



***New Jersey EHR Incentive Program  
Attestation Application Manual  
For Eligible Hospitals***

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## Privacy Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule<sup>1</sup> and the American Recovery and Reinvestment Act (ARRA) of 2009 provides protection for personal health information.

Protected Health Information (PHI) includes any health information and confidential information, whether verbal, written, or electronic, created, received, or maintained by Molina Healthcare. It is health care data plus identifying information that would allow the data to tie the medical information to a particular person. PHI relates to the past, present, and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

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<sup>1</sup> 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

## Revision History

Version	Date	Author	Action/Summary of Changes	Status
1.0	1-11-12	Stu Dubin	Final Version for Production	Final

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## 1. Introduction

The New Jersey Medicaid Electronic Health Records (EHR) Incentive Program provides incentive payments to eligible professionals (EPs) and eligible hospitals (EHs) that can demonstrate they have adopted, implemented, upgraded, or are meaningfully using certified EHR technology. The Incentive Program is designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation improve the quality, safety, and efficiency of patient health care. The federal program defines the three options as follows:

- ◆ Adopt: to acquire or install certified EHR technology;
- ◆ Implement: to train staff, deploy tools, and exchange data;
- ◆ Upgrade: to expand functionality or interoperability;

The program goals are to improve outcomes, facilitate access, simplify care, and reduce costs of health care nationwide by:

- ◆ Enhancing care coordination and patient safety;
- ◆ Reducing paperwork and improving efficiencies;
- ◆ Facilitating information sharing across providers, payers, and state lines;
- ◆ Enabling communication of health information to authorized users through state Health Information Organizations (HIOs), the New Jersey Health Information Network (NJHIN) and the National Health Information Network (NHIN).

The EHR Incentive Program Attestation Application will allow eligible professionals and hospitals to provide the necessary information to begin receiving New Jersey EHR Incentive Program payments.

### 1.1 *Eligible Hospitals*

To be eligible for the New Jersey Medicaid EHR Incentive Program, a hospital must be actively enrolled with New Jersey Medicaid and fall into one of the following categories:

#### **Acute Care Hospitals**

- ◆ Includes general hospitals, cancer hospitals and critical access hospitals;
- ◆ Must have a CMS Certification Number (CCN) with the last four digits in the series 0001 – 0879 and 1300-1399;
- ◆ Must have an average length of patient stay of 25 days or fewer;
- ◆ Must have 10% Medicaid Patient Volume based on encounters.

## Children’s Hospitals

- ◆ Must have a CMS Certification Number (CCN) with the last four digits in the series 3300-3399;
- ◆ No average length of stay or patient volume requirements

### 1.2 *Registering with CMS*

Prior to participating in the New Jersey EHR Incentive Program, the hospital first must register within CMS’s National Level Repository (NLR) system, select **Dual-Eligible** (for hospitals that are eligible to receive both Medicaid and Medicare EHR Incentive Program payments) or **Medicaid** (mostly for children’s hospitals that may not be eligible for the Medicare EHR Incentive Program) as its desired payment path, and select **New Jersey** as its assigned state for Medicaid attestation. This will enable the NLR system to notify the EHR Incentive Program Attestation Application of the hospital’s intent to attest for incentive payments in New Jersey. Visit the National Level Repository (NLR) solution at <https://ehrincentives.cms.gov/hitech/login.action> to register.

Once the hospital has successfully registered with the NLR for the New Jersey EHR Incentive Program, the hospital must then complete their attestation for the year with the **EHR Incentive Program Attestation Application** by logging into the secure Medicaid online provider portal at [www.njmmis.com](http://www.njmmis.com) after allowing 48 hours for the NLR registration information to be received and processed by New Jersey. Providers who do not have access to the New Jersey MMIS Provider Portal can request access via the “Contact Webmaster” option on the left hand side of [www.njmmis.com](http://www.njmmis.com).

**NOTE:** If the provider wishes to receive attestation status update e-mails from New Jersey Medicaid, the provider must add their e-mail address to the CMS registration information. The EHR Incentive Program Attestation Application will send its attestation status update e-mails to this address.

## 2. Information Needed

Before a hospital can begin to complete the EHR Incentive Program attestation process, the hospital will need to gather all of the information necessary to complete the attestation correctly. The New Jersey EHR Incentive Program has created a workbook to guide the hospital or representative user through pulling the appropriate data needed to complete an attestation successfully. The EHR Incentive Program Attestation Worksheet for Eligible Hospitals (available at [http://www.nj.gov/njhit/ehr/Eligible\\_Hospital\\_Attestation\\_Workbook.xls](http://www.nj.gov/njhit/ehr/Eligible_Hospital_Attestation_Workbook.xls)) provides the questions that CMS requires be completed for attestation and can be used to gather and calculate the necessary answers before logging into the New Jersey Medicaid EHR Incentive Program Attestation Application.

## 2.1 Eligible Hospital Attestation Workbook – Overview

The first worksheet in the Attestation Workbook describes the eligibility requirements for the hospital provider, the information needed to begin the attestation process, and the technical requirements for utilizing the New Jersey Medicaid EHR Incentive Program Attestation Application.

**New Jersey Electronic Health Record Incentive Program  
Hospital Attestation Provider Workbook**

State of NJ DHS & DMAHS

**Eligible Hospital (EH) workbook for Eligibility for New Jersey EHR Incentive Program**

*Overview: This workbook is designed to help an Eligible Hospital collect the information needed to complete the Eligibility and Attestation components of the New Jersey EHR Incentive Program. It is designed to gather detailed information regarding your facility and create summarized data for entry into the EHR Incentive Program Attestation Application. This workbook can be used to help the facility calculate the necessary information needed prior to completing their attestation via the NJMMIS Provider Portal at [www.njmmis.com](http://www.njmmis.com)*

**General instructions for completing this workbook**

*The hospital should complete the questions contained in the workbook ahead of time and have it on hand while completing the online attestation within the NJ EHR Incentive Program Attestation Application accessible from [www.njmmis.com](http://www.njmmis.com). Please complete the questions, as needed, on all of the subsequent worksheets.*

**New Jersey Medicaid - Eligible Hospital**

In order to be eligible for the New Jersey EHR Incentive Program, the attesting facility must be actively enrolled with Medicaid as an Acute Care Hospital or a Children's Hospital. This includes meeting the following criteria:

**Acute Care Hospitals:**

- Includes general hospitals, cancer hospitals and critical access hospitals
- Must have a CMS Certification Number (CCN) with the last four digits in the series 0001 – 0879 and 1300-1399
- Must have an average length of patient stay of 25 days or fewer

**Children's Hospitals:**

- Must have a CMS Certification Number (CCN) with the last four digits in the series 3300-3399
- No average length of stay or patient volume requirements

Acute Care Hospitals and Children's Hospitals may be eligible for both Medicaid and Medicare EHR Incentive Program payments. CMS recommends registering as "dual-eligible" for both Medicaid and Medicare incentive payment even if the facility only plans to attest for the Medicaid EHR Incentive Program to prevent the need to change their national level registration at a later date. Dually-eligible hospitals can then attest through CMS for the Medicare EHR Incentive Program at a later date or not at all. Please remember that facilities cannot change to a dual-status once a payment has been initiated.

**This workbook addresses the Medicaid attestation process and questions only.** Please refer to the CMS site for the Medicare process.

**New Jersey Medicaid - Additional Requirements**

- NJMMIS User ID and Password
- Registration ID received from the CMS National Level Repository upon the facility's successful registration
- CMS Certification Number for your EHR/EMR system, available at <http://onc-chpl.force.com/ehrcert>
- A reliable internet connection
- Web browser - Microsoft Internet Explorer is recommended. If using Internet Explorer 8 or higher, hospitals must utilize the "compatibility view" function available through the "tools" menu within the browser to access the Attestation Application. This option can be found by pressing alt-T after attempting to navigate to [www.njmmis.com](http://www.njmmis.com).

All materials that used in support of information entered into the New Jersey Medicaid EHR Incentive Program Attestation Application will be subject to audit that could result in the recoupment of distributed incentive payments. Please retain this information for at least 6 years.

**Figure 1 – Eligible Hospital Attestation Workbook – Overview**

## 2.2 Eligible Hospital Attestation Workbook – Provider Information

The second worksheet in the Attestation Workbook requests the identification requirements, provider type/specialty requirements, and enrollment requirements needed to attest for a New Jersey EHR Incentive Program payment. These responses will confirm the hospital’s eligibility for receiving incentive payments, and not all information requested here will be asked for in the New Jersey Medicaid EHR Incentive Program Attestation Application.

 <b>New Jersey Electronic Health Record Incentive Program</b> <b>Hospital Attestation Provider Workbook</b> State of NJ DHS & DMAHS			
Attesting Provider Information			
#	Question	Response	Instructions to Complete
1	CMS NLR Registration Number		Your facility's CMS Registration number is used to identify your registration with CMS.
#	Question	Response	Instructions to Complete
2	Your facility NPI from your CMS registration record with the NLR		Please use the NPI from your facility's NLR registration.
#	Question	Response	Instructions to Complete
3	Your payee NPI from your CMS registration record with the NLR		Please use the payee NPI from your NLR registration.
#	Question	Response	Instructions to Complete
4	Are you an active provider with NJ Medicaid?	YES OR NO	If the facility answers "NO", please move down to questions 7 and 8.
#	Question	Response	Instructions to Complete
5	<u>Medicaid Provider Enrollment:</u> Are you currently enrolled as a Medicaid provider with at least ONE of the following provider types: Acute Care Hospital, Children's Hospital	YES OR NO	The facility must be enrolled as one of the specified hospital types in order to be eligible for a New Jersey Medicaid EHR Incentive Program payment.
#	Question	Response	Instructions to Complete
6	<u>Medicaid Provider Enrollment:</u> If the facility is no longer enrolled as a Medicaid provider with one or more of the above provider types (see Question 6), was the facility enrolled with Medicaid during the time period the facility intends to utilize for their your Medicaid Patient Volume attestation?	YES OR NO	If the provider was not actively enrolled during the time the facility intends to utilize to attest to their Medicaid patient volume, the solution will not be able to validate the patient volume reported and will pend their attestation for local Medicaid review.
#	Question	Response	Instructions to Complete
7	YEAR 1 - If you are no longer actively enrolled as a Medicaid provider, have you been an active Medicaid provider with NJ Medicaid for any 90 day period over the last fiscal year?	YES OR NO	If no, the provider is not eligible for the EHR Incentive Program for this federal fiscal year and must to re-enroll with New Jersey Medicaid to be eligible to attest for an incentive payment related to the next federal fiscal year.
#	Question	Response	Instructions to Complete
8	YEARS 2-6. Were you an active provider with NJ Medicaid during the entire fiscal year last year in order to be eligible for MU demonstration during the full attestation period required by the regulations?	YES OR NO	If no, the provider is not eligible for the EHR Incentive Program for this fiscal year.
#	Question	Response	Instructions to Complete
9	Is your optional designated "Pay to" Provider in your Attestation worksheet an active provider with NJ Medicaid?	YES OR NO	Please note that facilities should designate their "pay to" provider as an active Medicaid Provider with a current "pay to" Affiliation in NJMMIS. Providers who are not set up as potential "pay to" Providers in NJMMIS <u>will not</u> be able to receive a payment from the system. Should the provider wish to add themselves as a possible "pay to" provider in NJMMIS, they must contact Medicaid Provider Services.

Figure 2 - Eligible Hospital Attestation Workbook - Provider Information Worksheet

### 2.3 Eligible Hospital Attestation Workbook – Select Cost Report

The third worksheet in the Attestation Workbook assists the hospital in selecting the appropriate cost reports the will provide the cost, discharge, and patient volume information needed to appropriately calculate the hospital’s Medicaid patient volume percentage and potential New Jersey Medicaid EHR Incentive Program payment. This worksheet is based on Medicare cost reporting years; however, there is no prescribed data source for hospitals to use – the only requirement is that the data source is auditable and the information can be independently verified.

The screenshot shows a blue header with the New Jersey state seal on the left and the text "New Jersey Electronic Health Record Incentive Program Hospital Attestation Provider Workbook" in white. Below the header, the text "State of NJ DHS & DMAHS" is visible. The main content area has a black background with white text. It is titled "Attesting Provider Information" and "Selecting the correct cost report". The text explains that federal regulations require a 12-month period ending in the federal fiscal year (FFY) before the hospital's fiscal year. It provides three steps for selecting the correct cost report: 1. Enter the current federal fiscal year (FY2011 or FY2012). 2. Subtract one fiscal year from the date entered in Step 1. 3. Select the year end cost report that falls within the FFY identified in Step 2. Examples are provided for Hospital A (YE = 12/31/2011), Hospital B (YE = 9/30/2011), and Hospital C (YE = 6/30/2011). A footer note states that once cost report data is selected, the provider can complete the Medicaid Volume tab and provides contact information for NJMMIS Provider Services at (800) 776-6334, option 7.

Figure 3 – Eligible Hospital Attestation Workbook - Select Cost Report Worksheet

## 2.4 Eligible Hospital Attestation Workbook – Medicaid Volume

The fourth worksheet in the Attestation Workbook requests the acute care and emergency department discharge information needed to establish the facility’s Medicaid patient volume. This worksheet is divided into two sections:

The first section of this worksheet asks for the information needed to establish the hospital’s Medicaid patient volume.

**New Jersey Electronic Health Record Incentive Program  
Hospital Attestation Provider Workbook**

State of NJ DHS & DMAHS  
Volume Check - 90 Day Period (YEAR 1)

#	Question	Response	
		Start Date	End Date
1	The Hospital Provider must meet Medicaid patient volume criteria for a 90 day period in the prior fiscal year. (This does not include Children’s Hospitals)		
	<p><i>INSTRUCTIONS: The Hospital must select a date range in the most recently completed hospital fiscal year to establish their patient Medicaid patient volume percentage. You are not allowed to enter a 90 day date range outside of the selected hospital fiscal year. Please note that the provider must be an active Medicaid provider during the selected time frame and have claims within NJMMIS to validate their Medicaid patient volume attestation.</i></p>		
<b>Overall Medicaid Patient Volume</b>			
#	Question	Response	
2	<b>NUMERATOR</b> - Input the facility's # of Medicaid (Title XIX ONLY) encounters for the period specified above.		
	<p><i>INSTRUCTIONS: ENCOUNTER DEFINITION - An encounter for a hospital is defined as services rendered to an individual per acute inpatient discharge (not including nursery newborns) AND services rendered to an individual in an emergency department on any one day where Medicaid (Title XIX ONLY, not CHIP or other state medical assistance program) or a Medicaid demonstration project paid for part or all of the service or paid all or part of the patient's premiums, co-payments, and/or cost-sharing.</i></p> <p><i>The amount entered should be an unduplicated count of acute inpatient discharges (not including nursery newborns) and emergency department discharges (including "treat and releases") for the 90 day period selected in question 1.</i></p> <p><i>The New Jersey EHR Incentive Program Attestation Application will run a report from NJMMIS to validate both the fee-for-service and managed care encounter count for the hospital within the numerator. Any issues surrounding the patient volume count can be resolved by contacting the NJ Provider Services Help Desk at (800) 776-6334 between the hours of 9am and 5pm.</i></p>		
	<p><i>EXCEPTION: Children's Hospitals are not required to establish a patient volume measurement to receive an EHR Incentive Program payment.</i></p>		
#	Question	Response	
3	<b>DENOMINATOR</b> - Total patient encounters.		
	<p><i>INSTRUCTIONS: This should be populated from an auditable data source maintained by the hospital. Recommended sources include Medicare cost reports, Medicaid cost reports, hospital financial records, or information from NJMMIS. The value entered here should be a count of acute inpatient discharges (not including nursery newborns) and emergency department discharges (including "treat and releases") regardless of payer and should include uncompensated care discharges. Documentation supporting this count should be uploaded into the c New Jersey EHR Incentive Program Attestation Application.</i></p>		

Figure 4 – Eligible Hospital Attestation Workbook - Medicaid Volume Worksheet, Section 1

The second section of the Medicaid Volume worksheet asks for the information needed to calculate a hospital’s overall New Jersey Medicaid EHR Incentive Program payment. This calculation is performed once and distributed over three years, with 50% being distributed in payment year 1, 40% in payment year 2, and the final 10% in payment year 3. The data entered in this section will be entered into the EHR Incentive Program Attestation Application, and the Application will then perform the calculation.

