North Dakota EHR Incentive Payment Program

Eligible Professionals

User Guide – Group Proxy Methodology

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North Dakota Medicaid EHR Incentive Payment Program

Group Attestation for Eligible Professionals
*NOTE – All EPs must first be registered with the CMS EHR Registration and Attestation System at:

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

Each EP will receive a CMS EHR Confirmation number that will be needed to start the ND attestation. Please allow 24 hours after registering with CMS for the number to be valid in the ND Portal.

Access ND Registration and Attestation Portal
https://apps.nd.gov/dhs/mmis/hitech/login.htm

Login – Enter the login information – Refer to the account creation document if you have not created an User ID and Password

User Profile

The first time a user logs in, a profile must be completed

This should be the person that is attesting on behalf of a provider or the provider if they are self-attesting

To edit this information at any time, you can access this information from the "Your Profile" tab on the main menu.

Add an EP to the profile

* If attesting as a group of EP's using the Group Proxy patient volume method, all EPs must be added to the profile before proceeding.

Enter the CMS confirmation number and select the attestation year for each EP that will be attesting.

Once all the providers are added to the profile, you are ready to begin the attestation process. This process will need to be completed each year an EP attests.

Attestation Process – Group Proxy

Group Proxy Methodology

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

- The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP
- There is an auditable data source to support the clinic's or group practice's patient volume determination
- All EPs in the group practice or clinic must use the same methodology for the payment year
- The clinic or group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way
- If an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP's outside encounters
- Each EP must have at least one Medicaid encounter within the 90 day patient volume period.
- EP's attesting using Group Proxy will use the aggregate patient volume of the entire facility, not just from the EP's attesting and all EP's will use the same patient volume percentage.

1. Select Begin on one of the EPs that will be attesting as part of the group

2. Answer "YES" to the question is this for a Group of Providers
3. Enter the NPI for the facility
4. If all providers are Pediatrician answer Yes, if not, answer No
5. Select the Check Box next to the name of all the providers that are attesting
   All providers must be added to the profile before they will be available to select
6. Enter the Begin date of the Patient Volume Period (the system will calculate the end date). This will be the same for all the providers as part of the Group Proxy Methodology
7. Enter the number of Medicaid Encounters and the Total Encounter. By using Group Proxy this will be the aggregate numbers of the clinic/facility
8. Click Continue

9. Under Action click Continue, this will be repeated for each EP
   This will begin the individual attestation for each EP

Meaningful Use Information

Medicaid Volume 90 Day Period - Edit

Begin Date: 01/01/2014

End Date: 03/31/2014

Medicaid Volume Calculation - Edit

Paid Medicaid Encounters: 375

Total Encounters: 800

Medicaid Volume: 46.88%

Attestation Selection

Legend: ✓ Complete ✗ Required - Incomplete

Name	NPI	TIN	CCN	Status	Action
Paul				✗	Continue
FERDINAND				✗	Continue

Return to Menu	Submit

AIU – Year 1 only

The only information required for AIU is the Register and attest questions and the required documents.

*NOTE – for Meaningful Use attestations, refer to the MU user guide. The steps to complete the MU attestation will be the same for groups as it is for individuals, once the group attestation is started.

Medicaid Volume 90 Day Period - Edit

Begin Date: 01/01/2014

End Date: 03/31/2014

Medicaid Volume Calculation - Edit

Paid Medicaid Encounters: 300

Total Encounters: 800

Medicaid Volume: 37.5%

EHR Certification Information - Add

CMS EHR Certification ID:

Attestation Selection

Legend: ✓ Complete ✗ Incomplete

Measure Name	Status	Status	Action
Register and Attest	0 of 9 complete	✗	Begin
Attest to Core, Menu and Clinical Measures			

Upload Documents

Legend: ✓ Complete ✗ Required ▬ Optional

Document Name	Status	Action
Legal Authorization to attest on behalf of the facility/provider	✗	Upload
Volume Calculation	✗	Upload
Signed Legal Contract or EHR Certification Number	✗	Upload
W-9	✗	Upload
Add Additional Documents		

[Return to Menu] [Submit]

1. To edit/change the Medicaid Volume 90 Day Period or Medicaid Volume, click the Edit link
2. Enter the EHR Certification ID by selecting Add. To obtain the EHR Certification Number, enter the EHR information at the ONC CHPL site: http://oncchpl.force.com/ehrcert/CHPLHome
   * Valid Certification numbers will highlight GREEN (**Valid is required**), invalid will highlight RED.
3. If you are in Year 1 and you would like to attest to MU rather than AIU, select the Attest to Core, Menu, and Clinical Measures link to add the MU criteria. (Not required for AIU)

Register and Attest Questions

4. To Attest to AIU only, select Begin to Register and Attest

5. Answer the following questions. These will all be verified before payment is issued. If the provider is found to be sanctioned, been paid by Medicare or by another state, or hospital based, the provider will be deemed ineligible.

