



North Carolina Medicaid EHR Incentive Payment Program Eligible Professional Attestation Guide

Updated January 19, 2012



Disclaimer

The NC Medicaid Program is providing this guide as reference for eligible professionals (EP). Although 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) 844-1382

Email: ncmips@csc.com

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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/pmf/Registration.html>

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 in this guide 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.

If you, at any point in the attestation process, determine that you do not meet the eligibility requirements for participation in this program, please stop at that point in your attestation and notify the North Carolina MIPS CSC EVC Center at (866) 844-1113 or by email at ncmips@csc.com. The EVC Center will ensure that you do not receive follow-up correspondence during that program year asking you to complete your attestation.

Please remember that even if you do not qualify for participation in the EHR Incentive Program during this program year, you may attest to your eligibility during each of the remaining program years by completing and submitting a new attestation for that program year.

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

To finalize attestation, you need the following documents to be emailed, faxed, or mailed with your signed, printed

You Need

attestation.

- 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)

If you are a pediatrician and would like to be considered for an incentive payment based upon the lower pediatrician Medicaid patient volume threshold percentage, please include a copy of your certificate along with your signed attestation.

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, before you can log in. NC-MIPS supports Internet Explorer and Mozilla.

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.

Screen Design

Each screen has a navigation bar on the left side of the screen that allows you to move easily to other screens. Many screens also have **Previous** or **Next** buttons that allow you to move forward and backward between screens. Additionally, most screens have **Reset Page**, **Save & Return Later**, and **Cancel Attestation** buttons. **Reset Page** allows you to clear your entered data and re-enter as needed. **Save & Return Later** will save your entered data and allow you to exit NC-MIPS and complete your attestation at a later date. **Cancel Attestation** will cancel your current attestation, but you may restart at a later time.

If you enter data that indicates you are ineligible to participate in the NC Medicaid Incentive Payment Program, you will see an error message on the screen. At that point, you may cancel your attestation or you may continue to submission. Please note that all attestations are subject to validation. If you are deemed ineligible to participate in the program, you will receive correspondence from the State. All EPs deemed ineligible for the program may appeal the decision.

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](#) (881 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](#)

State Registration

First Log In Session

If this is the first time you are logging in, you must register with the NC Medicaid EHR Incentive Payment Program. Click the **Register** link at the bottom left of the screen and the **State Registration** screen will be displayed.

State Registration Screen Display

State Registration

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.

***Required Fields**

***Registration ID:**

***NPI:**

***TIN:**

***NC Medicaid Provider Number:**

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 Taxpayer Identification Number.
- **MPN:** This is your NC Medicaid Provider Number

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

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 prompt you to:

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**. After a successful login, you will be taken to the [Status Screen](#).

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](#) (881 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 registration.

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.



- [Forgot or Need a User ID?](#)
- [Forgot Password?](#)

• 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):

* Password:



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 **NLR Registration Summary Information** for accuracy.
2. Read your **NC EHR Incentive Program Summary Information**, which indicates your status in the NC Medicaid EHR Incentive Program.
3. Click the **Proceed** button to begin your attestation **or** to resume the attestation process.

Resuming 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. If you have already completed your attestation, you will have the option to print the attestation or review the attestation from the Status Screen.

Status Screen Display

Status					
<p>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 activities over the last 24 months.</p>					
[-] NLR Registration Summary Information					
Registration ID: 1000039330		Site Address:			
Name: Peggy E O'Hara		186 Medical Park Loop			
MPN: 5916305		Sylva, NC 28779-4110			
NPI: 1043327497		Phone #: 828-586-5594			
EHR Certification Number: 30000001SVE6EAC					
[-] NC EHR Incentive Program Summary Information:					
- Your NC-MIPS registration was successfully added on 03/16/2011.					
- Your NC-MIPS attestation was successfully completed on 05/03/2011 for participation year 1.					
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. Press the PRINT button to print out your submitted attestation.					
		Program Year	Status	Submission Date	Participation Year
<input type="button" value="Print"/>	<input type="button" value="Proceed"/>	2011	Validation	05/03/2011	1

License Screen

Entering License Information

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

- License type
 - Issuing state
 - License number
 - Current effective date (this date cannot be later than the current date)
 - Expiration date (this date cannot be earlier than the day following the current 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
 - **Next** to continue the attestation process

→ Provider Portal

- Status Page
- License
- Practicing Predominantly
- Hospital Based
- 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:** 

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

FQHC Practice 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.