Hospital EHR Incentive Program Payment Calculation Data			
<p>The data entered into this section of the workbook is used by the Attestation Application to calculate the total payment for the facility. Hospital EHR Incentive payment amounts are based on a hospital's size (measured by discharges) and their Medicaid patient concentration (measured by non-dual inpatient bed days). For details on how this calculation is made, please review the CMS Tip Sheet on Medicaid Hospital Payment Calculation at <a href="http://www.nj.gov/njhlt/hospitals/calculation/Medicaid%20Hospital%20Incentive%20Payment%20Guidance.pdf">http://www.nj.gov/njhlt/hospitals/calculation/Medicaid%20Hospital%20Incentive%20Payment%20Guidance.pdf</a> All information entered into the NJ EHR Incentive Program Payment System is subject to audit that could result in a recoupment of distributed incentive payments.</p>			
Determining Hospital Discharge Growth Percentage			
#	Question	YEAR Response	
4	Select your facility's most recent year of available discharge data to determine your average annual growth percentage	2010	
	<p><i>DEFINITION: The discharge-related data amount must be calculated using a 12 month period that ends in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year (For New Jersey hospitals, this will typically be the most recently completed hospital fiscal year). To assist hospitals in determining the correct cost reporting period(s) to utilize in entering discharge and Medicaid share data used in calculating their HIT incentive payment, the following reference is provided.</i></p> <p>1. Enter the current federal fiscal year in which you are applying (If applying prior to 12/31/11, enter FY2011: if applying 1/1/12, enter FY2012)</p> <p>2. Subtract from the date entered in Step 1 by one fiscal year (Assuming 2011 is entered in step 1, the year entered here would be 2010)</p>		
Average Annual Growth Rate - Calculated using the total hospital discharge information for a recent, prior 4 year period.			
	<p><i>DEFINITION: The growth percentage is used in calculating your potential incentive payment. The fiscal year is calculated using the recent year entered above. Using the discharge data for the four most recently completed hospital fiscal years (if your facility's fiscal year is not a calendar year, your measurement may be different), the NJ EHR Incentive Program Attestation Application will calculate the facility's average annual discharge rate.</i></p>		
#	Question	Year	Total # of Discharges
5	Total Number of discharges for selected Year	2010	
6	Total Number of discharges for the year prior to selected year	2009	
7	Total Number of discharges for 2 years prior to selected year	2008	
8	Total Number of discharges for 3 years prior to selected year	2007	
Discharge and Bed days			
<p>The incentive payment calculation requires the following information from an auditable data source. Please populate the cells below - Medicare cost report reference are included if the facility decides to use these cost reports as part of their attestation. All information entered into the EHR Incentive Program Payment System will be subject to audit that could result in the recoupment of distributed incentive payments.</p>			
#	Payment Calculation Item	Value	Location on Cost Report
9	Total # of Hospital Discharges for most recent fiscal year		CMS 2552-96, Worksheet S-3 Part 1, Column 15, Line 12
10	Total # of Inpatient bed days for most recent fiscal year		CMS 2552-96, Total Inpatient Days Worksheet S-3 Part 1, Column 6, Line 1 + Lines 6 through 10
11	Total # of Medicaid Inpatient bed days for most recent fiscal year		
12	Total # of Medicaid managed care inpatient bed days for most recent fiscal year		
13	Total # of hospital charges for most recent fiscal year		CMS 2552-96, Total Charges - Worksheet C Part 1, Column 8, Line 103
14	Total # of Charity care charges for most recent fiscal year		CMS 2552-96, Charity Care Charges - Worksheet S-10, Column 1, Line 30

Figure 5 – Eligible Hospital Attestation Workbook - Medicaid Volume Worksheet, Section 2

## 2.5 Eligible Hospital Attestation Workbook –EHR Certification Number

The fourth worksheet in the Attestation Workbook requests the EHR Certification information requirements needed to attest for a New Jersey EHR Incentive Program payment and informs the hospital where to find the EHR Certification Number for the EHR system the facility is attesting to adopting, implementing or upgrading.

New Jersey Electronic Health Record Incentive Program Hospital Attestation Provider Workbook											
 <p>State of NJ DHS &amp; DMAHS EHR Solution for Meaningful Use</p>											
<p><b>YEAR 1 - Please select a 90 day period in the current year</b></p> <p><b>YEAR 2 - Please select a period of 1 year to attest to Meaningful Use</b></p> <p><b>CMS EHR Certification Number</b></p>	<table border="1"> <thead> <tr> <th>Start Date</th> <th>End Date</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Start Date	End Date								
Start Date	End Date										
<p><b>INSTRUCTIONS:</b> This is the ONC Certified Health IT Product List ID for your EHR system. Please review the below web site (<a href="http://onc-chpl.force.com/ehrcert">http://onc-chpl.force.com/ehrcert</a>) to obtain your EHR Certification number. The EHR Incentive Program Payment System will check the ONC site to make sure this is a valid solution prior to allowing you to submit your attestation</p>											
											
<p><b>Adopt/Implement/Upgrade &amp; Meaningful Use Status</b></p> <p>In the first year of participation in the Medicaid EHR Incentive Program, eligible hospitals can receive incentive payments through an option called "adopt, implement, or upgrade," commonly known as "AIU." The AIU option is offered in recognition of hospitals that may not be ready to "meaningfully use" certified EHR technology in the first payment year. In subsequent EHR Incentive Program participation years, hospitals will have to demonstrate meaningful use of their EHR technology in compliance with federal regulations and any additional State guidance.</p> <p><b>The federal regulations for the Medicaid EHR Incentive Program define AIU as follows:</b></p> <p><b>Adopt: To "acquire, purchase, or secure access to certified EHR technology."</b></p> <p>There is evidence that a provider demonstrated actual installation prior to the incentive, rather than "efforts" to install. This evidence would serve to differentiate between activities that may not result in installation (for example, researching EHRs or interviewing EHR vendors) and actual purchase/acquisition or installation. Acquisition or purchase does not necessarily mean the certified EHR technology is installed and functioning.</p> <p><b>Implementation: To "install or commence utilization of certified EHR technology."</b></p> <p>The provider has installed certified EHR technology and has started using the certified EHR technology in his or her clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patients' demographic data into the EHR, or establishing data exchange agreements and relationships between the provider's certified EHR technology and other providers, such as laboratories and pharmacies.</p> <p><b>Upgrade: To "expand the available functionality of certified EHR technology."</b></p> <p>The provider has added clinical decision support, e-prescribing functionality, or other enhancements that facilitate the meaningful use of certified EHR technology. An example of upgrading that would qualify for the EHR incentive payment would be upgrading from an existing EHR to a newer version that is certified per the EHR certification criteria promulgated by the Office of the National Coordinator (ONC) related to meaningful use. Upgrading may also mean expanding the functionality of an EHR in order to render it certifiable per the ONC EHR certification criteria (<a href="http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204">http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204</a>).</p>											
<table border="1"> <thead> <tr> <th>Field</th> <th>Value</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td><b>Adopt/Implement/Upgrade</b></td> <td>You must Select <b>Adopt, Implement or Upgrade</b> for YEAR 1 attestation</td> <td>See Definition Above for Help with Selection</td> </tr> <tr> <td><b>YEAR 2-3 EHR Status</b></td> <td>You must Select Meaningful Use for Years 2-3 and complete the Meaningful Use and Clinical Quality Measure reporting screens in the EHR Incentive Program Attestation Application</td> <td></td> </tr> </tbody> </table>	Field	Value	Description	<b>Adopt/Implement/Upgrade</b>	You must Select <b>Adopt, Implement or Upgrade</b> for YEAR 1 attestation	See Definition Above for Help with Selection	<b>YEAR 2-3 EHR Status</b>	You must Select Meaningful Use for Years 2-3 and complete the Meaningful Use and Clinical Quality Measure reporting screens in the EHR Incentive Program Attestation Application			
Field	Value	Description									
<b>Adopt/Implement/Upgrade</b>	You must Select <b>Adopt, Implement or Upgrade</b> for YEAR 1 attestation	See Definition Above for Help with Selection									
<b>YEAR 2-3 EHR Status</b>	You must Select Meaningful Use for Years 2-3 and complete the Meaningful Use and Clinical Quality Measure reporting screens in the EHR Incentive Program Attestation Application										
<p><b>COMMENT :</b> Documentation providing AIU should be uploaded into the EHR Incentive Program Payment System. This documentation can include copies of the contract or other documentation that shows the facility adopted, implemented, or upgraded certified EHR technology. Due to file size limitations in the Attestation Application, facilities can upload pages of the contract showing the product or services that was purchased and the page with signatures of the EHR vendor and the facility. Additionally, an audit of your attestation may require you to produce copies of this documentation to prove active usage of the EHR solution included in the attestation information.</p>											

Figure 6 - Eligible Hospital Attestation Workbook - EHR Certification Number Worksheet

The fifth and final worksheet in the Attestation Workbook requests the hospital’s out-of-state patient volume information. Completing this section is an optional portion of the attestation process.



**New Jersey Electronic Health Record Incentive Program**  
*Hospital Attestation Provider Workbook*

State of NJ DHS & DMAHS  
**Attesting Provider Information**

*At the facility's option, a hospital may use out-of-state Medicaid (Title XIX only) and total encounters as part of their attestation. All out-of-state information should come directly from the hospital's cost reports or other data source and will be subject to audit that could result in the recoupment of incentive payments. Hospitals are not limited to four additional states; please enter the appropriate number of additional states, inserting rows as needed.*

Out-of-State Volume				
#	STATE	FFS	MCO	Total Encounters
1				
2				
3				
4				

**Figure 7 - Eligible Hospital Attestation Workbook - EHR Certification Number Worksheet**

### 3. Required Supporting Documentation

CMS and the New Jersey Division of Medical Assistance and Health Services (DMAHS) recommend documentation supporting hospital attestations be retained in case of audit. Providers must maintain records in accordance with federal regulations for a period of five years, or three years after audits, with any and all exceptions having been declared resolved by your state's Medicaid office or the U.S. Department of Health and Human Services (DHHS).

The provider must make all records and documentation available upon request from DMAHS, DHHS, or entities acting on their behalf. Such records and documentation must include, but not be limited to:

- ◆ Hospital Demographic Information (credentials);
- ◆ Supporting material used to measure Medicaid patient volume (including Excel spreadsheets or any other report identifying the discharges used to count both Medicaid and total patient encounters;
- ◆ Supporting material used in the hospital's Medicaid EHR Incentive Program payment calculation, including reports used to derive the discharge growth rate, Medicaid and total inpatient bed days, total charges, charity care charges, and any other information used in the development of the hospital's payment calculation;
- ◆ Invoices, lease agreements, contracts, or other documentation supporting adoption, implementation, or upgrading of ONC-certified EHR technology (for payment year 1 only);
- ◆ EHR Reports supporting Meaningful Use attestation (for payment years 2-3 only).

Please review DMAHS requirements and applicable provider manuals for the specific service requirements, retention periods, and lists.

## **4. Selecting Cost Reports**

While New Jersey Medicaid is not prescribing the data sources hospitals should be using in their attestations, it is important that any materials used cover the appropriate hospital or federal fiscal years. The Eligible Hospital Attestation Workbook provides the location of the pertinent data points within the Medicare cost reports. Federal regulations at 42 CFR 495.31 (g)(1)((i) (B) state that the discharge-related data used to calculate a hospital's discharge growth rate utilize a 12 month period that ends in the federal fiscal year before the hospital's fiscal year that serves as the first payment year.

This generally means that hospitals should be using the data from the most recently completed hospital fiscal year when gathering the information necessary to establish their Medicaid patient volume and calculate their New Jersey EHR Incentive Program payment amount. Hospitals that are unsure which year's cost report data to use for their attestations should call the Molina Medicaid Provider Services Help Desk at (800) 776-6334.

## **5. Obtaining a New Jersey Medicaid Management Information System (NJMMIS) User Name**

Hospitals must have an account in the New Jersey MMIS Provider Portal ([www.njmmis.com](http://www.njmmis.com)) in order to gain access to the New Jersey Medicaid EHR Incentive Program Attestation Application.

To sign up for a user name and password to the New Jersey MMIS Provider Portal, a Medicaid enrolled hospital must visit

<https://www.njmmis.com/xjRegManage/tradingPartnerRegRight.screen> or contact the Molina Medicaid Provider Services Help Desk at (800) 776-6334 or via e-mail at [NJmmis@molinahealthcare.com](mailto:NJmmis@molinahealthcare.com).

## **6. Enrolling in NJ Medicaid**

In order to be eligible for a New Jersey EHR Incentive Program payment, hospitals must be actively enrolled New Jersey Medicaid providers for the period they wish to use to establish their Medicaid patient volume and certified EHR usage.

If a hospital meets the appropriate provider type and Medicaid patient volume requirements and is not actively enrolled as a New Jersey Medicaid provider, then the provider must enroll with Medicaid to proceed with their New Jersey Medicaid EHR Incentive Program attestation. Please contact the Medicaid Provider Services Help Desk at (800) 776-6334 between the hours of 8:00 AM and 5:00 PM to begin the registration process.

## 7. Finding EMR Certification Number

The Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB) is the body that tests and certifies electronic health records (EHR) systems. If the EHR system is approved by ONC-ATCB, it is assigned a certification number. A complete listing of certified EHR modules and systems is available at the Certified Health IT Product List website (<http://onc-chpl.force.com/ehrcert>)

**Certified Health IT Product List**  
The Office of the National Coordinator for Health Information Technology

HealthIT.HHS.Gov

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to [ONC.certification@hhs.gov](mailto:ONC.certification@hhs.gov), with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

**USING THE CHPL WEBSITE**

To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Search for EHR Products by browsing all products, searching by product name or searching by criteria met
3. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
4. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page

**STEP 1: SELECT YOUR PRACTICE TYPE**

Ambulatory Practice Type      Inpatient Practice Type

[ONC HIT Website](#) | [Privacy Policy](#)  
Last Modified Date: 12/23/2010  
The information on this page is currently hosted by the HITRC and its Partners under contract with the Office of the National Coordinator for Health Information Technology.

Figure 8 - Certified Health IT Product List Homepage

## 8. System Requirements

To successfully use all the features of the EHR Incentive Program Attestation Application, ensure that the computer being used meets the following minimum requirements:

- ◆ A reliable internet connection;
- ◆ Web browser – The Attestation Application works best on Internet Explorer 7 and earlier. If you are using Internet Explorer 8 and later, please add [www.njmms.com](http://www.njmms.com) to the list of websites opening in “compatibility view”. This can be done by navigating to [www.njmms.com](http://www.njmms.com) and pressing Alt-T. The menu that appears should have “compatibility view” as an option; add [www.njmms.com](http://www.njmms.com) to this list and refresh the page. If you are still having trouble, please contact the New Jersey Medicaid Provider Services Help Desk at (800) 776-6334;
- ◆ Adobe Acrobat® Reader.

## 9. Navigation

This section describes the navigation options available within the New Jersey EHR Incentive Program Attestation Application that are not discussed in other sections of this manual.

### 9.1 Breadcrumbs

When a hyperlink is clicked, the appropriate web page is displayed to the right of the navigation bar. The breadcrumbs indicate the user's current position within the application. Breadcrumbs are a visual representation of pages and sub-pages followed to reach the page currently being displayed. Select the underlined name to return to a specific page. For the example screen, the breadcrumb translates to the following.

