



North Carolina Medicaid Electronic Health Record Incentive Program

Eligible Hospital Attestation Guide for Adopt/Implement/Upgrade and Meaningful Use NC-MIPS 2.0

Issue 1.11

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NC Medicaid EHR Incentive Program



The North Carolina Medicaid Program is providing this guide as reference for Eligible Hospitals (EH). For additional information, please contact the NC-MIPS Help Desk by email.

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



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Using This Guide

This guide helps an eligible hospital (EH) understand the information needed to attest for EHR Incentive Program payments with the NC Medicaid EHR Incentive Payment System (NC-MIPS). It provides step-by-step instructions to properly navigate and complete the attestation phase of the program.

The NC-MIPS Portal is available online. Through the Portal, EHs may enter the information needed to attest for incentive payments. EHs 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 Here 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.

EHR Incentive Program Overview

The North Carolina Medicaid EHR Incentive Program awards incentive payments to EHRs that use certified EHR technology in their daily operations.

As part of the federally-funded Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, the goal of the program is to encourage EHRs to adopt, implement, or upgrade (AIU) to a certified EHR technology, and then to demonstrate Meaningful Use (MU) of that technology. The program is expected to continue through 2022.

EHR incentive payments are based on a number of factors, including annual growth rates and projected discharges. The EHR incentive payment is calculated by starting with a base payment, then using a precise formula to adjust up or down, depending on specific hospital activity. The payment is then divided into three annual installments. The first installment is 50 percent, the second is 40 percent, and the third is 10 percent of the total payment amount.

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.

The American Recovery and Reinvestment Act of 2009 specifies three main components of Meaningful Use:

1. The use of a certified EHR in a meaningful manner, such as e-prescribing.
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
3. The use of certified EHR technology to submit clinical quality and other measures. Simply put, “meaningful use” means providers are using certified EHR technology in ways that can be measured significantly in quality and in quantity.

The NC Department of Health and Human Services (DHHS) administers this program. More information on the NC Medicaid EHR Incentive Program can be found at

<http://www.ncdhhs.gov/dma/provider/ehr.htm>.

Additional information is available from the Centers for Medicare & Medicaid Services (CMS) at

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/>.

Medicaid service providers may attest for incentive payments on the NC-MIPS Portal at

<https://ncmips.nctracks.nc.gov/>.

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>.

Before You Begin

If you are new to the program, the first step is to register for the Medicaid EHR Incentive Program through CMS at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>. Be sure to record your CMS Registration ID for use in attesting for a payment with North Carolina. When registering with CMS ensure you enter your EHR Certification Number when prompted. CMS does not require you enter an EHR Certification Number, but North Carolina requires it as part of your attestation.

If you have never attested for an incentive payment with NC, but have registered with CMS, you will need the following information to complete the attestation process:

- CMS Registration ID;
- Same National Provider Identifier (NPI) used when registering with CMS;
- Employer Identification Number (EIN) used when registering for CMS; and,
- Same North Carolina Medicaid Provider Number (MPN) used when registering with CMS. *Please note, if you don't know the MPN or enrolled with NC Medicaid on or after July 1, 2013, please enter an MPN of XXXXXXXX for that provider. If you see a pop-up warning, please ignore it and move forward with the attestation.*

You will need your NCID username and password to complete an attestation. If you do not have an NCID, please see the *Sign In* instructions on page 15 for details on how to set up an account. Prior to completing a "First-Time Account Set-Up" please confirm your NCID username and password are valid by visiting <http://ncid.nc.gov> and successfully logging in.

The NC-MIPS Portal 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 EH 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. The NC-MIPS Help Desk will ensure that you do not receive follow-up correspondence asking you to complete your attestation during that program year.

Please remember that even if you do not qualify for participation in the Medicaid EHR Incentive Program during this program year, you may attest to your eligibility during each of the remaining



NC Medicaid EHR Incentive Program



program years by completing and submitting a new attestation for that program year.

Recommended Documentation

After attesting to an AIU payment, it is recommended that your documentation illustrating that you have adopted, implemented, or upgraded certified EHR technology (for example, a purchase order or contract) be emailed or mailed with your signed and printed attestation.

Attesting for Meaningful Use

Hospitals will attest for MU with Medicare prior to attesting for MU with Medicaid.

Attestation Process Overview

The purpose of the AIU attestation process is to show that the EH has adopted, implemented, or upgraded to certified EHR technology. The purpose of the MU attestation process is to show that the EHs have successfully demonstrated meaningful use (MU) of that certified EHR technology.

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 provide tips when the system recognizes a problematic entry. Information that is required to proceed 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, the Portal 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
- Status
- Demographics
- Contact Information
- Patient Volume
- Cost Report
- Historical Cost Report Data
- AIU/MU
- Congratulations
- Electronic Submission
- Print, Sign, Send