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.

Including Needy Individuals

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

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 the **Next** button. You will be prompted to enter additional information. First, you will be asked to select the start date of the continuous 6-month period in the preceding calendar year (2010) during which you practiced predominantly at an FQHC/SBHC/RHC. You will then enter your **total patient encounters** at the FQHC/SBHC/RHC during the selected six-month period. You will also enter your total patient encounters at all of your practice sites for the same time period. These numbers will be calculated to determine that at least 50% of your patient encounters occurred within an FQHC/SBHC/RHC. Then click the Next button. The Group Practice Affiliation Screen will display. (EPs who practice predominantly at a FQHC/SBHC/RHC will skip the Hospital Based Screen).
- 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.

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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 (PL95-210) 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.

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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 (PL95-210) 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.

Please select the start date for any continuous 6 month period in the previous calendar year when you practiced predominantly within an FQHC/SBHC/RHC

*Start Date	End Date	*Total Patient Encounter at an FQHC/SBHC/RHC	*Total Patient Encounter at all locations
<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:	0.00%	0	0

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.

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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.

1. 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.
2. 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.

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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.

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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](#) attributable to Medicaid patients. Pediatricians not meeting the 30% threshold may participate and receive a lower payment by meeting a 20% threshold.

NOTE: It is important to read this entire section to select the appropriate [Medicaid patient volume methodology](#) 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

1. To determine your Medicaid patient volumes, select a continuous 90-day period within the previous calendar year (2010) as your EHR reporting period. On a subsequent screen, 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. Providers practicing predominantly at a FQHC/SBHC/RHC may also use needy patient encounters in addition to Medicaid covered patient encounters for this entry.

Determining Medicaid Patient Volume

2. Select your methodology for determining your 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. Providers within a group practice 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.

EHR Reporting Period

3. 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 EHR reporting period. Use the calendar icon to select dates more easily.

Group Practice Affiliation

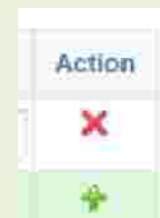
4. Under Group Practice Affiliation, indicate if you were affiliated with one or more group practices during the 90-day period.

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

5. To delete a group practice, click the red X sign on the bottom right of the screen.
6. To add a group practice, click the green plus sign on the bottom right of the screen.



Group Practice Affiliation Screen (continued)

Entering MPN

7. 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.

8. Select **Yes** or **No** to indicate whether you were affiliated with an out-of-state group practice during the 90-day period. If you select **Yes**, you will enter the name and NPI for the out-of-state group practice.

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

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Group Practice Affiliation

***Required Fields**

EPs are required to meet defined Medicaid patient volume thresholds to be eligible to participate in the program. To simplify reporting requirements, CMS permits EPs 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 EP Attestation Guide. [EP Attestation Guide](#).

Medicaid Patient Volume

*Please select the methodology to use for determining Medicaid patient volume threshold requirements.

Individual Group Practice

Group practice encounter data

Please select the start date of a continuous 90-day period from the preceding calendar year (2010) for your patient volume reporting period.

*Start Date Please select start date

End Date

The continuous 90-day period from the preceding calendar year (2010) in which an EP 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

*Were you affiliated with one or more group practices during the 90-day period?

Yes No

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Group Practice Affiliation

***Required Fields:**

EPs are required to meet defined Medicaid patient volume thresholds to be eligible to participate in the program. To simplify reporting requirements, CMS permits EPs 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 EP Attestation Guide [EP Attestation Guide](#).

Medicaid Patient Volume

***Please select the methodology to use for determining Medicaid patient volume threshold requirements.**

Individual Group Practice

Group practice encounter data

Please select the start date of a continuous 90-day period from the preceding calendar year (2010) for your patient volume reporting period.

