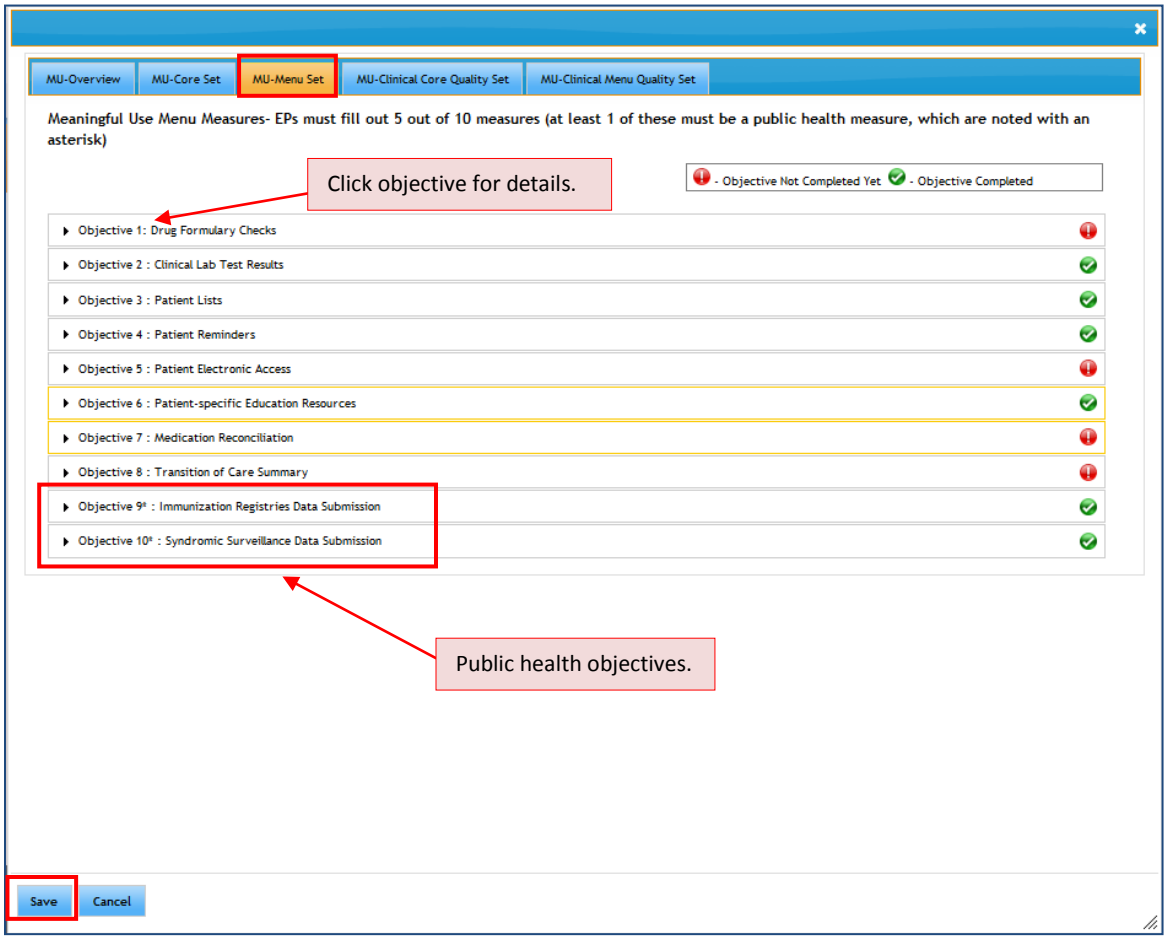
Requirements for meeting the Meaningful Use Menu Set are listed under the Meaningful Use tabs. On the right-hand side of this page, the system summarizes your status with meeting the Menu Set.

To see the details on any objective, just move your cursor over the objective and click. Each Menu Set Objective page is similar to each Core Set Objective's page. See page 23 for an example of a Core Set Objective page.

Note: The public health objectives are **Objective 9: Immunization Registries Data Submission** and **Objective 10: Syndromic Surveillance Data Submission**. Before you can select that you have met either or both of these measures, you must follow the instructions for public health data testing or submission detailed on the Department of Health and Mental Hygiene's web page, http://mmcp.dhmh.maryland.gov/ehr/SitePages/meaningful-use.aspx.

Visit the link above and scroll down to the sub-heading "Public Health Objectives." Select the public health objective that you would like to meet and follow the instructions.

Figure 19: Eligible Provider Meaningful Use Menu Set Screen



Note: If at any time you change information on any objective, please save your information by clicking on the Save button at the bottom left-hand side of the screen.

