



IDAHO DEPARTMENT OF  

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HEALTH & WELFARE

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

for  
Eligible Professionals (EPs)

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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.

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.

# 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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# 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

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 5)
Logout

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[ID Medicaid EHR Site](#)  
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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 'AWAITING PROVIDER ATTESTATION'**

<b>Applicant National Provider Index (NPI):</b>	1100000000	<b>Name:</b>	Jane Nimble
<b>Applicant TIN:</b>	511111111	<b>Address 1:</b>	1234 West Staywell Ave
<b>Payee National Provider Index (NPI):</b>	9200000000	<b>Address 2:</b>	
<b>Payee TIN:</b>	522222222	<b>City/State:</b>	Boise / ID
<b>Program Option:</b>	MEDICAID	<b>Zip Code:</b>	83702 -1111
<b>Medicaid State:</b>	ID	<b>Phone Number:</b>	(208) 555-1212
<b>Provider Type:</b>	Physician	<b>Email:</b>	wheatonj@dhw.idaho.gov
<b>Participation Year:</b>	1	<b>Specialty:</b>	FAMILY PRACTICE
<b>Federal Exclusions:</b>		<b>State Rejection Reason:</b>	
<b>Have you worked with the Washington and Idaho Regional Extension Center (WIREC)?</b>	<input type="radio"/> No <input checked="" type="radio"/> Yes		<b>State licensed in if not in Idaho:</b> <input style="width: 80px;" type="text"/>
		<b>Other State License #:</b>	<input style="width: 80px;" type="text"/>

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

Next

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

# Entry of Eligibility Details



Provider Eligibility Details (Step 2 of 5) Logout

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

All \* fields are required fields.

**Patient Volume:**

1. Is your patient volume calculated using the proxy method?
2. If yes, please enter the NPI of the proxy entity:
3. Select the starting date of the 90-day period to calculate Medicaid/needypatient encounter volume percentage: \*  (mm/dd/yy)
4. Medicaid/needypatient encounters during this period: \*   
Note: if using patient volume based only on Medicaid encounters, exclude 7% for CHIP encounters.
5. Total patient encounters during this period: \*
6. Is your patient volume based on needypatient? \*  [What is this?](#) This is a required field.  
Note: only FQHCs or RHCs can be based on needypatient; others must use Medicaid.
- 6b. I am not hospital based (less than 90% of my patient encounters are at the ED or in an inpatient setting). \*
7. Medicaid/needypatient encounter volume percentage: \*

**EHR Details:**

8. Enter the CMS EHR Certification ID of your EHR: \*  [What is this?](#)
9. Indicate the status of your EHR: \*  Adopt  Implement  Upgrade

Automatically populated from CMS registration

- Refer to information papers:
  - Eligible Professional Patient Volume Calculation
  - Provider Patient Encounter Report
  - CHIP & Patient Volume
- Patient volumes based only on Medicaid are required to be non-hospital based.

# Entry of Eligibility Details



Logout

Provider Eligibility Details (Step 2 of 5)

All \* fields are required fields.

CMS Registration Information

Eligibility Details

Payments

Issue/Concern

Appeals

Hospital User Manual

EP User Manual

CMS EHR Site

ID Medicaid EHR Site

[Send E-mail](#)

**Patient Volume:**

1. Is your patient volume calculated using the proxy method?

2. If yes, please enter the NPI of the proxy entity: \*

3. Select the starting date of the 90-day period to calculate Medicaid/needypatient encounter volume percentage: \*  (mm/dd/yy)

4. Medicaid/needypatient encounters during this period: \*   
Note: if using patient volume based only on Medicaid encounters, exclude 7% for CHIP encounters

5. Total patient encounters during this period: \*

6. Is your patient volume based on needy? \*  [What is this?](#)  
Note: only FQHCs or RHCs can be based on needy; others must use Medicaid

6a. Do you practice predominantly in an FQHC / RHC? \*

7. Medicaid/needypatient encounter volume percentage: 33.33%

**EHR Details:**

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

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

- Providers at an FQHC/RHC, basing patient volumes on needy must practice predominantly at an FQHC/RHC.

