



North Carolina Medicaid EHR Incentive Payment Program Eligible Professional Attestation Guide

Updated February
23, 2011
Provided by
QuarterLine
Consulting Services



Disclaimer

The NC Medicaid Program is providing this guide as reference for eligible professionals (EP). Every reasonable effort has been made to ensure the accuracy of this guide at the time of posting, the Medicaid EHR Incentive Payment Program changes regularly.

It is the responsibility of each EP representative to remain up-to-date on program changes. You can obtain additional information by contacting the NC-MIPS CSC EVC Center by phone, fax, or email.

Phone: (866) 844-1113

Fax: (866) 844-1582

Email: ncmips@csc.com

Contents

| | |
|----------------------------------------------|----|
| Disclaimer | 2 |
| Incentive Payment Program Overview | 6 |
| Background | 6 |
| Incentive Payment Program Goals | 6 |
| Eligible Medical Professionals..... | 6 |
| Register for Incentive Payments | 7 |
| EHR Incentive Program Process Summary | 7 |
| Using this Guide | 8 |
| Introduction | 8 |
| Unsure of Eligibility?..... | 8 |
| Login ID..... | 8 |
| Before You Begin | 8 |
| Other Documents You Need | 8 |
| Screen Design..... | 8 |
| How to Log In..... | 9 |
| Logging Into MIPS..... | 9 |
| Welcome Screen Display | 10 |
| State Registration | 11 |
| First Log In Session | 11 |
| State Registration Screen Display..... | 11 |
| Registration Information | 12 |
| NCID Account Information Screen..... | 12 |
| Other Log In Sessions..... | 12 |
| NCID Account Information Screen Display..... | 13 |
| Status Screen | 14 |
| Introduction | 14 |
| Registration Summary..... | 14 |

| | |
|----------------------------------------------------|----|
| Resuming the Attestation Process | 14 |
| Status Screen Display | 15 |
| License Screen | 16 |
| Entering License Information | 16 |
| License Screen Display | 17 |
| Practicing Predominantly Screen..... | 18 |
| Introduction | 18 |
| Including Needy Individuals | 18 |
| Needy Individuals Definition..... | 18 |
| Practicing Predominantly Screen Display..... | 19 |
| Hospital Based Screen | 20 |
| Introduction | 20 |
| Hospital-Based Provider Definition | 20 |
| Medicaid Covered Patient Encounter Definition..... | 20 |
| Hospital Based Screen Display | 21 |
| Group Practice Affiliation Screen..... | 22 |
| Introduction | 22 |
| Patient Encounter Definition..... | 22 |
| Medicaid Covered Patient Encounter Definition..... | 22 |
| Total Patient Encounters..... | 22 |
| EHR Reporting Period..... | 22 |
| Determining Medicaid Patient Volume | 22 |
| Patient Volume Reporting Period..... | 23 |
| Group Practice Affiliation..... | 23 |
| Deleting or Adding a Group Practice..... | 23 |
| Entering MPN..... | 24 |
| Group Practice Affiliation Screen Display | 25 |
| EHR Reporting Period Screen..... | 26 |
| Introduction | 26 |
| EHR Reporting Period Screen Display | 27 |
| EHR Adopt, Implement or Upgrade Screen..... | 28 |
| Introduction | 28 |

| | |
|-----------------------------------------------------|----|
| EHR Adopt, Implement or Update Screen Display | 28 |
| Attestation Process Screen | 29 |
| Introduction | 29 |
| Attestation Process Screen Display | 29 |
| Submission of Attestation Screen..... | 30 |
| Introduction | 30 |
| Submission of Attestation Screen Display..... | 30 |
| Print Attestation Screen | 31 |
| Introduction | 31 |
| Print Attestation Screen Display | 32 |

Incentive Payment Program Overview

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.

Incentive Payment Program Goals

The Centers for Medicare & Medicaid Services (CMS) has implemented a national program for these incentive payments. Goals for the program include:

- Enhancement of care coordination and patient safety
- Reduction of paperwork and improve efficiencies
- Facilitation of electronic information sharing across providers, payers, and state lines
- Enablement of 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.

Eligible Medical Professionals

Eligible medical professionals who may qualify for incentive payments must be meaningful users of EHR technology and participate in Medicare and Medicaid programs. These professionals include:

- Eligible professionals (EP)
- Eligible hospitals (EH)
- Critical access hospitals (CAHs)

These professionals must also meet other criteria, such as patient volume, to qualify for incentive payments. This guide explains the eligibility requirements as you work through the program process.

Incentive Payment Program Overview (continued)

Register for Incentive Payments

Eligible professionals and eligible hospitals must register in order to participate in the Medicare and Medicaid EHR incentive programs. **Registration began January 3, 2011** with the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The system provides general and detailed information on the programs, including tabs that explain the payment process, eligibility, meaningful use, certified EHR technology, and frequently asked questions.

EHR Incentive Program Process Summary

Below is a summary of the EHR Incentive Program Process Summary:

1. Beginning January 3, 2011, providers may enroll in the program with CMS through the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The link to this site is: <https://ehrincentives.cms.gov>.