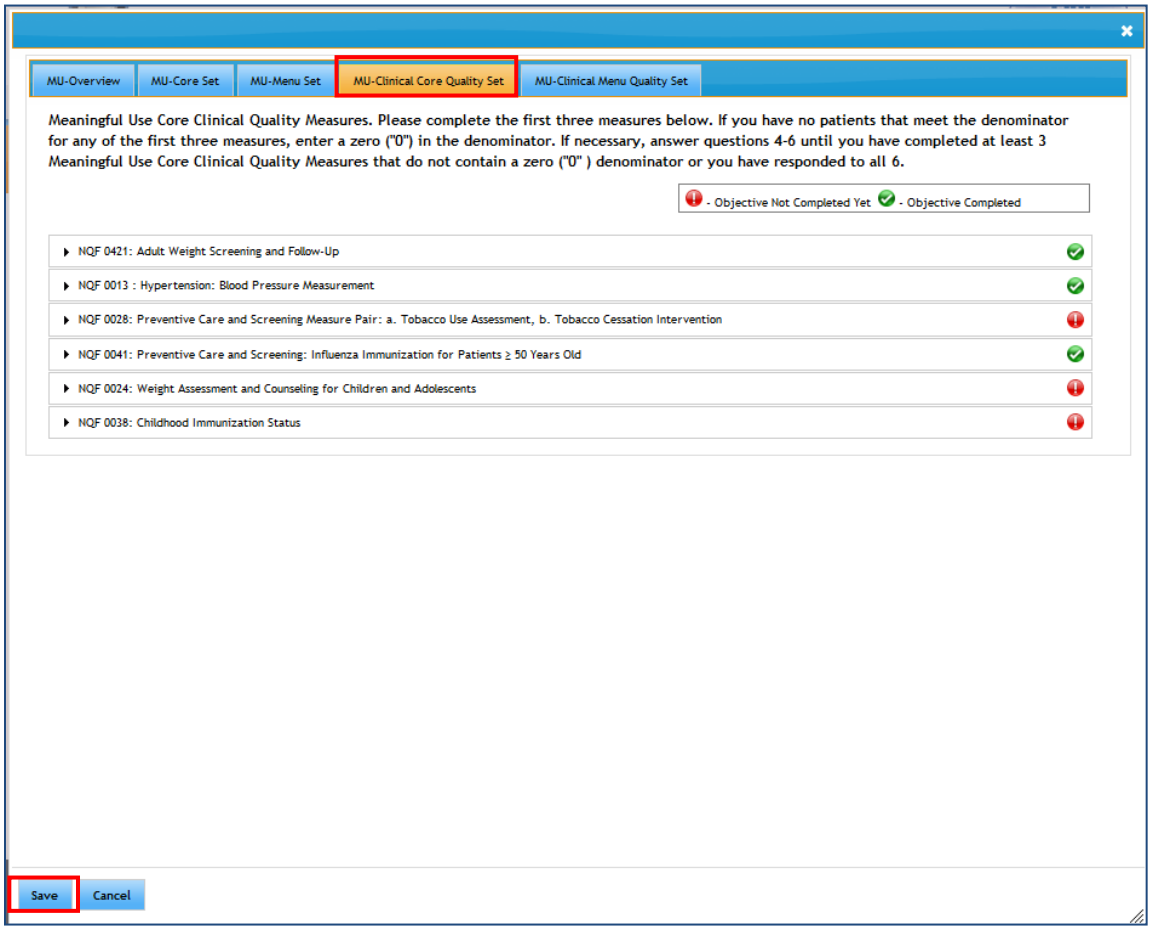
Meaningful Use Clinical Core Quality Set

Requirements for meeting the Meaningful Use Clinical Core Quality Set are listed under the Meaningful Use tabs. On the right-hand side of this page, the system summarizes your status meeting the requirements.

To see the details on any objective, just move your cursor over the objective and click. Each Clinical Core Quality Measure is similar to the other Core Quality Measures and the Clinical Menu Quality Measures. Detailed instructions appear when you select any one of the Clinical Quality Measures.

Note: The system accepts any mathematically valid entry. A completed objective, as signified by the  of the system, does not necessarily mean that you have passed the measure. It means you have completed the objective by entering information.

Figure 20: Eligible Provider Meaningful Use Core Clinical Quality Measures Screen



Note: If at any time you change information on any objective, please save your information by clicking on the Save button at the bottom left-hand side of the screen.

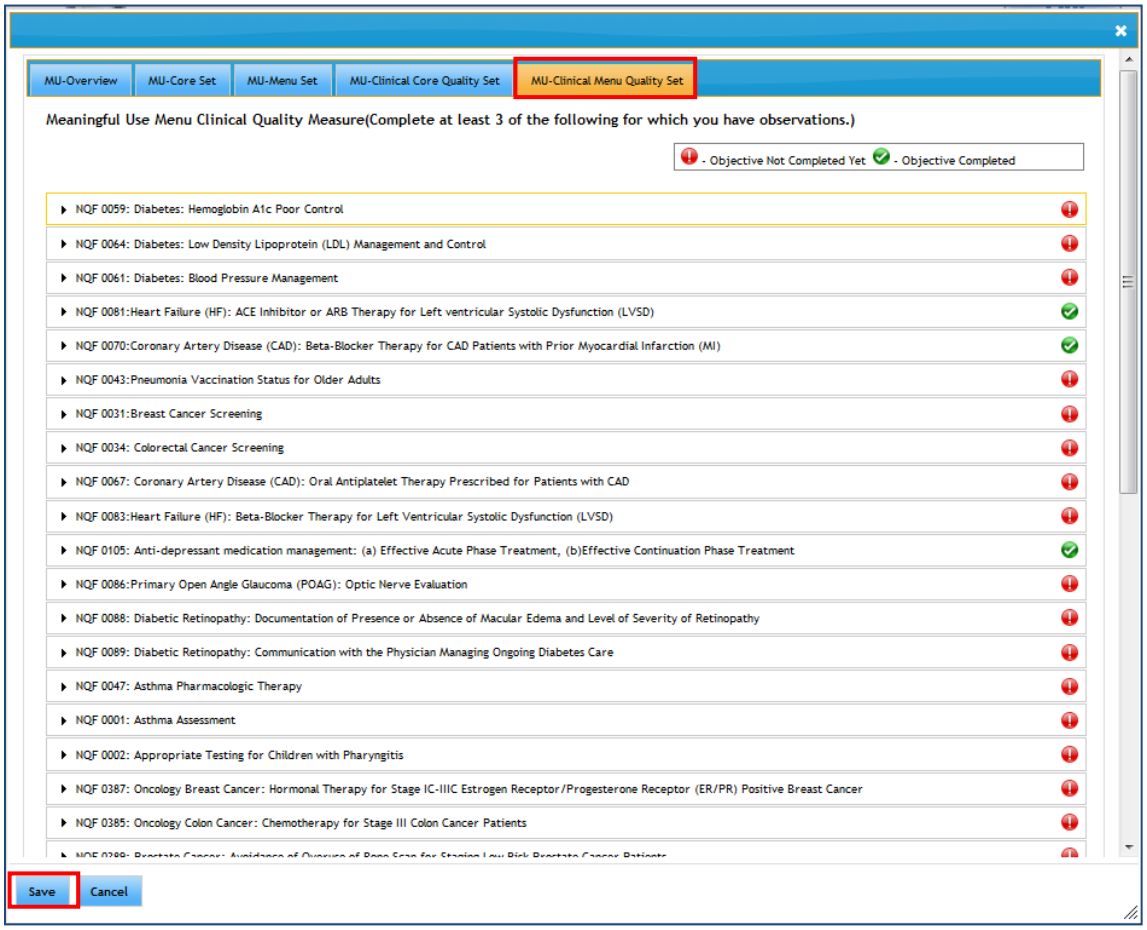
Meaningful Use Clinical Menu Quality Set

Requirements for meeting the Meaningful Use Clinical Menu Quality Set are listed under the Meaningful Use tabs. On the right-hand side of this page, the system summarizes your status with meeting the requirements.