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

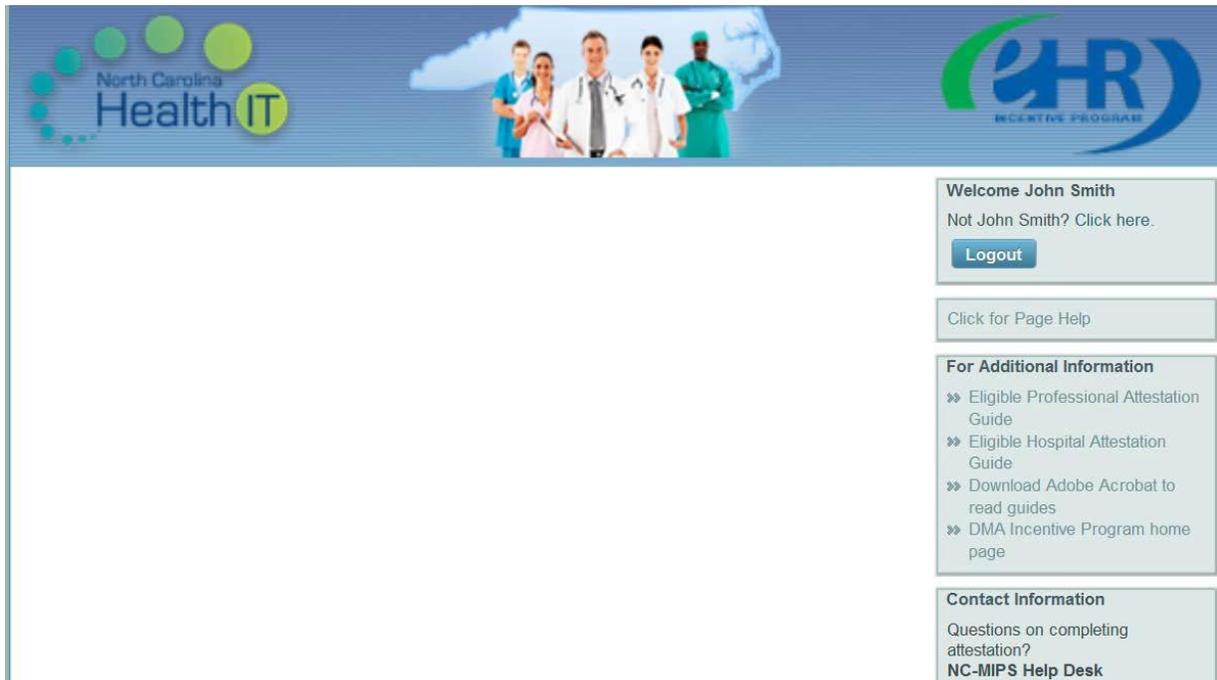


Figure 1 - NC-MIPS Portal Layout

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, log onto the NC-MIPS Portal and click *First Time Account Setup* to setup an account within NC-MIPS.

Once in the *First Time Account Setup*, fill in the required fields. The NCID Username and Password will be used for logging in to the NC-MIPS Portal.

Forget 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.

Page Help

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

Trouble logging in?

If you are still having difficulty logging into NC-MIPS, please refer to this NC-MIPS EP/EH Attestation User Guide and the [Quick Attestation Reference Guide](#) for guidance. 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. 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 hospital's name, NPI, NCID username, CMS Registration ID, MPN (if applicable), Program Year, a screenshot of the error message being received and a brief description of your issue.

Jump to...

Clicking *Next* will allow you to follow the attestation format as seen in the Portal. However, there may be occasions that you will 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: Only pages where you have already entered data will be active links.

Additional Information

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

The *Eligible Hospital 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* link and it will take you to a free download.

To learn more about the NC Medicaid 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 available 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 easily through the attestation process. Once you complete the information requested on the 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 below.

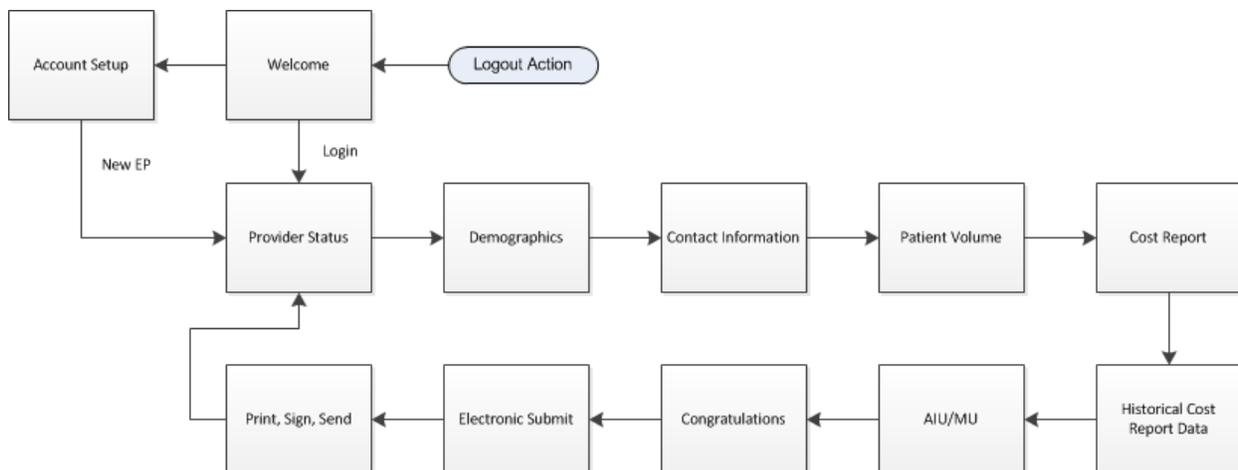


Figure 2 - Portal Navigation

Welcome

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



Figure 3 - Welcome Page

There may be announcements at the top of the page alerting you to attestation deadlines or EHR Incentive Program updates. If you are a first-time user:

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

If you are a returning user:

1. Enter your NCID Username and NCID Password.
2. Click *Login*.
3. The [Status](#) page opens.

First Time Account Setup

The Account Setup page is used for setting up a NC-MIPS account for the first time.



NC-MIPS First Time Account Setup

* indicates a required field

Welcome to NC-MIPS. All professionals and hospitals are required to complete an initial account setup to gain access to the portal.

Please enter the following information:

- * CMS Registration ID
- * NPI for CMS Registration
- * Last 4 digits of SSN/EIN for CMS Registration
- * North Carolina MPN

This portal requires the user to have a North Carolina identity management account (NCID). If you do not have an NCID, refer to the user guides (links on right) for instructions on obtaining an NCID. Visit <https://ncid.nc.gov> to obtain the NCID username and password for entry below.

* Username

* Password

[Previous](#) [Next](#)

Sign In

NCID Username

NCID Password

[Login](#)

First time Account Setup?
Forgot Username?
Forgot Password?

[Click for Page Help](#)

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 4 - Account Setup Page

If you already have an NCID Username and Password:

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



If you do not have an NCID Username and Password:

1. Click on the link for <https://ncid.nc.gov>.
2. The NCID login website displays in a new browser tab.
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*.
8. A new NCID account is created with the Username and Password you entered.
3. Return to the NC-MIPS Portal *Account Setup* page.
4. Enter the same CMS Registration ID.
5. Enter the same NPI used during CMS registration.
6. Enter the same Last 4 digits of SSN/EIN used during CMS registration.
7. Enter EH's NC MPN.
8. Enter EH's NCID Username.
9. Enter EH's NCID Password.
10. Click *Next*.
11. The [Status](#) page opens.



