



North Carolina Medicaid Electronic Health Record Incentive Program

Eligible Professional Adopt, Implement,
Upgrade Attestation Guide
Year 1 Only

NC-MIPS 2.0

Issue 1.12

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The North Carolina Medicaid Electronic Health Record (EHR) Incentive Program is providing this guide as a reference for Eligible Professionals (EP). For additional information, please contact the NC-MIPS Help Desk by email, phone or mail.

***Email:** NCMedicaid.HIT@dhhs.nc.gov

Mail: **NC Medicaid EHR Incentive Program**

2501 Mail Service Center

Raleigh, NC 27699-2501

Phone: **(919) 814-0180**

*Email is the preferred method of contact.



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Using this Guide

Introduction

This guide helps an EP understand the information needed to attest for an EHR Incentive Program payment on the NC Medicaid EHR Incentive Payment System (NC-MIPS). This guide provides step-by-step instructions to properly navigate NC-MIPS and complete an EHR incentive attestation.

The NC-MIPS Portal is available online at <https://ncmips.nctracks.nc.gov/>. Please check the NC-MIPS Welcome Page for important program updates and announcements. Through NC-MIPS, EPs enter the information needed to attest for an incentive payment. EPs should use this guide as a reference during the attestation process. For additional help, there is a link on each page of the Portal entitled *Click for Page Help*. Upon clicking the link, a PDF version of this attestation guide will appear, showing the section of the guide that pertains to the Portal page in use.

Website Resources

The links below contain additional information regarding program requirements, important program announcements and more.

Medicaid service providers may attest for incentive payments on the NC-MIPS Portal at <https://ncmips.nctracks.nc.gov/>.

The NC Department of Health and Human Services (DHHS)' Division of Medical Assistance (DMA) administers this program. More information on the NC Medicaid EHR Incentive Program can be found on the NC Medicaid EHR Incentive Program website at <http://www.ncdhhs.gov/dma/provider/ehr.htm>.

Additional information on both EHR Incentive Programs is available from the Centers for Medicare & Medicaid Services' (CMS) EHR Incentive Program website at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/>.

Technical Assistance

We provide program resources on [NC-MIPS](#), the [incentive program website](#), and our [frequently asked questions page](#). If these resources are not sufficient in providing attestation assistance, please contact one of our technical assistance partners listed below or your local professional organization to provide you with more personalized attestation assistance.

The Carolinas Center for Medical Excellence
www.CCMEConsulting.org
919-461-5699
CCMEconsulting@thecarolinascenter.org



NC Area Health Education Centers (AHECs)/Regional Extension Centers (REC)

<http://www.ncahec.net>

919-966-2461

ncahec@med.unc.edu

NC Medical Society

<http://www.ncmedsoc.org>

919-833-3836

Unsure of Eligibility?

To determine program eligibility, CMS has developed an online tool that can be accessed at

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Eligibility.html>.

To be eligible to receive an EHR incentive payment with NC Medicaid's EHR Incentive Program, a provider must:

1. Meet the 30% Medicaid Patient Volume (PV) threshold (this needs to be calculated every year of program participation);
2. Have a certified EHR technology (new 2014 certification standards are issued, please see ONC's product health IT website for additional information); and,
3. Be an eligible provider type.

Please see the [NC Medicaid EHR Incentive Program website](#) for more information about these eligibility requirements. Also visit the Program website for podcasts, program announcements, program guidance, requirements, resources, helpful links and more.

EHR Incentive Program Overview

The NC Medicaid EHR Incentive Program awards incentive payments to EPs who use certified EHR technology in their daily operations.

As a part of the federally-funded Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, the goal of the program is to provide more effective health care by encouraging EPs to adopt, implement, or upgrade (AIU) to a certified EHR technology, and then to demonstrate Meaningful Use (MU) of that technology. The program is slated to continue through 2021.

EPs may receive up to \$63,750 in incentive payments over six years of program participation. EPs may choose not to participate in consecutive years, but EPs need six years of participation to have the opportunity to earn the full incentive payment and must begin their first year of participation no later than Program Year 2016.

The first incentive payment is \$21,250. Five additional payments of \$8,500 are available for providers who successfully demonstrate MU. For the first program year, EPs will only need to attest that they adopted, implemented, or upgraded (AIU) to a certified EHR technology. EPs may elect to attest to MU in their first year of program participation, but do not need to attest to MU the first year they participate. The EP will be responsible for attesting to MU each remaining year of participation in the program (please reference the EP MU Attestation Guide if attesting for MU).

AIU is defined as:

Adopt – acquired, purchased or secured access to certified EHR technology.

Implement – installed or commenced utilization of certified EHR technology.

Upgrade – expanded the available functionality of certified EHR technology.

Before You Begin Attesting

Registering for the Program

If you are new to the program, the first step is to register for the Medicaid EHR Incentive Program



through CMS' Registration & Attestation System (CMS' R&A) at www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html.

Record your CMS-issued CMS Registration ID (you will need it to create an NC-MIPS account).

Note: It is during CMS registration that you will assign the payment to a specific payee NPI/payee TIN. Please ensure you are entering the payee NPI/payee TIN type that you wish to assign the incentive payment and check to make sure that the payee NPI and payee TIN are on file with NCTracks.

Although CMS doesn't require it, please enter your EHR Certification Number when prompted by CMS as North Carolina requires it as part of your attestation. If you ever update your EHR Certification Number you will need to update that information on CMS' R&A System.

If you have never attested for an incentive payment with NC, but have registered with CMS, you will need to set up an account in NC-MIPS by completing a **one-time** First Time Account Set-up. You will be prompted to enter the following information to create an NC-MIPS account:

- CMS Registration ID;
- Same National Provider Identifier (NPI) used when registering with CMS;
- Last four digits of Social Security Number (SSN) or Employee Identification Number (EIN) used when registering with CMS; and,
- Same North Carolina individual Medicaid Provider Number (MPN) used when registering with CMS. *Please note, if you are trying to register a provider who was registered with NC Medicaid on or after July 1, 2013, please enter an MPN of XXXXXX for that provider. If you receive a pop-up warning message indicating the MPN is invalid, ignore it and move forward with the attestation.*

NCID Username and Password

To access NC-MIPS, you need a unique working NCID username and password. NCID is the standard identity management and access service used by the state. *Groups cannot share a username/password.* Before attesting, please check to ensure your NCID username and password are valid by logging onto NCID's website at <http://ncid.nc.gov>.

If you do not have a NCID account, please go to the NCID website and register by following the instructions below:

1. Visit NCID's website at <https://ncid.nc.gov>.
2. The NCID login website displays.
3. Click on the *Register!* Link.
4. Select the type of account from the drop down list.

5. Click *Submit*.
6. Enter information in the required fields.
7. Click *Create Account*.

If you have any issues with your NCID, please contact their help desk by phone at 919-754-6000 or toll free at 1-800-722-3946 or email at its.incidents@its.nc.gov.

Forgot your username or password? No problem! The *Forgot Username* link takes you to the NCID website for recovering your NCID and the *Forgot Password* link takes you to the NCID website for recovering your password. If you need assistance with setting up an NCID account, or for login or password assistance, please call the NCID Customer Support Center at 800-722-3946 or 919-754-6000.

If your NCID username changes after completing your First Time Account Setup, please let us know so we can update your NC-MIPS username to match that of your updated NCID username.

Additional Tips

NC-MIPS will save unfinished attestations for 30 days, during which time you will be able to return and complete your submission.

If at any point in the attestation process, you determine that the EP does not meet the eligibility requirements for participation in this program, you may cancel the attestation on the status page within the NC-MIPS Portal (refer to the [Provider Status](#) page for more information).

Please remember that even if you do not qualify for participation in the Medicaid EHR Incentive Program this Program Year, you may re-attest. *EPs need six years of participation to have the opportunity to earn the full incentive payment and must begin their first year of participation no later than Program Year 2016.*

Recommended Documentation

After attesting, it is recommended that the following documents be emailed or mailed with your signed and printed attestation:

- A copy of your medical license;
- Documentation illustrating that you have adopted, implemented, or upgraded to certified EHR technology (for example: a purchase order or contract); and,
- Confirmation of group affiliation if it is not listed in NCTracks (A group may choose to produce one letter (on practice letterhead) on behalf of all individuals claiming affiliation with that group. In such case, the name, MPN, NPI and TIN must be included for each individual provider.)

Attestation Process Overview

The purpose of attesting to AIU is to show that an EP has adopted, implemented, or upgraded to certified EHR technology. After the first program year, the EP will need to demonstrate MU of that certified EHR technology. Please use the EP MU Attestation Guide if attesting to MU.

Figure 1 below is a visual of what providers typically attest to each year of participation.

