



IDAHO DEPARTMENT OF

HEALTH & WELFARE

Attestation and Application using the Idaho Incentive Management
System (IIMS)

for
Eligible Hospitals (EHs)

John Wheaton
Business Analyst
Division of Medicaid
May 30, 2012

Application and Attestation Overview

- Idaho Incentive Management System (IIMS)
 - A web interface for providers to apply and attest at the state level
- Four steps to completing attestation in IIMS after you log in.
 1. Review of CMS registration data
 2. Entry of eligibility details into IIMS
 3. Upload documents
 4. Submit application/attestation



Requirements for IIMS

1. You must be successfully registered on the CMS site for the Incentive Management Program.
2. The following information will be required to sign on to the Idaho Incentive Management System (IIMS) to complete your Idaho application/attestation:
 - a) the NPI you used to register at the CMS site and;
 - b) the associated CMS Registration Identification Number.

1.If you do not recall your CMS Registration Identification Number, you must return to the [CMS EHR Incentive Program Registration and Attestation System](#) to reference it.

3. Idaho EHR Program verified ***Hospital Payment Calculation*** workbook

You will need to reference two key worksheets in this workbook when entering data into the IIMS.

- ***Medicaid Calculation***
- ***Hospital Data for IIMS***

Log Into IIMS



ID Medicaid EHR Incentive Program

[User Manual](#)
[CMS EHR Site](#)
[ID Medicaid EHR Site](#)
[Send E-mail](#)

In order to receive EHR incentive payments from Idaho Medicaid, you must first register at the [CMS Web Site](#). After your registration is complete, Idaho Medicaid will send you an email confirming that you can log in.

Please enter your NPI

Please enter the CMS Assigned Registration Identifier

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- *Enter the hospital NPI used when registering at the CMS web site.*
- *Enter the CMS Assigned Registration Identifier that was assigned when you submitted your registration on the CMS web site (if you need to retrieve this identifier, go to the CMS EHR Incentive Program Website to review your registration information).*

Log Into IIMS



ID Medicaid EHR Incentive Program

[User Manual](#)
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Please enter your NPI

Please enter the CMS Assigned Registration Identifier

Application is in process at Idaho Medicaid,
try later.

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- *Message you will receive if Idaho Medicaid has not pre-verified your CMS registration information.*

Review of CMS registration data



CMS Registration Information (Step 1 of 4)
Logout

[CMS Reg Info](#)
[Eligibility Details](#)
[Payments](#)
[Issue/Concern](#)
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You are currently enrolled in Idaho Medicaid's EHR Incentive Management System

The current status of your application for the first year payment is 'IN PROCESS AT DHW'

Applicant National Provider Index (NPI):	1200000000	Name:	ABC REGIONAL MEDICAL CENTER, INC.
Applicant TIN:	82000000	Address 1:	123 South Wellbeing Rd
Payee National Provider Index (NPI):		Address 2:	Suite 9999
Payee TIN:		City/State:	Boise / ID
Program Option:	MEDICAID	Zip Code:	83702 -1309
Medicaid State:	ID	Phone Number:	(208) 555-1212
Provider Type:	Acute_Care_Hospitals	Email:	wheatonj@dhw.idaho.gov
Participation Year:	1	State Rejection Reason:	
Federal Exclusions:			

*** If any of the above information is incorrect, please correct on the CMS EHR Incentive Registration and Attestation System web site.

Next

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- Please review this information and go to the CMS EHR Incentive Program Website to make any changes.

Entry of Eligibility Details



Logout

Hospital Eligibility Details (Step 2 of 4)

All * fields are required fields.

[CMS Registration Info](#)

[Eligibility Details](#)

[Payments](#)

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[Appeals](#)

[Hospital User Manual](#)

[User Manual](#)

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[ID Medicaid EHR Site](#)

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Patient Volume:

1. Select the starting date (in FFY 2011) of the 90-day period to calculate Medicaid patient volume percentage: * (mm/dd/yyyy)

2. Total Medicaid patient discharges during this period (include inpatient and ED discharges and exclude CIIP number provided to you by Idaho Medicaid for 90-day period): *

3. Total patient discharges during this period (include all inpatient and ED discharges): *

4. Medicaid patient volume percentage: *

EHR Details:

5. Enter the CMS EHR Certification ID of your EHR: * [What is this?](#)

6. Indicate the status of your EHR: * Adopt Implement Upgrade

Growth Rate:

7. Total number of discharges in the previous FFY: * [What is this?](#)

8. Total number of discharges one year prior: *

9. Total number of discharges two years prior: *

10. Total number of discharges three years prior: *

Medicaid Share:

11. Total Medicaid inpatient bed days (exclude nursery bed days): *

12. Total Medicaid HMO inpatient bed days (exclude nursery bed days): *

13. Total inpatient bed days: *

14. Total hospital charges: *

15. Total charity care charges: * [What is this?](#)

Automatically populated from CMS registration

- Refer to the **Hospital Data for IIMS** worksheet for input on this page.