NCID Username and Password

To access the NC-MIPS Portal, you need a working NCID username and password. NCID is the standard identity management and access service used by the state. Before attesting, please check to ensure your NCID username and password are valid by logging into <http://ncid.nc.gov>. If you do not have a NCID account, please go to the NCID website and register at <https://ncid.nc.gov/pmf/Registration.html>.

It is best practice to keep the username and password used during your First Time Account Setup readily available as this will be the username and password you will need to access the NC-MIPS Attestation Portal throughout your participation in the NC Medicaid EHR Incentive Program.

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 a NCID account, or for login or password assistance, please call the NCID Customer Support Center at 800-722-3946 or 919-754-6000.

Status

The Provider Status page shows a history of the EH’s past and present attestations.

Status

		Provider Name	Jose Four
		CMS Registration ID	1000003024
		NPI	2000003024
		MPN	2154455

Program Year	Payment Year	Current Status	Activity Date
2015	1	Attestation in Process	Proceed
2014	1	Closed - No Attestation Submitted	

Figure 5 - Provider Status Page

Provider Status page shows the:

- **Program Year:** the calendar year for which the EH attested.
- **Payment Year:** the participation year (1 through 6).
- **Status:** an automatically updated description of where the EH is in the attestation validation process for a submitted attestation.

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:

- **Closed – no attestation submitted:** no attestation was submitted for that Program Year.
- **Attestation in process:** the EH is in the process of attesting.
- **Waiting for Signed Attestation:** the signed attestation has not yet been received. We cannot begin validations without a signed attestation (signed by the attesting EH).
- **Validating Attestation:** after the attestation is submitted, it will go through a series of validation checks and approvals at the state and federal levels. We will send an outreach email if any additional information is required to validate the attestation.
- **Awaiting Provider Information:** additional information was requested and we are waiting for the discrepancy to be addressed before moving forward with validations.
- **Canceled:** EH cancels their ‘in-process’ attestation, thereby signaling they would not like to participate for the current calendar year.
- **Withdrawn:** EH withdraws their ‘submitted’ attestation, thereby signaling they no longer wish to continue the attestation process for the current calendar year. Please note, when an attestation is withdrawn, 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 the 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. The contact person will no longer be contacted about a canceled attestation. This is not a permanent action. The EH may return to the attestation after the attestation is canceled.
- Withdrawn: after submitting the attestation, stop this attestation. The contact person will no longer be contacted about a canceled attestation. This is not a permanent action. The EH may return to the attestation after the attestation is canceled.
- Re-Attest: the EH may re-attest at any point after being denied.
- View/Print: view the attestation in a form that can be printed.

If the EH has not attested in years past, there will only be 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 EH through the attestation process.

If the EH wants to cancel participation in a given year:

1. Click *Cancel* for that program year.
2. There will be a pop-up warning message: "Canceling participation will stop communications regarding activities for this program year. The attestation can be reinstated any time by clicking *Proceed*."
3. To cancel the program year, click *OK*. The status changes to "Canceled."
4. If the EH does not wish to cancel the program year, click *Cancel*. The warning message box closes with no action performed.

To view or print an attestation:

1. Click *View/Print* to view or print a particular attestation.
2. A PDF of the attestation opens.
3. To print the attestation, use the window controls for printing.

Once reaching the Status page, users will see one of the scenarios described below. Please note, these examples are not from the current program year.

Example 1: ‘Program Year’ 2014 has expired and the EH is ready to attest for 2015. The Program Year 2014 row will be marked as “Closed-No Attestation Submitted” and the Program Year 2015 row will be active.

Status

Provider Name Jose Four
CMS Registration ID 1000003024
NPI 2000003024
MPN 2154455

Program Year	Payment Year	Current Status	Activity Date
2015	1	Attestation in Process	
2014	1	Closed - No Attestation Submitted	

Figure 6 - Screenshot of Example 1

Example 2: The Program Year 2012 has expired and 2013 program year has been “Paid”. EH didn’t return for program Year 2014 and is ready to attest again for Program Year 2015.

Program Year	Payment Year	Current Status	Activity Date
2015	2	Attestation in Process	
2014	2	Closed - No Attestation Submitted	
2013	1	Paid	03/28/2013
2012	1	Closed - No Attestation Submitted	

Figure 7 - Screenshot of Example 2

Example 3: Program Year 2014 and Program Year 2015 are both active; therefore, the EH can choose to attest for either Program Year 2014 or Program Year 2015. The red message does not prevent an EH from moving forward with an attestation. Please click 'Proceed' next to the Program Year for which they're attesting.

Status

Please complete your attestation with the current program year 2014 before attesting for 2015.

Provider Name	General Hospital
CMS Registration ID	1000003081
NPI	2000003081
MPN	4764376

Program Year	Payment Year	Current Status	Activity Date
2015	1	Attestation in Process	Proceed
2014	1	Attestation in Process	Proceed
2013	1	Closed - No Attestation Submitted	

Figure 8 - Screenshot of Example 3

Example 4: Two program years (2014 & 2015) are active. When the EH chooses to attest for Program Year 2014, the status for Program Year 2015 becomes "Cancelled".

Program Year	Payment Year	Current Status	Activity Date
2015	1	Cancelled	Proceed
2014	1	Attestation in Process	Cancel Proceed
2013	1	Closed - No Attestation Submitted	

Figure 9 - Screenshot of Example 4



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Example 5: If the Program Year 2014 has been 'Denied', the EH will be provided with two options:

- Re-attest for the denied attestation; or,
- Attest for the current program year.

Status

Please complete your attestation with the current program year 2014 before attesting for 2015.