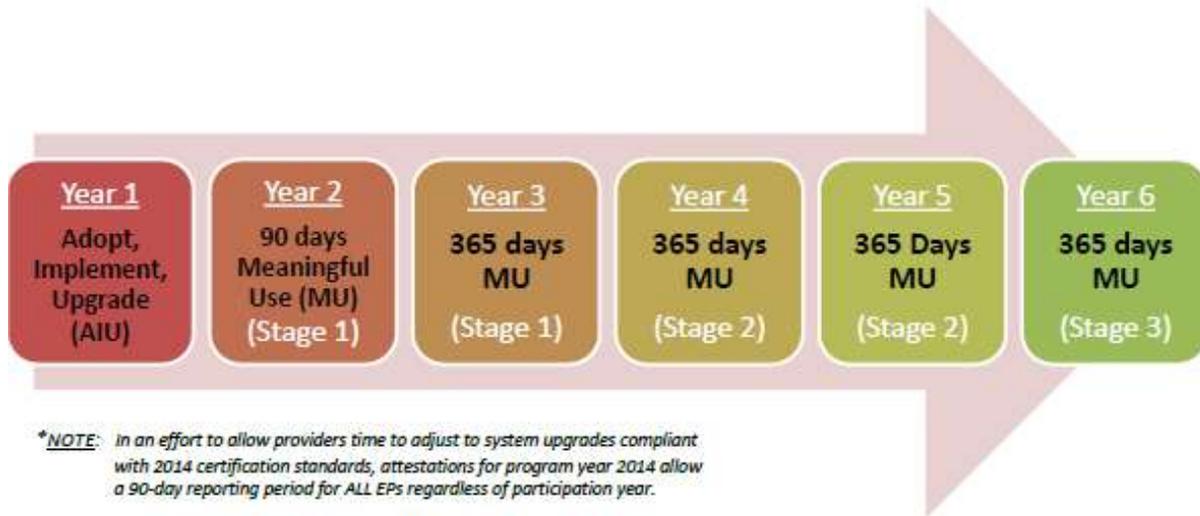


Figure 1 - Path to Payment

NC-MIPS Portal

The NC-MIPS Portal consists of a set of interactive web pages where you can enter information and answer questions that will guide you through the attestation process. The navigation is controlled to help you supply the required information at each step along the way. Dialog boxes and messages help you enter the most appropriate information and will provide tips when the system recognizes a problematic entry. Required information is marked with a red asterisk.

The NC-MIPS Portal is compatible with Internet Explorer 7 (or later), as well as Firefox 8 (or later).

You can access the NC-MIPS Portal online at <https://ncmips.nctracks.nc.gov/>. Once you are logged on, NC-MIPS will take you through the attestation process one page at a time. When attesting for the first time, users will be guided through the following pages:

- Welcome
- Account Setup
- Provider Status
- Demographics
- Contact Information
- Practice Predominantly/Hospital-Based
- Patient Volume



- AIU/MU
- Congratulations
- Electronic Submit
- Print, Sign, Send

Each one of these steps will be covered in detail in this guide. The goal is to help EPs attest properly so that incentive payments are made as quickly as possible, without the need to request additional information after the attestation is completed.

NC-MIPS Portal Page Layout

To ensure consistent navigation, each page of the Portal has a similar look and feel. If you are ever stumped, or need additional guidance, help is always available. Refer to Figure 2.

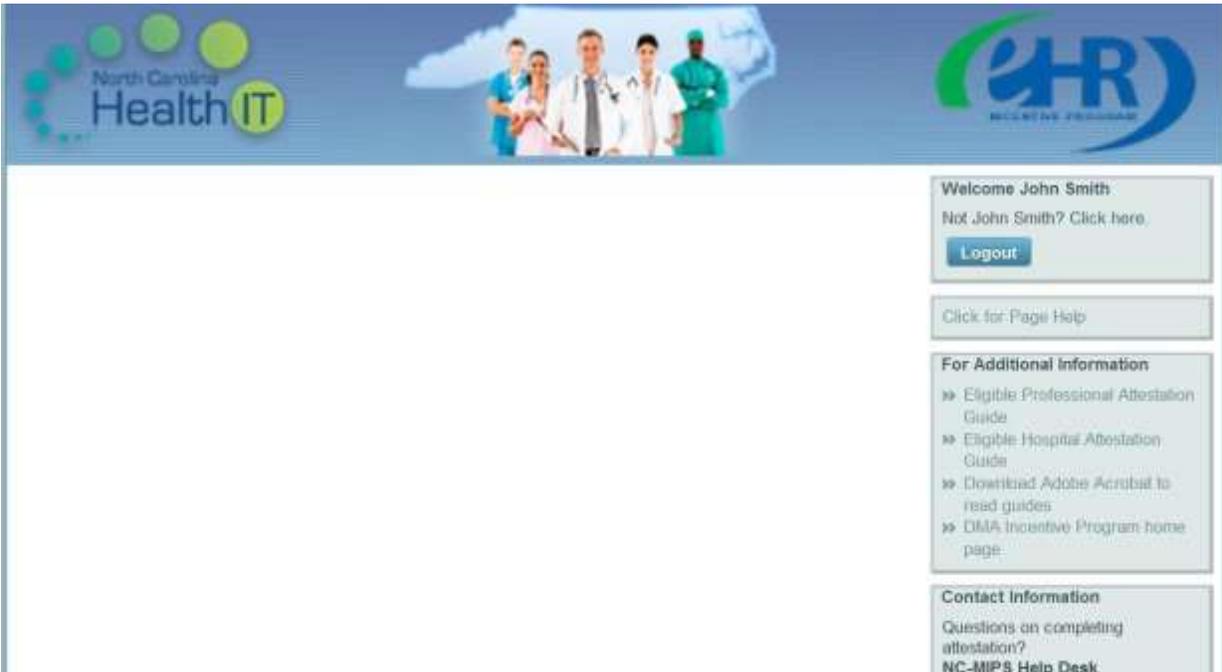


Figure 2 - NC-MIPS Portal Page Layout

The top left logo is a link to the North Carolina Health Information Technology (HIT) website. The top right logo is a link to the CMS website for the EHR Incentive Program.

For your convenience, the right side of the page contains five commonly used navigation tools:

- Sign In
- Page Help
- Jump to...
- Additional Information
- Contact Information

Sign In

First time users must first register with CMS. After receiving CMS confirmation providers EPs should log onto the NC-MIPS Portal and create an NC-MIPS Account by clicking *First Time Account Setup*. **If the provider already has an account with NC-MIPS please do not create another *First Time Account Setup*.**

The *First Time Account* link takes the user to the *First Time Account Setup* page. Here the EP enters their unique NCID username and password along with their MPN and other identifying information to create a unique provider record within NC-MIPS.

Forgot your username or password? No problem! The *Forgot Username* link takes you to the NCID website for recovering your NCID and the *Forgot Password* link takes you to the NCID website for recovering your password.

Trouble logging in?

If you are still having difficulty logging into NC-MIPS, try some of the possible solutions:

1. Refer to the NC-MIPS EP AIU/MU Attestation User Guide and the [Quick Attestation Reference Guide](#) for guidance.
2. Please ensure your NCID is working with <http://ncid.nc.gov>. If you have updated your NCID since your last attestation, please email us the new NCID so we can link it to your account.
3. Finally, be sure to use the exact same CMS Registration ID, Social Security Number & NPI used during CMS Registration.

If you are still experiencing issues, please send an email to NCMedicaid.HIT@dhhs.nc.gov. To better serve you, please include the following information: The providers' name, NPI, NCID username, CMS Registration ID, MPN (if applicable), Program Year, a screenshot of the information being entered and the error message being received, and a brief description of your issue.

Page Help

The *Click for Page Help* link opens a PDF version of this attestation guide to the page that corresponds to the page you are viewing. If you do not have Adobe Acrobat to view the PDF, there is a link to download the free Adobe Reader software in the "Additional Information" area below.

Jump to...

Clicking *Next* will allow you to follow the normal attestation process flow in the Portal. However, there may be occasions that you want to jump to a particular page. The *Jump to* area provides links to other pages so that you can easily navigate the Portal.

NOTE: You will be able to jump only to the pages related to your attestation type (AIU or MU) where you have already entered data.

Additional Information

This area provides links to attestation guides and helpful web sites.

The *Eligible Professional Attestation Guide* link opens this attestation guide in a new browser tab.

To download the free Adobe Reader software, click *Download Adobe Acrobat to read guides*, and it will take you to a free download.

To learn more about the NC EHR Incentive Program, click *DMA Incentive Program home page*.

Contact Information

This area contains the phone number and email for the NC-MIPS Help Desk. Please call or email if you have questions about the attestation process that cannot be answered using the resources provided.