To see the details on any objective, just move your cursor over the objective and click. Each Clinical Menu Quality Measure is similar to the other Core Measures and the Clinical Core Quality Measures. Detailed instructions appear when you select any one of the Clinical Quality Measures.

Note: The system accepts any mathematically valid entry. A completed objective, as signified by the of the system, does not necessarily mean that you have passed the measure. It means you have completed the objective by entering information.

Figure 21: Eligible Provider Meaningful Use Menu Set Clinical Quality Measures Screen



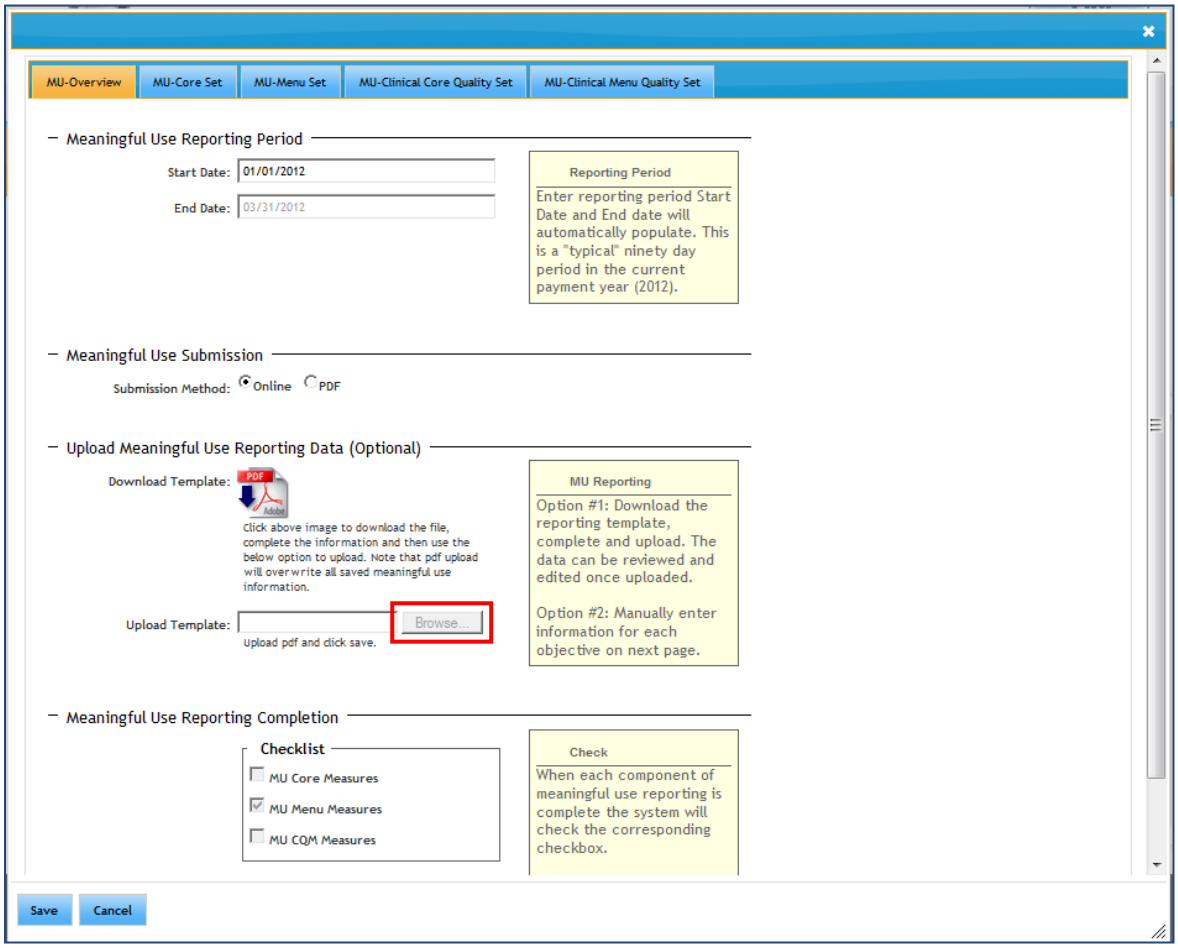
Note: If at any time you change information on any objective, please save your information by clicking on the Save button at the bottom left-hand side of the screen.

Meaningful Use PDF Upload Process

If you would like to download and then complete the fillable PDF for your meaningful use attestation, you can do so by downloading the PDF Template . When you choose this option, the information you fill out in the PDF will be uploaded into the eMIPP system. After you have uploaded the document, you will be able to edit your Meaningful Use information.

Follow the instructions on the PDF when filling out the form. Save the PDF to your computer. Remember the file location where you saved the PDF because you will need to locate the file pathway to upload the PDF. Once you have completed and saved the PDF form, click on the “Browse” button below to search your computer for your file. Select the PDF for upload.

Figure 22: Eligible Provider Meaningful Use Fillable Form Upload Screen



Upload Supporting Documentation

eMIPP allows providers to upload supporting documentation. Once you have selected the "Upload Document" tab, you can move your cursor to the upload icon to upload information concerning your attestation.