NOTE: You must be enrolled with CMS prior to accessing the NC Medicaid Incentive Payment System (NC-MIPS).

2. Beginning March 1, 2011, providers can log into the NC Medicaid EHR Incentive Payment System (NC-MIPS) to complete the North Carolina-specific registration and attestation.

The link to NC-MIPS is: <https://ncmips.nctracks.nc.gov/>. The State reviews the registrations, determines eligibility and communicates the results back to you.

3. Beginning April 1, 2011, qualified providers may begin receiving incentive payments. Additionally, documentation to support the attestation must be available for audit on April 1, 2011. The appeals process also begins on that date.

Using this Guide

Introduction

This guide helps you to understand all of the information needed to attest to your eligibility to participate in the NC Medicaid EHR Incentive Payment Program. It provides step-by-step instructions to complete the attestation phase of the NC Medicaid Incentive Payment Program.

Unsure of Eligibility?

If you are unsure of your eligibility to participate in the Medicaid EHR Incentive Payment program, the State of North Carolina Department of Health and Human Services (DHHS) has developed an online tool to help you determine your eligibility. This tool can be accessed at:

<http://www.ncdhhs.gov/dma/provider/ehr.htm>

Login ID

To access the provider portal, you need a North Carolina Identity Management (NCID) user name and password. NCID is the standard identity management and access service used by the state. If you do not have an NCID account, please go to the NCID website and register at:

<https://ncid.nc.gov>

If you need assistance with setting up an NCID account, or for login or password assistance, please call the NCID Customer Support Center at 800-722-3946 or 919-754-6000

Before You Begin

Before you begin the attestation process, please read the instructions and gather all necessary information to complete the attestation process. The portal will save unfinished attestations for 30 days, during which time you will be able to return and complete your submission.

IMPORTANT NOTE: if you are in a group practice, it is important that all EPs reach consensus on how to report their Medicaid patient volumes before the first EP submits his/her attestation. Refer to [Determining Medicaid Patient Volume](#) for important information before you begin this process.

Other Documents You Need

To finalize attestation, you need the following documents to be emailed, faxed, or mailed with your [final application](#).

- A copy of your license (recommended)
- Documentation illustrating that you have “adopted, implemented, or upgraded” certified EHR technology, i.e., purchase order or contract (recommended)

Screen Design

Each screen has navigation links on the left side to other screens. Many screens have **Previous** or **Next** buttons that allow you to navigate between screens.

How to Log In

Logging Into MIPS

NC-MIPS is a web-based portal that you access through the Internet. You will first need to open a browser, such as Explorer or Firefox before you can log in.

From your browser access:

<https://ncmips.nctracks.nc.gov/>

TIP: You may want to save this link in your Favorites or Bookmarks for easy access in the future.

The **Welcome Screen** displays and provides basic information on the attestation process.

Explorer Icon



Firefox Icon





Login

Text Size: 100%

Welcome

Welcome to the North Carolina Medicaid EHR Incentive Payment Portal

This portal will guide you through the process and provide all of the needed information for you to attest to your eligibility to participate in this program. Before you begin, please read the instructions and gather all necessary information to complete the attestation process. The portal will save unfinished attestations for 30 days, during which time you will be able to return and complete your submission.

We have compiled an Attestation Guide to provide you with the information to gather necessary data and complete the attestation process. The guide includes:

- Instructions on gathering practice site, Patient encounter and other information
- Definitions related to this program
- Sample screens to assist in navigation through data entry

If you are affiliated with a Group Practice, all members of that practice must use the same methodology for determining the Medicaid Patient percentage for the practice. Either every member of the group practice will use his/her individual Medicaid Patient encounters to determine eligibility, or every member of the group practice will use the practice's Patient encounter numbers for this determination.

Additionally, during attestation, you will be able to use Medicaid encounter totals from different states for determining your Medicaid Patient percentage. If you plan to use data from other states, please be advised that this data is subject to verification and the verification process may delay your incentive payment.

The free [Adobe Acrobat Reader](#) is required to view and print PDF files.

If you're an eligible professional (EP), please review the [EP Attestation Guide](#) (65 KB)

Providers with questions regarding the completion of the online attestation should contact the NC-MIPS CSC EVC Center by phone (866-844-1113), fax (866-844-1382), or email (NCMIPS@csc.com).

[First Time User - Account Setup](#)
[Account Login](#)

[Contact Us](#) | [Disclaimer](#) | 12/28/2011 - 9:38 AM

© Copyright 2011 State of North Carolina, all rights reserved.
Portions of this material are © 2011 of Computer Sciences Corporation ("CSC"). Used under license.

State Registration

First Log In Session

If this is the first time you are logging in, you must register. Click the **Register** link at the bottom left of the screen and the **State Registration** screen displays.