    5.1. Q 1 Are you currently sanctioned by Medicaid or Medicare? Yes or No
    5.2. Q2 Have you ever been sanctioned by Medicare or Medicaid? Yes or No
    5.3. Q3 Have you applied for an EHR Incentive Payment in any other state? Yes or No, If yes, select the other state
    5.4. Q4 Do you practice at more than one location ➜ If yes, list all other Clinics/Facilities

5.5. Q5 Have you adopted, implemented, or upgraded using a certified EHR ➜ If Yes, select either Adopt, Implement or Upgrade

5.6. Q6 Are you non-Hospital based? ➜ If 90% or more of the EPs encounters are hospital based (POS 21 or 23), the EP is not eligible for payment

Question #5

*Have you adopted, implemented, or upgraded using a certified EHR technology?

⦿ Yes

◯ No

*If so, which one?

⦿ Adopt

◯ Implement

◯ Upgrade

Question #6

*Are you non-hospital based (90% or more of your encounters are NOT performed in an inpatient setting (site of service code 21) or in the emergency department (site of service code 23)?

⦿ Yes

◯ No

5.7. Q7 Do you practice in an FQHC, RHC, or Tribal Clinic ➔ If yes, are you a Physician's Assistant ➔
If yes, select the qualifying PA requirement (The facility **must** by PA led for a PA to be eligible).
The facility is considered PA led if:

5.7.1. The PA is the primary provider in a clinic (part time physician and full time PA)

5.7.2. The PA is the clinical or medical director at a clinical site of practice

5.7.3. The PA is the owner of the RHC

** If you practice in an FQHC, RHC, or Tribal Clinic, the EP must practice predominately at the facility ➔ Meaning 50% or greater of all encounters must be performed at the FQHC, RHC, or Tribal Clinic and been practicing at the facility for 6 consecutive months

*Do you practice in a FQHC, RHC or Tribal Clinic?

◉ Yes

○ No

*Do you practice predominantly at a FQHC, RCH or Tribal Clinic? (Practicing predominantly means that the FQHC/RHC is the clinical location for over 50 percent of total encounters over a period of six months in the most recent calendar year or 12 months preceding the attestation.)

◉ Yes

○ No

*Are you a Physician's Assistant?

◉ Yes

○ No

*Is your FQHC/RHC "so led" by a Physician's Assistant?

◉ Yes

○ No

* Choose one of the following three options:

◉ PA is the primary provider in a clinic

○ PA is a clinical or medical director at a clinical site of practice

○ PA is an owner of a RHC

5.8. Q8 Percentage of Payer Mix ➔ This should be from the same 90 day period used for the patient volume, so Percentage of Medicaid should = the same percentage used for patient volume

5.9. Do you wish to assign Payment to an Organization/Individual ➔ If yes, enter the information to whom that payment should be made. A Signed letter of acknowledgement/intent is required from the EP stating they agree payment can be assigned to the facility.

Question #8

Percentage of Payer Mix

*Percentage of Paid Medicaid Encounters:	38
*Percentage of Paid Medicare Encounters:	12
*Percentage of Paid BCBSND Encounters:	40
*Percentage of Other Paid Commercial Encounters:	10 Name: XYZ Insurance
*Percentage of Other Paid Encounters:	10 Name: Sliding Fee or No Pay

Question #9

*Do you wish to assign Payment to an Organization/Individual?

◉ Yes

○ No

*Organization/Individual Name:	TWB Clinic
*Address to which payment should be sent:	490 Main St
*TIN or EIN:	123456789
*Phone Number for assignee:	7015555555
*Email Address for assignee:	

Cancel   Save & Return

**Select Save & Return to complete the section

6. If the section was completed, the status will indicate with a green check mark, if not, a red X will display indicating it is incomplete

Attestation Selection

Legend: ✓ Complete ✗ Incomplete

Measure Name	Status	Status	Action
Register and Attest	9 of 9 complete	✓	Continue
Attest to Core, Menu and Clinical Measures			

Upload Documents

Required Documents

7. Required Documents to Upload

   ➔ ✗ indicates the document is required

   ➔ ▬ indicates the document is optional and can be uploaded

   ➔ ✓ indicates the document has been uploaded successfully

   If any additional documents need to be updated to provide any explanations or assist with verification, select the Add Additional Documents link. The more verifying documents uploaded will help speed up the verification and payment process.

Upload Documents

Legend: ✓ Complete ✗ Required ▬ Optional

Document Name	Status	Action
Legal Authorization to attest on behalf of the facility/provider	✗	Upload
Volume Calculation	✗	Upload
Signed Legal Contract or EHR Certification Number	✗	Upload
W-9	✗	Upload
Add Additional Documents		

Return to Menu   Submit

   7.1. Legal Authorization to attest ➔ Must be a current dated letter from the CEO/CIO of the facility granting permission to the person attesting on behalf of the facility
   7.2. Volume Calculation ➔ **MUST** Use the calculation Template located at: http://www.healthit.nd.gov/medicaid/
   7.3. Signed Legal Contract ➔ Legal binding contract of the EHR system used at the facility
   7.4. W-9 ➔ Current W-9 to whom the payment is being made (usually the facility)
   7.5. MU Dashboard ➔ If attesting to MU, the Core, Menu, and CQM dashboard from the EHR must be provided to verify the MU data
8. If complete, select "Submit" to complete the Attestation.
9. The user must agree to the terms/disclaimer

   All documentation for each attestation must be kept for a minimum of six (6) years and the attestation can be subject to audit for up to six (6) years. If the documentation cannot be provided,

the payment will be recouped.

Cancel Submit