Because every provider could be potentially selected for a post-payment audit, providers should have auditable proof that they meet patient volume qualifications. Medicaid recommends that you have an electronic, searchable file, such as Excel, that provides the following information:

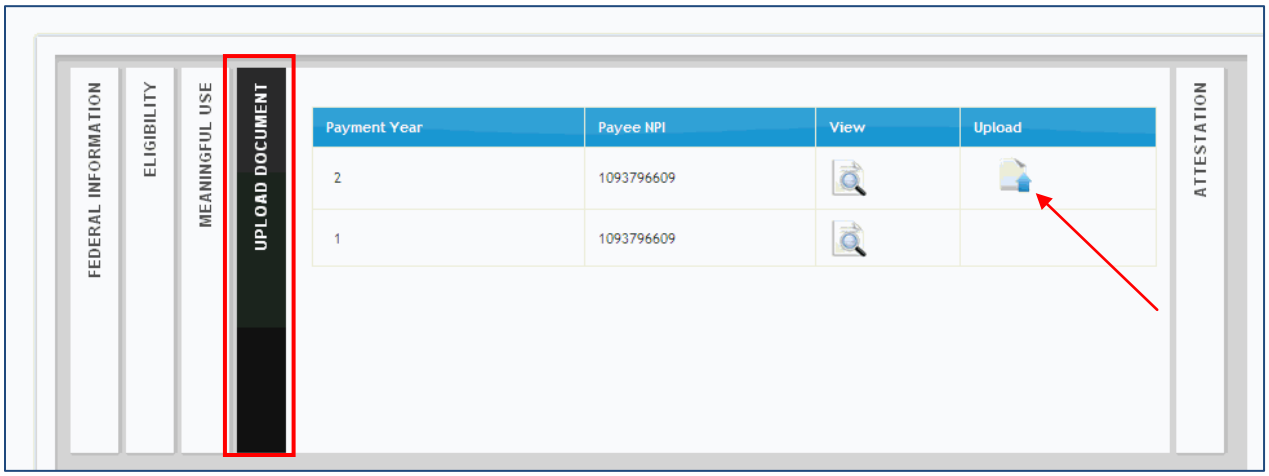
- Claim number;
- Provider name or identification number;
- Recipient name or identification number;
- Date of service;
- Payment status (paid or not paid); and

- Pay type (Medicaid, private, etc.)

To reduce the need for any post-payment audit, Medicaid strongly recommends that you submit this information (or some auditable record proving that you meet patient volume requirements) at this stage in your registration.

For those participating in Meaningful Use, Medicaid also recommends uploading your EHR-system generated report detailing your compliance with Meaningful Use.

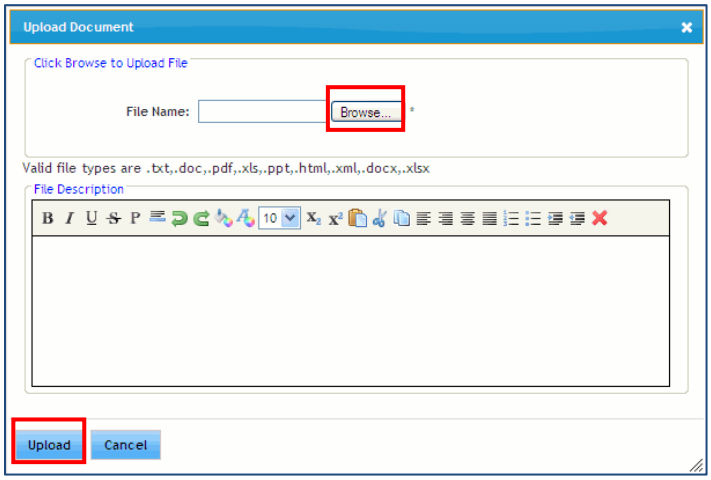
Figure 23: Upload Supporting Documentation Screen



When you select the upload icon, you will see the following pop up screen. The eMIPP system will allow you to upload text files, word documents, Excel spreadsheets, and PDFs, among others. Simply click the "Browse…" button to select your file. Before uploading the document, you will need to provide a description of the file. Please be as specific as possible.

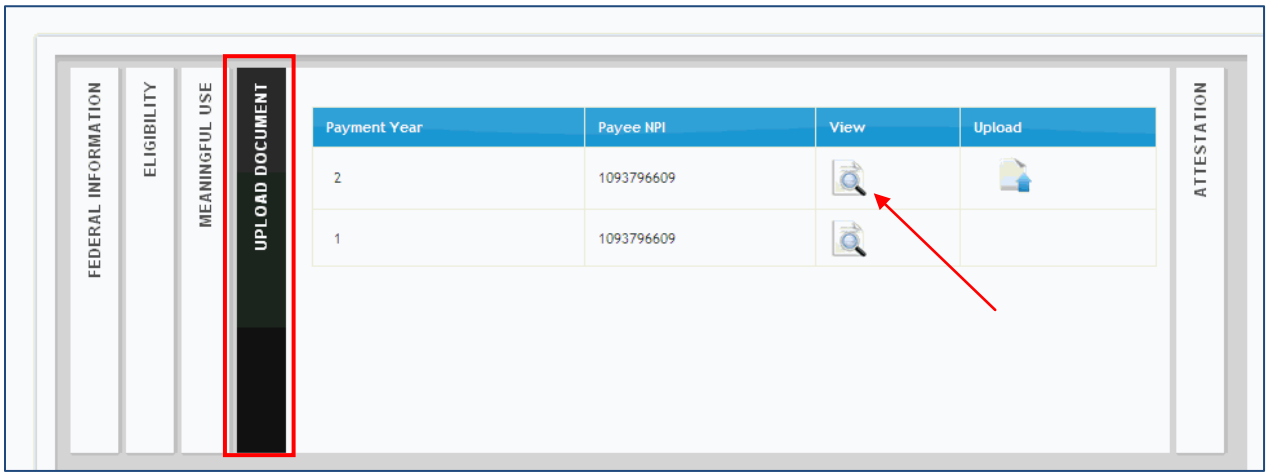
You can upload as many documents as you would like. Once a document is uploaded, it cannot be deleted.