Footer

Found at the bottom of the page, the footer has a *Contact us* link to contact the NC-MIPS Help Desk. It also has a link to view the NC-MIPS Portal *Disclaimer*.

The version number is the release number of the NC-MIPS Portal software.

Navigation

The NC-MIPS Portal is designed to help you navigate more easily through NC-MIPS. Once you complete the information requested on a page, click *Next* to proceed to the next page. NOTE: If any required fields are left blank, you will see a message prompting you to complete the missing fields.

If you want to go back to change some previously entered information, you can click the *Previous* button and it will direct you back to the previous page.

The typical Portal page navigation is shown in Figure 3.

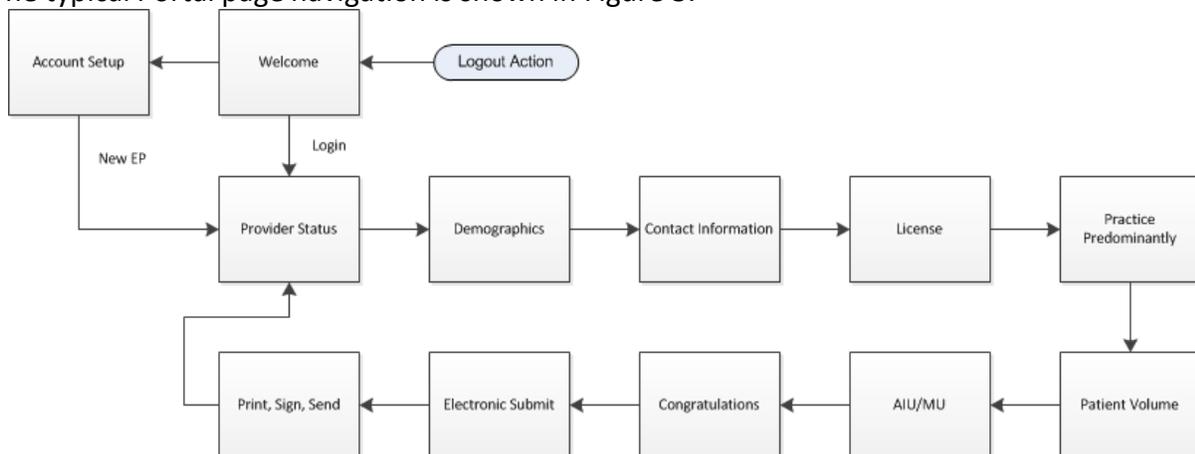


Figure 3 - Portal Navigation

Welcome

The Welcome page is the first page that you see when you access the NC-MIPS Portal via <https://ncmips.nctracks.nc.gov/>. Refer to Figure 4.



Figure 4 – Welcome Page

There may be important announcements at the top of the page, alerting you to attestation deadlines, EHR Program Updates and common issues being experienced.

If you are a first-time user:

1. Click the link [First Time Account Setup](#).
2. The [First Time Account Setup](#) page opens.

If you are a returning user:

Sign in by enter your NCID Username and NCID Password. (Please let us know if you've update your NCID since creating your NC-MIPS account).

1. Click *Login*.
2. The [Provider Status](#) page opens.

First Time Account Setup

The First Time Account Setup page is used for setting up an NC-MIPS account for the first time. Remember, this will only be done one time. Refer to Figure 5.



Figure 5 – First Time Account Setup Page

1. Enter CMS Registration ID.
2. Enter the same NPI used during CMS registration.
3. Enter the same Last 4 digits of EP’s SSN/EIN used during CMS registration.
4. Enter EP’s NC MPN. *If the provider was enrolled with Medicaid on or after July 1, 2013, enter XXXXXX in this text box. If you receive a pop-up warning message ignore it and to move forward with the attestation.*
5. Enter EP’s NCID unique username.
6. Enter EP’s NCID unique password.
7. Click **Next**.
8. The [Provider Status](#) page opens.

Provider Status

The Provider Status page shows a history of all attestations that you have completed, have in progress, or have available for you to attest. Refer to Figure 6.



Status

Provider Name: Marge Three
 CMS Registration ID: 1000001236
 NPI: 2000001236
 MPN: 3510056

Program Year	Payment Year	Current Status	Activity Date
2012	1	Attestation in Process	

Buttons: Cancel, Proceed

Welcome Marge Three
 Not Marge Three? Click here.
 Logout

Click for Page Help

For Additional Information

- » EP AIU Attestation Guide
- » EP MU Attestation Guide
- » EH AIU/MU Attestation Guide
- » Download Adobe Acrobat to read guides
- » DMA Incentive Program home page

Contact Information

Questions on completing attestation?
 NC-MIPS Help Desk

Figure 6 - Provider Status Page

The Provider Status page shows the:

- Program Year – the calendar year for which you attested.
- Payment Year – the participation year (1 through 6).
- Status – an automatically updated description of where you are in the attestation validation process for a submitted attestation. We will send an outreach email if we need additional information.

NOTE: The Status page will pre-populate the providers' status based on their history of participation.

Users are able to track their attestation as it moves through the attestation validation process, by logging into NC-MIPS and visiting the Status page. Possible statuses are:

- Attestation in process – the EP is in the process of attesting.
- Closed – no attestation submitted – no attestation was submitted for that Program Year.

- Validating – after the attestation is submitted, it will go through a series of validation checks and approvals at the state and federal levels.
- Canceled – EP cancels their ‘in-process’ attestation, thereby signaling they would not like to participate for the current calendar year.
- Withdrawn – EP withdraws their ‘submitted’ attestation, thereby signaling they no longer wish to continue the attestation process for the current calendar year. Please note, when you withdraw, previously entered information will be saved in the system.
- Paid – the attestation has been paid.
- Attestation Denied – attestation resulted in a denial.
- Activity Date – date of your last activity.

There are five buttons that may be available for each attestation:

- Proceed – proceed to the attestation.
- Cancel – before submitting the attestation, stop this attestation so that you will not receive additional communication about it. This is not a permanent action. The EP may return to the attestation after you decide to cancel.
- Withdrawn – after submitting the attestation, stop this attestation so that you will not receive additional communication about it. This is not a permanent action. The EP may return to the attestation after you decide to withdraw. Please note, when you withdraw, previously entered information will be saved in the system.
- Re-Attest – The EP may re-attest at any point after being denied.
- View/Print – view the attestation in a form that can be printed.

If you are a new user, you will see only one attestation for the current program year.

To proceed with an attestation:

1. Click *Proceed* for the attestation you want to continue.
2. The [Demographics](#) page opens, and from here NC-MIPS will lead the EP through the attestation process.

If you want to cancel participation in a given year:

1. Click *Cancel* for that program year.
2. You will see the following pop-up warning message: “Canceling participation will stop communications regarding activities for this program year. You can reinstate the attestation any time by clicking *Proceed*.”

3. If you want to cancel the program year, click *OK*. The status changes to “Canceled.”
4. If you do not want to cancel the program year, click *Cancel*. The warning message box closes with no action performed.

If you want to view or print an attestation:

1. Click *View/Print* for the attestation you want to view or print.
2. A PDF version of the attestation opens for you to view.
3. If you want to print the attestation, use the window controls for printing.

Once they reach the Status page, EPs will see one of the scenarios described below.

Example 1: ‘Program Year’ 2012 has expired and the EP is ready to attest for 2013. The Program Year 2012 row will be marked as “Closed-No Attestation Submitted” and the Program Year 2013 row will be active.

Status

Provider Name	Marge Two
CMS Registration ID	1000001476
NPI	2000001476
MPN	1476147

Program Year	Payment Year	Current Status	Activity Date
2013	1	Attestation in Process	Proceed
2012	1	Closed - No Attestation Submitted	

Figure 7 - Screenshot of Example 1

Example 2: The Program Year 2011 row is marked as ‘paid,’ the Program Year 2012 row has

expired, and the EP is ready to attest for Program Year 2013. The Program Year 2012 row will be marked as “Closed-No Attestation Submitted.”

Status

Provider Name: Big Chain Hospital
 CMS Registration ID: 1000001490
 NPI: 2000001490
 MPN: 1490149

Program Year	Payment Year	Current Status	Activity Date
2013	2	Attestation in Process	
2012	2	Closed - No Attestation Submitted	
2011	1	Paid	02/06/2013

Buttons: Proceed, View/Print

Additional info: Welcome Big Chain Hospital, Not Testmps416? Click here, Logout, Click for Page Help, For Additional Information (EP A/IU Attestation Guide, EP MU Attestation Guide, EH A/IU/MU Attestation Guide, Download Adobe Acrobat to read guides, DMA Incentive Program home page), Contact Information (Questions on completing attestation?, NC-MIPS Help Desk)

Figure 8 - Screenshot of Example 2

Example 3: Program Year 2012 and Program Year 2013 are both active; therefore, the EP can choose to attest for either Program Year 2012 or Program Year 2013.