Provider Name	John13569 Public13569
CMS Registration ID	1000535274
NPI	1740201458
MPN	7006259

Program Year	Payment Year	Current Status	Activity Date
2015	1	Attestation in Process	Proceed
2014	1	Attestation Denied	Re-attest
2013	1	Closed - No Attestation Submitted	

Figure 10 - Screenshot of Example 5

Demographics

This page allows EHRs 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.

Please note, if the North Carolina demographic information is not automatically populating within NC-MIPS, please verify your information on NCTracks.

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. If a NPI is not correct, please update it with [CMS](#) before proceeding.

NPI	
CCN	
* MPN	<input type="text"/>

Is the MPN 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
Legal Name		
Address		

Does the hospital information above match?

Yes No

[Previous](#)

[Next](#)

Figure 11 - Demographics Page

Only the MPN 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, as instructed, 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 EH's NPI, CCN, and MPN numbers.
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.
5. If the CMS information does not match or is incorrect, correct the information by clicking the *CMS* link in the instructions on this screen.
6. If the NC information does not match or is incorrect, or if the NC data is blank or incorrect, please update CMS or NCTracks before continuing.
7. If the information matches and is correct, click the *Yes* button for "Does the hospital information above match?"
8. Click *Next*.
9. 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.



Contact Information

* indicates a required field

Please complete the requested information for the primary contact person completing the attestation process for your hospital.

* First Name

Middle Name

* Last Name

* Job Title

* Address Line 1

Address Line 2

* City

* State

* Zip Code

* Email Address

* Phone Number

[Previous](#) [Next](#)

Welcome General Hospital
Not General Hospital? Click here.
[Logout](#)

[Click for Page Help](#)

Jump to...

- » Status
- » Demographics
- » Contact Information
- » Patient Volume
- » Cost Report Details
- » Cost Report History
- » AIJ / 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 12 - Contact Information Page

To enter the personal contact information:

1. Enter the contact person's Name.
2. Enter the contact persons' Job Title.
3. Enter the contact person's Address.
4. Enter the contact person's Email Address.
5. Enter the contact person's Phone Number.
6. Click *Next*.
7. The [Patient Volume](#) page opens.

Patient Volume

The Patient Volume page will help determine if you meet the Medicaid patient volume requirement for the program. Here you will enter the Total Medicaid Inpatient Acute Care Discharges, Total Medicaid Emergency Department (ED) Visits, Total Inpatient Acute Care Discharges, and Total ED Visits for your selected 90-day patient volume reporting period. 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

Enter the patient volume information for your selected 90-day period below.

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.

* MPN	* NPI	* Medicaid Inpatient Acute Care Discharges	* Medicaid Enrolled Zero Pay Encounters [Acute Care]	* Medicaid ED Visits	* Medicaid Enrolled Zero Pay Encounters [ED]	* Total Inpatient Acute Care Discharges	* Total ED Visits
11111111	111111111	10	66	10	66	100	50

Medicaid Patient Encounters 20
 Total Patient Encounters 150
 Medicaid Patient Volume Percentage 13%

Previous

Next

Welcome
Not Billie
Logout

Click for

Jump to

- » Status
- » Democ
- » Conta
- » Patie
- » AIU /
- » Cong
- » Elect

For Add

- » EP A
- » EP M
- » EH A
- » Down
- read
- » DMA
- page

Contact

Question
attestati
NC-MIP
Phone: (

Figure 13 - Patient Volume Page

To be eligible to participate in the program, EHS are required to have a minimum of 10% of total patient encounters attributed to Medicaid patients.

This percentage is calculated by dividing the sum of the Total Medicaid Acute Care Inpatient Discharges and Total Medicaid ED Visits by the sum of Total Acute Care Inpatient Discharges and Total ED Visits in a continuous 90-day period during the preceding federal fiscal year or in the most recent continuous 12-month period for which data are available prior to the payment year.

To attest to the Medicaid patient volume requirement:

1. Enter the Start Date of the continuous 90-day period from the previous federal fiscal year or the most recent continuous 12-month period for which data are available prior to the payment year, using the calendar tool or by typing the date.



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2. Enter the End Date of the continuous 90-day period from the previous federal fiscal year or the most recent continuous 12-month period for which data are available prior to the payment year, using the calendar tool or by typing the date.
3. Enter the EH's NC MPN.
4. Enter the EH's NPI.
5. Enter the number of Medicaid Inpatient Acute Care Discharges.
6. Enter the number of Medicaid Enrolled Zero Pay Encounters (Acute Care)
7. Enter the number of Medicaid ED Visits. Enter the number of Total Inpatient Acute Care Discharges.
8. Enter the number of Total ED Visits.
9. The Numerator, Denominator, and Percentage are calculated and displayed.
10. Click *Next*.
11. The [Cost Report](#) page opens.

Cost Report

On the Cost Report page, you provide details from your hospital’s 12-month cost reporting period. This is used to calculate your hospital’s EHR incentive payment. NC-MIPS will validate the information you enter in the requested fields against the referenced cost report. All fields on this page are required.

NOTE: The HMO data field should include only those inpatient days paid by Medicaid from your Medicaid cost report which were part of an inpatient stay with an admission and discharge that was attributable to a North Carolina Medicaid PIHP/LME, and/or any Out-of-State inpatient days paid by Medicaid.

Figure 14 - Cost Report Page

September 30th is the end of the federal fiscal year. The cost report referenced in this step of the process must be from the fiscal year prior to the year for which the EH is attesting. Therefore, you will enter detailed cost report information from the hospital’s most recently filed 12-month Medicaid cost report, ending before October 1st of the previous year.

The data required from your cost report is separated into three grids:

- Title XIX Inpatient Days.
- Total Inpatient Days.
- Total Charges and Days.

The tables below depict where you can find each cost report data element on your hospital’s cost report. If your cost report end date is before May 2010, you will find the required fields’ data references under the CMS 2552-96 column in each table. If your cost report end date is May 2010 or after, you will find the required fields’ data references under the CMS 2552-10 column in each table.