Figure 24: Selecting Supporting Documentation to Upload



After uploading your document, you can click the view icon  to see a list of all the documents you have uploaded. From the document list, you can view your comments or download the files you have uploaded.

Figure 25: View Uploaded Supporting Documentation

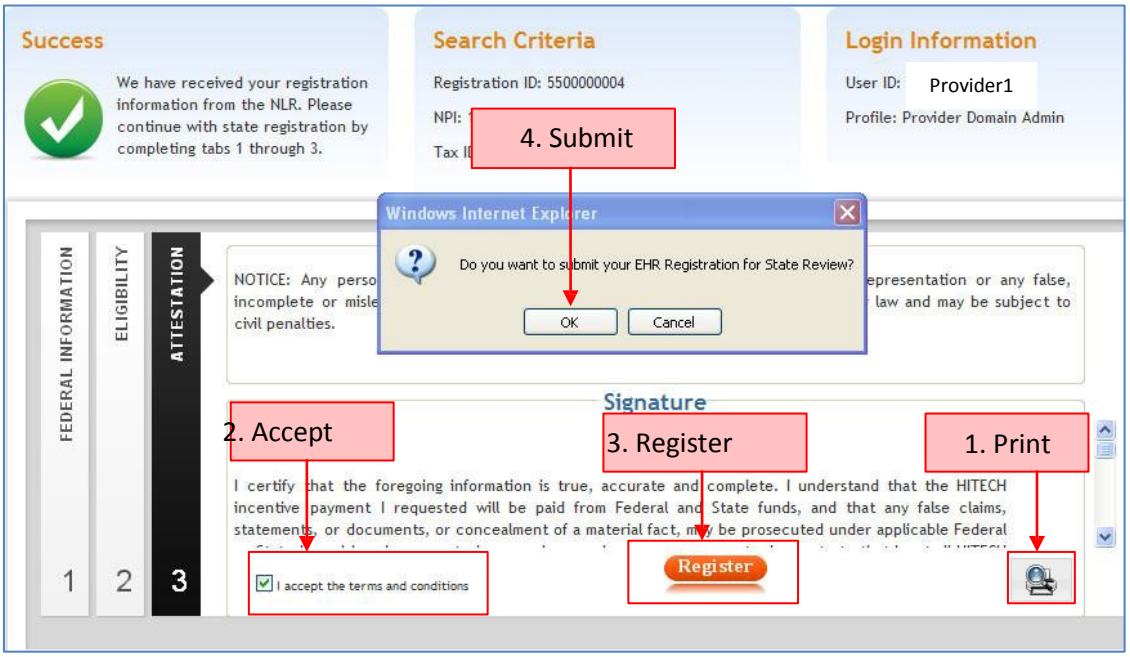


Submit to State

1. Read the terms and conditions, then do the following:

(1) Select the printer icon to print the agreement if needed.
(2) Click the checkbox to agree.
(3) Click **Register** to submit the application. A pop-up box will ask for verification to submit the application.
(4) Click **OK** to submit or **Cancel** to return to the application and make changes.
Note: After submitting the application, you cannot make changes. However, if your attestation is rejected by the State, you may make the necessary changes and reapply. If you have attested in error, please contact Maryland Medicaid at MarylandEHR@dhmh.state.md.us.

Figure 26: Eligible Provider Submit Attestation to State Screen



2. Validate that the payment information you choose during attestation is correct.

Figure 27: Attestation Complete Confirmation Screen

3. Click **Logout** to exit the application.

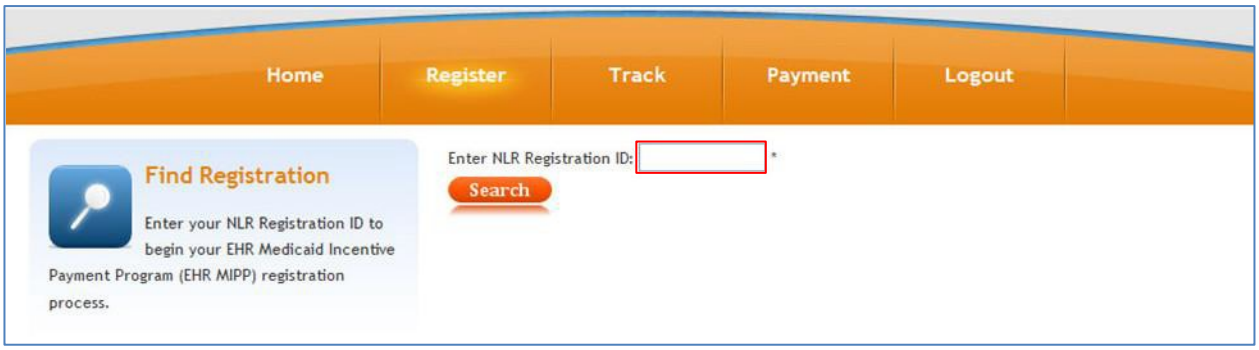
NOTE: Once you have submitted with the State, **DO NOT RETURN TO THE CMS WEBSITE UNLESS INSTRUCTED BY THE STATE.** Returning to this website may hinder Maryland's ability to review your attestation. Once you have submitted with the State, you should only be interacting with the State's system.

Hospital Registration

Providers will receive their Registration ID in the CMS registration (Step 1(b) on page 5). You cannot sign in to the site without this number. Log in to the Maryland EHR Registration and Attestation System at https://emipp.dhmh.maryland.gov/.