State Registration Screen Display

The screenshot shows the 'State Registration' screen. At the top left is the 'North Carolina Health IT' logo. At the top right is the 'DHHS' logo for the Department of Health and Human Services. Below the logos is a 'Login' link and a 'Text Size: 100%' option. The main content area is titled 'State Registration' and contains a message: 'The State of North Carolina has received your initial registration information from the Medicare and Medicaid EHR Incentive Program Registration and Attestation System. You will now be providing additional information specific to the NC Medicaid Incentive Payment Program to allow us to verify your eligibility and allow you to accurately move through the attestation process.' Below this message are four required fields: '*Registration ID:', '*NPI:', '*TIN:', and '*NC Medicaid Provider Number:'. Each field has a corresponding text input box. At the bottom of the form are three buttons: 'Next', 'Clear', and 'Cancel'. The footer contains 'Contact us | Disclaimer | 2/28/2011 - 9:49 AM' on the left and copyright information on the right: '© Copyright 2011 State of North Carolina, all rights reserved. Portions of this material are © 2011 of Computer Sciences Corporation ("CSC"). Used under license.'

Registration Information

To register, fill in the following information. The system will store this information for future sessions.

- **Registration ID:** This is your registration ID from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System
- **NPI:** This is your National Provider Identification Number.
- **TIN:** This is your tax identifier number.
- **MPN:** This is your NC Medicaid Provider Number

When you are finished, click **Next** and the [Status Screen](#) displays.

NCID Account Information Screen

Other Log In Sessions

After you have registered in the first session, click the **NCID Login** link to access the system. The **NCID Account Information** Screen will display the following fields.

1. Enter your **Username**, which is your NCID user name and password.

Note: NCID is the standard identity management and access service used by the State. If you do not have an NCID account, please go to the NCID website at <https://ncid.nc.gov> to register.

2. Enter your NCID password and click **Submit**. The [Status Screen](#) displays.

NCID Account Information Screen Display

Text Size: 100%

NC-MIPS Secure Login

The NC-MIPS Provider Portal contains information that is private and confidential. If you are not an authorized individual, this private and confidential information is not intended for you. If you are not authorized to access this content, please click "Cancel".

By continuing, you are agreeing that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our [EP Attestation Guide](#) (65 KB).

To access the provider portal please enter your North Carolina Identify Management (NCID) user name and password. NCID is the standard identity management and access service used by the state. If you do not have an NCID account, please go to the NCID website and register at <https://ncid.nc.gov>. Note: For each NC-MIPS registration, a single NCID account will be authorized to access that registration. Additionally, each NCID account may only be used for a single NC-MIPS registrations. Additionally, each NCID account may only be used for a single NC-MIPS registrations. Forgot your username or password? If you need assistance with your NCID account, please call the customer support center at 800-722-3946 or 919-754-6000.

- All users are required to have an NCID to login to secure areas.
- Passwords are case-sensitive. Please ensure your Caps Lock key is off.

***Required Fields**

* User ID (NCID): [Forgot or Need a User ID?](#)

* Password: [Forgot Password?](#)

[Create NCID Login](#)



Status Screen

Introduction

The **Status Screen** provides a summary of your information over the past 24 months. Please review this information. If you have changes to your registration or demographic information, you must make the changes within the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System. You can access this system at <https://ehrincentives.cms.gov>.

NOTE: All information within the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System **must match** the information within the NC Medicaid provider database. To update your information within the NC Medicaid provider database please go to the NC Tracks website, at <http://www.nctracks.nc.gov/provider/cis.html> to download the appropriate change form.

Registration Summary

1. Verify your registration information for accuracy.
2. Read your summary information, which indicates your status in the NC Medicaid EHR Incentive Program.

Resuming the Attestation Process

3. Click the **Proceed** button to begin your attestation **or** to resume the attestation process.

NOTE: The system saves unfinished attestations for 30 days, during which time you can return to the system to complete your submission.



Logout Logged in as: **tester11** 

Text Size: 100%

Status

Welcome to the NC Electronic Health Record (EHR) Incentive Payment Program. The State of North Carolina values your participation in this important initiative and we look forward to working with you over the life of the program. This page provides a snapshot of your program status and advises over the last 24 months.

NLR Registration Summary Information
Your Medicaid EHR Incentive Program NLR registration was originally received by NC-MIPS on 01/06/2011.
Your Medicaid EHR Incentive Program NLR registration was last updated in NC-MIPS on 01/06/2011.
Registration ID: 1000002421
Name: Michael Patrick O'Donnell
NPI: 1083697940
EHR Certification Number:

Site Address:
418 S. King Street
Laurinburg, NC 28352-3704
Phone #: 910-276-7570

NC EHR Incentive Program Summary Information:
- Your NC-MIPS registration was successfully added on 01/06/2011.

The following table summarizes the current status of your participation in the NC-MIPS EHR Incentive Payment Program. To begin or resume your attestation process, please click the PROCEED button.

| | Program Year | Status | Submission Date | Participation Year |
|-------------------------|--------------|--------------|-----------------|--------------------|
| Proceed | 2011 | Registration | | 1 |

[Contact Us](#) | [Disclaimer](#) | 2/28/2011 - 9:41 AM

© Copyright 2011 State of North Carolina, all rights reserved.
Portions of this material are © 2011 of Computer Sciences Corporation ("CSC"). Used under license.