NOTE: The HMO data field should include only those inpatient days paid by Medicaid from your Medicaid cost report which were part of an inpatient stay with an admission and discharge that was attributable to a North Carolina Medicaid PIHP/LME, and/or any Out-of-State inpatient days paid by Medicaid.

Title XIX Days	Reference CMS Form 2552 Worksheet S-3, Part I	
	CMS 2552-96	CMS 2552-10
Hospital Adults & Pediatric Bed Days (Excludes Swing Bed, Observation Bed, and Hospice Days)	Line 1, Col 5	Line 1, Col 7
HMO	Line 2, Col 5*	Line 2, Col 7*
Intensive Care Unit	Line 6, Col 5	Line 8, Col 7
Coronary Care Unit	Line 7, Col 5	Line 9, Col 7
Burn Intensive Care Unit	Line 8, Col 5	Line 10, Col 7
Surgical Intensive Care Unit	Line 9, Col 5	Line 11, Col 7
Other Special Care	Line 10, Col 5	Line 12, Col 7
Total (Covered Days and Disciplines)	Line 12, Col 5	Line 14, Col 7

Table 1 - Title XIX Days

* Please note the following attestation requirement change*

Medicaid (Title XIX) HMO Inpatient Days derived from the Medicare cost report to be included within your attestation should exclude all other Medicaid eligible days that were **not** attributable to a North Carolina PIHP (Prepaid Inpatient Health Plan)/LME (Local Management Entity).

Final Rule 42 CFR §495.310, permits only paid inpatient bed days in the calculation of the Medicaid share of the EHR payment. If your attestation includes HMO Days, you should identify only those inpatient days from your Medicaid cost report which were part of an inpatient stay with an admission and discharge that was attributable to a North Carolina Medicaid PIHP/LME in the HMO data field.

NOTE: The HMO data field should include only those inpatient days paid by Medicaid from your Medicaid cost report which were part of an inpatient stay with an admission and discharge that was attributable to a North Carolina Medicaid PIHP/LME, and/or any Out-of-State inpatient days paid by Medicaid.

Total Paid Inpatient Days	Reference CMS Form 2552 Worksheet S-3, Part I	
	CMS 2552-96	CMS 2552-10
Hospital Adults & Pediatric Bed Days (Excludes Swing Bed, Observation Bed, and Hospice Days)	Line 1, Col 6	Line 1, Col 8
HMO	Line 2, Col 6	Line 2, Col 8
Intensive Care Unit	Line 6, Col 6	Line 8, Col 8
Coronary Care Unit	Line 7, Col 6	Line 9, Col 8
Burn Intensive Care Unit	Line 8, Col 6	Line 10, Col 8
Surgical Intensive Care Unit	Line 9, Col 6	Line 11, Col 8
Other Special Care	Line 10, Col 6	Line 12, Col 8
Total (Covered Days and Disciplines)	Line 12, Col 6	Line 14, Col 8

Table 2 - Total Paid Inpatient Days

NOTE: The HMO data field should include only those inpatient days paid by Medicaid from your Medicaid cost report which were part of an inpatient stay with an admission and discharge that was attributable to a North Carolina Medicaid PIHP/LME, and/or any Out-of-State inpatient days paid by Medicaid.

Total Charges and Days	Reference CMS Form 2552	
	CMS 2552-96	CMS 2552-10
Charity Care Charges	Does not appear on this version of the cost report; if using this cost report dated prior to May 1, 2010, enter data from your hospital's financial records.	Worksheet S-10 Line 20, Col 3
Total Charges and Days	Reference CMS Form 2552	
	CMS 2552-96	CMS 2552-10
Total Charges	Worksheet C, Part 1 Line 101, Col 8	Worksheet C, Part 1 Line 200, Col 8

Table 3 - Total Paid Inpatient Days



To attest to the hospital cost report:

1. Select the Month of Fiscal Year End from the drop down list.
2. Enter the Start Date using the calendar tool or by typing the date.
3. Enter the End Date using the calendar tool or by typing the date.
4. Enter the number of paid Hospital Adult & Pediatric Bed Days (exclude swing bed, observation bed, and hospice days) for the Title XIX and Total columns.
5. Enter the number of paid HMO days for the Title XIX and Total columns.
6. Enter the number of paid Intensive Care Unit days for the Title XIX and Total columns.
7. Enter the number of paid Coronary Care Unit days for the Title XIX and Total columns.
8. Enter the number of paid Burn Intensive Care Unit days for the Title XIX and Total columns.
9. Enter the number of paid Surgical Intensive Care Unit days for the Title XIX and Total columns.
10. Enter the number of paid Other Special Care days for the Title XIX and Total columns.
11. Enter the number of Total Charges.
12. Enter the number of Charity Care Charges.
13. Click *Next*.
14. The [Historical Cost Report Data](#) page opens.

Historical Cost Report Data

On the Historical Cost Report Data page you will be asked to provide the number of total discharges (if you are using CMS 2552-10, Worksheet S-3, Part I, Line 14, Column 15) from the last four full years of your hospital’s Medicaid cost reports. Less than four years of cost report data will only be accepted if the data is unavailable as a result of a merger, divestiture, CHOW, etc.

Historical Cost Report Data

* indicates a required field

If you need assistance filling out the below fields, click the *Click for Page Help* link on the right rail to read where to find each field in various versions of the CMS cost report.

	Start Date	End Date	Discharges
3 rd prior year	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 nd prior year	<input type="text"/>	<input type="text"/>	<input type="text"/>
* 1 st prior year	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Current Year	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Figure 15- Historical Cost Report Data Page

To attest to your historical cost report data:

1. Optionally enter the Start Date for 3rd prior year.
2. Optionally enter the End Date for 3rd prior year.
3. Optionally enter the number of Discharges for 3rd prior year.
4. Optionally enter the Start Date for 2nd prior year.
5. Optionally enter the End Date for 2nd prior year.
6. Optionally enter the number of Discharges for 2nd prior year.



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7. Enter the Start Date for 1st prior year.
8. Enter the End Date for 1st prior year.
9. Enter the number of Discharges for 1st prior year.
10. Enter the Start Date for Current Year.
11. Enter the End Date for Current Year.
12. Enter the number of Discharges for Current Year.
13. Click **Next**.
14. The [AIU/MU](#) page opens.