- ◆ The Meaningful Use Core Measures gray text that is not underlined in the breadcrumb indicates the section that you are currently in. In this case it is the Meaningful Core Measures questions;
- ◆ The underlined text will display the page that it is assigned. An example of the breadcrumb is as follows:
  - Attest displays the Reason for Attestation page.
  - Attestations displays the Attestation Instructions page.

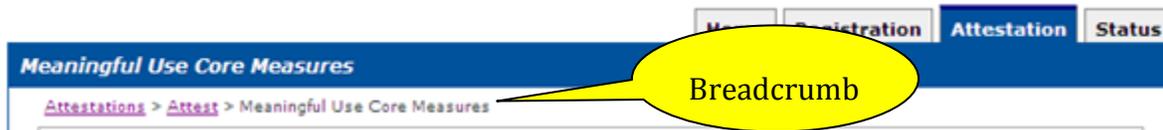


Figure 9 - Breadcrumbs

### 9.2 Use of the Navigation Features

Every screen of the New Jersey EHR Incentive Program Attestation Application has a standard set of navigation features. These features are located on the upper right-hand corner of each screen in the application. An example of these features is shown in Figure 10 and each option is described below.



Figure 10 – Navigation Features

#### 9.2.1 Help Hyperlink

Displays an electronic form of this document in a separate web browser window.

### 9.2.2 NJ EHR Incentive Program Account Hyperlink

Displays a screen with an e-mail address entry box. The New Jersey EHR Incentive Program Attestation Application will send attestation status updates and other system notifications to the e-mail address entered here. The user may enter a new address or update an existing one. Save changes by selecting the **Update** button. Press the **Cancel** button and changes made will not be saved.

The screenshot shows a web interface titled "My PIP Account" with a sub-section "Update Account". Below the title is a legend: "(\*) Red asterisk indicates a required field." There are three input fields: "First Name:" with a placeholder "Name", "Last Name:" with a placeholder "LastName", and "\* Email Address:" with an empty text box. At the bottom of the form are two buttons: "CANCEL" and "UPDATE".

Figure 11 - E-Mail Address Update Entry Box

### 9.2.3 Back to NJMMIS Portal Link

Displays the “NJMMIS Provider Portal Welcome” screen, as shown in Figure 18.

## 9.2.4 Home Tab

The “Home” tab displays the EHR Incentive Program Attestation Application home page.

The screenshot shows a web browser window titled "Welcome to New Jersey Medicaid: PIP". The page has a navigation bar with tabs for "Home", "Registration", "Attestation", and "Status". The "Home" tab is active. The main content area is titled "Welcome" and contains the following sections:

**First Successful Login | Unsuccessful Login Attempts:**

**Notifications**

Welcome to the Provider Incentive Payment System

Medicaid EHR incentive program participants can complete their attestation and receive incentive payments using this system.

You will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program.

**Instructions**

Select any tab to continue.

**Registration Tab**

Please select the Registration tab above to perform any of the following actions:

- Associate one or more Incentive Program Registrations with your user account
- Verify the content of an associated registration

**Attestation Tab**

Please select the Attestation tab above to perform any of the following actions:

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation

**Note:** You can attest for any registration associated with your user account.

**Status Tab**

Please select the Status tab above to perform any of the following actions:

- View current status of your Attestation and Payments(s) for the Incentive Program.

**Note:** You can view the status of any registration associated with your user account.

Figure 12 – EHR Incentive Program Attestation Application Home Page

## 9.2.5 Registration

The “Registration” tab displays the “Registration Instructions” screen.

**Registrations**

### Registration Instructions

Welcome to the Registration Page.

Eligible Professionals (EP) and Eligible Hospital(s) can register for the Medicaid EHR Incentive Program at the CMS Website. Please allow at least 24 hours for the State to receive and process your registration.

Once the State has received and processed your registration, you can add the registration to the list below. Registrations in this list will appear on the Attestation tab and the Status tab.

Select one of the following actions to manage the registrations associated with your EHR Incentive Program user account:

**Add Registration**

Please select the **'ADD REGISTRATION'** button to associate a registration with your EHR Incentive Program user account for any of the following reasons:

- You are an EP or eligible hospital and have completed the Medicaid EHR Incentive Program registration at the CMS Website. You want to associate the registration with your EHR Incentive Program account to begin attestation.
- You are working on behalf of an EP or eligible hospital and want to view the provider’s EHR Incentive Program records and/or attest on behalf of the provider.

**View Registration**

Please select the **'View'** action next to the registration in the list to view the registration information that was entered at the CMS Website.

**Remove Registration**

Please select the **'Remove'** action next to the registration in the list to disassociate the registration from your EHR Incentive Program user account. The registration and attestation information will not be lost. You can re-associate the registration by selecting the ADD REGISTRATION button.

### Registration Selection

Identify the desired registration and select the Action you would like to perform.

Action	Name	Tax Identifier	National Provider Identifier (NPI)	NLR Status	Action
<a href="#">View</a>	Health Sys	123456789 (EIN)	123456789	Active	<a href="#">Remove</a>
<a href="#">View</a>	Provider Name	123456789 (EIN)	123456789	Active	<a href="#">Remove</a>

Please select the **ADD REGISTRATION** button to add a registration to the list.

**ADD REGISTRATION**

Figure 13 – Registration Instructions Screen

## 9.2.6 Attestation Tab

The “Attestation” tab displays the Attestation home page.

The screenshot shows the Attestation Home Page with a navigation bar at the top containing 'Home', 'Registration', 'Attestation', and 'Status'. The main content area is titled 'Attestations' and contains two sections: 'Attestation Instructions' and 'Attestation Selection'.

**Attestation Instructions**

Welcome to the Attestation Page

Depending on the current status of your attestation, please select one of the following actions:

**Attest**  
Please select the **Attest** link to start attestation

- Attest for an EHR incentive programs payment year
- Continue an incomplete attestation

**Rescind**  
Please select the **Rescind** link to Cancel processing of a submitted attestation

**Resubmit**  
Please select the **Resubmit** link to Resubmit an attestation that was previously deemed ineligible

**Attestation Selection**

Identify the desired attestation and select the Action you would like to perform. Please note only one Action can be performed at a time on this page.

Name	Tax Identifier	National Provider Identifier (NPI)	Period	Status	Action
Provider Name	XXX-XX-1234(SSN)	1234567897	Payment Year 1 (1/1/2011 - 12/31/2011)	Attestation Not Started	<a href="#">Attest</a>

Figure 14 - Attestation Home Page

## 9.2.7 The Standard Buttons

There are buttons found below the fields of each application screen that enable certain actions. The available actions depend on the purpose of the screen. The most common buttons found are the **Previous Page** and **Save and Continue** buttons. The **Previous Page** button displays the previous screen in the current screen sequence. The **Save and Continue** button must be to retain information entered into any screen. If it is not selected, any entries in the screen will be lost and must be re-entered. At the last attestation screen, the **Submit** button is also an option and is used when the user is ready to submit an attestation for processing and possible payment.

The screenshot shows a prompt: "Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed." Below the text are two buttons: "PREVIOUS PAGE" and "SAVE AND CONTINUE".

Figure 15 – Standard Buttons

## 10. Using the EHR Incentive Program Attestation Application

The EHR Incentive Program Attestation Application guides the user through the information required to determine if a hospital is eligible to receive New Jersey EHR Incentive Program payments and will assist the eligible hospital in calculating their payment amounts. The Eligible Hospital Attestation Workbook is available at the Program's website ([www.nj.gov/njhit/ehr](http://www.nj.gov/njhit/ehr)) to assist hospitals in preparing to complete the attestation process.

This section of the manual will cover the following topics:

- ◆ Pre-Attestation Eligibility Checks;
- ◆ Login Instructions;
- ◆ Registering a Provider;
- ◆ Attestation, including the following:
  - Establishing Medicaid Patient Volume;
  - Calculating Incentive Payment Amount;
  - Attesting to the Use of Certified EHR Technology.
- ◆ Attestation Submission and Status Updates.

Figure 16 below is a pictorial view of the NJ EHR Incentive Program Attestation Application steps.

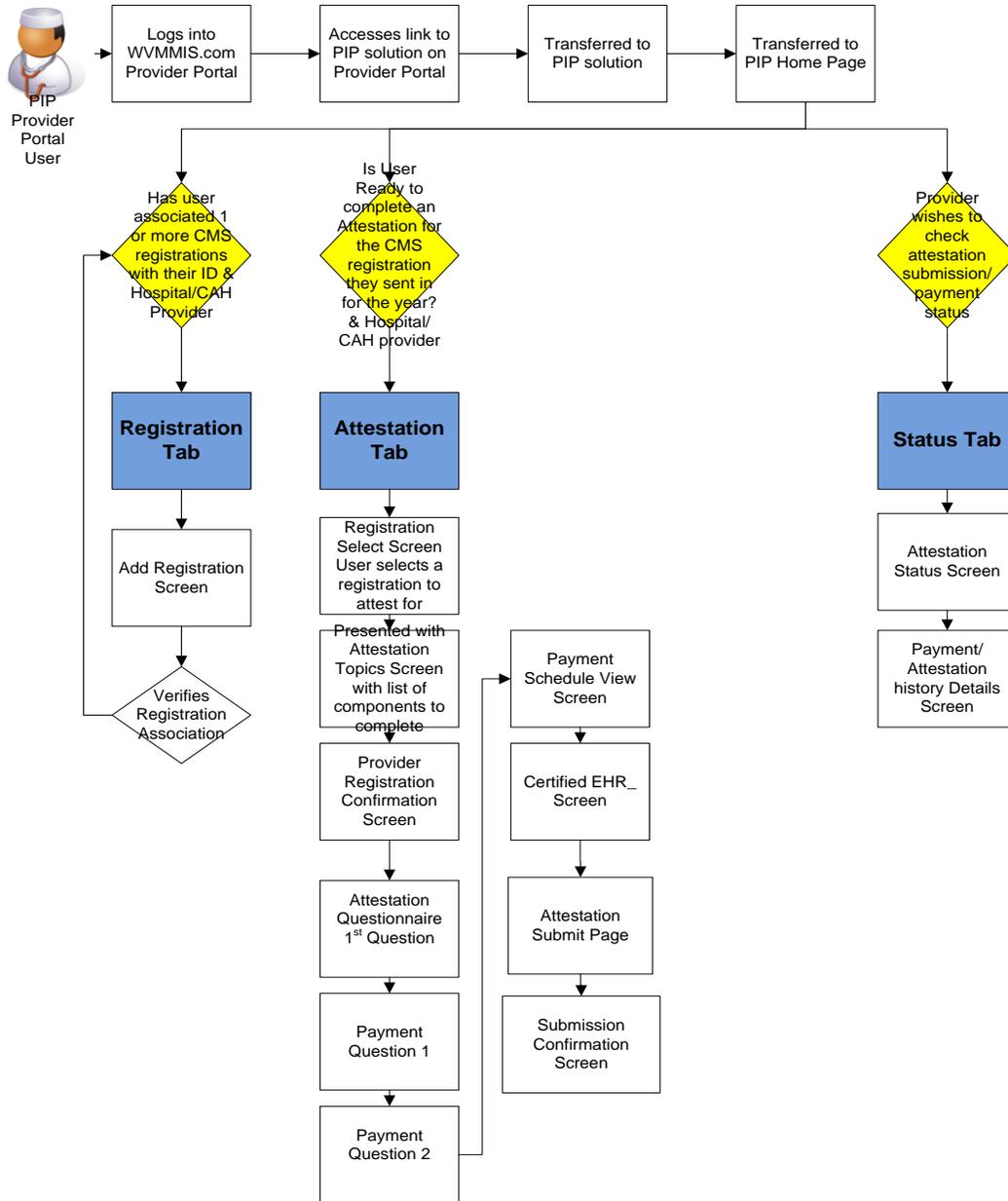


Figure 16 – Workflow Diagram

## ***10.1 Pre-Attestation Eligibility Checks***

When a registration is completed on the CMS National Level Repository (NLR) website, the registration information is sent to the EHR Incentive Program Attestation Application. The application will receive the registration and execute the following checks. These pre-attestation eligibility checks will verify that the information entered into the NLR matches information within the New Jersey Medicaid Management Information System (NJMMIS).

### **Enrollment Check**

- ◆ The application will check if the hospital was actively enrolled in New Jersey Medicaid for both the 90 day period used to establish the facility's Medicaid patient volume and for the certified EHR technology attestation period - the date of adoption, implementation, or upgrade for year 1 payments, the 90 day meaningful use period for year 2 payments, and the entire federal fiscal year for year 3 payments.

### **Provider Type Specialty Check**

- ◆ The application will verify that the hospital is enrolled with New Jersey Medicaid as an Acute Care, Critical Access, or Children's Hospital.

The hospital must meet the system's preliminary eligibility checks in order to continue on to the attestation screens. If these checks are not met, the hospital is considered ineligible for New Jersey EHR Incentive program payments.

The EHR Incentive Program Attestation Application will send the CMS NLR the hospital's preliminary eligibility status and will also send an e-mail to the address entered into the NLR indicating the status of the hospital's registration and whether the hospital can begin the attestation process. If the hospital is determined to be ineligible for the New Jersey EHR Incentive Program, the e-mail will contain the eligibility checks that were not met and information on contacting the Medicaid Provider Services Help Desk if there are questions or concerns about this determination.

If the EHR Incentive Program Attestation Application finds the hospital ineligible, the user will not be able to add the registration for the ineligible hospital to the application or proceed to the attestation screens.

At this point, New Jersey Provider Services representatives will have the ability to review and determine if the eligibility determination for the hospital is valid; these representatives may be contacted at (800) 776-6334 between the hours of 8:00 AM and 5:00 PM.

The hospital will then work with the representative via phone/e-mail regarding the registration's eligibility status and the provider may be asked to resubmit the registration with the NLR in order to begin the attestation process. Depending on the situation, the Provider Services

representative may also be able to override the system and manually approve the hospital's eligibility, allowing it to move on to the attestation process.

## 10.2 Login to the EHR Incentive Program Attestation Application

This section provides instructions on how to start the EHR Incentive Program Attestation Application and how to login to the system to use the application.

### 10.2.1 Starting the EHR Incentive Program Attestation Application

The application runs on the Internet. Execute the following steps to start the application.

Access the [www.njmmis.com](http://www.njmmis.com) main page shown below.

The screenshot shows the NJMMIS website interface. On the left is a navigation menu with links such as Home, Site Requirements, Help Index by Topic, State Web Sites, HIPAA Claims, Login, Communication, Information, and various service links. The main content area displays a login form with the following elements:

- Search:** A search box with a "Go" button.
- Welcome to New Jersey Medicaid**
- Please login below.**
- UserName:** A text input field with a callout box labeled "Enter User Name".
- Password:** A text input field with a callout box labeled "Enter password".
- Forgot your password, [click here](#)**
- Need a username, [click here](#)**
- Buttons:** "Reset" and "Submit" buttons. A callout box labeled "Select this button" points to the "Submit" button.

Figure 17 – NJMMIS Login Screen

Prepare to login by entering the valid NJMMIS User Name and Password in the appropriate entry boxes and select "Submit".

On the “Welcome” screen, select the **NJ EHR Incentive Program** option near the bottom of the left hand side of the screen to display the “About This Site” screen.

Search:  Go

Home  
Site Requirements  
Help Index by Topic  
State Web Sites

Account Links  
HIPAA Claims  
Manage Challenge Question  
Manage Sub Accounts  
Log Off

Communication  
Contact Provider Services  
Contact Webmaster  
Fed & State Stats & Regs  
Forgot My Password  
Provider Directory  
Provider Enrollment Application  
Provider Registration

Information  
Approved Vendor List  
Billing Supplements / Training Packets  
Current Newsletter  
Edit Codes  
FAQ  
Forms & Documents  
Physician Administered Drugs (UOM)  
Rate Information  
Newsletters & Alerts

Secured Options  
CCF  
Change Password  
Claims History  
Clear Claim Connection  
eMevs  
LTC Census  
EHR Incentive Program  
Report Distribution  
Request Judge Run

Welcome, 1234567, to njmmis.com. You have been authenticated.