License Screen

Entering License Information

As part of the attestation process, NC Medicaid is required to validate EP license information, including:

- License type
- Issuing state
- License number
- Current effective date
- Expiration date

1. Enter the information in the fields provided.
2. After entering your license information, select either:
 - **Reset Page** to clear your information and re-enter it
 - **Save and Return Later** to save your information, you may continue or return later
 - **Cancel Attestation** to end the attestation process
3. After selecting **Save and Return Later**, click the **Next** button to continue the attestation process.



Logout Logged in as: **tester11** 

Text Size: 100%

Provider Portal

- [Status Page](#)
- [License](#)
- [Practicing Predominantly](#)
- [Group Practice Affiliation](#)
- [EHR Reporting Period](#)
- [EHR Adopt, Implement, or Upgrade](#)
- [Attestation Process](#)
- [Submission of Attestation](#)

License

***Required Fields**

As part of the incentive payment program, the state of North Carolina is required to validate EP license information. On this page, you will enter your license information.

***License Type:**

***State:**

***License Number:**

***Current Effective Date:** 

***Expiration Date:** 

[Reset Page](#) | [Save & Return Later](#) | [Cancel Attestation](#)

[Next](#)

[Previous](#)

Contact Us | Disclaimer | 2/28/2011 - 9:42 AM

© Copyright 2011 State of North Carolina, all rights reserved.
Portions of this material are © 2011 of Computer Sciences Corporation ("CSC"). Used under license.

Practicing Predominantly Screen

Introduction

Fill in this screen to indicate whether you practiced predominantly at a Federally-Qualified Health Center (FQHC), School-Based Health Center (SBHC), or Rural Health Center (RHC) in the previous calendar year.

Including Needy Individuals

An EP who practices predominantly at an FQHC/SBHC/RHC is defined as an EP for whom the clinical location for more than 50% of his/her total patient encounters during any continuous 6-month period in the preceding calendar year (2010) occurred at an FQHC/SBHC/RHC.

Providers who have practiced predominantly within an FQHC/SBHC/RHC during any continuous 6-month period in the preceding calendar year (2010) will have the ability to include needy individuals to meet the Medicaid patient volume eligibility threshold.

Needy Individuals Definition

A needy individual is defined as an individual who received medical assistance from NC Medicaid or NC Health Choice; were furnished uncompensated care; or were furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

Total Patient Encounters Definition

Total number of patient encounters for the specified time period.

1. Read the screen definitions of FQHC/SBHC/RHC and determine if you meet the practice criteria:
 - If you practiced predominantly at a FQHC/SBHC/RHC, select the **YES** button and then click **Next** button. The [Group Practice Affiliation Screen](#) displays.
 - If you **did not** practice predominantly at a FQHC/SBHC/RHC, select the **No** button and then click **Next** button. The [Hospital Based Screen](#) displays.

Logout
Logged in as: tester11
ⓘ

Text Size: 100%

Provider Portal

- [Status Page](#)
- [Licenses](#)
- [Practicing Predominantly](#)
- [Group Practice Affiliation](#)
- [EHR Reporting Period](#)
- [EHR Adopt, Implement or Upgrade](#)
- [Attestation Process](#)
- [Submission of Attestation](#)

Practicing Predominantly

***Required Fields**

***Did you practice predominantly within an FQHC/SBHC/RHC during any continuous 6-month period in the preceding calendar year (2010)?**

Yes
 No

Providers who have practiced predominantly within an FQHC/SBHC/RHC during any continuous 6-month period in the preceding calendar year (2010) will have the ability to include needy individuals to meet the Medicaid patient volume eligibility threshold.

Practices Predominantly at an FQHC/SBHC/RHC
 An EP for whom the clinical location for more than 50% of his/her total patient encounters during any continuous 6-month period in the preceding calendar year (2010) occurred at an FQHC/SBHC/RHC.

Needy Individuals
 Individuals who received medical assistance from Medicaid or North Carolina Health Choice, were furnished uncompensated care, or were furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

Federally Qualified Health Center (FQHC)
 FQHCs were added to the Medicaid program through an amendment to the Social Security Act, Section 6404 of Public Law 100-203. The FQHC law established a set of health care services for which Medicaid recipients are entitled. Medicaid FQHC services are defined as either core services or other ambulatory services.

School-Based Health Center (SBHC)
 SBHCs are located in schools or on school grounds to bring the doctor's office to the school so students avoid health-related absences. SBHCs provide a comprehensive range of services to meet the physical and behavioral health needs of the young people in the community. These services are provided through a qualified health provider such as a hospital, health department or medical practice.

Rural Health Clinic (RHC)
 RHCs Services Act (PL 95-210) authorized Medicaid payments to certified rural health clinics for physician services and physician-directed services whether provided by a physician, physician's assistant, nurse practitioner, or certified nurse midwife. The Rural Health Clinic Act established a set of health care services for which Medicaid recipients are entitled. Medicaid RHC services are defined as either core services or other ambulatory services.