Entry of Eligibility Details

Hospital Data for IIMS worksheet – from the *Hospital Payment Calculation* workbook



Hospital Eligibility Details		All * fields are required fields.		
Patient Volume:	1. Select the starting date (in FFY2011) of the 90-day period to calculate Medicaid patient volume percentage:	*	7/1/2010 (mm/dd/yy)	
	2. Total Medicaid patient discharges during this period: (exclude ED discharges and exclude Chip numbers provided to you by Idaho Medicaid)	*	1,000	
	3. Total patient discharges during this period : (include both ED discharges and CHIP numbers provided to you by Idaho Medicaid)	*	5,000	
	4. Medicaid patient volume percentage:		20.0%	
EHR Details:	5. Enter the CMS EHR Certification ID of your EHR :	*	Q000000010CLMAQ	
	6. Indicate the status of your EHR:	*		
Growth Rate:	7. Total number of discharges in previous FFY:	*	5,000	
	8. Total number of discharges one year prior:	*	4,900	
	9. Total number of discharges two years prior:	*	4,800	
	10. Total number of discharges three years prior:	*	4,700	
Medicaid Share:	11. Total Medicaid inpatient bed days (exclude nursery bed days):	*	500	
	12. Total Medicaid HMO inpatient bed days (exclude nursery bed days):	*	300	
	13. Total inpatient bed days:	*	1,000	
	14. Total hospital charges:	*	10,000,000	
	15. Total charity care:	*	100,000	

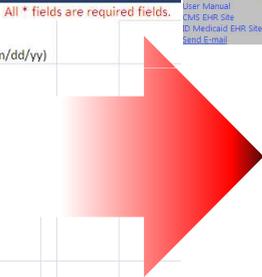
- Follow the instructions for completing this worksheet prior to attesting.
- It is important that you do not edit items #7-#15 as they are linked to your hospital payment calculation.

Entry of Eligibility Details

Referencing the Hospital Data for IIMS worksheet...



Hospital Eligibility Details		
Patient Volume:	1. Select the starting date (in FFY2011) of the 90-day period to calculate Medicaid patient volume percentage:	7/1/2010 (mm/dd/yy)
	2. Total Medicaid patient discharges during this period: (exclude ED discharges and exclude CHIP numbers provided to you by Idaho Medicaid)	1,000
	3. Total patient discharges during this period: (include both ED discharges and CHIP numbers provided to you by Idaho Medicaid)	5,000
	4. Medicaid patient volume percentage:	20.0%
EHR Details:	5. Enter the CMS EHR Certification ID of your EHR:	Q00000010CLMAQ
	6. Indicate the status of your EHR:	
Growth Rate:	7. Total number of discharges in previous FFY:	5,000
	8. Total number of discharges one year prior:	4,900
	9. Total number of discharges two years prior:	4,800
	10. Total number of discharges three years prior:	4,700
Medicaid Share:	11. Total Medicaid inpatient bed days (exclude nursery bed days):	500
	12. Total Medicaid HMO inpatient bed days (exclude nursery bed days):	300
	13. Total inpatient bed days:	1,000
	14. Total hospital charges:	10,000,000
	15. Total charity care:	100,000



What you see in IIMS...



Hospital Eligibility Details (Step 2 of 4) Logout

All * fields are required fields.

Patient Volume:

- Select the starting date (in FFY 2011) of the 90-day period to calculate Medicaid patient volume percentage: (mm/dd/yy)
- Total Medicaid patient discharges during this period (include inpatient and ED discharges and exclude CHIP number provided to you by Idaho Medicaid for 90-day period):
- Total patient discharges during this period (include all inpatient and ED discharges):
- Medicaid patient volume percentage:

EHR Details:

- Enter the CMS EHR Certification ID of your EHR: [What is this?](#)
- Indicate the status of your EHR: Adopt Implement Upgrade

Growth Rate:

- Total number of discharges in the previous FFY: [What is this?](#)
- Total number of discharges one year prior:
- Total number of discharges two years prior:
- Total number of discharges three years prior:

Medicaid Share:

- Total Medicaid inpatient bed days (exclude nursery bed days):
- Total Medicaid HMO inpatient bed days (exclude nursery bed days):
- Total inpatient bed days:
- Total hospital charges:
- Total charity care charges: [What is this?](#)

- Input the corresponding items directly into the IIMS Hospital Eligibility Details page.