Automatically populated from CMS registration

# Incentive Payment Calculation



Incentive Payment Calculations (Step 3 of 5)		Logout
<a href="#">CMS Reg Info</a> <a href="#">Eligibility Details</a> <a href="#">Payments</a> <a href="#">Issue/Concern</a> <a href="#">Appeals</a> <a href="#">User Manual</a> <a href="#">CMS EHR Site</a> <a href="#">ID Medicaid EHR Site</a> <a href="#">Send E-mail</a>	Estimated Amount of Medicaid EHR Incentive Payment:	\$21,250.00
<a href="#">Previous</a>	<a href="#">Next</a>	

- Your estimated EHR incentive payment.

# Upload Documents



- [CMS Reg Info](#)
- [Eligibility Details](#)
- [Payments](#)
- [Issue/Concern](#)
- [Appeals](#)
- [User Manual](#)
- [CMS EHR Site](#)
- [ID Medicaid EHR Site](#)
- [Send E-mail](#)

It is required that you attach appropriate support documentation.

Click here for information on what supporting documentation is required.

Payment Year	File Name	Description
No uploaded document found.		

Upload a new PDF document:

Please select the documentation type:

# Upload Documents



Document Upload (Step 4 of 5)
Logout

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It is required that you attach appropriate support documentation.

[Click here for information on what supporting documentation is required.](#)

Payment Year	File Name	Description
No uploaded document found.		

Upload a new PDF document:

Please select the documentation type:

--Select the type of document--

--Select the type of document--

All

Patient Encounters

Proxy Calculation

Physician Assistant Led Doc

Miscellaneous

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# Upload Documents



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[CMS EHR Site](#)  
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[Send E-mail](#)

It is required to  
 Click here for  
 supporting documents

No uploaded documents

Upload a new document

Upload

Previous

## Idaho EHR Incentives Program Required Documentation

### AIU Documentation

You must provide:

Evidence of the number of licenses a practice or clinic has access to. These may be specific or blanket licenses.

You must also provide at least one of the following:

- Signed Vendor Contract
- User Agreement
- Receipt of Purchase
- Lease Agreement
- Other legally binding documentation

### Patient Volume Reports

- System generated 90-day patient volume report supporting individual or group proxy calculation of patient encounters. Please see the Information Paper on the Patient Volume Report posted on the website or that section of the provider handbook.
- Group Proxy Worksheet, if using a group proxy calculation.

### FQHC/RHC Eligible Professionals Only

Physician assistants are required to submit documentation to support PA-led.

- Medical director – job description, employment agreement/contract, organization chart from clinic.
- Primary provider – clinic appointment records or work hours relative to other eligible professionals. May use patient encounter reports relative to other eligible professionals.
- Owner of a Rural Health Clinic – State ownership record.
- Other - please work with program staff to identify acceptable documentation to support PA-led.

Logout

- Refer to information paper “Documentation Requirements”

# Submit Attestation

top half of page

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


Logout

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[ID Medicaid EHR Site](#)  
[Send Email](#)

Please verify the following information:

**CMS:**

Applicant National Provider Index (NPI):	1100000000	Name:	Jane Nimble
Applicant TIN:	511111111	Address 1:	1234 West Staywell Ave
Payee National Provider Index (NPI):	5200000000	Address 2:	
Payee TIN:	522222222	City/State:	Boise / ID
Program Option:	MEDICAID	Zip Code:	83702 -1111
Medicaid State:	ID	Phone Number:	(208) 555-1212
Payment Year:	1	Email:	wheatonj@dhw.idaho.gov
Eligible Professional Type:	Physician	Specialty:	FAMILY PRACTICE