**HEADLINES**  
[Click here for more headlines](#)

► **Molina Medicaid Solutions Provider Services 1-800-776-6334**

► **New:** Registration for the New Jersey Medicaid EHR Incentive Program: New Jersey launched its EHR Incentive Program on November 7, 2011. Providers will need to register with CMS's National Level Repository, elect to enroll in the NJ Medicaid EHR Incentive Program and then follow the additional instructions provided by the State. To take part in the program, link to the Medicare & Medicaid EHR Incentive Program Registration & Attestation website at <https://ehrincentives.cms.gov/hitech/>. NJ Medicaid is pleased to inform you that there are free consultative services available through NJ-HITEC to assist you in transitioning to an EHR system. [Click here](#) to obtain additional information about this free service. In addition, more detailed information regarding the NJ Medicaid EHR Incentive Program is available at <http://www.nj.gov/njihit/ehr/>.

► **Web Announcement:** ICD-10 is coming, will you be compliant? The U.S. Department of Health and Human Services (HHS) has issued a final rule to move from the currently used International Classification of Diseases (ICD-9) to the next generation of ICD-10 code sets by October 1, 2013. [Click here](#) for more information concerning ICD-10 and how this affects NJMMIS and your Medicaid claim submission.

**ANNOUNCEMENTS**  
[Click here for more announcements](#)

► **New** [Click here To Report Fraud or Abuse in the Medicaid Program.](#)

► **New** [Click here](#) for the 2012 NJMMIS EDI Claims Submission Deadline Schedule.

► **Revised** The following Pharmacy NCPDP documents have been revised and dated **November 2011**; the **NCPDP D.0/1.2 Payer Sheet**, the **5.1 Pharmacy NCPDP-HIPAA Companion Guide**, the **Submitter ID/Provider Relationship Agreement**; form **NCPDP-PART A** and the **Pharmacy Submitter EDI Agreement**; form **NCPDP-PART B**. The revised documents are available in the Forms & Documents link of the page. The guides can also be found under the **HIPAA Companion Guides** paragraph on the additional Headlines page.

► **New** [Click here](#) for the 2012 Charity Care Claims Submission Schedule.

Figure 18 - NJMMIS Welcome Screen

Welcome to the Provider Incentive Payment System for the Medicaid EHR Incentive Program

## About This Site

The New Jersey Medicaid Electronic Health Records (EHR) Incentive Program provides incentive payments to eligible professionals and eligible hospitals that can demonstrate they have adopted, implemented, upgraded, or are meaningfully using certified EHR technology. The Incentive Program is designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation improve the quality, safety, and efficiency of patient health care.

This system will allow eligible professionals and hospitals to provide the necessary information to begin receiving New Jersey Medicaid EHR Incentive Program payments.

**Additional Resources:** For information on the EHR Provider Incentive Program nationwide, provider eligibility and registration rules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete state level registration and attestation, please visit [CMS website](#).

**Eligible to Participate** - There are two types of groups who can participate in the program. For detailed information, visit [CMS website](#).

+ [Eligible Hospitals](#)

+ [Eligible Professionals \(EPs\)](#)

CONTINUE

Figure 19 – EHR Incentive Program Attestation Application “About This Site” Page

On the EHR Incentive Program Attestation Application “About This Site” page, select the **Continue** button to display the New Jersey EHR Incentive Program Home Page, shown below.

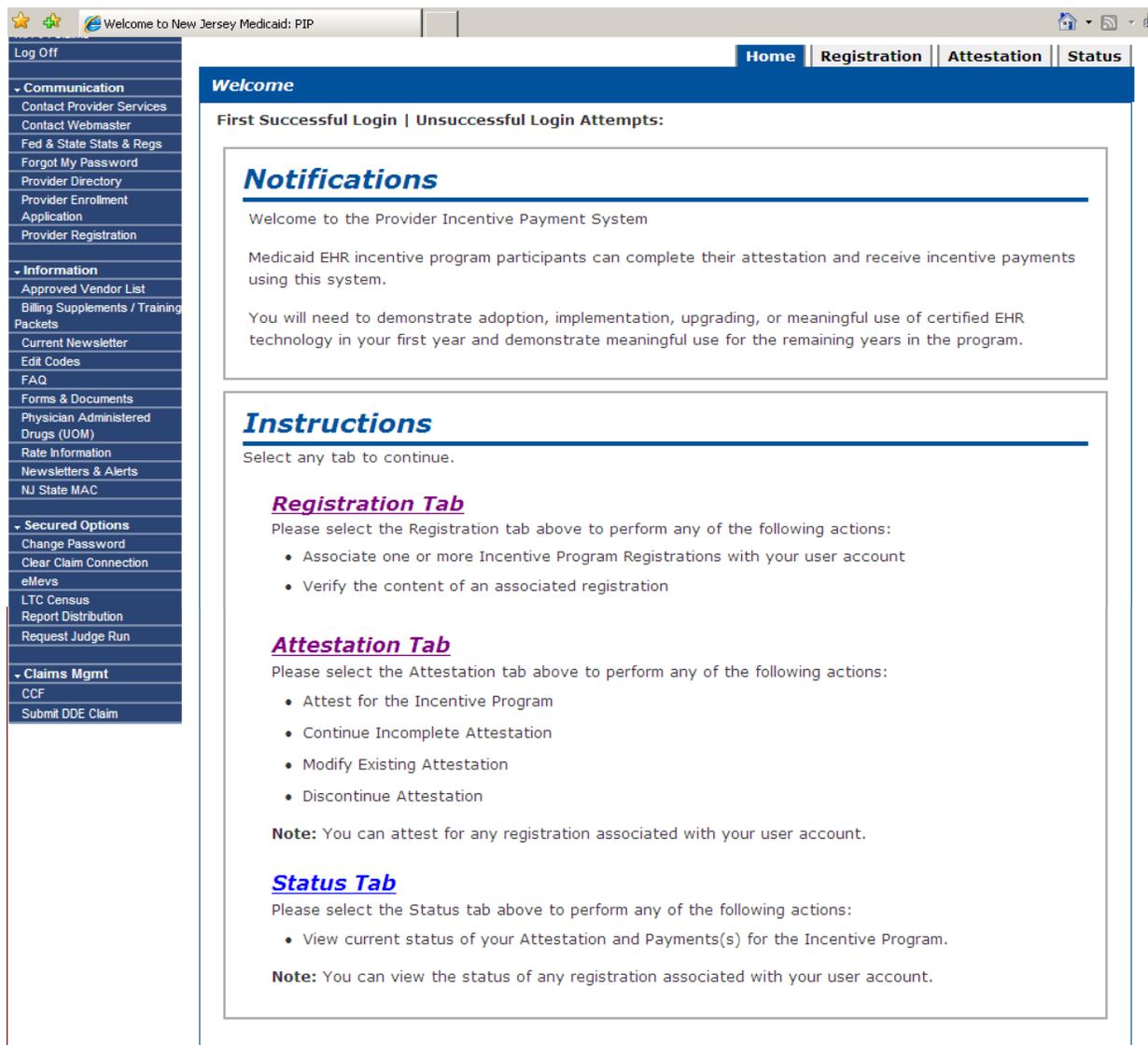


Figure 20 – EHR Incentive Program Attestation Application Home Page

### 10.3 Registering a Hospital

The CMS National Level Repository (NLR) registration number is obtained after using the CMS website (ehrincentives.cms.gov) to register the hospital and is required in order to register and execute the attestation process. The NLR registration number is used along with the National Provider Identifier (NPI) to uniquely identify the provider and is also used within the NLR system to identify the eligible hospital and their New Jersey EHR Incentive Program payment status.

**Please wait at least 48 hours** after completing the CMS NLR registration process before initially logging in to the EHR Incentive Program Attestation Application. This time allows the NLR system to transmit the hospital’s registration information to the State system.

Once the user is logged in to the EHR Incentive Program Attestation Application, the “Register” tab will allow the user to associate one or more CMS NLR registrations to the EHR Incentive Program Attestation Application User Name, view registration IDs that are attached to the User Name, and remove any associated registration IDs from the active user’s account.

Registering the hospital at the state level must be done before the user will be allowed to begin the attestation process. This step ensures that the EHR Incentive Program Attestation Application has acquired the correct information for the hospital so the user will be able to properly complete their attestation.

To view, add, and remove registrations, click the **Registration** tab on the navigation bar



Figure 21 - Registration Tab

The registration home page will then be displayed.

[Help](#) | [My PIP Account](#)

---

Home | **Registration** | Attestation | Status

**Registrations**

### Registration Instructions

Welcome to the Registration Page.

Eligible Professionals (EP) and Eligible Hospital(s) can register for the Medicaid EHR Incentive Program at the CMS Website. Please allow at least 24 hours for the State to receive and process your registration.

Once the State has received and processed your registration, you can add the registration to the list below. Registrations in this list will appear on the Attestation tab and the Status tab.

Select one of the following actions to manage the registrations associated with your EHR Incentive Program user account:

**Add Registration**

Please select the **'ADD REGISTRATION'** button to associate a registration with your EHR Incentive Program user account for any of the following reasons:

- You are an EP or eligible hospital and have completed the Medicaid EHR Incentive Program registration at the CMS Website. You want to associate the registration with your EHR Incentive Program account to begin attestation.
- You are working on behalf of an EP or eligible hospital and want to view the provider's EHR Incentive Program records and/or attest on behalf of the provider.

**View Registration**

Please select the **'View'** action next to the registration in the list to view the registration information that was entered at the CMS Website.

**Remove Registration**

Please select the **'Remove'** action next to the registration in the list to disassociate the registration from your EHR Incentive Program user account. The registration and attestation information will not be lost. You can re-associate the registration by selecting the ADD REGISTRATION button.

### Registration Selection

Identify the desired registration and select the Action you would like to perform.

Action	Name	Tax Identifier	National Provider Identifier (NPI)	NLR Status	Action
<a href="#">View</a>	Health Sys	123456789 (EIN)	123456789	Active	<a href="#">Remove</a>
<a href="#">View</a>	Provider Name	123456789 (EIN)	123456789	Active	<a href="#">Remove</a>

Please select the **ADD REGISTRATION** button to add a registration to the list.

Figure 22 - Registration Tab – Registration Home Page

The Registration home page lists all registrations that the active user has added. If you have not added any, the “Registration Selection” section will display “No records to display” as shown in the figure below.

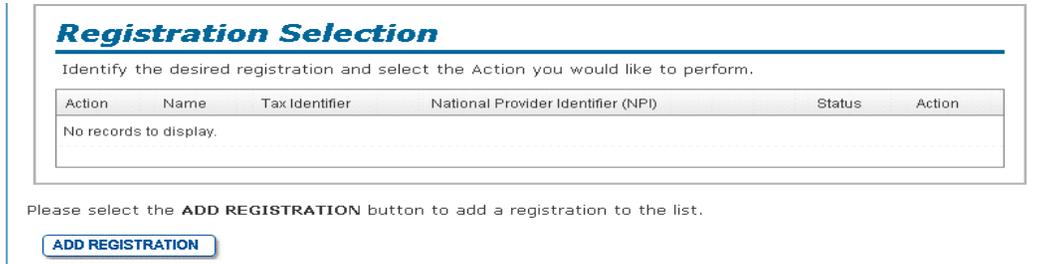


Figure 23 – Registration Tab – No Records to Display

### 10.3.1 Registration – Add Option

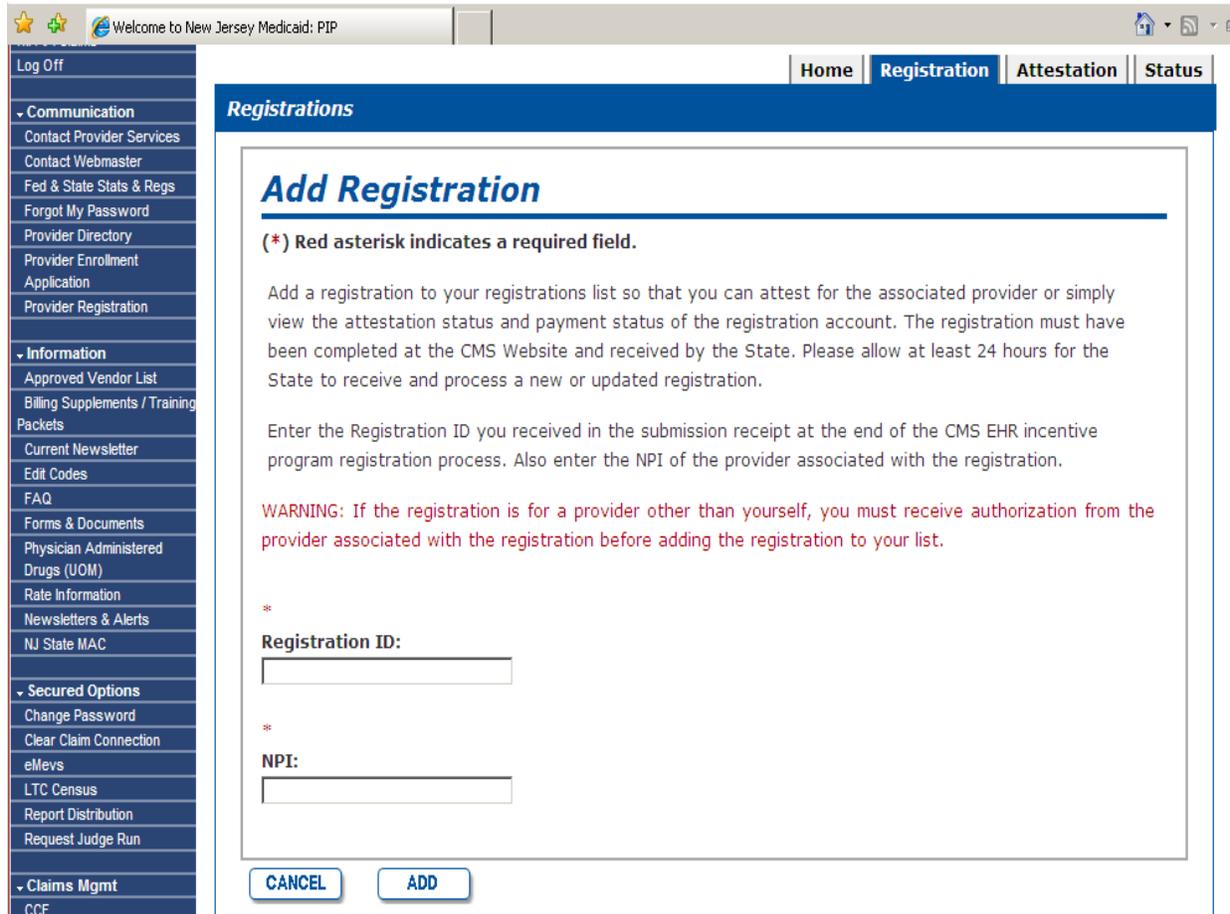


Figure 24 – Registration Tab – Add Registration

To add a registration, follow the steps below:

- ◆ Click the **Add Registration** button on the Registration home page;
- ◆ Enter the registration ID obtained from the CMS NLR website;
- ◆ Enter the hospital’s NPI;
- ◆ Click the **Add** button;
- ◆ The application validates that the CMS NLR registration ID is valid and that the NPI associated with that registration ID was entered;
- ◆ If the registration ID information is validated, the registration ID and NPI are associated with the EHR Incentive Program Attestation Application user ID. The “Registration Information” page (shown below in Figure 25) will then show the hospital’s NLR registration information.

Home | **Registration** | Attestation | Status

**Registrations**

### Registration Information

Please review the registration summary below to ensure this is the correct registration information. If any information is incorrect, please update the information at the CMS Website.