Previous
Reset Page | Save & Return Later | Cancel Attestation
Next

Contact Us | Disclaimer | 2/26/2011 - 9:42 AM
© Copyright 2011 State of North Carolina, all rights reserved.
 Portions of this material are © 2011 of Computer Sciences Corporation ("CSC"), Used under license.

Hospital Based Screen

Introduction

On this screen you are asked whether you provided 90% or more of your Medicaid covered patient encounters in a hospital-based setting. A hospital-based EP is not eligible to participate in the NC Medicaid EHR Incentive Payment Program.

Hospital-Based Provider Definition

A hospital-based provider is defined as a provider who furnishes 90% or more of his/her Medicaid covered patient encounters in a hospital setting in the calendar year (2010) preceding the payment year (2011).

Medicaid Covered Patient Encounter Definition

Medicaid covered patient encounter is defined as a patient encounter where Medicaid or a Medicaid demonstration project under Section 1115 of the Social Security Act paid for part or all of the service.

- If you provided 90% or more of your Medicaid covered patient encounters in a hospital setting, select the **Yes** button. You are ineligible to participate in the Medicaid EHR Incentive Payment Program. A message indicating ineligibility will be displayed on the screen.
- If you did not provide 90% or more of your Medicaid covered patient encounters in a hospital setting, select the **No** button. The [Group Practice Affiliation screen](#) will be displayed.



Logout

Logged in as: **tester11**

Text Size: 100%

→ Provider Portal

- » Status Page
- » License
- » Practicing Presominantly
- » Hospital Based
- » Group Practice Affiliation
- » EHR Reporting Period
- » EHR Adopt, Implement, or Upgrade
- » Attestation Process
- » Submission of Attestation

Hospital Based

***Required Fields**

A hospital-based EP is not eligible for the Medicaid Incentive Payment Program. A hospital-based provider is defined as a provider who furnishes 90% or more of his/her Medicaid covered patient encounters in a hospital setting in the calendar year (2010) preceding the payment year (2011). A hospital setting is defined as a site rendering inpatient hospital or emergency room (ER) services.

***Did you provide 90% or more of your Medicaid covered patient encounters in a hospital setting?**

- Yes
- No

Patient Encounter

A single patient encounter is one or more services rendered by an EP on any one day to an individual patient.

Medicaid Covered Patient Encounter

A patient encounter where Medicaid or a Medicaid demonstration project under Section 1115 of the Social Security Act paid for part or all of the service.

[Previous](#)

[Reset Page](#) | [Save & Return Later](#) | [Cancel Attestation](#)

[Next](#)

Group Practice Affiliation Screen

Introduction

On this screen, indicate whether you are affiliated with a group practice. This determination impacts how you will calculate your Medicaid patient volumes. To be eligible to participate in the NC EHR Incentive Payment Program, EPs are required to have a minimum of 30% of [total patient encounters](#) attributed to Medicaid patients or 20% if you are a pediatrician.

NOTE: It is important to read this entire section to select the appropriate [Medicaid patient volume](#) for you and your entire group. It is also important to understand the following definitions when completing the Group Practice Affiliation screen.

Patient Encounter Definition

A single patient encounter is one or more services rendered by an EP on any one day to an individual patient.

Medicaid Covered Patient Encounter Definition

A patient encounter where Medicaid or a Medicaid demonstration project under Section 1115 of the Social Security Act paid for part or all of the service.

Total Patient Encounters

Total number of patient encounters for the specified time period.

EHR Reporting Period

To determine your Medicaid patient volumes, select a continuous 90-day period within the *previous* calendar year as your EHR reporting period. You will provide [patient encounter](#) information for that period, which includes both [Medicaid covered patient encounter](#) information as well as [total patient encounters](#) to determine the percentage of your total patient encounters attributed to Medicaid.

Determining Medicaid Patient Volume

There are two methodologies for determining patient volumes for EPs, an **individual methodology** and a **group methodology**.

- The individual methodology uses the individual EP's patient encounters to determine Medicaid patient volumes. All EPs not affiliated with a group practice will use individual methodology.
- The group methodology uses the patient encounter information for the **entire group practice** to determine patient volumes. Group practices may use either individual or group methodology for determining Medicaid patient volumes for affiliated EPs, however, **all EPs affiliated with the group practice must use the same methodology for the payment year.**

Group Practice Affiliation Screen (continued)

IMPORTANT NOTE: If you are affiliated with a group practice, the first EP affiliated with the group practice that attests to the affiliation will set the methodology for the entire group practice. Following that first attestation, every subsequent EP from the group that submits his/her attestation must use that methodology. It is important that the members of the group practice reach consensus among their affiliated EPs on the methodology prior to the first attestation.

Patient Volume Reporting Period

After selecting the appropriate individual or group practice methodology, select the start date of a continuous 90-day period from the preceding calendar year (2010) for your patient volume reporting period. Use the calendar icon to select dates more easily.

Enter dates in the MM/DD/YYYY format.

Group Practice Affiliation

Under Group Practice Affiliation, indicate if you were affiliated with one or more group practices during the 90-day period.