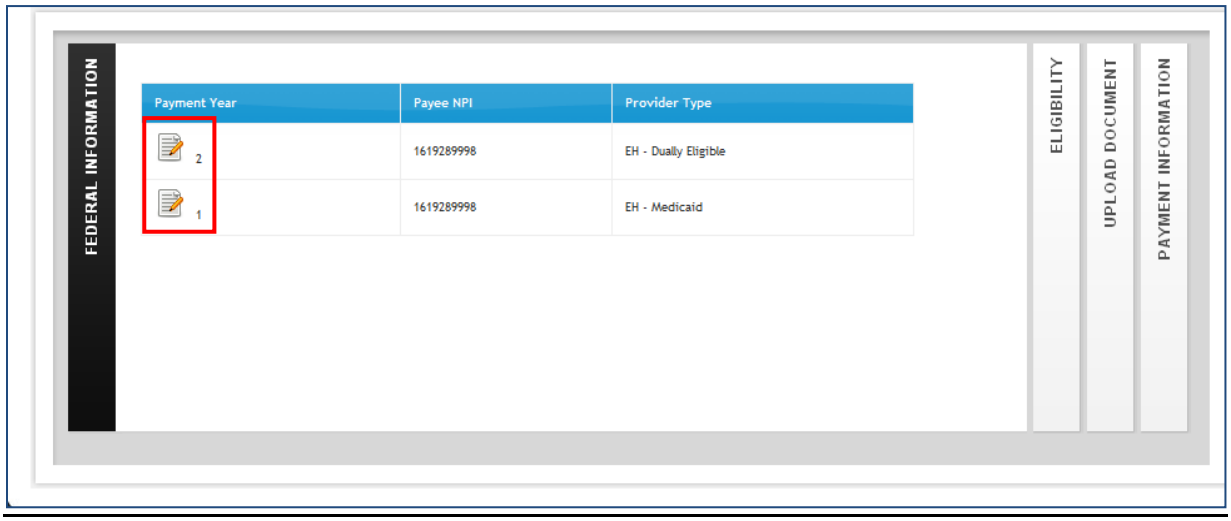
1. Login with eMedicaid username and password and click **Submit**.
2. On the next screen, select **Go**.
3. Under MIPP Registration, select **Start**.
4. Enter your 10-digit NLR Registration ID; select **Search**.

Figure 28: Hospital CMS Certification Number Submission Screen



5. On the next screen, you will see a page with three tabs. By default, you will begin on tab 1 **FEDERAL INFORMATION**. Review the information and select the icon for the year in which you are participating in the program.

Figure 29: Hospital Federal Information Verification Screen

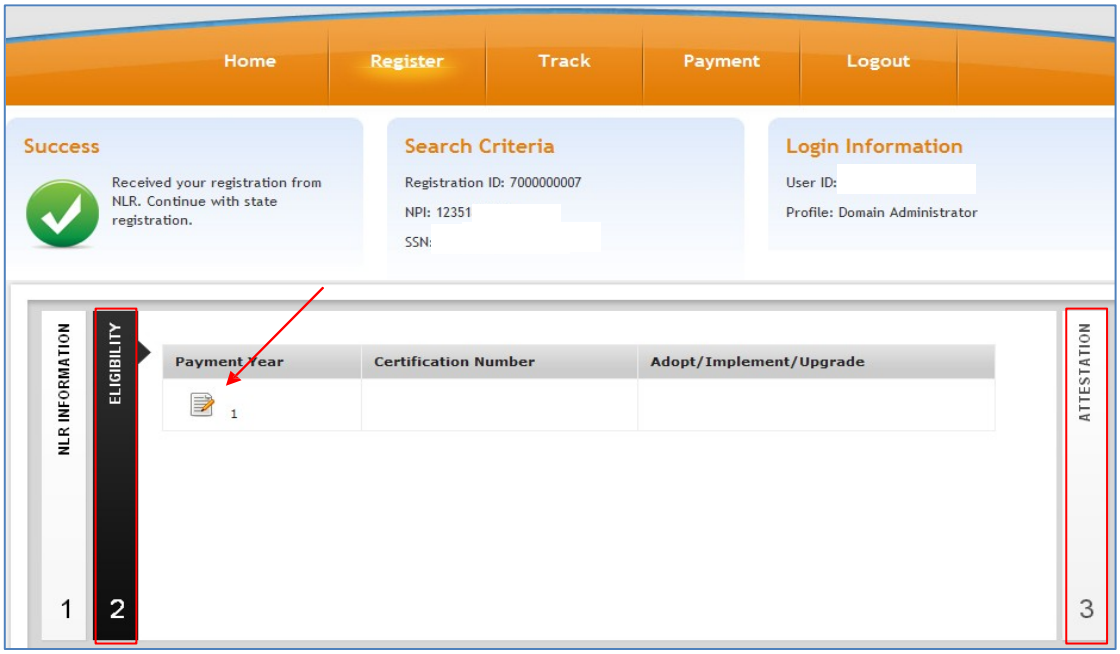


On this tab, you need to review and confirm the information from the NLR. If there are any issues with the information that need to be corrected, **STOP** and go back to the NLR and

correct the issue(s). Then wait at least one full business day and reenter the system. If the updated information is displayed, you can continue. If not, wait one more day and try again. If the new information is not displayed, call the EHR Incentive Program Information Center at (888) 734-6433, or TTY (888) 734-6563.