<b>Registration ID:</b>	<b>Business Address:</b>
<b>Name:</b>	
<b>TIN:</b>	
<b>NPI:</b>	<b>Phone #:</b>
<b>CCN:</b>	<b>E-Mail:</b>
<b>Incentive Program:</b>	

◀ PREVIOUS PAGE

Figure 25 - Registration Tab – Registration Information Page

If the hospital’s registration information is invalid, an error message will display (shown below in Figure 26) and the “Add Registration”.

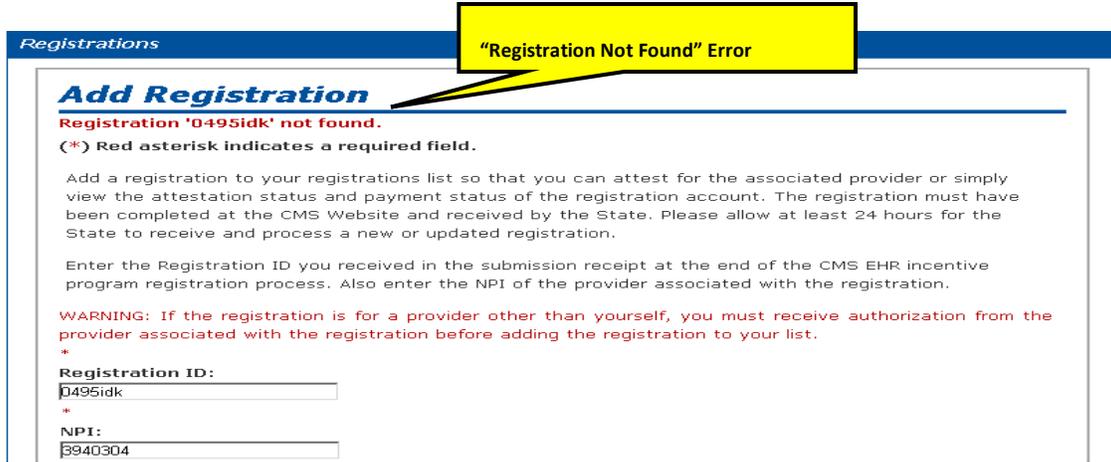


Figure 26 – Registration Tab – Add Registration Error Message

The most common reasons why an error occurs include:

- ◆ Information entered incorrectly – if necessary, access the CMS NLR website at [ehrincentives.cms.gov](http://ehrincentives.cms.gov) to check the information or add a new registration;
- ◆ The registration ID will not be found if 48 hours have not passed since the completion of the CMS NLR registration process.

The **Cancel** button is an additional option that is available. Clicking the **Cancel** button does not add the registration ID and Registration home page will be displayed.

### 10.3.2 Registration – Select Option

Clicking the **Select** hyperlink shown in Figure 27 will display the registration details for the selected registration ID. Figure 28 is an example of the registration details that will be shown.

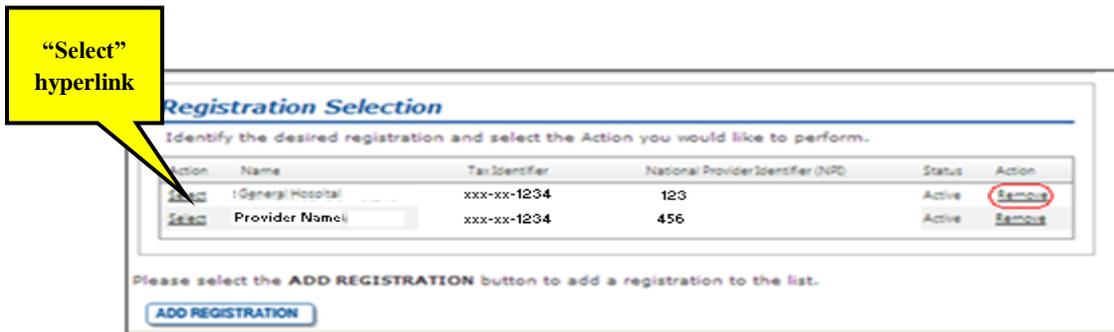


Figure 27 – Registration Tab – “Select” Hyperlink

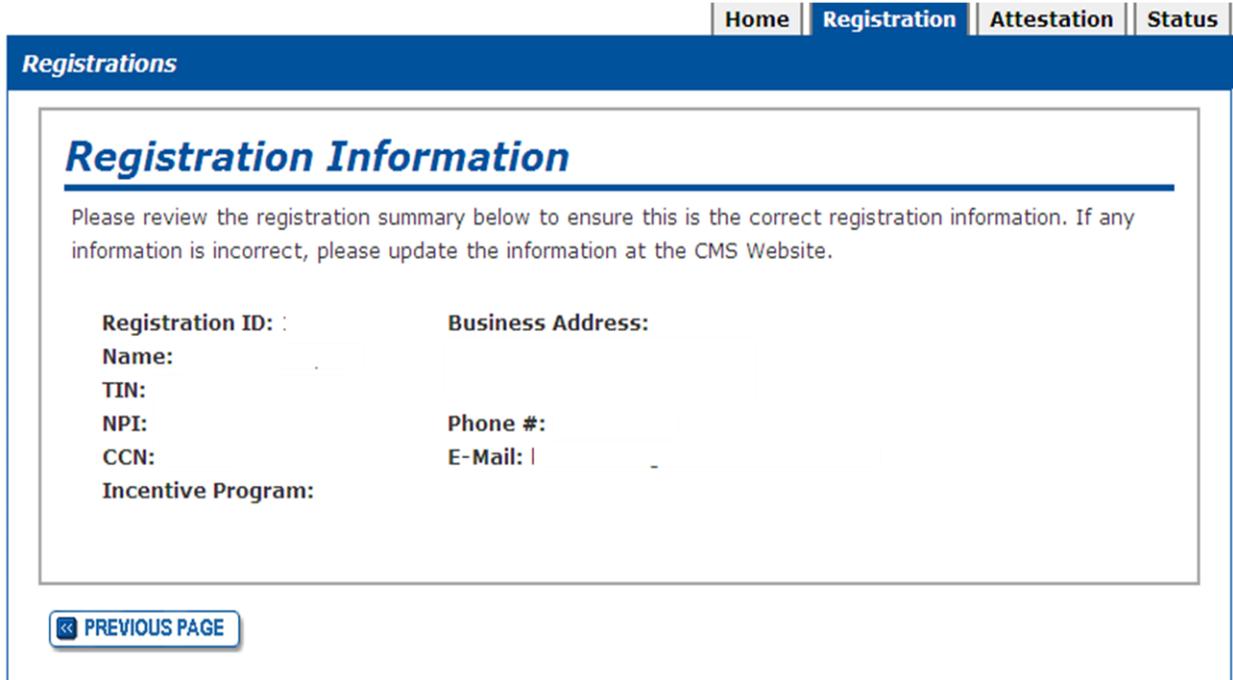


Figure 28 - Registration Tab - Registration Information Screen

### 10.3.3 Registration – Remove Option

The **Remove** hyperlink (shown below in figure 29) next to a registration ID disassociates the registration ID from the active EHR Incentive Program Attestation Application user name. The registration ID will no longer be shown in the “Registration Selection” list. The removed registration ID can be re-associated with the user name by executing the “add registration” steps shown in Section 10.3.1.

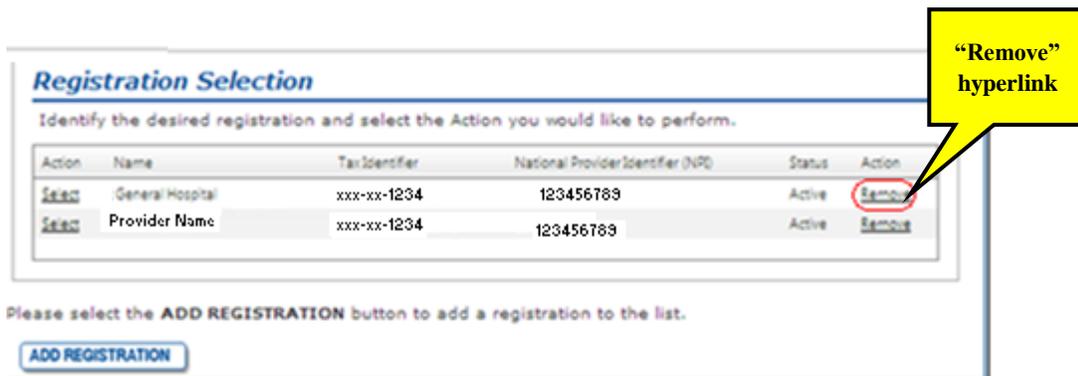


Figure 29 - Registration Tab – “Remove” Hyperlink

## 10.4 Attestation

Once the hospital has passed the EHR Incentive Program Attestation Application's basic eligibility check, it will then associate their user name with one or more CMS NLR registration IDs as outlined in Section 10.3.1. The hospital will then select one of the registrations shown on the "Registration Selection" screen and complete the facility's attestation for that year. The EHR Incentive Program Attestation Application will walk the hospital user through a series of screens that directly relate to the Excel workbook supplied by New Jersey Medicaid to assist the facility in preparing its attestation information. The hospital should complete these questions before submitting its attestation to ensure a complete understanding of the New Jersey EHR Incentive Program's rules and regulations.

The attestation process consists of the topics shown in the list below. The EHR Incentive Program Attestation Application will guide the user through each of the topics. A topic does not become active until the previous topic has been completed. Each topic will be addressed in further detail later in this section.

- ◆ Eligibility Screens
  - These screens walk the hospital through the specific eligibility questions that must be completed to validate the facility's eligibility for a New Jersey EHR Incentive Program payment. These screens include:
    - Verification of the hospital's registration information
    - Questions on the hospital's Medicaid (Title XIX) patient volume
- ◆ Payment Calculation Screens
  - These screens walk the hospital through the information needed to calculate its New Jersey EHR Incentive Program payment amount. These screens include:
    - Information needed to calculate the facility's three year discharge growth rate;
    - Information needed to calculate the hospitals "Medicaid share";
    - Display of the hospital's overall New Jersey EHR Incentive Program payment amount and its distribution over three years
- ◆ Adopt, Implement, or Upgrade Certified EHR Technology Screen
  - This screen validates that the provider is using an EHR solution certified by the Office of the National Coordinator for Health IT that will support stage 1 meaningful use criteria.
  - After this is completed, hospitals will have the opportunity to verify all of the attestation information entered to date and upload documentation that will support the facility's adoption, implementation, or upgrade of a certified EHR system and any additional backing materials related to the facility's Medicaid patient volume or incentive payment calculation.

To access the attestation process screens, select the "Attestation" tab, as shown in Figure 30.

Figure 30 – Attestation Tab

When selected, the “Attestation Instructions” page is shown. This page displays the registration IDs that are assigned to the active EHR Incentive Program Attestation Application user.

The user does not need to complete the entire attestation process in one sitting. Each screen in the attestation section has a **Save and Continue** button. This will save changes and allow the user to stop their attestation at any time without losing the data entered on the currently active page. The application does not allow the user to skip screens without entering data. The user may edit information entered into the attestation screens until the attestation has been submitted.

To start the attestation process:

In the “Attestation Selection” section of the “Attestation Instructions” screen, select the **Attest** hyperlink in the row showing the attesting hospital’s name and basic information.

The screenshot shows the NJMMIS website interface. On the left is a navigation menu with categories like Home, Communication, Information, Secured Options, and Claims Mgmt. The main content area is titled 'Attestations' and contains two sections: 'Attestation Instructions' and 'Attestation Selection'. The 'Attestation Instructions' section provides a welcome message and lists three actions: 'Attest', 'Rescind', and 'Resubmit'. The 'Attestation Selection' section instructs the user to identify the desired attestation and select an action. Below this is a table with the following data:

Name	Tax Identifier	National Provider Identifier (NPI)	Period	Status	Action
Provider Name	XXX-XX-1234 (SSN)	1234567897	Payment Year 1 (1/1/2011 - 12/31/2011)	Attestation Not Started	<a href="#">Attest</a>

Figure 31 – Attestation Tab - Attestation Selection

Review the attestation statuses displayed on the “Attestation Topics” page, shown below in Figure 32. If the hospital wishing to attest is not listed, please select the “Status” tab at the top of the screen as this will display the current attestation. Locate the hospital in the list to see the error that prevented the provider from executing the attestation process.

The screenshot shows the NJMMIS website interface. On the left is a vertical navigation menu with categories like Home, Communication, Information, Secured Options, and Claims Mgmt. At the top right is a search bar and a 'Go' button. Below the search bar are navigation tabs: Home, Registration, Attestation (selected), and Status. The main content area is titled 'Topics for this Attestation' and shows a 'Registration ID: 1092519378'. Under 'Reason for Attestation', there are two bullet points. Under 'Topics', there is a paragraph explaining the process. Below that is a 'Topic listing' table with two columns: 'Completed' and 'Topics'. The 'Topics' column lists 'Eligibility', 'Payments', and 'Adopt, Implement, or Upgrade Certified EHR Technology'. A 'Note' section follows, and at the bottom are three buttons: 'PREVIOUS PAGE', 'START ATTESTATION', and 'SUBMIT & ATTEST'.

Figure 32 – Attestation Tab - Attestation Topic Listing

- ◆ The topic listing identifies completed topics by placing a checkmark next to the topic. A topic is completed when the required answers are entered and saved;
- ◆ New topics become available only when previous topics are completed.

Select the **Start Attestation** button to start the attestation process or to modify attestations started in a previous session.

Select the **Submit & Attest** button when satisfied will the data that is entered for all attestation topics. This will submit the hospital’s attestation to New Jersey Medicaid for review.

- ◆ The **Submit & Attest** button is disabled on the initial selection of a registration ID.
- ◆ The **Submit & Attest** button is disabled if a hospital was found to be ineligible for a New Jersey EHR Incentive Program payment.

Select the **Previous Page** button to display the “Attestation Instructions” page.

When the **Start Attestation** button is selected, the hospital’s registration information will be shown.

**Eligibility**

[Attestations](#) > [Attest](#) > Verify Registration

### Verify Registration Information

(\*) Red asterisk indicates a required field.

Please review the registration summary below to ensure this is the correct registration information. If the information below is correct, select the **SAVE AND CONTINUE** button to proceed with attestation. If the information is incorrect, then please return to the [CMS website](#) to edit the information.

<b>Registration ID:</b> 16	<b>Business Address:</b>
<b>Name:</b> MEDICAL CENTER	P.O. BOX 80
<b>TIN:</b> 311 (EIN)	JACKSON, OH, 45631-0000
<b>NPI:</b> 16	<b>Phone #:</b> 7402625 25
<b>CCN:</b> 9166941094	<b>E-Mail:</b>
<b>Incentive Program:</b> Medicare / Medicaid (MD)	k@healthcare.com

Please select the Medicaid ID associated with NPI 16

\* **Medicaid ID:**

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**Figure 33 – Attestation Tab - Verify Registration**

- ◆ **Medicaid ID:**
  - Allows the attesting hospital to associate their registration information with the appropriate Medicaid ID. If the hospital matches more than one Medicaid ID in NJMMIS, the user must select a single Medicaid ID to associate with the attestation and can select a separate Medicaid ID for the party receiving the incentive payment (such as the parent company of a hospital);

- Displays the Medicaid ID matching the NPI number for the attesting hospital entered during the CMS National Level Repository (NLR) registration process along with their active Medicaid ID enrollment dates;
  - The dropdown box displays the Medicaid IDs associated with the hospital's NPI submitted during NLR registration. Select the dropdown box to display the Medicaid IDs associated with the NPI that were found in NJMMIS, highlight the ID to be associated with the active attestation, and then click to select.
- ◆ Payee Medicaid ID:
- Allows the attesting hospital to select a separate Medicaid ID for distribution of New Jersey EHR Incentive program payments;
  - Initially displays the Medicaid ID matching the NPI number for the payee entity submitted during the NLR registration process along with their active Medicaid ID enrollment dates. Attesting hospitals can have their incentive payments directed to the entity of their choice;
  - The dropdown box displays the Medicaid IDs associated with the payee NPI entered during the NLR registration process. Select the dropdown box to display the Medicaid IDs associated with the NPI that were found in NJMMIS, highlight the ID to be associated with the distribution of the hospital's incentive payment, and then click to select.