AIU or Meaningful Use

The Adopt, Implement, or Upgrade (AIU) or Meaningful Use (MU) page is used to collect information on the activities the EH undertook to adopt, implement, or upgrade to a certified EHR technology OR where the EH can attest for MU. For definitions of AIU, see page 1 of this guide.

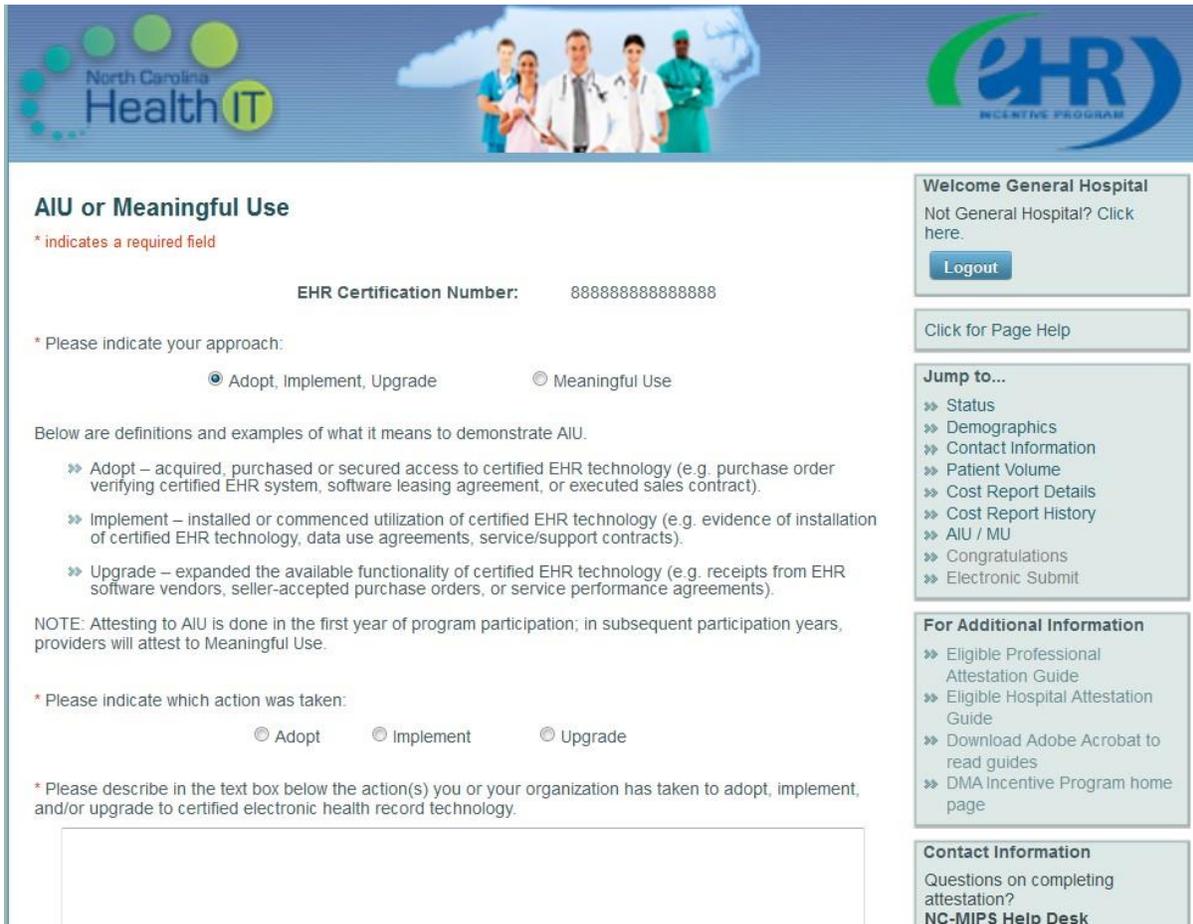


Figure 16 - AIU/MU Page

Your EHR Certification Number is displayed for your use.

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 EH’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.



To enter Meaningful Use activities:

1. First, attest to Meaningful Use with the Medicare EHR Incentive Program.
2. Then, under “Please indicate your approach”, click the *Meaningful Use* radio button.
3. Under “Please indicate your Meaningful Use reporting period”, select a button to indicate the reporting period you are attesting for: *90-day reporting period or 365-day reporting period*.
4. Enter the ‘Start Date’ of the continuous 90 or 365-day period (same reporting period as Medicare).
5. Enter the ‘End Date’ of the continuous 90 or 365-day period (same reporting period as Medicare).
6. Click *Next*.
7. The [Congratulations](#) page will open.

For a detailed look at the attestation schedule for EHRs, please see [Appendix A](#).

Congratulations

Congratulations! You have completed the attestation questions.