**Eligible Details:**

Patient Volume:	1.	Was patient volume calculated at a clinic or practice level for all Eligible professionals:	No
	2.	If yes, please enter the NPI of the clinic or group:	0
	3.	The starting date of the 90-day period to calculate Medicaid encounter volume percentage	7/1/2011 (mm/dd/yyyy)
	4.	Medicaid patient encounters during this period:	1000
	5.	Total patient encounters during this period:	3000
	6.	Is your patient volume based on needy?	No
	6a.	Do you practice predominantly in an FQHC / RHC?	Yes
	7.	Medicaid/needy patient encounter volume percentage	33.33%
<b>EHR Details:</b>	8.	Enter the CMS QR Certification ID of your EHR:	Q0000000IDCGMAQ
	9.	Indicate the status of your EHR:	Adopt

# Submit Attestation

bottom half of page

- *The attestation statement should be read carefully.*
- *Input your initials or name and your 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 Medicaid Electronic Health Record (EHR) Incentive Payment Program to eligible professionals (EPs) and eligible hospitals who adopt, implement, upgrade (AIU) 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 495. Standards for the Electronic Health Record Incentive Program, revised July 28, 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 eligible 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 (applicable to EP only).
2. The Department can review, verify and/or audit all information provided by the EP or eligible hospital, both prior to and after payment has been made.
3. The Department can request AIU 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 eligible hospital is required to retain the documentation that verifies patient volume calculations, AIU, MU, and any other information that validates the appropriateness of the EHR incentive payments received, and do so for 6 years from the date of payment.
5. The submission of any false information in this agreement or this process may result in the EP or eligible hospital being declared ineligible to participate in the Idaho Medicaid EHR Incentive Program.
6. Any incentive payments paid to the EP or eligible 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 eligible 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 eligible 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 eligible hospital, who has been duly authorized to commit the EP or eligible 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 has a certified EHR (applicable to EPs only).
6. If the EP is a physician assistant, they are practicing in a physician assistant led FQHC or RHC.

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 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.

Initials:	*	<input type="text" value="W"/>	Preparer Name:	<input type="text" value="What is this?"/>
NPI:	*	<input type="text" value="110C000300"/>	Preparer Email:	<input type="text"/>
			Eligible Professional Email:	<input type="text"/>

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

[Previous](#) [Submit](#)

# Submit Attestation



Logout

... payt... as a... runds, and that falsification or concealment of material facts may be prosecuted under federal and state laws.

All \* fields are required fields.

- *If a preparer is applying/attesting for a provider, they are asked to identify themselves.*

Initials:	*	<input type="text" value="jw"/>	Preparer Name:	<input type="text" value="Yoh"/>
NPI:	*	<input type="text" value="1100000000"/>	Preparer Email:	<input type="text" value="Sam@clinic.com"/>
			Eligible Professional Email:	<input type="text" value="jwheats@clinic.com"/>

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

Previous

Submit

# Submit Attestation Review Mode – after submission of attestation



Logout

CMS Registration Information (Step 1 of 5)

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

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

Applicant National Provider Index (NPI):	1100000000	Name:	Jane Nimble
Applicant TIN:	511111111	Address 1:	1234 West Staywell Ave
Payee National Provider Index (NPI):	9200000000	Address 2:	
Payee TIN:	522222222	City/State:	Boise / ID
Program Option:	MEDICAID	Zip Code:	83702 -1111
Medicaid State:	ID	Phone Number:	(208) 555-1212
Provider Type:	Physician	Email:	wheatonj@dhw.idaho.gov
Participation Year:	1	Specialty:	FAMILY PRACTICE
Federal Exclusions:		State Rejection Reason:	
Have you worked with the Washington and Idaho Regional Extension Center (WIREC)?	<input checked="" type="radio"/> No <input checked="" type="radio"/> Yes	State licensed in if not in Idaho:	<input type="text"/>
		Other State License #:	<input type="text"/>