Status

Please complete your attestation with the current program year 2012 before attesting for 2013.

Provider Name: Meg One
 CMS Registration ID: 1000001475
 NPI: 2000001475
 MPN: 1475147

Program Year	Payment Year	Current Status	Activity Date
2013	2	Attestation in Process	
2012	2	Attestation in Process	
2011	1	Paid	02/04/2013

Buttons: Proceed, Proceed, View/Print

Figure 9 - Screenshot of Example 3

The red message does not prevent an EP from moving forward with an attestation. Please click ‘proceed’ next to the Program Year for which you’re attesting.

Example 3a: When the EP chooses to attest for Program Year 2012, the Program Year 2013 row will be deleted and the Program Year 2012 row will auto-populate to read “Attestation in Process.”

Status

Please complete your attestation with the current program year 2012 before attesting for 2013.

Provider Name Meg One
CMS Registration ID 1000001475
NPI 2000001475
MPN 1475147

Program Year	Payment Year	Current Status	Activity Date
2012	2	Attestation in Process	
2011	1	Paid	02/04/2013

Buttons: Cancel, Proceed, View/Print

Figure 10 - Screenshot of Example 3a

Example 3i: The EP chooses to attest for Program Year 2013. When they do, a pop-up message will appear.

Status

Please complete your attestation with the current program year 2012 before attesting for 2013.

Message from webpage

Please note that choosing to attest for the program year 2013 will close the previous year 2012 attestation. Do you wish to continue?

OK Cancel

Program Year	Payment Year	Current Status	Activity Date
2013	2	Attestation in Process	
2012	2	Attestation in Process	
2011	1	Paid	02/04/2013

Buttons: Proceed, Proceed, View/Print

Figure 11 – Screenshot of Example 3i

Example 3ii: If the EP selects ‘OK’ to the pop-up message, the Program Year 2012 row will be marked as “Closed-No Attestation Submitted,” and the Program Year 2013 row will auto-populate to read, “Attestation in Process.”

Alternatively, the EP may choose to “Cancel” the pop-up message, which will keep them on the page.

Status

Provider Name	Tony Seven
CMS Registration ID	1000001474
NPI	2000001474
MPN	1474147

Program Year	Payment Year	Current Status	Activity Date	
2013	2	Attestation in Process		<input type="button" value="Cancel"/> <input type="button" value="Proceed"/>
2012	2	Closed - No Attestation Submitted		
2011	1	Paid	02/04/2013	<input type="button" value="View/Print"/>

Figure 12 - Screenshot of Example 3ii

Example 4: If the previous payment year (i.e., Program Year 2012) has been ‘Denied’ the EP will

be provided with two options:

- Scenario 1: Re-attest for the denied attestation; or,
- Scenario 2: Attest for the current program year.

Status				
		Provider Name	Anthony Five	
		CMS Registration ID	1000001472	
		NPI	2000001472	
		MPN	1472147	
Program Year	Payment Year	Current Status	Activity Date	
2013	2	Attestation in Process		Proceed
2012	2	Attestation Denied		Reattest
2011	1	Paid	02/04/2013	View/Print

Figure 13 – Screenshot of Example 4

Scenario 1: Program Year 2012 has been denied; however, the EP is ready to attest for Program Year 2013. When the EP chooses to re-attest for a denied 2012 payment, a Program Year 2012 row will auto-populate and the Program Year 2013 row will be removed.

The EP chooses to re-attest by selecting the “Re-attest” button. A second Program Year 2012 row will auto-populate to read, “Attestation in Process.”

Status

Please complete your attestation with the current program year 2012 before attesting for 2013.

		Provider Name	Anthony Five	
		CMS Registration ID	1000001472	
		NPI	2000001472	
		MPN	1472147	
Program Year	Payment Year	Current Status	Activity Date	
2012	2	Attestation in Process		Cancel Proceed
2012	2	Attestation Denied		View/Print
2011	1	Paid	02/04/2013	View/Print

Figure 14 – Screenshot of Scenario 1

Scenario 2: Provider chooses to attest for Program Year 2013. If the EP selects the “OK” button when the pop-up message displays, they will start with a Program Year 2013 attestation. The Program Year 2012 row will remain labeled as, “Attestation Denied.”

Status

Please complete your attestation with the current program year 2012 before attesting for 2013.

Provider Name Marge Two
 CMS Registration ID 1000001476
 NPI 2000001476
 MPN 1476147

Program Year	Payment Year	Current Status	Activity Date	
2013	1	Attestation in Process		Proceed
2012	1	Attestation Denied		Re-attest
2011	1	Paid	02/04/2013	View/Print

Message from webpage

Please note that choosing to attest for the program year 2013 will close the previous year 2012 attestation. Do you wish to continue?

Version: 2.1.0.30
 North Carolina, all rights reserved.

Figure 15 – Screenshot of Scenario 2

Scenario 2a: Alternatively, the EP can select the “Cancel” button on the warning pop-up message box, and they will remain on the same page.

Status

Please complete your attestation with the current program year 2012 before attesting for 2013.

Provider Name Marge Two
CMS Registration ID 1000001476
NPI 2000001476
MPN 1476147

Program Year	Payment Year	Current Status	Activity Date	
2013	2	Attestation in Process		<input type="button" value="Cancel"/> <input type="button" value="Proceed"/>
2012	1	Attestation Denied		<input type="button" value="View/Print"/>
2011	1	Paid	02/04/2013	<input type="button" value="View/Print"/>

Figure 16 – Screenshot of Scenario 2a

Demographics

The Demographics page allows EPs to review pertinent information from the CMS Registration & Attestation system and NC Medicaid’s NCTracks to ensure that the identifying information is accurate in both systems. Refer to Figure 17. **Please note, if the North Carolina demographic information is not automatically populating within NC-MIPS, please verify your information on NCTracks (additional information below).**

Demographics

* indicates a required field

For successful participation in this program, NC requires each provider's demographic data to match the provider data received from the CMS EHR Incentive Program Registration ([Details](#)).

Please verify the NPI and MPN information below. If a MPN is not specified or is incorrect, please update it here. Please note that Payee NPI cannot be changed once the attestation has been approved and submitted for payment. If a NPI is not correct, please update it with [CMS](#) before proceeding.

	Provider	Payee
NPI		
* MPN	<input type="text"/>	<input type="text"/>

Are the MPNs listed above correct?

Yes No

Verify the accuracy of the data below. If the information does not match or if the NC data is blank, please update the information with CMS or NC's EVC system as instructed before continuing.

	From CMS	From NC
First Name		
Middle Name		
Last Name		
Address		

Does the provider information above match?

Yes No

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Figure 17 – Demographics Page

Only the MPNs can be updated or corrected on this page.



Unmatched demographic information may result in the delay or denial of an incentive payment. If the information does not match, please update the information with CMS or NCTracks, before continuing.

NCTracks (CSC) Call Center: 866-844-1113 or 800-688-6696
CMS EHR Information Center: 1-888-734-6433 or 1-888-734-6563
For questions, please email us at NCMedicaid.HIT@dhhs.nc.gov

To check the demographic information:

1. Review the EP's NPI and MPN numbers. *If the provider was enrolled with Medicaid on or after July 1, 2013, enter XXXXXXX for the provider's MPN.*
2. If the MPN is blank or incorrect, type in the correct MPN.
3. Answer the question "Is the MPN listed above correct?" by clicking the *Yes* button.
4. Compare the information from CMS and NC (NC column may not auto-populate, so check NCTracks and verify the information matches between CMS & NCTracks).
5. If the CMS information does not match, or is incorrect, please update the information with CMS or NCTracks before continuing (contact information can be found on the NC-MIPS Welcome Page).
6. If the information matches and is correct, click the *Yes* button for "Does the provider information above match?" Proceed even if the NC column is blank.
7. Click *Next*.
8. The [Contact Information](#) page opens.

Contact Information

The Contact Information page is used to provide the contact information for the appropriate personnel in the event that there are questions about the attestation. Refer to Figure 18 below.



Figure 18 – Contact Information Page

To enter the personal contact information:

1. Enter the Contact’s Name.
2. Enter the contact’s Phone Number.
3. Enter the Contact’s Email Address.
4. Click *Next*.
5. The [License](#) page opens.

License

The License page is used to enter your professional license information. Refer to Figure 19 below.



Figure 19 – License Page

To enter your license information:

1. Select the EP's License Type from the drop down list.
2. Select the EP's License State from the drop down list.
3. Enter the EP's License Number.
4. Enter the EP's License Effective Date using the calendar tool or by typing the date.
5. Enter the EP's License Expiration Date using the calendar tool or by typing the date.
6. Click *Next*.
7. The [Practice Predominantly/Hospital-Based](#) page opens.