If you were affiliated with a group practice during your selected 90-day EHR reporting period, you may use the patient encounters of the entire group practice in establishing your Medicaid patient volumes. To be affiliated with a group practice, you must have at least one Medicaid claim with the group practice during the EHR reporting period.

Enter the NC MPNs and the group practice names for all group practices with which you were affiliated during the 90-day period. If you were affiliated with one or more group practices within North Carolina during your selected EHR reporting period, you will enter the NC Medicaid provider numbers and group names of each practice.

Deleting or Adding a Group Practice

To delete a group practice, click the red X sign on the bottom right of the screen.

To add a group practice, click the green plus sign on the bottom right of the screen.



Group Practice Affiliation Screen (continued)

Entering MPN

If you are entering the NC MPN for a FQHC/RHC/SBHC, please enter only the first six numeric digits. The state requires this information to ensure that all EPs affiliated with a group practice use the same patient volume methodology.

NOTE: If one of the group practices listed has decided to use the group methodology and you wish to use your individual encounters to determine Medicaid patient volumes, the encounters associated with that group practice must be excluded.

Select **Yes** or **No** to indicate whether you were affiliated with an out-of-state group practice during the 90-day period.

Click the **Next** button to continue to the [EHR Reporting Period Screen](#).

Logout
Logout as Provider 03

Top
2019

Provider Profile

- Dashboard
- USCERS
- Provider Credentials
- Group Practice Affiliation
- Group Reporting Status
- Group Report Statement or Update
- Attestation Records
- Submission of Attestation

Group Practice Affiliation

Required Fields

EPUs are required to meet certain medical patient volume thresholds to be eligible to participate in the program. To simplify reporting requirements, CMS permits EPUs to use one of two patient volume reporting methodologies: individual or group. If you are not familiar with the options, and the repercussions of a selected option, please refer back to the [EPU Affiliation Guide](#).

Individual Patient Volume
 Please select the methodology to use for determining medical patient volume reporting requirements.
 Individual (1) Group Practice

Group practice encounter data
 Patient encounter(s) associated with the Medicare Provider Number of the EPU's affiliated group practice.

Individual encounter data
 Patient encounter(s) associated with the individual Medicare Provider Number of the EPU.

Please select the start date of a continuous 90-day period from the preceding calendar year (2019) for your patient volume reporting period.

Start Date: 10/1/2019

End Date: 12/31/2019

The continuous 90-day period from the preceding calendar year (2019) in which an EPU must meet the CMS requirements for patient volume.

When using the individual methodology, we still ask for your group practice affiliation(s) to ensure compliance with program requirements.

Group Practice Affiliation
 Have you affiliated with one or more group practices during the 90-day period?
 Yes No

Please enter the Medicare Provider Number(s) for the group practice(s) you were affiliated with during the patient volume reporting period.

| North Carolina Group Medicaid Provider Number | Group Practice Name | Action |
|-----------------------------------------------|---------------------|--------|
| | | X |

EPUs using the individual methodology may calculate patient volume with all of the following conditions:

- Counts from locations using the group practice methodology will not be allowed when using individual methodology.
- For any payment year, if you are the first EPU affiliated with a group practice to enter attestation data, your selection of individual methodology will require all other EPUs affiliated with that group practice to follow the individual methodology.

Group Practice Affiliation - Individual
 Have you affiliated with one or more Out-of-State group practices during the 90-day patient volume reporting period?
 Yes No

If you are affiliated with an out-of-state group practice and are including patient encounter(s) associated with that practice, please enter the NPI and name of that group practice.

| State | Out-of-State Group Practice NPI | Group Practice Name | Action |
|---------|---------------------------------|---------------------|--------|
| Alabama | | | X |

[Previous](#) | [Reset Page](#) | [Save & Return Later](#) | [Cancel Attestation](#) [Next](#)

10/1/2019 10:10:00 AM

EHR Reporting Period Screen

Introduction

On this screen you provide the total [Medicaid covered patient encounters](#) and [total patient encounter](#) totals for your selected 90-day period to determine whether you meet the Medicaid patient volume requirements for the program. To be eligible to participate in the EHR incentive payment program, EPs are required to have a minimum of 30% of total patient encounters attributed to Medicaid patients or 20% if you are a Pediatrician.

Notice that this screen is populated with the:

- 90-day period you previously selected
- Affiliated NC MPN where you practiced during that 90-day period
- Affiliated group practice names

For each MPN listed, enter the total Medicaid covered patient encounters and total patient encounters. These totals will produce a calculation at the bottom of the screen that indicates your percentage of patient encounters attributable to Medicaid.

NOTE: You must meet the 30% threshold to be eligible to participate in the incentive payment program. If you are a pediatrician, the minimum threshold is 20%.

When you have completed with this screen, click the **Next** button and the [EHR Adopt, Implement or Upgrade Screen](#) will be displayed.