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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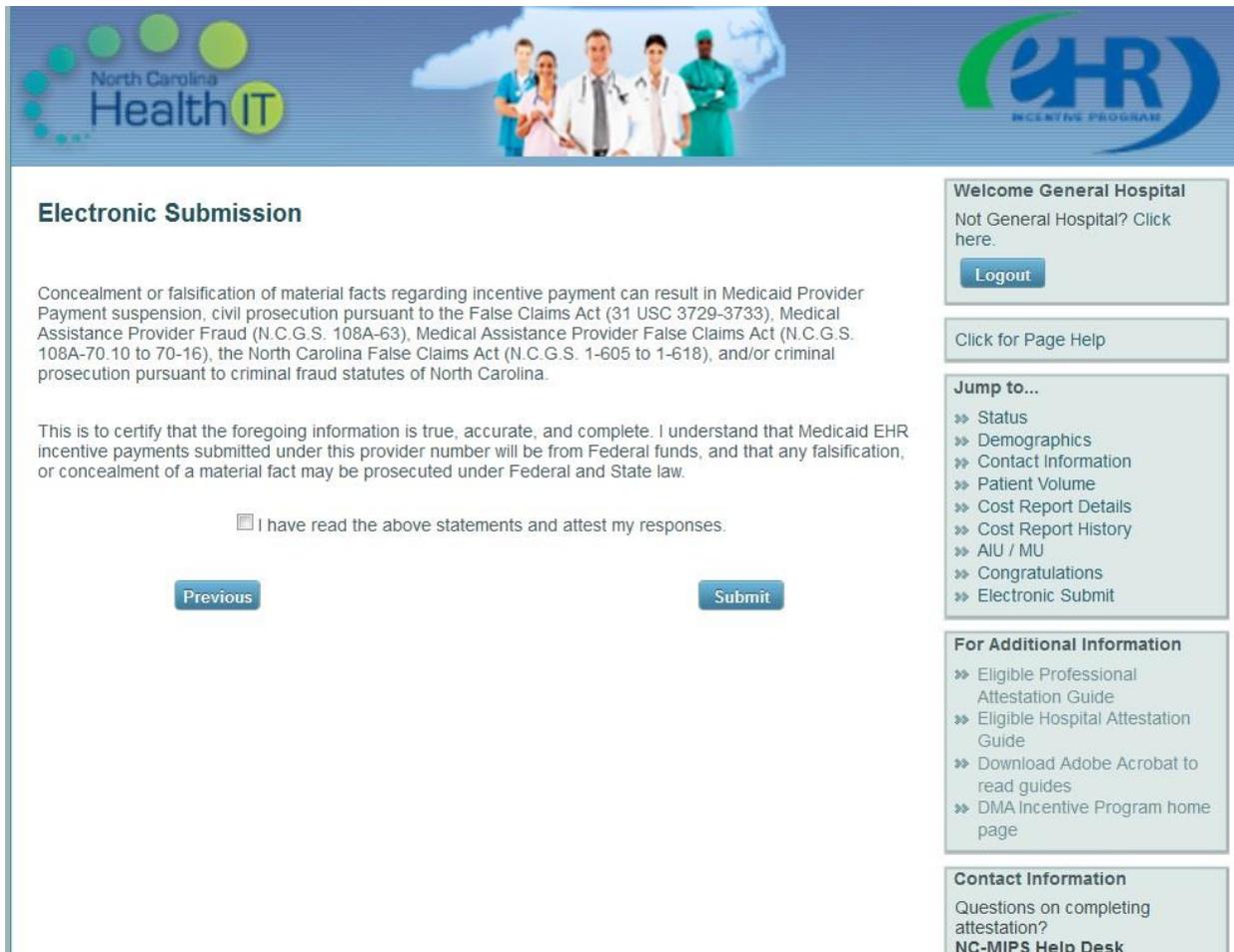
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Figure 17 - Congratulations Page

Click *Next* to continue to the [Electronic Submission](#) page.

Electronic Submission

The Electronic Submit page is used to submit your electronic attestation and formally attest to the accuracy of the reported information.



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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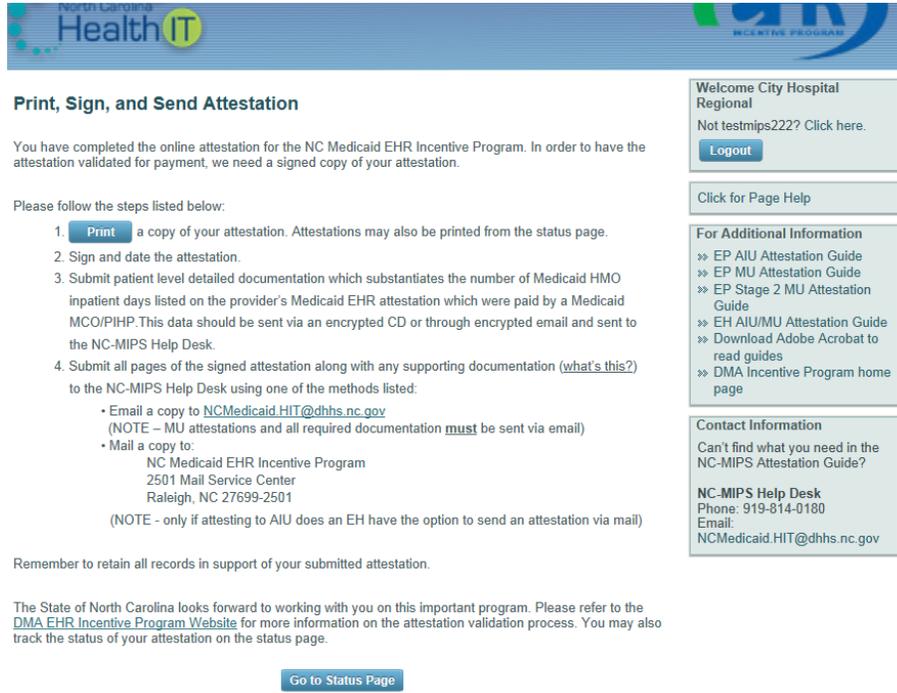
Figure 18 - Electronic Submission Page

To attest to the accuracy of the attestation 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 an authorized representative/official of the hospital and sent to the NC-MIPS Help Desk.



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. **Print** a copy of your attestation. Attestations may also be printed from the status page.
2. Sign and date the attestation.
3. Submit patient level detailed documentation which substantiates the number of Medicaid HMO inpatient days listed on the provider's Medicaid EHR attestation which were paid by a Medicaid MCO/PIHP. This data should be sent via an encrypted CD or through encrypted email and sent to the NC-MIPS Help Desk.
4. 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 copy to NCMedicaid.HIT@dhhs.nc.gov (NOTE – MU attestations and all required documentation **must** be sent via email)
 - Mail a copy to:
 - NC Medicaid EHR Incentive Program
 - 2501 Mail Service Center
 - Raleigh, NC 27699-2501

(NOTE - only if attesting to AIU does an EH have the option to send an attestation via mail)

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.

[Go to Status Page](#)

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Can't find what you need in the NC-MIPS Attestation Guide?