Hospital Data for IIMS worksheet

Entry of Eligibility Details



Logout

Hospital Eligibility Details (Step 2 of 4)

All * fields are required fields.

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[Appeals](#)
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Patient Volume:

- Select the starting date (in FFY 2011) of the 90-day period to calculate Medicaid patient volume percentage: * (mm/dd/yyyy)
- Total Medicaid patient discharges during this period (include inpatient and ED discharges and exclude CHIP number provided to you by Idaho Medicaid for 90-day period): *
- Total patient discharges during this period (include all inpatient and ED discharges): *
- Medicaid patient volume percentage: *

EHR Details:

- Enter the CMS EHR Certification ID of your EHR: * [What is this?](#)
- Indicate the status of your EHR: * Adopt Implement Upgrade
- Total number of discharges in the previous FFY: *

- Refer to information papers “Hospital Patient Volume” and “Adopt, Implement or Upgrade”.

Entry of Eligibility Details



Hospital Eligibility Details (Step 2 of 4) Logout

CMS Registration f1 rcl.f

Inactive the status of your entry.
 Add Implement Upgrade

Growth Rate:

7. Total number of discharges in the previous FFY: * [What is this?](#)

8. Total number of discharges one year prior: *

9. Total number of discharges two years prior: *

10. Total number of discharges three years prior: *

Medicaid Share:

11. Total Medicaid inpatient bed days (exclude nursery bed days): *

12. Total Medicaid HMO inpatient bed days (exclude nursery bed days): *

13. Total inpatient bed days: *

14. Total hospital charges: *

15. Total charity care charges: * [What is this?](#)

- Refer to information paper "Hospital Payment Calculation".

Entry of Eligibility Details



Logout

Hospital Eligibility Details (Step 2 of 4)

<p>CMS Registration Info</p> <p>Eligibility Details</p> <p>Payments</p> <p>Issue/Concern</p> <p>Appeals</p> <p>Hospital User Manual</p> <p>User Manual</p> <p>CMS EHR Site</p> <p>ID Medicaid EHR Site</p> <p>Send E-mail</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Patient Volume:</td> <td style="width: 5%;">1.</td> <td style="width: 40%;">Select the starting date (in FFY 2011) of the 90-day period to calculate Medicaid patient volume percentage:</td> <td style="width: 5%;">*</td> <td style="width: 15%;"><input type="text" value="7/1/2011"/></td> <td style="width: 20%;"><small>(mm/dd/yy)</small></td> </tr> <tr> <td></td> <td>2.</td> <td>Total Medicaid patient discharges during this period (include inpatient and ED discharges and exclude CHIP number provided to you by Idaho Medicaid for 90-day period):</td> <td>*</td> <td><input type="text" value="1000"/></td> <td></td> </tr> <tr> <td></td> <td>3.</td> <td>Total patient discharges during this period (include all inpatient and ED discharges):</td> <td>*</td> <td><input type="text" value="5000"/></td> <td></td> </tr> <tr> <td></td> <td>4.</td> <td>Medicaid patient volume percentage:</td> <td></td> <td>20.00%</td> <td></td> </tr> <tr> <td>EHR Details:</td> <td>5.</td> <td>Enter the CMS EHR Certification ID of your EHR:</td> <td>*</td> <td><input type="text" value="Q000000010CGMAQ"/></td> <td>What is this?</td> </tr> <tr> <td></td> <td>6.</td> <td>Indicate the status of your EHR:</td> <td>*</td> <td colspan="2"><input checked="" type="radio"/> Adopt <input type="radio"/> Implement <input type="radio"/> Upgrade</td> </tr> <tr> <td>Growth Rate:</td> <td>7.</td> <td>Total number of discharges in the previous FFY:</td> <td>*</td> <td><input type="text" value="5000"/></td> <td>What is this?</td> </tr> <tr> <td></td> <td>8.</td> <td>Total number of discharges one year prior:</td> <td>*</td> <td><input type="text" value="4900"/></td> <td></td> </tr> <tr> <td></td> <td>9.</td> <td>Total number of discharges two years prior:</td> <td>*</td> <td><input type="text" value="4800"/></td> <td></td> </tr> <tr> <td></td> <td>10.</td> <td>Total number of discharges three years prior:</td> <td>*</td> <td><input type="text" value="4700"/></td> <td></td> </tr> <tr> <td>Medicaid Share:</td> <td>11.</td> <td>Total Medicaid inpatient bed days (exclude nursery bed days):</td> <td>*</td> <td><input type="text" value="500"/></td> <td></td> </tr> <tr> <td></td> <td>12.</td> <td>Total Medicaid HMO inpatient bed days (exclude nursery bed days):</td> <td>*</td> <td><input type="text" value="300"/></td> <td></td> </tr> <tr> <td></td> <td>13.</td> <td>Total inpatient bed days:</td> <td>*</td> <td><input type="text" value="1000"/></td> <td></td> </tr> <tr> <td></td> <td>14.</td> <td>Total hospital charges:</td> <td>*</td> <td><input type="text" value="10000000.00"/></td> <td></td> </tr> <tr> <td></td> <td>15.</td> <td>Total charity care charges:</td> <td>*</td> <td><input type="text" value="100000.00"/></td> <td>What is this?</td> </tr> </table>	Patient Volume:	1.	Select the starting date (in FFY 2011) of the 90-day period to calculate Medicaid patient volume percentage:	*	<input type="text" value="7/1/2011"/>	<small>(mm/dd/yy)</small>		2.	Total Medicaid patient discharges during this period (include inpatient and ED discharges and exclude CHIP number provided to you by Idaho Medicaid for 90-day period):	*	<input type="text" value="1000"/>			3.	Total patient discharges during this period (include all inpatient and ED discharges):	*	<input type="text" value="5000"/>			4.	Medicaid patient volume percentage:		20.00%		EHR Details:	5.	Enter the CMS EHR Certification ID of your EHR:	*	<input type="text" value="Q000000010CGMAQ"/>	What is this?		6.	Indicate the status of your EHR:	*	<input checked="" type="radio"/> Adopt <input type="radio"/> Implement <input type="radio"/> Upgrade		Growth Rate:	7.	Total number of discharges in the previous FFY:	*	<input type="text" value="5000"/>	What is this?		8.	Total number of discharges one year prior:	*	<input type="text" value="4900"/>			9.	Total number of discharges two years prior:	*	<input type="text" value="4800"/>			10.	Total number of discharges three years prior:	*	<input type="text" value="4700"/>		Medicaid Share:	11.	Total Medicaid inpatient bed days (exclude nursery bed days):	*	<input type="text" value="500"/>			12.	Total Medicaid HMO inpatient bed days (exclude nursery bed days):	*	<input type="text" value="300"/>			13.	Total inpatient bed days:	*	<input type="text" value="1000"/>			14.	Total hospital charges:	*	<input type="text" value="10000000.00"/>			15.	Total charity care charges:	*	<input type="text" value="100000.00"/>	What is this?
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Previous
Next
Save
Cancel