Provider Portal

- [Home Page](#)
- [License](#)
- [Practicing Predominantly](#)
- [Group Practice Affiliation](#)
- [EHR Reporting Period](#)
- [EHR Adopt, Implement, or Upgrade](#)
- [Attestation Process](#)
- [Submission of Attestation](#)

EHR Reporting Period

***Required Fields**

To qualify for an EHR incentive payment, an EP must have a minimum 30% patient volume attributable to individuals receiving Medicaid, or have a minimum of 20% patient volume attributable to individuals receiving Medicaid and be a Pediatrician. In this section, you will provide total Medicaid covered patient encounters and total patient encounter totals for each practice site for your selected 90-day period.

This is the 90-day period that you selected on the previous screen:

Start Date

End Date

The following table displays the North Carolina Medicaid provider number(s) where you practiced during the 90-day period. For each Medicaid provider number, please enter all Medicaid covered patient encounters and total patient encounters.

| NC Medicaid Provider Number | Group Practice Name | *Total Medicaid Covered Patient Encounters | *Total Patient Encounters |
|-----------------------------|---------------------|--------------------------------------------|---------------------------|
| 891265R | | <input type="text"/> | <input type="text"/> |
| 9000000 | TESTS | <input type="text"/> | <input type="text"/> |
| Total | | | |

There are no claims that support this affiliation

Patient Encounter
A single patient encounter is one or more services rendered by an EP on any one day to an individual patient.
Total Patient Encounters:
Total number of patient encounters for the specified time period.
Medicaid Covered Patient Encounter
A patient encounter where Medicaid or a Medicaid demonstration project under Section 1115 of the Social Security Act paid for part or all of the service.
Total Medicaid Covered Patient Encounters
Total number of Medicaid covered patient encounters for the specified time period.

The following table displays the NPI(s) of the out-of-state group practice where you practiced during the 90-day patient volume reporting period. For each NPI, please enter all Medicaid covered patient encounters and total patient encounters. Please note that this information is subject to verification.

| Out-of-State Group Practice NPI | Out-of-State Group Practice Name | *Total Medicaid Covered Patient Encounters | *Total Patient Encounters |
|---------------------------------|----------------------------------|--------------------------------------------|---------------------------|
| 9830493048 | TESTS | <input type="text"/> | <input type="text"/> |
| Total | | | |

Total Medicaid Covered Patient Encounters: $\frac{0}{0} = N/A$
Total Patient Encounters:

[Previous](#)
[Reset Page](#) | [Save & Return Later](#) | [Cancel Attestation](#)
[Next](#)

EHR Adopt, Implement or Upgrade Screen

Introduction

On this screen, indicate via the check boxes the specific actions you took to adopt, implement or upgrade a certified EHR technology.

When completed, click the **Next** button and the [Attestation Process Screen](#) displays.

EHR Adopt, Implement or Update Screen Display

The screenshot shows the 'EHR Adopt, Implement, or Upgrade' screen within the North Carolina Health IT Provider Portal. The header includes the 'North Carolina Health IT' logo, a navigation menu with 'Logout', and the user 'foster11' logged in. The main content area is titled 'EHR Adopt, Implement, or Upgrade' and contains the following instructions and options:

***Required Fields**

In this section, you will specify the action(s) you took to Adopt, Implement or Upgrade a certified EHR technology.

*Please specify the action(x) you took to adopt, implement, or upgrade a certified EHR system. Please note that this information is subject to verification. Please be prepared to provide back-up documentation as required.

- Acquire, purchase, or secure access to certified EHR technology.
- Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements
- 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

* Please enter your 15 digit ONC EHR Certification number :

Navigation buttons: [Previous](#), [Reset Page](#), [Save & Return Later](#), [Cancel Attestation](#), and [Next](#).

Footer: Contact Us | Disclaimer | 2/29/2011 - 10:12 AM. © Copyright 2011 State of North Carolina, all rights reserved. Portions of this material are © 2011 of Computer Sciences Corporation ("CSC"), used under license.

Attestation Process Screen

Introduction

This screen confirms that you have completed the attestation process.

Click the **Next** button and the [Submission of Attestation Screen](#) will be displayed.

Attestation Process Screen Display

The screenshot displays the 'Attestation Process' screen within the North Carolina Health IT Provider Portal. The page features a blue header with the 'North Carolina Health IT' logo on the left and the 'nc Department of Health and Human Services' logo on the right. A navigation bar includes a 'Logout' link and a user login status 'Logged in as: tester11'. The main content area is titled 'Attestation Process' and contains three paragraphs of text: a congratulatory message, instructions for the next step, and a thank-you note. A 'Previous' button is located on the left side of the main content area, and a 'Next' button is on the right. A left-hand navigation menu lists various portal options, with 'Attestation Process' highlighted. The footer contains contact information, a disclaimer, and copyright notices.

North Carolina Health IT

nc Department of Health and Human Services

Logout

Logged in as: tester11

Text Size: 100%

→ Provider Portal

- Status Page
- License
- Practicing Predominantly
- Group Practice Affiliation
- EHR Reporting Period
- EHR Adopt, Implement or Upgrade
- **Attestation Process**
- Submission of Attestation

Attestation Process

Congratulations! You have successfully entered the required information for the attestation phase of the NC Medicaid EHR incentive payment process. The State of North Carolina looks forward to working with you as our country moves towards improving patient care through adoption of EHRs and health information exchange.