*Note - Please note the license number is not the same as the approval number.

Practice Predominantly/Hospital-Based

The Practice Predominantly/Hospital-Based page is used to indicate if the EP practiced predominantly at a Federally-Qualified Health Center (FQHC), or Rural Health Center (RHC) in the previous calendar year (for which you attested) or the 12 months immediately preceding the date of attestation.

An EP who has more than 50% of his/her total patient encounters at a FQHC/RHC during any continuous six-month period within the preceding calendar year (for which you attested) or the preceding 12-month period from the date of attestation, qualifies as “practicing predominately” at a FQHC/RHC. A single patient encounter is one or more services rendered to an individual patient on any one day.

If the EP practiced predominantly (greater than 50% of all patient encounters during a six-month period) at an FQHC/RHC and is not hospital-based, refer to Figure 20. If the EP did not practice predominantly at an FQHC/RHC and is not hospital-based, refer to Figure 21. If the EP did not practice predominantly at an FQHC/RHC and is hospital-based, refer to Figure 22.

This page is also used to determine if the EP is hospital-based, but means the EP provided 90% or more of his/her Medicaid-covered encounters in a hospital setting. A hospital-based EP is only eligible to participate in the NC Medicaid EHR Incentive Program if they can demonstrate they funded the acquisition, implementation and maintenance of certified EHR technology. This includes the purchase of supporting hardware and any interfaces necessary to meet MU, without reimbursement from an EH or CAH.

If you practiced predominantly (greater than 50% of all patient encounters during a six-month period) at an FQHC/RHC (Figure 20):

1. Select the Yes button for “Did you practice predominantly (greater than 50% of all patient encounters during a 6-month period) at an FQHC, or RHC?”
2. Select the date range on the drop down list. Providers can choose to report on a continuous 90-day period from the previous calendar year (for which you’re attesting) or from the 12 months preceding the date of attestation.
3. Enter the Start Date of the 6-Month Period using the calendar tool or by typing the date.
4. Enter the number of Total Patient Encounters at FQHC/RHC during the 6-Month Period reported in Step 1. Note that these are the individual EP’s encounters only, not those of a practice group.
5. Enter the number of Total Patient Encounters at all locations. Note that these are the individual EP’s encounters only, not those of a practice group.

6. Review the ratio of encounters that is automatically calculated and displayed to ensure it is greater or equal to 50%.
7. Click *Next*.
8. The [Patient Volume](#) page opens.

Figure 20 – Practice Predominantly/Hospital-Based Page if you answer “Yes” to practicing predominantly

If you **did not** practice predominantly (greater than 50% of all patient encounters during a 6-month period) at a FQHC/RHC and **are not** hospital-based (Figure 21):

1. Select *No* when asked “Did you practice predominantly (greater than 50% of all patient encounters during a 6-month period) at an FQHC, or RHC?”
2. Select *No* for “Did you provide 90% or more of your Medicaid-covered encounters in an emergency or inpatient setting?”
3. Click *Next*.
3. The [Patient Volume](#) page opens.

Figure 21 – Practice Predominantly/Hospital-Based Page if you answer “No” to practicing at an FQHC/RHC

If you **did not** practice predominantly (greater than 50% of all patient encounters during a 6-month period) at a FQHC/RHC and **are** hospital-based (Figure 22):

1. Select *No* when asked “Did you practice predominantly (greater than 50% of all patient encounters during a 6-month period) at an FQHC, or RHC?”
2. Select *Yes* for “Did you provide 90% or more of your Medicaid-covered encounters in an emergency or inpatient setting?”
3. Select *Yes* or *No* when asked, “Can you demonstrate that you have funded the acquisition, implementation and maintenance of certified EHR technology?”
4. Click *Next*.
5. The [Patient Volume](#) page opens.

Practice Predominantly/Hospital-Based

* indicates a required field

* Did you practice predominantly (greater than 50% of all patient encounters during a 6-month period) at a Federally Qualified Health Center or Rural Health Clinic?
 Yes No

* Did you provide 90% or more of your Medicaid-covered patient encounters in a hospital setting?
 Yes No

* Can you demonstrate that you have funded the acquisition, implementation and maintenance of certified EHR technology?
 Yes No

Please NOTE: You will be required to submit documentation/proof to support this, along with your signed attestation.

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For Additional Information

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- » EP MU Attestation Guide
- » EH AIU/MU Attestation Guide

Figure 22 - Practice Predominantly/Hospital-Based Page if you answer “No” to practicing at an FQHC/RHC

Patient Volume

The Patient Volume page allows you to specify the reporting method, dates, locations, and number of patient encounters in order to meet program requirements.

On this page, the EP indicates if they are attesting to Medicaid patient volume using the individual or group methodology, as this will impact how Medicaid patient volumes are calculated. Under individual methodology, an EP will report on only his/her personal patient encounters. Under group methodology, a practice will calculate the entire group's patient encounters and may use the same patient volume numbers and 90-day patient volume reporting period for every affiliated EP wishing to participate. Please note, if using group methodology, you are not to limit the group in any way. When using group methodology, please include the encounters from all providers in the practice, including those who are ineligible to participate in the NC Medicaid EHR Incentive Program. For more information about patient volume please visit the [NC Medicaid EHR Incentive Program website](#), and watch the Understanding Patient Volume podcast or visit the PV tab. Also visit the [PV FAQ page](#) for frequently asked PV questions.

To be eligible to participate in the NC Medicaid EHR Incentive Program, EPs are required to have a minimum of 30% of Medicaid-enrolled patient encounters. Pediatricians not meeting the 30% threshold may participate for a reduced payment by meeting a 20% threshold.

The formula to calculate patient volume is as follows:

All Medicaid-enrolled encounters in a continuous 90-day period* (includes zero paid claims)

Total encounters in the same continuous 90-day period

To calculate your Medicaid patient volume, providers have the option to 1. Select a continuous 90-day period from the previous calendar year (for which you're attesting) **OR** 2. A continuous 90-day period in the preceding 12-month period from the date of the attestation.

Providers practicing predominantly at a FQHC/RHC may use non-Medicaid needy patient encounters in addition to Medicaid-enrolled patient encounters to meet the 30% threshold. When calculating needy patient encounters, the provider will report needy individual encounters within any consecutive 90-day period within the prior calendar year (for which you're attesting) **OR** the preceding 12-month period from the date of attestation.

To use group methodology for reporting Medicaid patient volume, the EP must have a **current** affiliation with the group practice. The group methodology uses the patient encounter information for the entire group practice (including non-eligible provider types, such as lab technicians) to determine Medicaid patient volume, and may not be limited in any way. A group practice may use either individual or group methodology for determining Medicaid patient

volumes for affiliated EPs. However, all EPs affiliated with the group practice should use the same methodology for a given year, as encounters reported during a 90-day PV reporting period by a practice group are not available to an individual EP wishing to use individual methodology at that same group for the same 90-day PV reporting period. An EP in such a group who wishes to use his/her encounters at that group to attest with individual methodology may do so by selected a different 90-day PV reporting period. **It is important that the members of a group practice reach consensus among their affiliated EPs on the methodology each EP will use, prior to the first attestation.**

Refer to Figure 23 if you are attesting using individual methodology. Refer to Figure 24 if you are attesting using group methodology. For more information on calculating patient volume, please refer to the Patient Volume podcast or the 'Patient Volume' tab on [our website](#).

Patient Volume

* indicates a required field

Enter the start and end dates of the continuous 90-day period for your patient volume reporting period.

* Select the date range

+ * Start Date

+ * End Date

* Patient Volume Reporting Method Individual Group

FQHCs and RHCs can reach the 30 percent threshold by including needy individuals, e.g., sliding scale and no pay, in addition to their Medicaid PV in their numerator. For more information on FQHCs and RHCs, visit the DMA EHR FAQ page at <http://www.ncdhhs.gov/dma/ehr/ehrfaq.htm>.

You may use your individual patient volume from multiple practices where you worked to meet the threshold. It is not required to report on more than one practice.

* Do your patient volume numbers come from your work with more than one practice?

Yes No

Enter the patient volume information for your selected 90-day period below. Add a separate line for each billing MPN/NPI if the practice used more than one during the 90-day period.

Medicaid patient volume from eligible billable services that were not billed or were not reimbursed ('zero-pay') should be included separately from Medicaid patient volume from paid claims. Enter the 'zero-pay' portion of your numerator in the 'zero-pay' column below.