- *Example input is shown here.*
- *You may save this page and complete later by selecting "Save" or proceed with attestation by selection "Next".*

Incentive Payment Calculation



Incentive Payment Calculations
Logout

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Patient Volume Calculations

Medicaid Patient Volume Percentage:	20.00% * should be greater than 10% to qualify
Rate of growth over prior year:	2.041%
Rate of growth over year before that:	2.083%
Rate of growth over year before that:	2.128%
Average rate of growth:	2.084% * use this growth rate to project number of discharges for year 2 through year 4 below

EHR Amount Calculations

Year	Discharges	Allowable Discharges	Discharge Related Amount	Base Amount	Aggregate EHR amount	Transition Factor	EHR Amount
First Year	5,000	3,851	\$770,200	\$2,000,000	\$2,770,200	1.00	\$2,770,200
Second Year	5,104	3,955	\$791,000	\$2,000,000	\$2,791,000	.75	\$2,093,250
Third Year	5,210	4,061	\$812,200	\$2,000,000	\$2,812,200	.50	\$1,406,100
Fourth Year	5,319	4,170	\$834,000	\$2,000,000	\$2,834,000	.25	\$708,500
Total Amount							\$6,978,050

Medicaid Share Calculations

Total Medicaid Inpatient Bed Days:	800
Total Bed Days:	1,000
Total Medicaid Percentage:	81%
Total Medicaid Aggregate EHR Incentive Payment:	\$5,652,221
First Year Idaho Medicaid EHR Incentive Payment (50%):	\$2,826,111

Previous
Next

- *Example calculation.*
- *Based on the input from the previous page, your payment calculation is shown. You will need to make sure this matches the payment calculated in the **Medicaid Calculation** worksheet.*

Incentive Payment Calculation

Medicaid Calculation worksheet



What you see in IIMS...