### **10.4.1 Attestation Eligibility**

The purpose of the “Attestation Eligibility” screen is to determine if the hospital meets the 10% Medicaid (Title XIX only, not CHIP) patient volume threshold required to receive a New Jersey EHR Incentive Program payment.

#### **10.4.1.1 Eligibility Screen 1 – Medicaid Encounter Volume**

The purpose of this screen (shown below in Figure 34) is to determine the hospital's Medicaid patient encounter volume.

In order to be eligible for the New Jersey EHR Incentive Program, an acute care or critical access hospital must have at least 10% Medicaid patient volume. Children's hospitals will not see this screen since they do not have to meet a Medicaid patient volume threshold to be eligible for the New Jersey EHR Incentive Program.

The New Jersey EHR Incentive Program defines a Medicaid hospital encounter as acute care services (not including nursery newborns) rendered to an individual per inpatient discharge

AND services rendered to an individual in an emergency department (both discharges and “treat and release” episodes) on any one day where Title XIX Medicaid or a Title XIX Medicaid demonstration project paid for part or all of the service or part of the patient’s premium, co-payment, or other cost sharing. The EHR Incentive Program Attestation Application will run a report from the NJMMIS to validate the Medicaid fee-for-service and managed care encounter counts included in the numerator of the Medicaid patient volume calculation.

Medicaid encounter counts include only those encounters paid for by Title XIX (or “traditional”) Medicaid. Encounters paid in part or in full by the Title XXI Children’s Health Insurance Program (CHIP) should not be included in the numerator of the Medicaid patient volume calculation. Since it is expected that not all hospitals will be able to differentiate their “traditional” Medicaid encounters from their CHIP encounters, the New Jersey EHR Incentive Program has received approval from CMS to use a proxy Title XIX percentage for these hospitals. The proxy percentage is based on the Title XIX percentage of all claims and managed care encounters for the calendar year the hospital’s selected 90 day patient volume count falls within. To receive your hospital’s specific proxy percentage, call the Medicaid Provider Services Help Desk at (800) 776-6334 or e-mail [MAHS.ehrincentives@dhs.state.nj.us](mailto:MAHS.ehrincentives@dhs.state.nj.us).

Hospitals may also use out-of-state Medicaid and total encounters as part of their attestation. All out-of-state information should come directly from the hospital’s IT systems and may be subject to audit that could result in the recoupment of distributed incentive payments. When possible, these encounters should be identified by state and entered as such in the EHR Incentive Program Attestation Application.

**Eligibility**

[Attestations](#) > [Attest](#) > Eligibility

**Questionnaire: (1 of 1)**

(\*) Red asterisk indicates a required field.

**Medicaid Patient Volume**

To be eligible to participate in the Medicaid EHR Incentive Program, an eligible hospital must meet certain Medicaid patient volume thresholds.

\*Select any 90-day period in the previous Federal fiscal year for your patient volume figures.

**Start Date:**   **End Date:**

Complete the following information. All information entered will be subject to audit that could result in payment recoupment.

**Numerator** Number of acute care patient encounters in which care was delivered under Medicaid . . .

\* fee-for-service (FFS)

\* managed care +

Total number of Medicaid patient encounters treated during the 90-day period. =

**Denominator** \* All patient encounters over the same 90-day period.

\*\*\*Note. An encounter for a hospital is defined as acute care services rendered to an individual per inpatient discharge AND services rendered to an individual in an emergency department on any one day where Medicaid or a Medicaid demonstration paid for part or all of the service or paid all or part of their premiums, co-payments, and/or cost-sharing.

**Out-of-State Medicaid Patient Volume**

If you or your proxy practiced in other state(s), then please enter the patient volume figures for each state below.

Add State				
State	Fee-For-Service (FFS)	Managed Care	Total Patient Encounters	
No Medicaid patient volume records				

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**Figure 34 – Attestation Tab - Medicaid Patient Volume**

To complete the “Medicaid Patient Volume” screen, perform the following steps:

1. Enter the start date or end date of the hospital’s patient volume attestation period by typing in the date or by selecting the calendar icon at the right of either box. The application will then automatically calculate the appropriate 90-day window for the provider’s chosen attestation period;
2. Enter the number of Medicaid (Title XIX only) fee-for-service and managed care encounters for the hospital’s 90 day attestation period calculated at the top of the screen. The sum of these two numbers will be the numerator for the patient volume calculation;
  - Do not add commas. The application will insert commas, as needed, after entry.
3. Enter the total number of patient encounters for the hospital’s 90-day attestation period calculated at the top of the screen. This amount will be the denominator for the hospital’s patient volume calculation;
  - Do not add commas. The application will insert commas, as needed, after entry.
4. Out-of-State Patient Volume (Optional)  
 This screen allows for entry of out-of-state entries. Figure 35 is a sample of a screen to display the different options available to the user. Instructions for each option follow this screen shot.

### Out-of-State Medicaid Patient Volume

If you or your proxy practiced in other state(s), then please enter the patient volume figures for each state below.

The screenshot shows a table with the following data:

	State	Fee-For-Service (FFS)	Managed Care	Total Patient Encounters	
<a href="#">Edit</a>	VA	20	20	100	<a href="#">Remove</a>
<a href="#">Edit</a>	CA	32	22	1222	<a href="#">Remove</a>

Callouts in the image point to: 'Add State' (top left), 'To Add' (top center), 'To Delete' (top right), and 'To Modify' (bottom left).

Figure 35 – Attestation Tab – Out-of-State Medicaid Patient Volume

To add an out-of-State entry, select **Add State**. This selection will display the screen shown in Figure 36.

Add State			
State	Fee-For-Service (FFS)	Managed Care	Total Patient Encounters
<p>* State: <input type="text" value="[Select]"/></p> <p>Complete the following information. All information entered may be subject to audit that could result in payment recoupment.</p>			
<p><b>Numerator</b>    Number of patient encounters in which care was delivered under Medicaid . . .</p>			
	* fee-for-service (FFS)		<input type="text"/>
	* managed care	+	<input type="text"/>
	Number of Medicaid patient encounters treated during the 90-day period.		= <input type="text"/>
<p><b>Denominator</b>    * All patient encounters over the same 90-day period.</p>			
			<input type="text"/>
<p>Please select the <b>ADD</b> button to add out-of-state patient volume to the list.</p>			
<p><input type="button" value="CANCEL"/>    <input type="button" value="ADD"/></p>			

**Figure 36 – Out-of-State Entry – Add/Edit Screen**

To complete this screen:

1. Select a State from the drop down list;
2. Enter the Medicaid (Title XIX only) fee-for-service patient encounter count for the selected state;
3. Enter the Medicaid (Title XIX only) managed care patient encounter count for the selected state;
4. Enter the total patient encounter count for the selected state.

To enter patient encounter information for additional states, repeat steps 1-4.

To modify an out-of-state entry:

1. In the main “Out-of-State Medicaid Patient Volume” screen (shown in Figure 35), Select **Edit**;
2. The screen will display the selected out-of-state entry. Any necessary changes to the information shown can now be completed;
3. Select the **Update** button.

To delete an out-of-state entry:

1. In the main “Out-of-State Medicaid Patient Volume” screen (shown in Figure 35), Select **Remove**;
2. Verify the deletion of the selected entry by responding to the question presented;
3. Select the **Save and Continue** button.

If the hospital meets or exceeds the Medicaid patient volume required to receive a New Jersey EHR Incentive Program payment, the application will display the “Payment Calculation” page. Once the hospital has completed and submitted their attestation for processing, their Medicaid patient volume information will be verified against the claims and encounter data available in NJMMIS. All information entered into the application is subject to post-payment audit that could result in the recoupment of distributed incentive payment amounts.

If the eligible professional does not meet the required Medicaid patient threshold after entering all of their patient volume information, they will be unable to proceed any further with their attestation.

#### **10.4.2 Payment Amount**

The purpose of the “Payment Amount” screens is to determine the hospital’s overall New Jersey EHR Incentive Program payment amount. Payment amounts are based on a hospital’s overall size (measured by total discharges) and its Medicaid patient concentration (measured by overall acute care inpatient bed days). For a detailed discussion of the payment calculation, please view the [Hospital Incentive Payment Guidance document](#).

The hospital will enter the appropriate information into the EHR Incentive Program Attestation Application and the application will then calculate the hospital’s overall payment amount based on the information entered. Please refer to section 2.3 and section 4 of this manual for a discussion of the possible data sources that can be used to obtain this information.

The overall New Jersey EHR Incentive Program calculated by the application will be distributed to the hospital over a three year period, as long as the hospital maintains its 10% Medicaid patient volume and meets the applicable meaningful use criteria for the given payment year. The overall payment will be distributed as follows:

- ◆ 50% in the first year;
- ◆ 40% in the second year;
- ◆ 10% in the third year

The first step in the payment calculation process is determining the hospital’s discharge growth rate over the three most recently completed hospital fiscal years. This is accomplished by completing the screen shown in Figure 37 below:

**Payments**

[Attestations](#) > [Attest](#) > Payments

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### Medicaid Incentive Payment Calculation (1 of 2)

**(\*) Red asterisk indicates a required field.**

#### Selecting Cost Report

- 42 CFR 495.31 (g)(1)(i) (B) states that the discharge-related data amount must be calculated using a 12 month period that ends in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year. To assist hospitals in determining the correct cost reporting period(s) to utilize in entering discharge and Medicaid share data used in calculating their HIT incentive payment, the following reference is provided.
- 1. Enter the current federal fiscal year in which you are applying (If applying prior to 9/30/11 enter FY2011; if applying 10/1/11 enter FY2012)
  2. Subtract from the date entered in Step 1, one fiscal year (Assuming FFY 2011 is entered, the date entered would be FFY 2010)
  3. Select the year end cost report that falls within the FFY identified in Step 2
    - a. If Hospital A YE = 12/31; Hospital A must report discharge and Medicaid share data using their cost report ending 12/31/2009
    - b. If Hospital B YE = 6/30; Hospital B must report discharge and Medicaid share data using their cost report ending 6/30/2010
    - c. If Hospital C YE = 6/30; Hospital C must report discharge and Medicaid share data using their cost report ending 9/30/2010

#### Average Annual Growth Rate

To determine the average annual growth rate of the eligible hospital or CAH, please enter the number of discharges in the four most recent years of available data.

Complete the following information. All information entered will be subject to audit that could result in payment recoupment.

<b>Most recent year of available data:</b>	<input type="text" value="FY2010"/>
<b>* Total hospital discharges in FY2010:</b>	<input type="text" value="."/>
<b>* Total hospital discharges in FY2009:</b>	<input type="text" value="."/>
<b>* Total hospital discharges in FY2008:</b>	<input type="text" value="."/>
<b>* Total hospital discharges in FY2007:</b>	<input type="text" value="."/>
<b>Average Annual Growth Rate:</b>	<input type="text" value="."/>

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

<< PREVIOUS PAGE
SAVE AND CONTINUE >>

Figure 37 - Attestation Tab – Incentive Payment Calculation Screen 1

To complete this screen, perform the following steps:

- ◆ Select the most recent year of available data. This will generally be the most recently completed fiscal year for which the required information is available;
- ◆ Enter total hospital discharges for the year selected in step 1;
  - Do not add commas. The application will insert commas, as needed, after entry.
- ◆ Enter total hospital discharges for the year prior to the year selected in step 1. If FY2010 is selected in step 1, FY2009 information will be entered;
  - Do not add commas. The application will insert commas, as needed, after entry.
- ◆ Enter total hospital discharges for the year two years prior to the year selected in step 1. If FY2010 is selected in step 1, FY2008 information will be entered;
  - Do not add commas. The application will insert commas, as needed, after entry.
- ◆ Enter total hospital discharges for the year three years prior to the year selected in step 1. If FY2010 is selected in step 1, FY2007 information will be entered
  - Do not add commas. The application will insert commas, as needed, after entry.

Once all of the necessary discharge information is entered, the EHR Incentive Program Attestation Application will calculate the hospital's three year average discharge growth rate. The application will confirm that all necessary fields have been completed. Once any error messages have been resolved, select the **Save and Continue** button to proceed to the second payment calculation screen.

**Payments**

[Attestations](#) > [Attest](#) > Payments

### Medicaid Incentive Payment Calculation (2 of 2)

(\*) Red asterisk indicates a required field.

The "Medicaid Share", against which the overall EHR amount is multiplied, is essentially the percentage of a hospital's inpatient, non-charity care days that are attributable to Medicaid inpatients. More specifically, the Medicaid share is a fraction expressed as - Estimated Medicaid inpatient-bed-days plus estimated Medicaid managed care inpatient-bed-days; Divided by; Estimated total inpatient-bed days multiplied by ((estimated total charges minus charity care charges) divided by estimated total charges).

#### Medicaid Share

To determine the Medicaid Share and calculate the eligible hospital or CAH incentive payment amount, please enter the following information using data from fiscal year 2011 (10/1/2010 - 9/30/2011).

Complete the following information. All information entered will be subject to audit that could result in payment recoupment.

* Total discharges:	<input type="text"/>
* Total inpatient-bed-days:	<input type="text"/>
* Medicaid inpatient-bed-days: (excluding Medicaid managed care)	<input type="text"/>
* Medicaid managed care inpatient-bed-days:	<input type="text"/>
* Total hospital charges: (including charity care charges)	<input type="text"/>
* Charity care charges:	<input type="text"/>

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

Figure 38 – Attestation Tab - Incentive Payment Calculation Screen 2

The second payment calculation screen asks the user for the information needed to determine the hospital's overall Medicaid share.

To complete this screen, perform the following steps:

- ◆ Enter the total number of discharges for the most recently completed hospital fiscal year. This should be the same as the number used for total discharges for the most recently completed hospital fiscal year in screen 1;
  - Do not add commas. The application will insert commas, as needed, after entry.
- ◆ Enter the total number of acute inpatient bed days (not including nursery newborns) for the most recently completed hospital fiscal year;
  - Do not add commas. The application will insert commas, as needed, after entry.

- ◆ Enter the total number of Medicaid (Title XIX fee-for-service and managed care only, not CHIP) acute inpatient bed days (not including nursery newborns) for the most recently completed hospital fiscal year.
  - Do not add commas. The application will insert commas, as needed, after entry.
- ◆ Enter the hospital's total charges for the most recently completed hospital fiscal year.
  - Do not add commas. The application will insert commas, as needed, after entry.
- ◆ Enter the hospital's charity care charges for the most recently completed hospital fiscal year.
  - Do not add commas. The application will insert commas, as needed, after entry.

Once all of the necessary information is entered, the EHR Incentive Program Attestation Application will complete the calculation of the hospital's overall New Jersey EHR Incentive Program payment. The application will confirm that all necessary fields have been completed. Once any error messages have been resolved, select the **Save and Continue** button to proceed to the "Payment Schedule" screen.

### 10.4.3 Payment Schedule

The "Payment Schedule" screen will display the calculated total hospital incentive payment amount and the hospital's payment distribution over three years. The application performs the incentive payment calculation in the background. Future releases of the EHR Incentive Program Attestation Application will include the details of the hospital's incentive payment calculation. For informational purposes, the payment calculation formula is described below.

#### 10.4.3.1 Hospital Payment Calculation Formula

The series of tables and discussion below walks through a sample hospital payment calculation using sample data.

Hospitals will start by calculating their three year average discharge growth rate by using the discharge amounts from their four most recently completed hospital fiscal years, calculating each individual year's discharge growth, adding these individual year growth rates together and dividing by three.