Practice Name		Your Total Encounters at Practice		
<input type="text" value="test"/>		<input type="text" value="100"/>		
Practice's Billing MPN	Practice's Billing NPI	Medicaid Encounters Billed under this MPN	Medicaid Enrolled Zero Pay Encounters	Were you Listed as Attending for all these Encounters?
<input type="text" value="2222222"/>	<input type="text" value="3222222222"/>	<input type="text" value="10"/>	<input type="text" value="500"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No

Add another MPN for this Practice

Add Another Practice Name

Medicaid Patient Encounters (Numerator) 510
 Total Patient Encounters (Denominator) 100
 Medicaid Patient Volume Percentage (Medicaid / Total) 510%

When using individual methodology, the numerator and denominator should include only encounters where the EP was the attending or supervising provider. Did you enter only those encounters attributable to the individual EP in the numerator and denominator, NOT the patient volume numbers for the entire group? Yes No

An EP must report all MPN(s) under which encounters were billed during the 90-day reporting period from all locations on which the EP is reporting, even if one or more MPN(s) is no longer used. Did you report all MPN(s) under which the EP's encounters were billed during the 90-day reporting period, even those not currently in use? Yes No

A Medicaid encounter is defined as services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under Section 1115 of the Social Security Act paid for part or all of the service.

a) Did you include in the numerator all encounters covered by Medicaid, even where Medicaid paid for only part of a service? Yes No

b) Did you exclude from the numerator denied claims that were never paid at a later date? Yes No

Encounters included in the patient volume numbers must have occurred during the 90-day period attested to above, regardless of when any claims were submitted or paid. Are your patient volume numbers based on date of service and not date of claim or date of payment? Yes No

An encounter is one patient per provider per day and may be different from the number of claims. Do the numbers you entered represent encounters and not claims? Yes No

The denominator must include all encounters regardless of payment method. Did you include encounters in the denominator where services were provided at no charge? Yes No

If you had a different MPN (from the MPN you listed for the provider on the demographics screen) or more than one MPN during the 90-day period, enter that number here.

If any other EP(s) used your MPN during the 90-day period, list the name(s) and number of encounters attributable to that EP.

If another EP was listed as attending on any of the encounters you included in your patient volume, enter that EP's MPN and number of encounters attributable to that EP.

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Figure 23 - Patient Volume Page using Individual Methodology

If you are attesting using individual methodology:

1. Enter the Start Date of the continuous 90-day PV reporting period, using the calendar tool or by typing the date.
2. Enter the End Date of the continuous 90-day PV reporting period, using the calendar tool or by typing the date.
3. Click the *Individual* button.
4. Click on *Yes* or *No* for “Do your patient volume numbers come from your work with more than one practice?”
5. Enter the Practice Name – the name of your individual practice or group.

6. Enter your Total Encounters at Practice – total of all patient encounters, no matter the payer.
7. Enter the Practice’s Billing MPN.
8. Enter the Practice’s Billing NPI.
9. Enter your Medicaid Encounters Billed under this MPN – total Medicaid-enrolled encounters.
10. Enter the number of Medicaid Enrolled Zero Pay Encounters (regardless of payment liability).
11. Click the *Yes* or *No* button for “Were you Listed as Attending for all these Encounters?”
12. If you have billed encounters under more than one MPN, click the link for Add another MPN for this Practice and repeat steps 7 through 10.
13. If you have billed encounters under Another Practice Name, click the link for Add another Practice Name and repeat steps 5 through 10.
14. The Numerator, Denominator, and Percentage are calculated and displayed.
15. Click the *Yes* or *No* button for “Did you enter only those encounters attributable to the individual EP in the numerator and denominator, NOT the patient volume numbers for the entire group?”
16. Click the *Yes* or *No* button for “Did you report all MPN(s) under which the EP’s encounters were billed during the 90-day reporting period, even those not currently in use?”
17. Click the *Yes* or *No* button for “Did you include in the numerator all encounters covered by Medicaid, even where Medicaid paid for only part of a service?”
18. Click the *Yes* or *No* button for “Did you exclude from the numerator denied claims that were never paid at a later date?”
18. Click the *Yes* or *No* button for “Are your patient volume numbers based on date of service and not date of claim or date of payment?”
19. Click the *Yes* or *No* button for “Do the numbers you entered represent encounters and not claims?”
20. Click the *Yes* or *No* button for “Did you include encounters in the denominator where services were provided at no charge?”
21. If you had a different MPN or more than one MPN during the 90-day period, enter that number in the text field.

22. If any other provider billed encounters under your MPN during the 90-day period, list the name(s) and number of encounters attributable to that provider.
23. If another provider was listed as attending on any of the encounters you included in your patient volume, enter that provider's MPN and number of encounters attributable to that provider.
24. Click *Next*.
25. The [AIU/MU](#) page opens.

Patient Volume

* indicates a required field

Enter the start and end dates of the continuous 90-day period for your patient volume reporting period.

* Select the date range

* Start Date

+ * End Date

* Patient Volume Reporting Method Individual Group

FQHCs and RHCs can reach the 30 percent threshold by including needy individuals, e.g., sliding scale and no pay, in addition to their Medicaid PV in their numerator. For more information on FQHCs and RHCs, visit the DMA EHR FAQ page at <http://www.ncdhhs.gov/dma/ehr/ehrfaq.htm>.

Enter the patient volume information for your selected 90-day period below. Add a separate line for each billing MPN/NPI if the group used more than one during the 90-day period.

Medicaid patient volume from eligible billable services that were not billed or were not reimbursed ('zero-pay') should be included separately from Medicaid patient volume from paid claims. Enter the 'zero-pay' portion of your numerator in the 'zero-pay' column below.

Group Name	Number of Group Members During 90-day Period	Total Encounters for All Group Members	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Group's Billing MPN	Group's Billing NPI	Medicaid Encounters Billed under this MPN	Medicaid Enrolled Zero Pay Encounters
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add another Group MPN			

Medicaid Patient Encounters (Numerator) 0
 Total Patient Encounters (Denominator) 0
 Medicaid Patient Volume Percentage (Medicaid / Total) 0%

When using group methodology, the patient volume must include all patient encounters with both EPs and non-eligible provider types (e.g., RNs, phlebotomists). Did you include all encounters? Yes No

A Medicaid encounter is defined as services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under Section 1115 of the Social Security Act paid for part or all of the service.

a) Did you include in the numerator all encounters covered by Medicaid, even where Medicaid paid for only part of a service? Yes No

b) Did you exclude from the numerator denied claims that were never paid at a later date? Yes No

Encounters included in the patient volume numbers must have occurred during the 90-day period attested to above, regardless of when any claims were submitted or paid. Are your patient volume numbers based on date of service and not date of claim or date of payment? Yes No

The denominator must include all encounters regardless of payment method. Did you include all encounters in the denominator where services were paid by Medicaid, by any payer other than Medicaid, self-paid, and provided at no charge? Yes No

An encounter is one patient per provider per day and may be different from the number of claims. Do the numbers you entered represent encounters and not claims? Yes No

If the group's reported encounters span more than one location and/or were billed with Medicaid under multiple MPNs, NC requires provision of all MPNs associated with each location under which Medicaid claims were billed during the 90-day reporting period.

a) If you are reporting patient encounters from multiple locations, have you provided all associated MPNs? Yes No N/A

b) During the 90-day reporting period, did the group have a different (outdated) billing MPN or more than one billing MPN? Yes No N/A

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Figure 24 – Patient Volume Page using Group Methodology

If you are attesting using group methodology:

1. Enter the Start Date of the continuous 90-day PV reporting period, using the calendar tool or by typing the date.
2. Enter the End Date of the continuous 90-day PV reporting period, using the calendar tool or by typing the date.

3. Click the *Group* button.
4. Enter the Group Name.
5. Enter the *Number of Group Members*. In doing so, please specify the total number of providers in your group. Please be sure to count all eligible and non-eligible provider types at the practice, and include ALL their encounters in your reported patient volume.
NOTE: This number includes ALL providers in the group, not just the ones who are eligible to participate in the NC Medicaid EHR Incentive Program.
6. Enter the Group's Billing MPN. Leave blank is N/A.
7. Enter the Group's Billing NPI.
8. Enter the "Medicaid Encounters Billed under this MPN/NPI" – total Medicaid-enrolled encounters.
9. Enter the number of Medicaid Enrolled Zero Pay Encounters (regardless of payment liability).
10. If the group has billed encounters under more than one MPN/NPI, click the link for [Add another Group MPN](#) and repeat steps 6 through 9.
11. The Numerator, Denominator, and Percentage are calculated and displayed.
12. Click the *Yes* or *No* button for "Did you include all encounters?"
13. Click the *Yes* or *No* button for "Did you include in the numerator all encounters covered by Medicaid, even where Medicaid paid for only part of a service?"
14. Click the *Yes* or *No* button for "Did you exclude from the numerator denied claims that were never paid at a later date?"
15. Click the *Yes* or *No* button for "Are the patient volume numbers based on date of service and not date of claim or date of payment?"
16. Click the *Yes* or *No* button for "Did you include all encounters in the denominator where services were paid by Medicaid, by any payer other than Medicaid, self-paid, and provided at no charge?"
17. Click the *Yes* or *No* button for "Do the numbers you entered represent encounters and not claims?"
18. Click the *Yes* or *No* button for "If you are reporting patient encounters from multiple locations, have you provided all associated MPNs?"
19. Click the *Yes* or *No* button for "During the 90-day reporting period, did the group have a different (outdated) billing MPN or more than one billing MPN?"