On the next page you will be attesting to the accuracy of the information you provided. This is the final step in the online attestation phase of the process. After you attest to the accuracy of your submission, you will be prompted to print out a summary of your submission, fill in the requested information, sign it and return it.

Thank you for your participation in this important program.

Previous

Next

Contact us | Disclaimer | 2/28/2011 - 10:12 AM

© Copyright 2011 State of North Carolina, all rights reserved.
Portions of this material are © 2011 of Computer Sciences Corporation ("CSC"). Used under license.

Submission of Attestation Screen

Introduction

On this screen you are required to testify that all information you have provided is true. Read this screen carefully before checking the box to attest to the content of this submission.

Use the Previous button to return to any prior screens to edit your entries, or use the navigation links on the left side of the screen to access any screen.

When completed, click the **Submit** button.

Submission of Attestation Screen Display

The screenshot displays the 'Submission of Attestation' screen within the North Carolina Health IT Provider Portal. The header includes the 'North Carolina Health IT' logo, a navigation menu with 'Logout', and the user 'tester11' logged in. The main content area features a 'Submission of Attestation' section with a warning about required fields and a legal disclaimer. A checkbox for attestation is present, along with a 'Submit' button and a 'Previous' button. Footer information includes contact links, a timestamp of 2/28/2011 - 10:13 AM, and copyright notices for the State of North Carolina and Computer Sciences Corporation (CSC).

North Carolina Health IT

Logout

Logged in as: **tester11**

Text Size: 100%

Provider Portal

- Status Page
- License
- Practicing Predominantly
- Group Practice Affiliation
- EHR Reporting Period
- EHR Adopt, Implement, or Upgrade
- Attestation Process
- Submission of Attestation

Submission of Attestation

***Required Fields**

Concealment or falsification of material facts regarding incentive payment can result in Medicaid Provider Payment suspension, civil prosecution pursuant to the False Claims Act (31 USC 3729-3733), Medical Assistance Provider Fraud (N.C.G.S. 108A-63), Medical Assistance Provider False Claims Act (N.C.G.S. 108A-70, 10 to 70-16), the North Carolina False Claims Act (N.C.G.S. 1-605 to 1-618), and/or criminal prosecution pursuant to criminal fraud statutes of North Carolina.

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

I hereby attest to the content of this submission

Submit

Previous

[Reset Page](#) | [Save & Return Later](#) | [Cancel Attestation](#)

[Contact us](#) | [Disclaimer](#) | 2/28/2011 - 10:13 AM



© Copyright 2011 State of North Carolina, all rights reserved.
Portions of this material are © 2011 of Computer Sciences Corporation ("CSC"). Used under license.

Print Attestation Screen

Introduction

Follow the steps below to finalize your attestation:

1. Print the attestation documents from the system. Click the **Print** button.
2. Copy the documents for your records.
3. Sign and date your attestation page.
4. Include the following documents with your submission (recommended)
 - A copy of your license (recommended)
 - Documentation illustrating that you have “adopted, implemented, or upgraded” certified EHR technology, i.e., purchase order or contract.
5. Mail, fax, or scan and email the documents to the parties indicated on the screen.
6. Retain your copies for reference.




Logout Logged in as: **tester11** 

Text Size: 100%

Provider Portal

- Status Page
- Licenses
- Practicing Predominantly
- Group Practice Affiliation
- EHR Reporting Period
- EHR Adopt, Implement or Upgrade
- Attestation Process
- Submission of Attestation
- Print Attestation**

Print Attestation

 **Attestation was successfully submitted.**

Congratulations! You have successfully completed the online attestation phase of the NC Medicaid EHR Incentive Payment Program.

To finalize your attestation, please complete the following:

1. Press the print button to print the attestation page and a summary of your submission. [Print](#)
2. Sign and date your attestation page.
3. Send the attestation page, the summary of your submission, and supporting documentation.
Mail: NC-MIPS CSC EVC Center
P.O. Box 300020
Raleigh, NC 27622-0020
Fax: 866-844-1382
Scan & Email: ncmips@csc.com
4. List of recommended supporting documents are:
I. Documentation illustrating that you have "Adopted, Implemented or Upgraded" to certified EHR technology, i.e. purchase order or contract.
II. Copy of license.
5. Retain all records in support of your submission.

The State of North Carolina looks forward to working with you on this important program. Please review the EP Attestation Guide for additional information. We will contact you when we have reviewed your submission. Thank you for your participation.

The free [Adobe Acrobat Reader](#) is required to view and print PDF files.
• If you're an eligible professional (EP), please review the [EP Attestation Guide](#) (3Mb)

[Previous](#) [Complete](#)

[Contact us](#) | [Disclaimer](#) | 2/28/2011 - 10:13 AM

© Copyright 2011 State of North Carolina, all rights reserved.
Portions of this material are © 2011 of Computer Sciences Corporation ("CSC"). Used under license.