***Start Date:** **Please select start date**

End Date:

The continuous 90-day period from the preceding calendar year (2010) in which an EP 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

***Were you affiliated with one or more group practices during the 90-day period?**

Yes No

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

* North Carolina Group Medicaid Provider Number	* Group Practice Name	Action
<input type="text"/>	<input type="text"/>	

EPs using the individual methodology may calculate patient volume with all of the following limitations:

- 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 EP affiliated with a group practice to enter attestation data, your selection of individual methodology will require all other EPs affiliated with that group practice to follow the individual methodology.

[-] Group Practice Affiliation - Individual

*Were 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 encounters 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 <input type="text"/>	<input type="text"/>	<input type="text"/>	

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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 EHR reporting 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, EHRs are required to have a minimum of 30% of total patient encounters attributed to Medicaid patients.

Notice that this screen is pre-populated with the:

- 90-day period you previously selected
- Affiliated NC MPN and group practice name(s) where you practiced during that 90-day period
- Out-of-state affiliated group practice NPI and name(s) where you practiced during that 90-day period.

1. 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.
2. On this screen you will also enter total Medicaid covered patient encounters and total patient encounters for out-of-state Medicaid claims. The combined totals of all entered Medicaid covered patient encounters and total patient encounters will produce a calculation at the bottom of the screen that indicates your percentage of patient encounters attributable to Medicaid.
3. When you have completed with this screen, select the **Next** button and the [EHR Adopt, Implement or Upgrade Screen](#) will be displayed.

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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
1567438	NC Family Practice		
Total			

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.

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

Total Patient Encounters:

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EHR Adopt, Implement or Upgrade Screen

Introduction

On this screen, you will provide information on the activities you undertook to adopt, implement, or update EHR technology.

1. Select the appropriate box(es) that indicate the action(s) you undertook to adopt, implement, or update EHR technology.
2. Enter the ONC EHR Certification Number. If you provided this number during registration with the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System, this number will be pre-populated in the NC-MIPS system. If you need additional information on the ONC EHR Certification Number, please go to the ONC EHR Certification website to look-up your EHR certification number. This site can be accessed at <http://onc-chpl.force.com/ehrcert>.
3. When completed, click the **Next** button and the [Attestation Process Screen](#) displays.

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EHR Adopt, Implement, or Upgrade

***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(s) 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 :**

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Attestation Process Screen

Introduction

This screen confirms that you have completed the online attestation process. You will now attest to the accuracy of the information you provided. You will then be provided with instructions on submitting your signed final attestation and back-up documentation to the NC-MIPS Center.

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

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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.

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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.

If satisfied with your responses, click the **Submit** button. This will take you to the Print Attestation screen.

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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

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

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- ✓ **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 27622-8020
Fax: 866-844-1382
Scan & Email: ncmips@csc.com
4. (recommended) Documentation illustrating that you have "Adopted, Implemented or Upgraded" to certified EHR technology. i.e. purchase order or contract.
5. (recommended) Copy of license
6. 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](#) (881.3 KB)

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Status Screen

Introduction

The **Status Screen** will display again, providing a summary of your updated information. Please review this information. If you have completed the attestation process and submitted your attestation, you should see a status of **Validation** and a submission date in your summary information.

Resuming the Attestation Process

1. 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. If you have already completed your attestation, you will have the option to print the attestation or review the attestation from the Status Screen.

Status Screen Display

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 activities over the last 24 months.

NLR Registration Summary Information

Registration ID: 1000039330
Name: Peggy E O'Hara
MPN: 5916305
NPI: 1043327497
EHR Certification Number: 30000001SVE6EAC

Site Address:
186 Medical Park Loop
Sylva, NC 28779-4110
Phone #: 828-586-5594

NC EHR Incentive Program Summary Information:

- Your NC-MIPS registration was successfully added on 03/16/2011.
- Your NC-MIPS attestation was successfully completed on 05/17/2011 for participation year 1.

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. Press the PRINT button to print out your submitted attestation.

		Program Year	Status	Submission Date	Participation Year
Print	Proceed	2011	Validation	05/17/2011	1

Next Steps

The State of North Carolina looks forward to working with you on this important program. Please be sure to fax, scan and email, or mail your signed attestation as soon as possible. We will contact you when we have reviewed your submission. Thank you for your participation.