\*\*\* 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



Payments Logout

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[Send E-mail](#)

**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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[ID Medicaid EHR Site](#)  
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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:

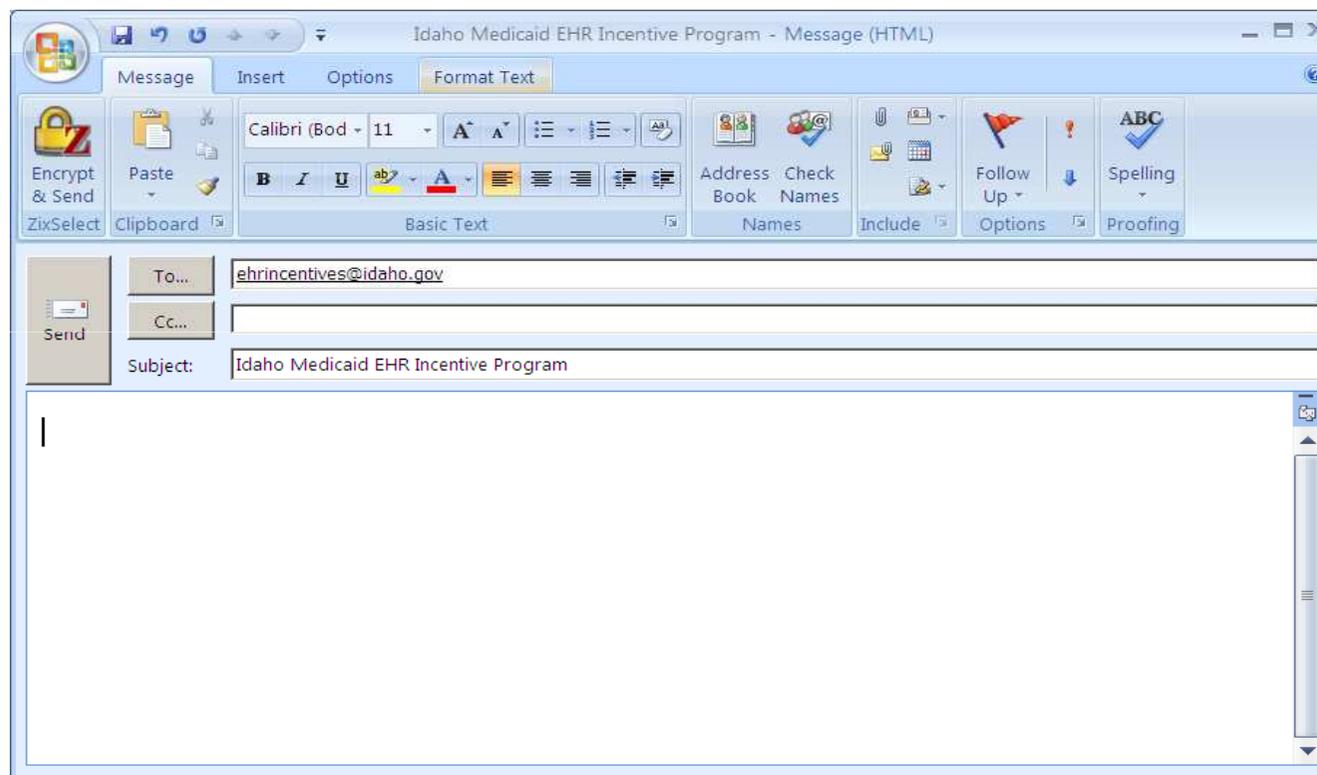
Administrator  
 Division of Medicaid, Attn: Appeals  
 Idaho Department of Health and Welfare  
 P.O. Box 83720  
 Boise, Idaho 83720-0009

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](http://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](http://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](http://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](mailto:EHRIncentives@dhw.idaho.gov)