Incentive Payment Calculations

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EHR Amount Calculations

Year	Discharges	Allowable Discharges	Discharge Related Amount	Base Amount	Aggregate EHR amount	Transition Factor
First Year	5,000	3,851	\$770,200	\$2,000,000	\$2,770,200	1.00
Second Year	5,104	3,955	\$791,000	\$2,000,000	\$2,791,000	.75
Third Year	5,210	4,061	\$812,200	\$2,000,000	\$2,812,200	.50
Fourth Year	5,319	4,170	\$834,000	\$2,000,000	\$2,834,000	.25
Total Amount						

Medicaid Share Calculations

Total Medicaid Inpatient Bed Days: 800

Total Bed Days: 1,000

Total Medicaid Percentage: 81%

Total Medicaid Aggregate EHR Incentive Payment: \$5,652,221

First Year Idaho Medicaid EHR Incentive Payment (50%): **\$2,826,111**

- The Aggregate EHR Incentive Payment Amounts and the First Year Idaho Medicaid EHR Incentive Payment must match.
- If not, contact the EHR Incentive Program Help Desk to resolve.

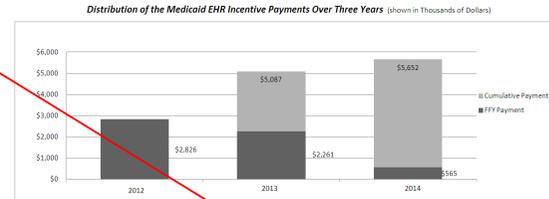
130001 Medicare Number (CCN) Idaho State Medicaid
 Medicaid Electronic Health Record (EHR) Hospital Incentive Payment Calculation

The following calculation indicates the dollar value of the Medicaid EHR incentive payment due to ABC Regional Medical Center, as authorized by the American Recovery and Reinvestment Act (ARRA) of 2009. Hospital incentive payments will be distributed over four years. In the first year, the payment is available when certified EHR technology is adopted, implemented, or upgraded (AIU), or such technology is "meaningfully used" under the Medicare EHR Incentive Program; the subsequent three payments will be issued when meaningful use is demonstrated under either Medicare and Medicaid, according to the rules set forth by the Centers for Medicare & Medicaid Services (CMS). Values below in green are hospital specific, derived from your 2010 Medicaid Hospital Cost Report. If you do not register for the Medicaid EHR Program this year, these data can be changed to reflect more current information as future cost report data is certified and becomes available.

Aggregate EHR Incentive Payment Amount
 (Overall EHR Amount * Medicaid Share) **\$5,652,221**

Overall Medicaid EHR Incentive Payment Calculation

	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
A Base EHR Incentive Amount	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
B Transition Factor	100%	75%	50%	25%
C Total All-Payer Hospital Discharges (w/5-3 part 1, col. 15, line 12)	5,000	5,000	5,104	5,210
D Discharge Growth Factor (determined by State)	2.083%	2.083%	2.083%	2.083%
E Trended Total All-Payer Hospital Discharges (C * D)	5,000	5,104	5,210	5,319
F Discharges Eligible for Aggregate Amount	3,851	3,955	4,061	4,170
G Per Discharge Allowance Amount	\$200	\$200	\$200	\$200
H Discharge Related Amount (F * G)	\$770,200	\$791,000	\$812,200	\$834,000
I Initial EHR Amount By Year (I = e) * B	\$2,770,200	\$2,077,250	\$1,405,100	\$706,500
J Overall EHR Amount (Sum/Initial EHR Amount by Year)				\$5,652,221
K Total Medicaid Fee-For-Service Inpatient Days (w/5-3 part 1, col. 5, line 1 + lines 6-10)	700	700	700	700
L Total Medicaid Managed Care (w/5-3 part 1, col. 5, line 2)	300	300	300	300
M Total Chip Days subtracted out - start Jan 1, 2010 (1-yr)	200	200	200	200
N Total Medicaid Days (K + L + M)	800	800	800	800
O Total Charges (w/5-3 part 1, col. 8, line 103)	10,000,000	10,000,000	10,000,000	10,000,000
P Charity Care (w/5-3-10, col. 1, line 30)	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Q Total Charges Excluding Charity Care	5,000,000	5,000,000	5,000,000	5,000,000
R Charity Care Ratio (L / M)	0.92	0.92	0.92	0.92
S Total Inpatient Hospital Days (w/5-3 part 1, col. 6, line 12)	1,000	1,000	1,000	1,000
T Medicaid Share (N / (O * S))	81%	81%	81%	81%



This graph shows the maximum Medicaid EHR incentive payments available to qualifying hospitals based on a 3 year payment distribution determined by Idaho Medicaid. This graph outlines the payment amount for each year along with the total payment amount distributed for the duration of the project. The payment amounts are derived from the latest certified hospital cost report data.