	<u>Acute Discharges</u>	<u>Change</u>
Prior Hospital Fiscal Year 1	1,800	
Prior Hospital Fiscal Year 2	1,839	2.17%
Prior Hospital Fiscal Year 3	1,877	2.07%
Most Recent Completed Hospital Fiscal Year	1,918	2.18%
<i>3 Year Avg. Discharge Growth</i>		<i>2.14%</i>

**Figure 39 – Hospital EHR Incentive Program Payment Calculation – Discharge Growth Rate**

Hospitals will use the calculated discharge growth rate to determine the “discharge bonus” amount for each of four theoretical years of incentive payments. This “discharge bonus” is added to each theoretical year’s base amount of \$2 million and then multiplied by each theoretical year’s transition factor (set in federal regulation) to arrive at each theoretical year’s hospital incentive payments. These individual calculations are then added together to arrive at a hospital’s “Overall EHR Amount”.

	<u>Payment 1</u>	<u>Payment 2</u>	<u>Payment 3</u>	<u>Payment 4</u>
<b>Base Amount (Set by Federal Rule)</b>	<b>\$2,000,000</b>	<b>\$2,000,000</b>	<b>\$2,000,000</b>	<b>\$2,000,000</b>
Acute Discharges	1,918	1,959	2,001	2,044
3 Year Avg Annual Discharge Growth		2.14%	2.14%	2.14%
Discharge Bonus Threshold	1,149	1,149	1,149	1,149
Discharges Hospital Receives Additional Payment For	769	810	852	895
Discharge Bonus Factor	\$200	\$200	\$200	\$200
<b>Discharge Bonus Amount</b>	<b>\$153,800</b>	<b>\$162,000</b>	<b>\$170,400</b>	<b>\$179,000</b>
<b>Pre-Transition Factor Amount</b>	<b>\$2,153,800</b>	<b>\$2,162,000</b>	<b>\$2,170,400</b>	<b>\$2,179,000</b>
<i>Transition Factor (Set by Federal Rule)</i>	<i>1.00</i>	<i>0.75</i>	<i>0.50</i>	<i>0.25</i>
<b>Base Hospital EHR Amount</b>	<b>\$2,153,800</b>	<b>\$1,621,500</b>	<b>\$1,085,200</b>	<b>\$544,750</b>
<b><i>Overall Hospital EHR Amount</i></b>	<b><i>\$5,405,250</i></b>			

**Figure 40 - Hospital EHR Incentive Program Payment Calculation – EHR Amount Calculation**

The next step is to calculate the hospital’s Medicaid share. This is done by adding Medicaid fee-for-service acute inpatient bed days to Medicaid managed care acute inpatient bed days to arrive at the hospital’s Total Medicaid Inpatient Bed Days. This amount is then divided by the product of the hospital’s overall acute inpatient bed days and the non-Charity Care portion of the hospital’s overall charges to arrive at the Overall Hospital Medicaid Share.

Medicaid Fee-For-Service Inpatient Bed Days	5,000
Medicaid Managed Care Inpatient Bed Days	2,000
<b>Total Medicaid Inpatient Days (Medicaid Share Numerator)</b>	<b>7,000</b>
<i>Total Inpatient Bed Days</i>	<i>21,000</i>
Non-Charity Care Overall Charges	\$8,700,000
Total Overall Charges	\$10,000,000
<i>Non-Charity Care Factor</i>	<i>0.87</i>
<b>Total Non-Charity Care Inpatient Bed Days (Medicaid Share Denominator)</b>	<b>18,270</b>
<b>Overall Hospital Medicaid Share</b>	<b>0.38</b>

Figure 41 - Hospital EHR Incentive Program Payment Calculation – Medicaid Share Calculation

The final step to determine a hospital’s total Medicaid EHR Incentive Payment is to multiply the Overall Hospital EHR Amount shown at the bottom of Figure 40 with the Overall Hospital Medicaid Share shown at the bottom of Figure 41.

<u>Item</u>	<u>Value</u>
<b>Overall Hospital EHR Amount</b>	<b>\$5,405,250</b>
<b>Medicaid Share</b>	<b>0.38</b>
<b>Aggregate EHR Incentive Payment</b>	<b>\$2,053,995</b>

Figure 42 - Hospital EHR Incentive Program Payment Calculation – Aggregate Payment Calculation

New Jersey will distribute the “Aggregate EHR Incentive Payment” shown in Figure 42 to hospitals over three years, with 50% being distributed in year 1, 40% in year 2, and the final 10% in year 3.

The payment schedule will display on the “Payment Schedule” screen of the EHR Incentive Program Attestation Application as shown below in Figure 43.

**Eligibility**

[Attestations](#) > [Attest](#) > Payment Schedule

### Payment Schedule

Based on the values entered for the Incentive Payment calculation in the previous screen, the Eligible Hospital -  $\epsilon$  JON MEMORIAL HOSPITAL CO may receive an incentive payment of **\$65,150,000.00**. The Payment will be broken down into three fiscal years and the hospital will receive the payment in parts as shown below:

Payment Year	Payment Amount
October 1, 2010 - September 30, 2011	\$32,575,000.00
October 1, 2011 - September 30, 2012	\$26,060,000.00
October 1, 2012 - September 30, 2013	\$6,515,000.00

The aggregate EHR hospital incentive amount is calculated using an overall EHR amount multiplied by the Medicaid share. The overall EHR amount is equal to the sum over 4 years of (I)(a) the base amount (defined by statute as \$2,000,000); plus (b) the discharge related amount defined as \$200 for the 1,150th through the 23,000th discharge for the first year (for subsequent years, States must assume discharges increase by the provider's average annual rate of growth for the most recent 3 years for which data are available per year): multiplied by (II) the transition factor for each year equals 1 in year 1, 3/4 in year 2, 1/2 in year 3, and 1/4 in year 4.

**Figure 43 – Attestation Tab - Payment Schedule Screen**

Options available on this screen:

- ◆ Select the **Continue** button to display the “Adopt, Implement, or Upgrade EHR” screen;
- ◆ Select the **Previous Page** button to display the “Eligibility” screen.

## 10.4.4 Adopt, Implement, or Upgrade of a Certified EHR System

**Adopt, Implement, or Upgrade EHR**

[Attestations](#) > [Attest](#) > Adopt, Implement or Upgrade

**(\*) Red asterisk indicates a required field.**

**Instructions:**

The Medicare and Medicaid EHR Incentive Programs require the use of certified EHR technology. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments.

**REMEMBER: You do not need to have your certified EHR technology in place to register for the EHR incentive programs! However, you must adopt, implement, upgrade, or successfully demonstrate meaningful use of certified EHR technology under the Medicaid EHR Incentive Program before you can receive an EHR incentive payment.**

Enter the CMS EHR Certification ID you received from the ONC EHR CHPL Web site.

\*CMS EHR Certification Number:

\*Adopt/Implement/Upgrade Status:

I certify that I adopted, implemented, or upgraded to the above EHR for a 90-day period in the current payment year, starting on the following date.

\*Please select a 90-day period in the current payment year

Start Date:   End Date:

**Figure 44 - Attestation Tab – Adopt, Implement, or Upgrade EHR Screen**

The Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB) tests and certifies EHR systems. If the EHR system is approved, it is assigned a certification number. The web link shown below will take the user to the Certified Health IT Product List, which can be used to look up EHR certification numbers or register your EHR. Please contact the help contacts listed on the Certified Health IT Product List web site if you have questions.

<http://onc-chpl.force.com/ehrcert>

To complete the “Adopt, Implement, or Upgrade EHR” screen, perform the following steps:

- ◆ Enter the EHR Certification number retrieved from the website shown above (<http://onc-chpl.force.com/ehrcert>);
- ◆ Select Adopt, Implement, or Upgrade from the drop down box. The selection should be based on activities performed in the federal fiscal year that is acting as the payment year for the hospital's attestation;
- ◆ Select a 90 day period within which the hospital's EHR system was adopted, implemented, or upgraded. This date should be based on the date of an approved contract between an EHR vendor and the hospital;
  - Type in dates or select a date via the calendar icon located to the right of each data entry box.
  - The EHR Incentive Program Attestation Application will calculate the 90 day period based on the start or end date entered by the hospital user.
- ◆ Select the **Save and Continue** button. The application will validate that all fields have been completed and will display an error message if fields any field has not been completed.

Once this screen is completed, the user is returned to the "Attestation Topics" screen. If all attestation topics have checkmarks next to them, the **Submit & Attest** button will be available to the user.

### ***10.5 Submit Attestation and Payment Status***

The **Submit & Attest** button remains disabled if the eligibility checks failed or not all required questions have been answered. If the information entered by the hospital passes all of the preliminary eligibility checks, the user may select the **Submit & Attest** button. Upon selection of this button, the "Attestation Information" screen displays.

**Verify Attestation**

[Attestations](#) > [Attest](#) > Submit Attestation

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## Attestation Information

Please review the summary below to ensure this is the correct attestation information and reason you wish to submit. If the summary below is correct, select the **CONTINUE** button at the bottom of this page.

For changes to the Registration Data you need to please return to the [CMS website](#) to edit the information. To make changes to your Attestation Details click the **PREVIOUS** button

**Registration Data:**

<p><b>Registration ID:</b> :</p> <p><b>Name:</b>  </p> <p><b>TIN:</b></p> <p><b>NPI:</b></p> <p><b>CCN:</b>  </p> <p><b>Incentive Program:</b> Medicare / Medicaid (NJ)</p>	<p><b>Business Address:</b></p> <p>.....</p> <p><b>Phone #:</b> .....</p> <p><b>E-Mail:</b></p>
---	---

**Verify Email Address:**

If you would like to add an additional notification email address to the original address you registered with, please clear the email address field and reenter your additional email.

\* Email Address:

**Supporting Documentation:**

Please upload supporting documentation (PDF, Word, Excel, or JPG) related to out-of-state numbers (if provided) and/or EHR documentation.

Add Document					
	Date and Time	File Name	File Size	Description	
<a href="#">Add doc</a>					
<a href="#">Edit doc</a>	01/04/2012 10:31 AM	Sunset.jpg	Sample Document	This is an example.	<a href="#">Delete doc</a>
					<a href="#">View doc</a>

---

## Reason for Submission

- You are an Eligible Professional attesting for a payment year in the incentive program.
- You have decided to resubmit your attestation information.

« PREVIOUS PAGE
SUBMIT »

**Figure 45 - Attestation Tab – Attestation Information Screen**

The “Attestation Information” screen allows the hospital to perform the following:

- ◆ A final review of their registration information;
- ◆ Add an e-mail address in addition to the one entered during CMS NLR registration;
- ◆ And, most importantly, upload documentation supporting the hospital’s attestation information (including patient volume calculation, payment amount calculation and the respective payment year’s EHR requirements).

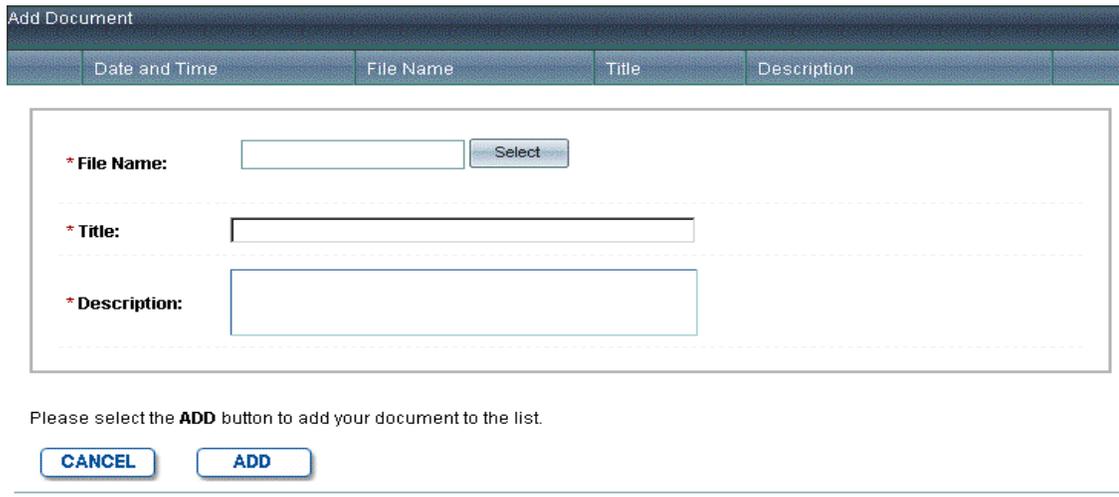
## **Supporting Documentation**

Eligible hospitals are strongly encouraged to upload documentation supporting the patient volume calculations, EHR Incentive Program payment amount calculations, and EHR technology information entered into the EHR Incentive Program Attestation Application. For patient volume calculations, materials that could be uploaded include the source reports used to generate the Medicaid and total patient volume amounts or any additional spreadsheets used in this process. For the EHR Incentive Program payment amount calculations, materials that could be uploaded include the cost reports or other auditable data source used to derive the amounts entered on these screens. For the “Adopt, Implement, or Upgrade” of certified EHR technology condition, materials that could be uploaded include signed contracts or other signed agreements between the eligible hospital and the certified EHR vendor or payment records showing an active financial relationship between the hospital and a certified EHR vendor.

Uploaded files should be less than 500kb and can be in PDF, JPEG, Microsoft Excel, or Microsoft Word formats.

To add a supporting document, perform the following steps:

1. Select **Add Document** to display the following screen:



Date and Time	File Name	Title	Description
	* File Name: <input type="text"/> <input type="button" value="Select"/>	* Title: <input type="text"/>	* Description: <input type="text"/>

Please select the **ADD** button to add your document to the list.

**Figure 46 - Supporting Documentation – Add Screen**

2. Select the file to upload from your computer;
3. Select the **Select** button;
4. On Files window, navigate through your computer and select the file to upload;
5. Select OK;
6. The document name will display in the “File Name” box;
7. Create a title for the uploaded file in the “Title” box;

8. Enter a brief description of the file contents;
9. Select **Add**.

To add additional files, repeat Steps 1 – 9.

To edit a document:

1. Select **Edit** next to the desired document in the displayed list;
2. The “Supporting Documentation – Add” screen fields displays with **Update** and **Cancel** buttons;
3. Modify the necessary information;
4. Select the **Update** button;

To delete a document:

1. Select the **Delete** button next to the desired document;
2. Answer the “Are you sure?” question appropriately;

Once all documents have been uploaded, select the **Submit** button. This will display the “Successful Submission” screen, as shown in Figure 47 below.

<a href="#">Home</a>	<a href="#">Registration</a>	<b><a href="#">Attestation</a></b>	<a href="#">Status</a>
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**Submission Receipt**

[Attestations](#) > [Attest](#) > [Submission Receipt](#)

## Successful Submission

You have successfully attested for the Medicaid EHR Incentive Program.

IMPORTANT! Please Note:

- This attestation has been submitted, you have 72 hours to return to this attestation and make any needed edits if necessary. After 72 hours, you will not be able to make changes unless the system or a Provider Services representative unlocks your attestation for edit.
- The system will not process and validate your attestation until 72 hours have passed.
- The solution will send update messages to the e-mail address provided during attestation and NLR registration regarding the status of processing and validating the attestation and attestation payment.

## Attestation Tracking Information

**Registration ID:**

**Payment Year:**

**Name:**

**Submitted Date:**

**Reason(s) for Submission:**

- You are an Eligible Hospital attesting for a payment year in the incentive program.
- You have decided to resubmit your attestation information.

[PRINT](#)      [RETURN TO HOME](#)

**Figure 47 – Attestation Tab - Submission Receipt Screen**

Upon the successful submission of the uploaded documents, the attestation entry process is completed. The New Jersey EHR Incentive Program Attestation Application allows hospitals to make changes to their attestation information for 72 hours before submitting the information for final processing. If any changes are made during the initial 72-hour period, a new 72-hour period will begin. Once no changes are made to an attestation for 72 hours, the EHR Incentive Program Attestation Application will execute its final eligibility checks. These include validating that the Medicaid patient encounter amounts entered by the hospital are within a reasonable range of the fee-for-service claim and managed care encounter volume stored in the NJMMIS and querying the CMS NLR to determine if the attesting hospital has already received an EHR Incentive Program payment from Medicare or another state's Medicaid EHR Incentive Program. This processing will take some time to complete, and incentive payments will not be sent immediately after submitting a completed attestation.