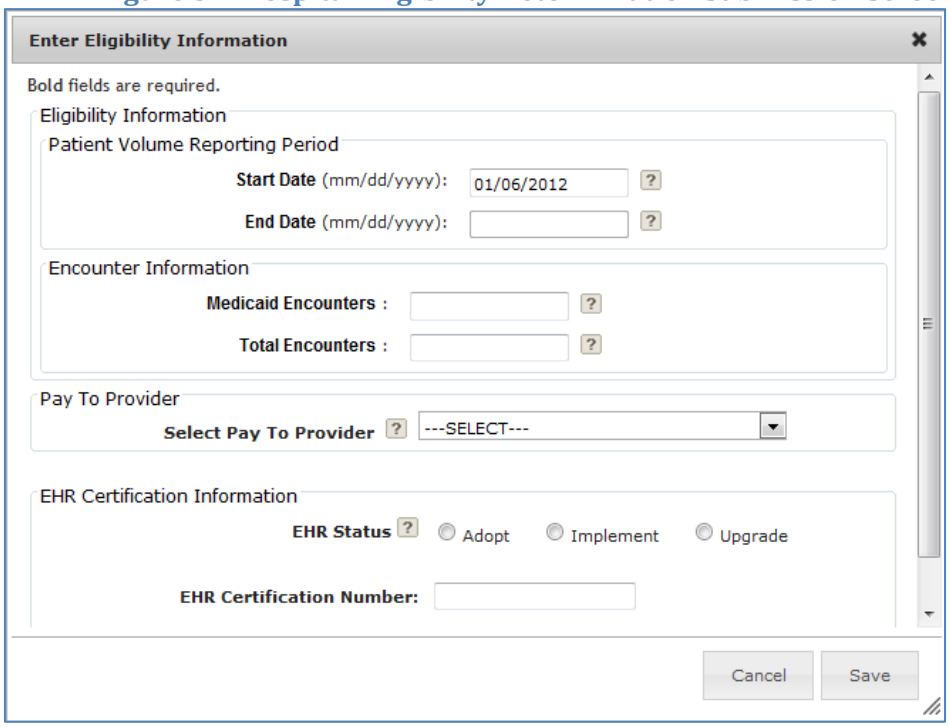
6. After reviewing the information on Tab 1, click on Tab 2 **ELIGIBILITY.**

Figure 30: Hospital Eligibility Determination Selection Screen



7. Enter **Eligibility Information.**

Figure 31: Hospital Eligibility Determination Submission Screen



Note: Throughout this screen, any of the "?" icons can provide a pop-up tip for that item. Place your mouse over the icon and a pop-up tip will display.

Reporting Period: The default start date is today's date. Enter the start date (in MM/DD/YYYY format) that you want to start your eligibility reporting period. This is not your Meaningful Use reporting period in Year 1 Meaningful Use, it is the consecutive 90-day period in the prior fiscal year that you are reporting your eligible/Medicaid patient volume. Once you fill in the start date, click in the end date field and the system will automatically fill in the end date. **Note**: Both the start and end date must be in the prior fiscal year—it cannot span multiple years. Your reporting period can be any consecutive 90-day period within the prior fiscal year.

EHR Status: Select the appropriate EHR Status for your hospital. If you are a dually-eligible hospital and have already attested for the Medicare EHR Incentive Program, you will have the option to select "MU" (Meaningful Use). If you are participating in your second year with Medicaid or if you selected Meaningful Use in your first year, the only option you will have is to select "MU."

EHR Certification Number: The CMS EHR Certification ID is made up of 15 alphanumeric, case sensitive characters and should be entered in ALL UPPER CASE.

8. Click **Save**.

NOTE: If you have already submitted Meaningful Use measures with Medicare, you will not have to re-submit your information with Maryland. Proceed to Step 10, below.

9. Submit Meaningful Use.

The process for submitting Meaningful Use information to the State is similar to the Eligible Provider submission process. Please go to page 21 to see this process.

NOTE: For Hospital Meaningful Use Menu Set Objectives, hospitals must choose at least one public health objective (Immunization, Electronic Lab, or Syndromic Surveillance). These items are the first three items listed under the MU-Menu Set tab.

10. Upload Supporting documentation.

All hospitals should upload their EHR product report showing their Menu Set and Core Set Meaningful Use information as well as their Clinical Quality Measures (CQMs). Medicaid will use this information to compare the hospital to the information they submitted with CMS or to validate Meaningful Use Submission for Medicaid-only hospitals.

See page 29 for details on uploading supporting documentation.

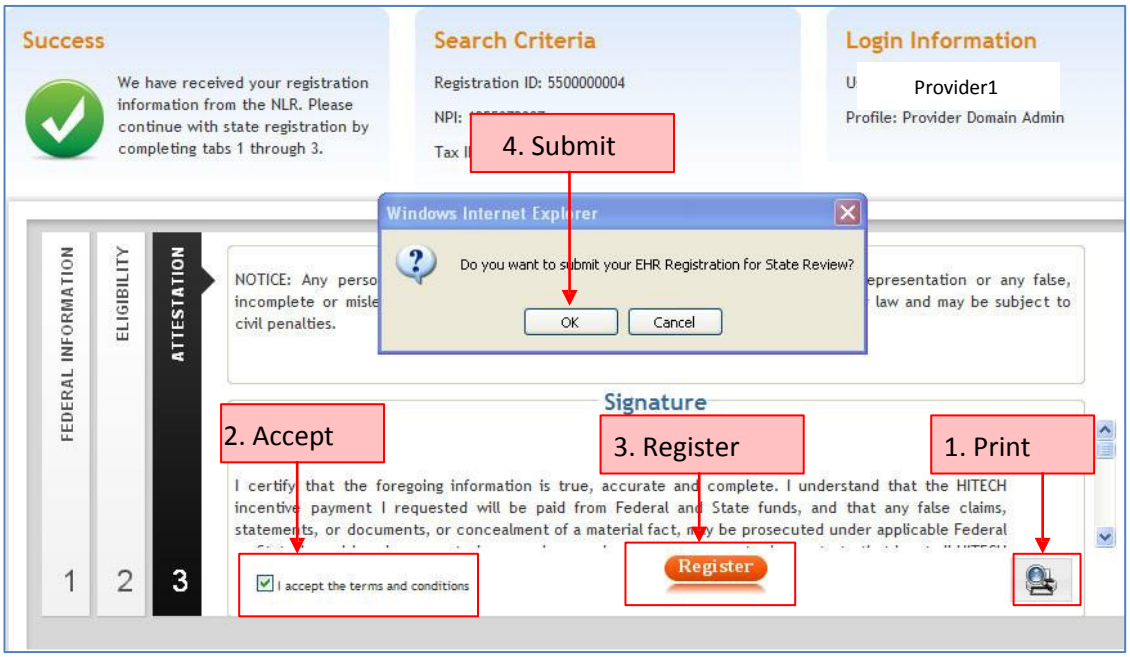
11. Attestation.

Read the terms and conditions, then do the following:

(1) Select the printer icon to print the agreement, if needed.