Additional Resources:
 For more information on the 2010 Medicaid Hospital Incentive Payment Distribution, see the CMS website.
 For more information on the EHR Critical Access Hospital Incentive Payments Calculations, see the CMS website.

Manipulating the Graph
 The graph above has been preset to show the maximum Medicaid EHR incentive payment amount paid over a three-year period using a payment schedule of 50% in 2012, 40% in 2013, 10% in 2014.

To manipulate the graph:
 1) Enter expected year (between 2011 and 2016) when hospital will start participating and receiving funds.

EHR Payment Year	Year 1	Year 2	Year 3
Idaho Hospital Payment	50%	40%	10%
Aggregate EHR Incentive Payment Amount by Year	\$2,826,111	\$2,260,888	\$565,222

Definition
 * - w/5 - Medicare Hospital Cost Report

Upload Documents



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You were provided Idaho Medicaid with some information and documentation prior to accessing this application / attestation. If there is additional documentation needed, or items you would like to attach, please upload it below.

Payment Year	File Name	Description
No uploaded document found.		

Upload a new PDF document:

Please select the documentation type:

- *Medicaid should have all the pertinent information to support your attestation, however, you may be instructed to upload additional documentation.*
- *You will still be able to upload files even after you have completed your attestation.*

Submit Attestation



top half of page

- This shows the a summary of the information you are attesting to.

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Please verify the following information:

CMS:

Applicant National Provider Index (NPI):	1200000000	Name:	
Applicant TIN:	02000000	Address 1:	122 South Wallbeing Rd
Payee National Provider Index (NPI):		Address 2:	Suite 9999
Payee TIN:		City/State:	Boise / ID
Program Option:	MEDICAID	Zip Code:	83702 -1309
Medicaid State:	ID	Phone Number:	(208) 555-1212
Payment Year:	1	Email:	wheating@idhw.idaho.gov
Eligible Professional Types:	Acute_Care_Hospitals	Specialty:	ACUTE CARE GENERAL HOSPITAL LONG-TERM PSYCHIATRY REHABILITATION

Hospital Eligibility Details:

Patient Volume:	1. select the starting date (in FY 2013) of the 30-day period to calculate Medicaid patient volume percentage:	1/1/2011
	2. Total Medicaid patient discharges during this period:	3000
	3. Total patient discharges during this period:	14000
	4. Medicaid patient volume percentage:	20.00%
EHR Details:	5. enter the EHR Certification ID of your EHR:	00000000000000000000
	6. Indicate the status of your EHR:	<input checked="" type="radio"/> Adopt <input type="radio"/> Implement <input type="radio"/> Upgrade
	7. Total number of discharges that fiscal year:	5000
	8. Total number of discharges one year prior:	4000
	9. Total number of discharges two years prior:	4800
	10. Total number of discharges three years prior:	4700
Medicaid Share:	11. Total Medicaid inpatient bed days:	500
	12. Total Medicaid (HMO) inpatient bed days:	800
	13. Total inpatient bed days:	1000
	14. Total hospital charges:	10000000.00
	15. Total charity care charges:	1000000.00

Submit Attestation

bottom half of page

- *The attestation statement should be read carefully.*
- *Input your initials or name and the hospital's NPI. This will serve as your electronic signature.*
- *“Submit” will notify Idaho Medicaid that the hospital's attestation is ready for final review.*

ATTESTATION
FOR PARTICIPATION IN THE
IDAHO EHR INCENTIVE PROGRAM

This Attestation is required for participation in the Idaho Electronic Health Record (EHR) Incentive Payment Program by individual professionals and eligible hospitals who adopt, implement, upgrade (AU) or meaningfully use (MU) certified EHR technology. Participation must be in accordance with the requirements under United States Department of Health and Human Services, Centers for Medicare & Medicaid Services final rule regulations 42 CFR 109 standards for the Electronic Health Record Incentive Program, revised July 25, 2010. These regulations implement the HITECH Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA) (Public Law 111-5). To comply with the above cited regulations, the Idaho Department of Health and Welfare (Department) requires that eligible professionals (EPs) and hospitals submit this Attestation.