After the eligibility and payment checks are executed, the New Jersey EHR Incentive Program will send the hospital an e-mail with their current attestation status. If an eligibility or payment error has occurred during the initial data verification process and assistance is needed, please contact the Medicaid Provider Services Help Desk at (800) 776-6334.

The EHR Incentive Program Attestation Application will describe the attestation errors. Alternatively, hospitals can log in to the application and select the “Status” tab to display their current attestation status.

## 11. Status Grid

The table lists the attestation status that may occur.

Provider Screen Status	Admin Portal Attestation Status	Description - Provider
Attestation Not Allowed	Attestation Not Allowed	Provider's registration did not pass the initial eligibility check.
Attestation Not Started	Attestation Not Started	Provider's registration has processed successfully, but the provider has not yet logged into the PIP solution and begun their attestation.
Attestation In Progress	Attestation In Progress	Provider has opened their attestation and is actively editing it.
Submitted	Submitted	This status appears after submission for 48 hrs till final provider eligibility check is run. Provider can cancel an attestation and re-edit it for 2 days after submission prior to it being "finalized"
Pended	Pended	Provider sees "Pended"
Provider has failed final Elig check <ul style="list-style-type: none"> <li>• POS Error</li> <li>• Volume error</li> <li>• Pay hold error</li> </ul>	Resubmit	Provider sees "Resubmit" and the appropriate reason message for the eligibility error
Accepted	Accepted	Provider will see their attestation on the Status tab. The status will be Accepted
<ul style="list-style-type: none"> <li>• Locked for Payment</li> <li>• Excluded from payment</li> </ul>	Locked For Payment Excluded From Payment	Attestation remains on the Status tab only. Waiting for payment validation from NLR

Figure 48 - Attestation Statuses

## 12. Successful Registration with CMS E-Mail

After registering with CMS, it may take up to 48 hours before this message is received. This delay allows CMS to process the hospital's registration information and send it to the New Jersey Medicaid EHR Incentive Program Attestation Application. The Provider Portal application will see the registration in this State repository and process the registration. The Provider Portal application checks for valid provider type and active enrollment in Medicaid.

When this message is received, log into the Provider Portal to register and attest for this provider.

From: EHR-Administrator-NJ [ehr-admin@njmmis.gov] Sent: Mon 11/28/2011 11:34  
To: [REDACTED]  
Cc:  
Subject: EHR Incentive Program Registration Received and Processed Successfully.

Your NLR registration details have been successfully processed by the New Jersey Medicaid EHR Incentive Program System.

**NPI ID:**  
**Provider Name:**  
**Organization Name:**  
**Reporting Period Name:** CY2011

Congratulations, your registration for the New Jersey Medicaid EHR Incentive Payment Program has been received and processed. The website that will allow you to electronically complete the necessary attestation information to receive your Year 1 incentive payment is expected to be ready in December 2011. Please check the NJ Provider Portal at [www.njmmis.com](http://www.njmmis.com) for the date in December that you may provide your attestation information.

For more information on the EHR Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions and FAQs. If you need any other assistance regarding the EHR Incentive Program, please contact (800) 776-6334 for the Provider Services EHR Incentive Program help desk.

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Thank you for using the EHR Incentive Program system.

 STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES

### 13. Submitted Attestation E-Mail

The hospital should receive a confirmation e-mail after successfully submitting their attestation. Once this e-mail is received, the hospital will have 72 hours to revise any information entered into the application. After the 72 hour revision period is completed, the application will perform several checks to verify the information entered prior to approving the issuance of a New Jersey EHR Incentive Program payment.

**From:** EHR-Administrator-NJ  
**Date:** Monday, October 31, 2011 3:18 PM  
**To:** kimberly.schoolcraft@molinahealthcare.com; sunil.matte@molinahealthcare.com  
**Subject:** EHR Incentive Program Attestation submitted

Your EHR Incentive Program attestation has been successfully submitted, you have three more days to change the attestation details before it will be processed.

**NPI ID:** 191297  
**Provider Name:** POTOMAC VALLEY HOSPITAL  
**Organization Name:** POTOMAC VALLEY HOSPITAL  
**Reporting Period Name:** FY2011  
**Submitted Date:** 10/1/2011 10:55:12 AM

For more information on eligible providers for the EHR Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR Incentive Program, please contact (800) 776-6334 for the Provider Service EHR - Provider Incentive Program help desk.

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Thank you for using the EHR Incentive Program system.

 STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES

## 14. Error Occurred When Processing Registration– “Provider Not Found” E-mail

After the CMS registration arrives in the NJ Provider Incentive Program application, validation of the provider is completed. This e-mail occurs if the provider does not exist in the MMIS.

**From:** EHR-Administrator-NJ  
**Date:** Monday, October 31, 2011 3:18 PM  
**To:** kimberly.schoolcraft@molinahealthcare.com  
**Subject:** EHR Incentive Program Registration Medicaid Eligibility Check Failed - Attestation not allowed

The provider whose details are listed below is not allowed to participate in the EHR Incentive Program at the current time for the reason listed below.

**NPI ID:** 1912  
**Provider Name:** POTOMAC VALLEY HOSPITAL  
**Organization Name:** POTOMAC VALLEY HOSPITAL  
**Reporting Period Name:** FY2011  
**Reason for rejection:** Provider not found to participate in the state's Medicaid system

For more information on eligible providers for the EHR Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR Incentive Program, please contact (800) 776-6334 for the Provider Service EHR - Provider Incentive Program help desk.

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Thank you for using the EHR Incentive Program system.

 STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES

## 15. Error Occurred While Processing Registration – “Medicaid Enrollment Failed” E-mail

The following checks are made when an attestation is received from the NLR. The e-mail below displays all the possible error messages for the following checks.

- ◆ Check if the provider is enrolled in Medicaid program during the attestation period.
- ◆ Check if the provider type that was selected when registering on the CMS site matches the provider type on the provider’s enrollment record.
- ◆ Check if the payee NPI entered when registering on the CMS site is found when validating the attesting provider’s payees on the Medicaid record.

**From:** EHR-Administrator-NJ  
**Date:** Monday, October 31, 2011 3:18 PM  
**To:** kimberly.schoolcraft@molinahealthcare.com  
**Subject:** EHR Incentive Program Registration Medicaid Eligibility Check Failed - Attestation not allowed

The provider whose details are listed below is not allowed to participate in the EHR Incentive Program at the current time for the reason listed below.

**NPI ID:** 1912  
**Provider Name:** POTOMAC VALLEY HOSPITAL  
**Organization Name:** POTOMAC VALLEY HOSPITAL  
**Reporting Period Name:** FY2011  
**Reason for rejection:** Provider not found to participate in the state's Medicaid system

For more information on eligible providers for the EHR Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR Incentive Program, please contact (800) 776-6334 for the Provider Service EHR - Provider Incentive Program help desk.

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Thank you for using the EHR Incentive Program system.

 STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES

## 16. Attestation Error – “EHR Incentive Program Attestation Failed” E-mail

The EHR Incentive Program Attestation Application will check the provider’s Medicaid encounter counts that were submitted as part of their attestation against the number of encounters included in NJMMIS during the provider’s attestation period. If MMIS is unable to validate the number of encounters submitted by the hospital, one of the following error messages will be included in an e-mail to the hospital:

- If the application finds that there were no claims in MMIS for the hospital’s attestation period, the e-mail will note that the “Provider has no Medicaid claims in the State’s Medicaid System”.
- If the application finds that the hospital’s submitted encounter count could not be validated in the MMIS, the e-mail will note that the “Medicaid Encounter volume is not able to be validated by the state’s EHR Provider Incentive Payment solution’s encounter count for the provider or their proxy within the MMIS system.” One reason this error would come up is if the facility’s NPI included in their CMS National Level Repository registration is not associated with an active Medicaid Provider ID in NJMMIS.
- The e-mail below notes the various error messages that could result in the hospital receiving an “EHR Incentive Program Attestation rejected” e-mail.

From: EHR-Administrator-10 [ehr-admin@njmmis.gov] Sent: Tue 11/29/2011 2:2  
To: [REDACTED]  
Cc:  
Subject: EHR Incentive Program Attestation rejected

The provider whose details are listed below has been found to be not eligible for the EHR Incentive Program due to the below reason.

**NPI ID:**

**Provider Name:**

**Organization  
Name:**

**Reporting Period  
Name:**

**Submitted Date:**

**Reason for  
rejection:** Medicaid Encounter volume is not able to be validated by the state's EHR Provider Incentive Payment solution's encounter count for the provider or their proxy within the MMIS system; Provider has no Medicaid claims in the State's Medicaid system; Provider is on a pay hold and not eligible for payment at this time

For more information on the EHR Incentive Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions and FAQs. If you need any other assistance regarding the EHR Incentive Program, please contact (800) 776-6334 for the Provider Services EHR Incentive Program help desk.

Thank you for using the EHR Incentive Program system.



## 17. Attestation Accepted E-Mail

This e-mail is sent when either one of the two scenarios occur:

- ◆ The 72-hour time span that allowed for changes has expired and the hospital can no longer change its attestation information. The attestation details will be sent to the NLR to check if any payments have been made for the attesting provider;
- ◆ The Medicaid Provider Services Help Desk or New Jersey EHR Incentive Program management has reviewed the failed attestation details and found that the attestation is acceptable. If this occurs, the Help Desk will set the status to an accepted status and the hospital's attestation details will be sent to the NLR to check if any payments have been made for the attesting provider.

From: EHR-Administrator-10 [ehr-admin@njmmis.gov] Sent: Wed 1/4/2012 11:56  
To: [REDACTED]  
Cc:  
Subject: EHR Incentive Program Attestation accepted

The attestation whose details are listed below has now been accepted by the EHR Incentive Program Payment System after validation process or by the Provider Services staff after an internal review. The attestation will now proceed to the next stage of the validation process that checks whether a duplicate payment for Medicaid attestation was made in this State or another State during the current attestation period.

**NPI ID:**

**Provider Name:**

**Organization Name:**

**Reporting Period Name:**

**Submitted Date:**

For more information on the EHR Incentive Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions and FAQs. If you need any other assistance regarding the EHR Incentive Program, please contact (800) 776-6334 for the Provider Services EHR Incentive Program help desk.

Thank you for using the EHR Incentive Program system.



## 18. “Attestation Payment Denied” E-Mail

If the hospital’s attestation information does not pass the New Jersey EHR Incentive Program Attestation Application’s pre-payment verification or is found to be ineligible to received New Jersey EHR Incentive Program payment, a denial e-mail will be sent to the facility. Any questions regarding the reasons for payment denial should be communicated to the Medicaid Provider Services Help Desk by calling (800) 776-6334.

**From:** EHR-Administrator-NJ  
**Date:** Wednesday, January 04, 2012 12:19 PM  
**To:** [REDACTED]  
**Subject:** EHR Incentive Program Attestation payment not processed by MMIS

The attestation whose details are listed below has been denied payment.

**NPI ID:**  
**Provider Name:**  
**Organization Name:**  
**Reporting Period Name:**  
**Submitted Date:**

For more information on the EHR Incentive Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions and FAQs. If you need any other assistance regarding the EHR Incentive Program, please contact (800) 776-6334 for the Provider Services EHR Incentive Program help desk.

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Thank you for using the EHR Incentive Program system.



## 19. Attestation Payment Denied – “Pay Hold Found” E-mail

New Jersey EHR Incentive Program payments will be denied if the attesting facility is currently on “pay hold” status with New Jersey Medicaid. In this case, the below e-mail will be sent to the facility.

**From:** EHR-Administrator-NJ  
**Date:** Monday, October 31, 2011 3:18 PM  
**To:** lamberly.schockraft@njohrhealthcare.com; sunil.malte@njohrhealthcare.com  
**Subject:** EHR Incentive Program Attestation rejected

The provider whose details are listed below has been found to be not eligible for the EHR incentive program due to the below reason.

**NPI ID:** 19129  
**Provider Name:** POTOMAC VALLEY HOSPITAL  
**Organization Name:** POTOMAC VALLEY HOSPITAL  
**Reporting Period Name:** FY2011  
**Submitted Date:** 10/1/2011 10:55:12 AM  
**Reason for rejection:** Provider is on a pay hold and not eligible for payment at this time

For more information on eligible providers for the EHR Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR Incentive Program, please contact (800) 776-6334 for the Provider Service EHR - Provider Incentive Program help desk.

Thank you for using the EHR Incentive Program system.



## 20. Attestation Paid E-Mail

If the hospital's attestation successfully passes all of the pre-payment verifications, an e-mail will be sent to the hospital indicating that its payment has been approved. Once approved, the hospital should expect to receive its payment via electronic funds transfer in 3-5 weeks as part of its weekly Medicaid payment.

From: EHR-Administrator-NJ [ehr-admin@njmmis.gov] Sent: Mon 12/12/2011 1:00:00 PM  
To: [REDACTED]  
Cc: [REDACTED]  
Subject: EHR Incentive Program Attestation Paid

The attestation whose details are listed below has been paid.

**NPI ID:**

**Provider Name:**

**Organization Name:**

**Reporting Period Name:**

**Attestation Submitted Date:**

**Amount Paid:** \$ 0.00

**Payment Date:**

For more information on the EHR Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions and FAQs. If you need any other assistance regarding the EHR Incentive Program, please contact (800) 776-6334 for the Provider Services EHR Incentive Program help desk.

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Thank you for using the EHR Incentive Program system.



## 21. “Attestation Excluded from Payment” E-Mail

This e-mail indicates that records kept by CMS show the facility attested for another state’s Medicaid EHR Incentive Program. For concerns and questions regarding this information, the facility must contact the CMS National Level Repository at (888) 734-6433; the New Jersey Medicaid Provider Services Help Desk cannot provide assistance on this issue.

**From:** EHR-Administrator-NJ  
**Date:** Monday, October 31, 2011 3:18 PM  
**To:** kimberly.schoolcraft@moineshealthcare.com; sunil.matta@moineshealthcare.com  
**Subject:** EHR Incentive Program Attestation excluded from payment

The attestation whose details are listed below has been excluded from payment by CMS due to a record of duplicate payment for Medicaid attestation in this State or another State during the current attestation period. If you think your payment is not duplicated at the national level, please work with the NLR to resolve.

**NPI ID:** 19121  
**Provider Name:** POTOMAC VALLEY HOSPITAL  
**Organization Name:** POTOMAC VALLEY HOSPITAL  
**Reporting Period Name:** FY2011  
**Attestation Submitted Date:** 10/1/2011 10:55:12 AM

For more information on eligible providers for the EHR Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR Incentive Program, please contact (800) 776-6334 for the Provider Service EHR - Provider Incentive Program help desk.

Thank you for using the EHR Incentive Program system.



STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES

Provider Incentive Program help desk.

## 22. “Attestation Rejected” E-Mail

NJ Medicaid and NJ Medicaid Provider Services staff has the ability to review attestation and reject a submitted attestation. When the attestation is rejected, a rejection e-mail is sent. To find out more information, please contact the Medicaid Provider Services Help Desk at (800) 776-6334.

From: EHR-Administrator-NJ [ehr-admin@njmmis.gov] Sent: Wed 1/4/2012 11:11 AM  
To: [REDACTED]  
Cc: [REDACTED]  
Subject: EHR Incentive Program Attestation rejected

The attestation whose details are listed below has been rejected during an internal audit.

**NPI ID:**  
**Provider Name:**  
**Organization Name:**  
**Reporting Period Name:**  
**Submitted Date:**

For more information on the EHR Incentive Incentive Program, please visit [www.njmmis.com](http://www.njmmis.com) and refer to the instructions and FAQs. If you need any other assistance regarding the EHR Incentive Program, please contact (800) 776-6334 for the Provider Services EHR Incentive Program help desk.

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Thank you for using the EHR Incentive Program system.