20. Click *Next*.

21. The [AIU/MU](#) page opens.

Patient Volume

* indicates a required field

Enter the start and end dates of the continuous 90-day period for your patient volume reporting period.

* Select the date range

* Start Date

* End Date

* Patient Volume Reporting Method Individual Group

FQHCs and RHCs can reach the 30 percent threshold by including needy individuals, e.g., sliding scale and no pay, in addition to their Medicaid PV in their numerator. For more information on FQHCs and RHCs, visit the DMA EHR FAQ page at <http://www.ncdhhs.gov/dma/ehr/ehrfaq.htm>.

You may use your individual patient volume from multiple practices where you worked to meet the threshold. It is not required to report on more than one practice.

* Do your patient volume numbers come from your work with more than one practice?

Yes No

Enter the patient volume information for your selected 90-day period below. Add a separate line for each billing MPN/NPI if the practice used more than one during the 90-day period.

Practice Name	Your Total Encounters at Practice
ABC Practice	51654

		Needy Individual Encounters		Were you Listed as Attending for all these Encounters?
Practice's Billing MPN	Practice's Billing NPI	Medicaid Encounters Billed under this MPN	No Pay & Sliding Scale Encounters	
2464564	6513513136	35135	515	<input checked="" type="radio"/> Yes <input type="radio"/> No

Add another MPN for this Practice

Add Another Practice Name

Medicaid Patient Encounters (Numerator)	35650
Total Patient Encounters (Denominator)	51654
Medicaid Patient Volume Percentage (Medicaid / Total)	69%

Figure 25 - Practicing Predominantly Patient Volume Screenshot

If you are attesting to practicing predominantly:

1. On the drop down menu, select the date range, “Prior Calendar Year” or “Preceding 12-months.”
2. Enter the Start Date of the continuous 90-day PV reporting period, using the calendar tool or by typing the date.
3. Enter the End Date of the continuous 90-day PV reporting period, using the calendar tool or by typing the date.
4. Select the Patient Volume Reporting Method, individual or group.
5. Select *Yes* or *No* when asked if your patient volume numbers have come from your work with more than one practice.
6. Enter the Practice Name.
7. Enter the number of total encounters at your practice.
8. Enter the Practice’s MPN.
9. Enter the Practice’s Billing NPI.
10. Enter the number of Medicaid encounters billed under the practice’s MPN.
11. Enter the number of no pay or sliding scale encounters
12. Select *Yes* or *No* when asked if you were listed as Attending for all the encounters
13. If attesting as a group and the group has billed encounters under more than one MPN, click the link for “Add another MPN for this practice” and repeat steps 8-12.
14. The numerator, denominator and percentage are calculated and displayed.
15. Given the methodology selected, group or individual patient volume questions will populate. Answer all the questions on the Patient Volume screen.

Note: The questions on the PV screen are there in an effort to reduce the likelihood of needing to perform outreach.

If you require additional information on calculating the Medicaid Patient Volume, please see our website or [click here](#) for the Patient Volume podcast.

AIU/MU

The Adopt, Implement, or Upgrade (AIU) or Meaningful Use page is used to collect information on the activities the EP undertook to adopt, implement, or upgrade to a certified EHR technology. For the definition of AIU, see page 7 of this guide.

NOTE: Attesting to AIU can only be done in the first year of program participation. In subsequent participation years, an EP will attest to Meaningful Use. Refer to Figure 26.

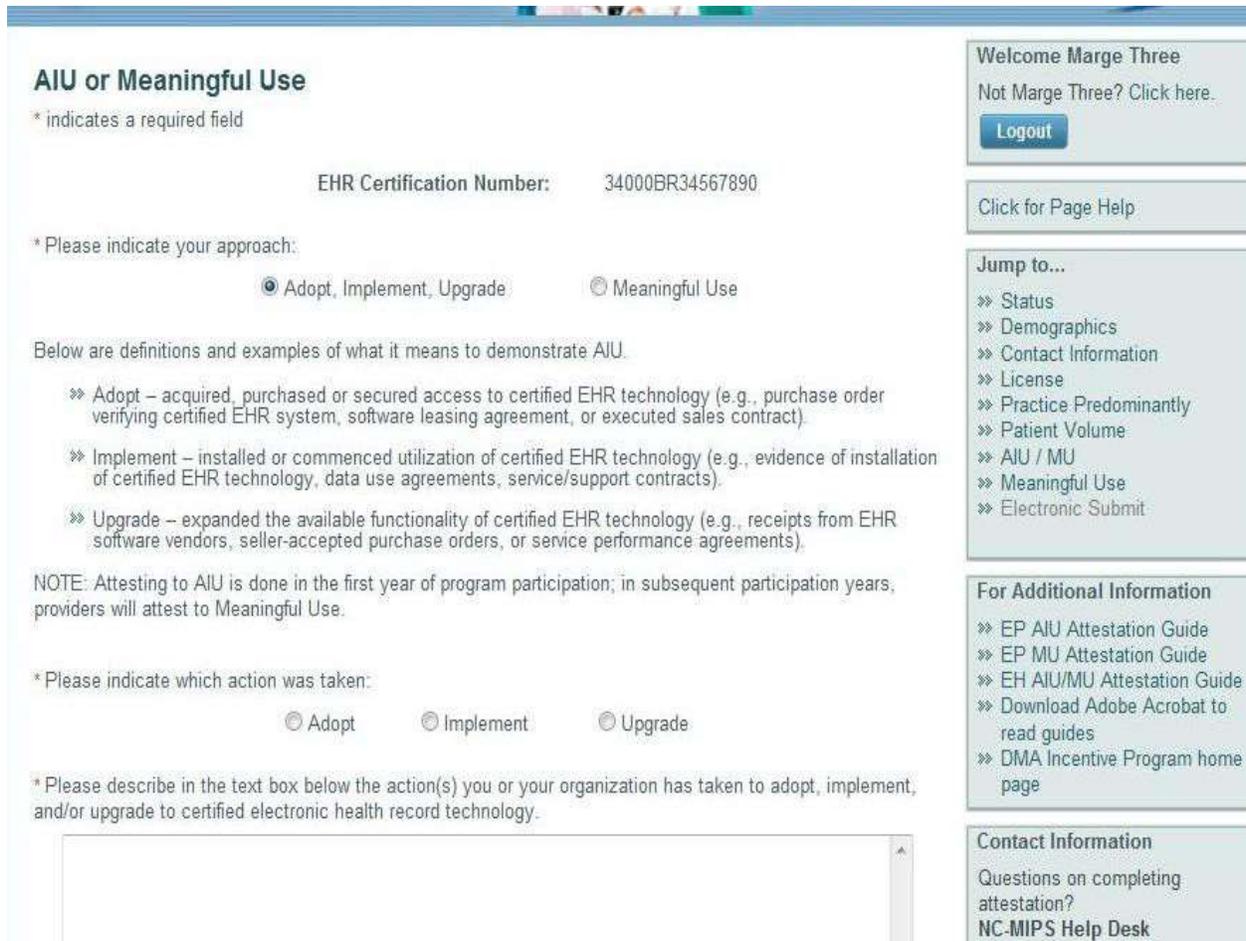


Figure 26 – AIU Page

Your EHR Certification Number is displayed for your convenience. If this number has changed, please update it on CMS' R&A System.

To enter AIU activities:

1. Where you see, "Please indicate your approach," click the *Adopt, Implement, Upgrade* button.
2. Select a button to indicate which activity you undertook during the program year: *Adopt, Implement, or Upgrade*.

3. Enter details of the EP's AIU activities. These might include purchasing an EHR for the first time, upgrading an existing EHR to a certified product, training staff on new functionalities, adapting workflow, or any number of other related activities.
4. Click *Next*.
5. The [Congratulations](#) page opens.

Congratulations

Congratulations! You have completed the attestation questions. Refer to Figure 27 below. Click *Next* to continue to the [Electronic Submission](#) page.



Congratulations

Congratulations! You have completed all the attestation questions. Only two steps remain: submitting the attestation electronically (next screen) and submitting a signed copy of the attestation (by mail/fax/e-mail).

The State of North Carolina looks forward to working with you as our State moves towards improving patient care through the adoption of electronic health records and health information exchange.

Thank you for your participation in this program!