(2) Click the checkbox to agree.
(3) Click **Register** to submit the application. A pop-up box will ask for verification to submit the application.
(4) Click **OK** to submit or **Cancel** to return to the application and make changes.
Note: After submitting the application, you cannot make changes. However, if your attestation is rejected by the State, you may make the necessary changes and reapply. If you have attested in error, please contact Maryland Medicaid at MarylandEHR@dhmh.state.md.us.

Figure 32: Hospital Attestation Submission Screen



12. Review confirmation.

After attesting with the State, please validate that the payment information you choose during attestation is correct.

Figure 33: Hospital Attestation Complete Confirmation Screen

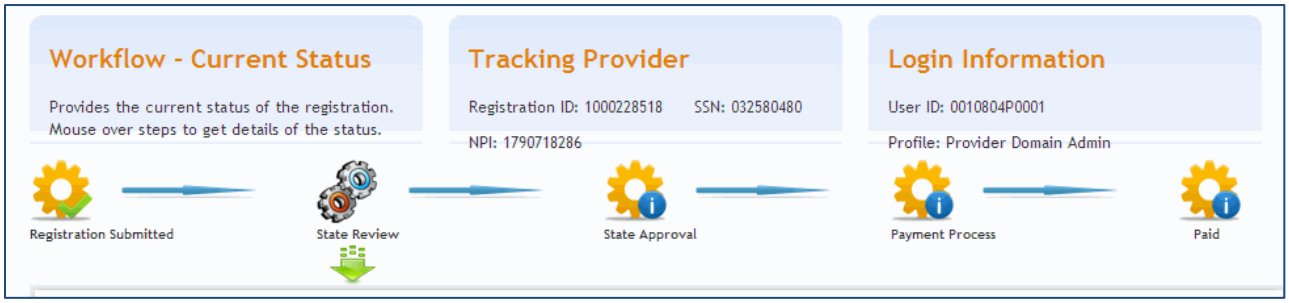
10. Click **Logout** to exit the application.

NOTE: Once you have submitted with the State, **DO NOT RETURN TO THE CMS WEBSITE UNLESS INSTRUCTED BY THE STATE.** Returning to this website may hinder Maryland's ability to review your attestation. Once you have submitted with the State, you should only be interacting with the State's system.

Track Registration Submission

1. Login with eMedicaid username and password and click **Submit**.
2. On the next screen, select **Go**.
3. Under MIPP Registration, select **Track**.
4. Enter your 10-digit NLR Registration ID; select **Search**
3. View the status of the submission. The green check marks indicate a completed step. The gears and green arrow indicate the current status.

Figure 34: Track Application Status Bar



Generally, submitted attestations will stay in the "State Review" status for an average of 45 days. During this time, the State is validating your information. If, after 45 days you have not received a follow up e-mail from the State, please contact us at dhmh.MarylandEHR@maryland.gov. Please include your Registration ID in either the subject line or body of your e-mail.

Troubleshooting Issues

Error: Invalid Sign In
Action: You have not used the correct username and password. The username and password is the same as the eMedicaid login. If you have not registered at the eMedicaid portal, please do so first, then try logging in again.

Error: Error Communicating to the Web Service for Authentication.
Action: The application is having trouble communicating with the State Web service to authenticate your username and password. Wait and try again.

Error: Invalid Registration Details – The Maryland domain you are using does not match the NLR Registration ID.
Action: There is a mismatch between the NPI that you used to register in eMedicaid and the NPI that you used to register with NLR. Make necessary corrections and try again.

Error: Invalid Registration Details – NLR Registration ID not found. Please check your ID and enter again. If this issue persists upon re-entering, contact NLR to verify your Registration ID.
Action: You have not entered the correct registration ID, please check your welcome letter for the correct registration ID and try again.

Error: Invalid Registration Details – You are currently either not an active Maryland Medicaid Fee-For- Service (FFS) provider or you are not an eligible provider type for the EHR Incentive Program. You may not begin your Maryland EHR registration unless you meet both of these criteria. If you do not address the issue within 30 days, your Maryland EHR registration will be denied.
Action: Contact Provider Enrollment at (410) 767-5340.

Frequently Asked Questions

What is the timeline for Reporting Meaningful Use Information?

According to CMS: The earliest that the Stage 2 criteria will be effective is in fiscal year 2014 for eligible hospitals and CAHs or calendar year 2014 for EPs. The table below illustrates the progression of meaningful use stages from when a Medicare provider begins participation in the program.

1st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

Note that providers who were early demonstrators of meaningful use in 2011 will meet three consecutive years of meaningful use under the Stage 1 criteria before advancing to the Stage 2 criteria in 2014. All other providers would meet two years of meaningful use under the Stage 1 criteria before advancing to the Stage 2 criteria in their third year.

In the first year of participation, providers must demonstrate meaningful use for a 90-day EHR reporting period; in subsequent years, providers will demonstrate meaningful use for a full year EHR reporting period (an entire fiscal year for hospitals or an entire calendar year for EPs) except in 2014, which is described below. Providers who participate in the Medicaid EHR Incentive Programs are not required to demonstrate meaningful use in consecutive years as described by the table above, but their progression through the stages of meaningful use would follow the same overall structure of two years meeting the criteria of each stage, with the first year of meaningful use participation consisting of a 90-day EHR reporting period.

For 2014 only, all providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a 3-month EHR reporting period. For Medicare providers, this 3-month reporting period is fixed to the quarter of either the fiscal (for eligible hospitals and CAHs) or calendar (for EPs) year in order to align with existing CMS quality measurement programs, such as the Physician Quality Reporting System (PQRS) and Hospital Inpatient Quality Reporting (IQR). The 3-month reporting period is not fixed for Medicaid EPs and hospitals that are only eligible to receive Medicaid EHR incentives, where providers do not have the same alignment needs. CMS is permitting this one-time 3-month reporting period in 2014 only so that all providers who must upgrade to 2014 Certified EHR Technology will have adequate time to implement their new Certified EHR systems.