This Attestation certifies the following is known and understood:

1. EPs are prohibited from seeking payment from another state or from the Medicare EHR incentive program in this payment year.
2. The Department can review, verify and/or audit all information provided by the EP or hospital, both prior to and after payment has been made.
3. The Department can request AU and/or MU supporting information either at the time of attestation or after, and can review, verify and/or audit both prior to and after payment has been made.
4. The EP or hospital is required to retain the documentation that verifies patient volume calculations, AU, MU, and any other information that verifies the appropriateness of the EHR incentive payments received, and to do so for 6 years from the date of the final payment.
5. The submission of any false information in this agreement or this process may result in the EP or hospital being declared ineligible to participate in the Idaho Medicaid EHR Incentive Program.
6. Any incentive payments paid to the EP or hospital, later found to have been made based on fraudulent or inaccurate information or attestation may be recouped by the Department or other appropriate state or federal agency.
7. The EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

This Attestation also certifies that the following is true and accurate:

1. With awareness and informed consent, this EP or hospital is voluntarily participating in the Idaho Medicaid EHR Incentive Program.
2. The EHR certification number provided is the correct number, and accurately represents the certified EHR system or combination of certified EHR modules adopted and/or in use by this EP, group practice, or hospital.
3. Any reassignment of an EHR incentive payment is made voluntarily, which assumes informed consent has been given by the EP, who understands that the party so designated—not the EP—will receive the payment (applicable to EPs only).
4. The person completing this electronic attestation is the EP, or the assigned representative of the EP, group practice or hospital, who has been duly authorized to commit the EP or hospital to the statements set forth in this Attestation (applicable to EPs only).
5. If patient volume threshold is derived using encounter data from multiple practice locations, at least one of those locations must have had a certified EHR (applicable to EPs only).

I CERTIFY THAT the information provided in this attestation and during the registration process, as well as in the documents submitted in support of registration, are true, accurate and complete. I hereby agree to retain such records for six years from the date of the final payment as are necessary to demonstrate I meet the program requirements, and to furnish those records to the Idaho Department of Health and Welfare, Division of Medicaid or contractor acting on their behalf, upon request before and/or after payment. I have read and understood this entire attestation. I understand that any Medicaid EHR incentive payment made, in part, or wholly as a result of this attestation will be from federal funds, and that falsification or concealment of material facts may be prosecuted under federal and state laws.

All * fields are required fields.

Initials: *

NPI: *

Note: Once you press the submit button below, you will not be able to change your information.

Submit Attestation Review Mode – after submission of attestation



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You are currently enrolled in the Idaho Incentive Management System (IIIMS)

The current status for the first year payment application is 'IN PROCESS AT DHW' and you should be hearing from DHW within 30 business days. You may logout now. If you have not heard from us after 30 business days, you may login to this site again to check your current status.

Applicant National Provider Index (NPI):	1200000000	Name:	ABC REGIONAL MEDICAL CENTER, INC.
Applicant TIN:	82000000	Address 1:	123 South Wellbeing Rd
Payee National Provider Index (NPI):		Address 2:	Suite 9999
Payee TIN:		City/State:	Boise / ID
Program Option:	MEDICAID	Zip Code:	83702 -1309
Medicaid State:	ID	Phone Number:	(208) 555-1212
Provider Type:	Acute_Care_Hospitals	Email:	wheatonj@dhw.idaho.gov
Participation Year:	1	State Rejection Reason:	

Federal Exclusions:

*** If any of the above information is incorrect, please correct on the CMS EHR Incentive Registration and Attestation System web site.

Next

- You can review your attestation anytime by selecting “Next” and “Previous”

Payments



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Payments Details:

Payment Year	Payment Amount	Payment Date	Payment Type
No payments found			

- *After payment has been disbursed you may come to this page to review payments and any adjustments.*

Issue/Concern



Issues/Concerns
Logout

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If you have any issue with the determination of your incentive payment application including but not limited to Eligibility, Patient volume or Payment Amount, you can notify us using the form below. Please be further advised that you also have access to a formal appeal process.

View Issue	Date Entered	Issue/Concern Status	Issue/Concern Description	Issue Category
No issues found				

Enter the issue/Concern below:

Issue Category:

Description:
Patient Volume
Payment Amount
Eligibility
Other

- You may submit an issue/concern to Idaho Medicaid. The help desk will be regularly reviewing and responding.

Appeals



Appeals
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Department of Health and Welfare Rules, IDAPA 16, Title 5, Chapter 3, Section 300, specifies your right to request an administrative review of any reimbursement calculation. The aforementioned procedures must be followed in order to preserve your appeal rights. The first step in that process is to request a review by the Administrator of the Division of Medicaid. Such a request should be addressed as follows:

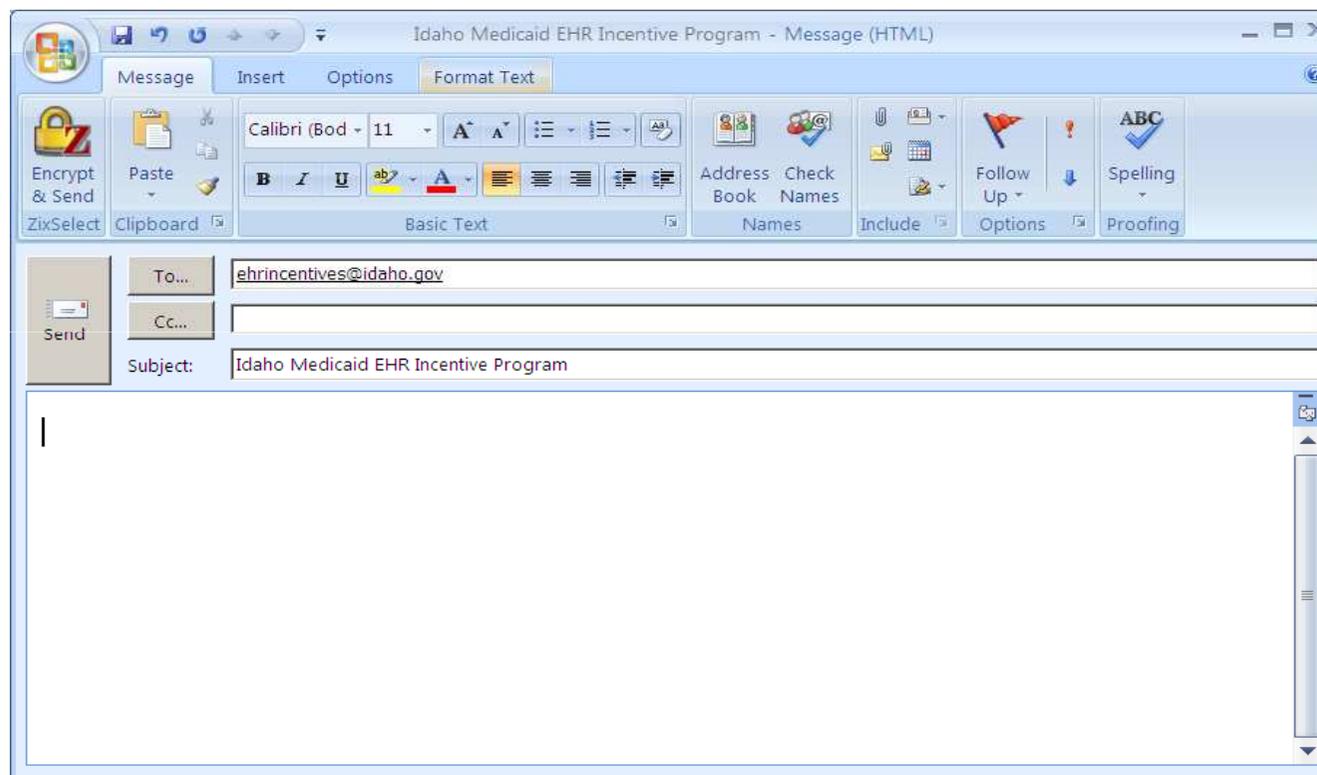
Administrator
 Division of Medicaid, Attn: Appeals
 Idaho Department of Health and Welfare
 P.O. Box 83720
 Boise, Idaho 83720-0009

Your written request must be received by this office within twenty-eight (28) days of your receipt of a denial letter to be considered. If you have additional participant documentation that was available and relevant at the time of the request but not previously provided that you would like the Department to consider, please enclose it with your request for administrative review.

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- *You cannot submit an appeal on-line. You must submit in writing.*

Send E-mail



- *Your email application on your client will start up. This example uses an Outlook email client.*

Helpful Resources

- Idaho Medicaid Website
 - www.MedicaidEHR.dhw.idaho.gov
 - “Ask the Program” - submit questions by clicking on the email link
 - “Receive email updates” – sign up to receive email updates by clicking on “Monitor this Page” and follow instructions
- CMS EHR Incentive Program Website
 - www.cms.gov/EHRIncentivePrograms
 - Frequently Asked Questions (FAQs)
 - Meaningful Use Attestation Calculator
 - Attestation User Guides
 - Listserv
- HHS Office of National Coordinator Health IT - certified EHR technology list
 - <http://healthit.hhs.gov/CHPL>
- Enrollment in Provider Enrollment, Chain and Ownership System (PECOS)
 - <https://pecos.cms.hhs.gov/pecos/login.do>
- EHR certification number from the Certified HIT Product List (CHPL)
 - <http://onc-chpl.force.com/ehrcert>

Thank you for your participation!

- Presentation and recording will be available on our website www.MedicaidEHR.dhw.idaho.gov
- We will be capturing and posting a transcript of this presentation, including questions and answers
- If you have additional questions, please email us at EHRIncentives@dhw.idaho.gov