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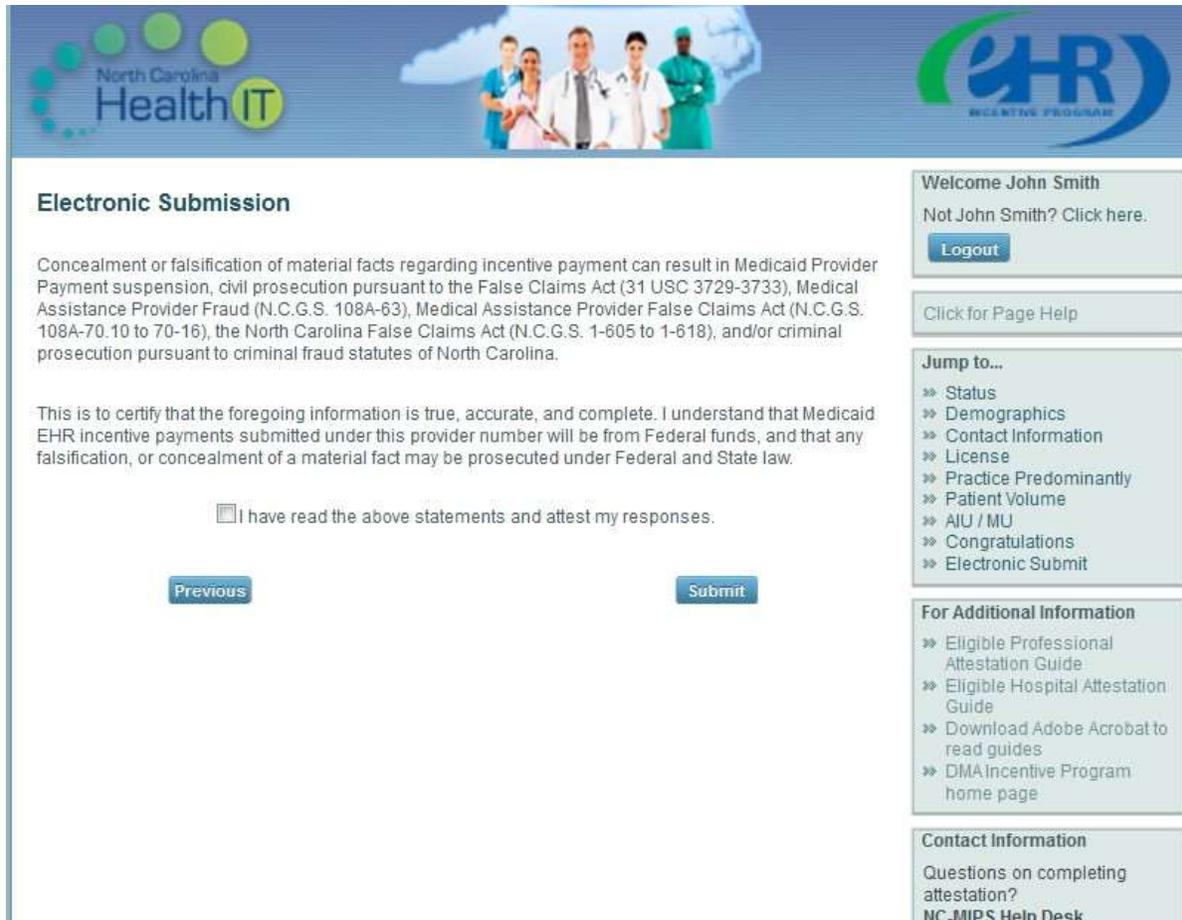
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Contact Information
Questions on completing attestation?
[NC-MIPS Help Desk](#)

Figure 27 – Congratulations Page

Electronic Submission

The Electronic Submission page is used to submit your electronic attestation and formally attest to the accuracy of the reported information. Refer to Figure 28 below.



Electronic Submission

Concealment or falsification of material facts regarding incentive payment can result in Medicaid Provider Payment suspension, civil prosecution pursuant to the False Claims Act (31 USC 3729-3733), Medical Assistance Provider Fraud (N.C.G.S. 108A-63), Medical Assistance Provider False Claims Act (N.C.G.S. 108A-70.10 to 70-16), the North Carolina False Claims Act (N.C.G.S. 1-605 to 1-618), and/or criminal prosecution pursuant to criminal fraud statutes of North Carolina.

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State law.

I have read the above statements and attest my responses.

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- » License
- » Practice Predominantly
- » Patient Volume
- » AIU / MU
- » Congratulations
- » Electronic Submit

For Additional Information

- » Eligible Professional Attestation Guide
- » Eligible Hospital Attestation Guide
- » Download Adobe Acrobat to read guides
- » DMA Incentive Program home page

Contact Information

Questions on completing attestation?
[NC-MIPS Help Desk](#)

Figure 28 – Submission Page

To attest to the accuracy of the reported information:

1. Read all the statements on the page.
2. If you agree, check the box for “I have read the above statements and attest to my responses.”
3. Click *Next*.
4. The [Print, Sign, Send](#) page opens.

Print, Sign, Send

Use the Print, Sign, Send page to print the attestation. The printed attestation must be signed and dated by the EP (reflecting the date of the most recently submitted attestation) and sent to the NC-MIPS Help Desk. Refer to Figure 29 below.

Print, Sign, and Send Attestation

You have completed the online attestation for the NC Medicaid EHR Incentive Program. In order to have the attestation validated for payment, we need a signed copy of your attestation.

Please follow the steps listed below:

1.  a copy of your attestation. Attestations may also be printed from the status page.
2. Sign and date the attestation.
3. Submit all pages of the signed attestation along with any supporting documentation ([what's this?](#)) to the NC-MIPS Help Desk using one of the methods listed:
 - Email a scanned copy to NCMedicaid.HIT@dhhs.nc.gov
 - Mail a copy to:
NC Medicaid EHR Incentive Program
2501 Mail Service Center
Raleigh, NC 27699-2501

Remember to retain all records in support of your submitted attestation.

The State of North Carolina looks forward to working with you on this important program. Please refer to the [DMA EHR Incentive Program Website](#) for more information on the attestation validation process. You may also track the status of your attestation on the status page.

Figure 29 – Print, Sign, Send Page

To finish the attestation process:

1. Click *Print* to print the attestation.
2. The attesting EP must sign and date the printed attestation him/herself and the date must reflect that of the most recently submitted attestation. A third party, such as a practice manager, **may not** sign the printed attestation on behalf of the EP. *Electronic signatures are not accepted in lieu of a manual signature.*
3. Collect any supporting documentation to send with the signed attestation (optional). This may include a copy of the EP's medical license, a purchase order or contract with an EHR vendor, and/or any additional information in support of attested information. Send the signed attestation and supporting documentation to the NC-MIPS Help Desk using one of the following methods:

*Email: NCMedicaid.HIT@dhhs.nc.gov

Phone Number: 919-814-0180



NC Medicaid EHR Incentive Program



Mailing Address: NC Medicaid EHR Incentive Program
2501 Service Center
Raleigh, NC 27699-2501

**Email is the preferred method of contact.*

Please note, effective June 1, 2013, the N.C. Medicaid EHR Incentive Program no longer accepts documentation via fax.

4. Retain copies of your signed attestation and supporting documents for at least six years in case of post-payment audit.
5. To see the status of an attestation, click *Go to Status Page* from the Print, Sign, Send Page.
6. Once you have finished, close the browser tab and wait for your payment to arrive. This takes roughly six to 10 weeks for an error-free attestation.

Next Steps

Please return to the NC-MIPS Portal at <https://ncmips.nctracks.nc.gov/> anytime to review the status of your attestation(s). Within six to 10 weeks' time, you should either receive your incentive payment (noted in the Financial Summary section of your Medicaid Remittance Advice) or hear from us regarding any additional information needed to validate your attestation.

After attesting to AIU, the next attestation will be for MU. Please refer to the EP MU Attestation Guide for attestation assistance.

Please help your fellow providers & physicians – if you leave a practice, please work with your organization to get your EHR print offs. Likewise, to all practices, please give EHR print offs to providers who leave your practice so they may be able to continue meaningfully using their EHRs.

Thank you for participating in the NC Medicaid EHR Incentive Program. We look forward to working with you to achieve meaningful use and improve patient care.

Glossary

AIU	Adopt, Implement, or Upgrade
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
DHHS	Department of Health and Human Services
DMA	Division of Medical Assistance
EHR	Electronic Health Record
EP	Eligible Professional
FQHC	Federally-Qualified Health Center
HIT	Health Information Technology
MPN	Medicaid Provider Number
MU	Meaningful Use
NC-MIPS	North Carolina Medicaid EHR Incentive Payment System
NCID	North Carolina Identity Management
NPI	National Provider Identifier
RHC	Rural Health Center
SSN	Social Security Number