NC-MIPS Help Desk
Phone: 919-814-0180
Email: NCMedicaid.HIT@dhhs.nc.gov

Figure 19 - Print, Sign, Send Page

The attestation must be physically signed and dated. Stamps or electronic signatures are not accepted. The signed attestation should be sent electronically to NCMedicaid.HIT@dhhs.nc.gov.

To finish the attestation process:

1. Click *Print* to print the attestation.
2. Have an authorized representative/official of the hospital sign and date the printed attestation.
3. Along with their signed attestations, EHs are required to submit patient level detailed documentation which substantiates the number of Medicaid HMO inpatient days listed on the provider's Medicaid EHR attestation which were paid by a Medicaid MCO/PIHP. Documentation in support of Medicaid HMO inpatient days should be sent via an encrypted CD or via encrypted email file to the NC-MIPS Help Desk. Also, while it's not required, EHs are encouraged to submit any supporting documentation. This may include a copy of a purchase order or contract with an EHR vendor, and/or any additional information in support of attested information. Send the required patient level detailed documentation, signed attestation and supporting documentation to



NC Medicaid EHR Incentive Program



NCMedicaid.HIT@dhhs.nc.gov

4. Retain copies of your signed attestation and supporting documents.
5. To see the status of an attestation, click *Go to Status Page* from the Print, Sign, Send page.



Next Steps

Please return to the NC-MIPS Attestation 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.

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
CAH	Critical Access Hospital
DHHS	Department of Health and Human Services
ED	Emergency Department
EHR	Electronic Health Record
EH	Eligible Hospital
EIN	Employer Identification Number
EP	Eligible Professional
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
SSN	Social Security Number

Appendix 1 - Attestation Schedule for EHS

Clarification on CMS Guidance around Medicaid Attestations for Eligible Hospitals

In light of recent guidance from CMS, the NC Medicaid EHR Incentive Program wants to provide all eligible hospitals (EH) with additional guidance around attesting for the NC Medicaid EHR Incentive Program.

In short, once an EH attests to Medicare, it will follow the Medicare reporting schedule for Medicaid attestation.

As made evident by the charts below, EHs that attest with Medicaid before Medicare may receive an incentive payment for adopting, implementing or upgrading (AIU), while EHs that attest with Medicare first must report on meaningful use (MU) in order to receive Medicaid payments.

Even if you've already attested to MU for Medicare, it is a simple process to submit your MU attestation for Medicaid.

1. Ensure dual eligibility applies for both the Medicare and Medicaid programs
2. Sign into the NC-MIPS Portal with your NCID
3. Confirm demographic information and enter cost report, patient volume, and contact information
4. Select MU on the attestation page, and key in the same reporting period used for the current year's Medicare attestation
5. Print, sign & send your attestation

That's it. There is no need to re-report the MU data you submitted to Medicare. The tables below describe examples of scenarios hospitals may find themselves in. To preface, the tables are based on the assumption that after the EH attests once, it will be attesting to both programs each year.

****NOTE: The scenarios below are based on the assumption that an EH is dually eligible. After attesting to 90 days of MU with Medicare, EHs will always attest to 365 days of MU for each of their payment years thereafter. Even if the EH skips a year with Medicaid, it will still be required to attest to 365 days of MU.***

Scenario 1: *EH attests to Medicare 1st and then attests with Medicaid in 2012.*

	Payment Schedule (Based on FFY)	Earliest Date to Attest with Medicaid in the NC-MIPS MU Portal
Attests with Medicare before Medicaid in same year	In 2012: 1 st payment year For Medicare & Medicaid – attest to 90 days of MU In 2013 & beyond: For Medicare & Medicaid – will attest to 365 days of MU	8/20/12 (after attestation with Medicare) - opening of NC-MIPS MU Portal

For Medicaid Participation: Attest to 90 days of MU for the first payment year, then attest to 365 days of MU for each of the following payment years (payment years 1, 2, and 3).

Further explanation: If the EH first attested with Medicare, and would like to attest with Medicaid in the same year, the EH will follow the Medicare reporting requirements when attesting with Medicaid.

This means, if the EH reported 90 days of MU with Medicare in 2012, it will report 90 days of MU in 2012 with Medicaid as well – even if 2012 is its first payment year with the Medicaid EHR Incentive Program. Furthermore, after its first year of participation, the EH will attest to 365 days of MU for every additional year it participates (payment years 2 and 3).

In other words, if the EH attests with Medicare first, the EH will NOT attest to AIU for the Medicaid program.

Scenario 2: *EH attests with Medicaid 1st and then attests with Medicare in 2012.*

	Payment Schedule (Based of FFY)	Earliest Date to Attest with Medicaid in the NC-MIPS MU Portal (for year 2 MU payment)
Attested to Medicaid before Medicare in same year	In 2012: For Medicaid – attests to AIU For Medicare – attests to 90 days of MU	10/1/13 (after attestation with Medicare) - need a full fiscal year to report on 365 days of MU

	<p>In 2013 & beyond: For Medicaid & Medicare – attest to 365 days of MU</p>	
--	--	--

For Medicaid Participation: Attest to AIU the first payment year, then attest to 365 days of MU for each of the following payment years (payment years 2 and 3).

Further explanation: If the EH reports with Medicaid first in 2012 and would like to attest with Medicare in the same year, the EH will attest to AIU during its first payment year in the NC Medicaid EHR Incentive Program, and will attest to 90 days of MU with Medicare.

Because Medicare requires an EH to attest to 90 days of MU during its first payment year, when the EH comes back to attest with Medicaid (in payment years 2 and 3), it will be attesting to 365 days of MU for both Medicaid & Medicare. The EH will NOT attest to 90 days of MU with Medicaid.

Scenario 3: *EH attested with Medicare in 2011 and wishes to attest with Medicaid for the first time in 2012.*

	Payment Schedule (Based on FFY)	Earliest Date to Attest with Medicaid in the NC-MIPS MU Portal
Attested with Medicare in 2011, and then attested to Medicaid in 2012	<p>In 2011: 1st payment year For Medicare – attested to 90 days of MU</p> <p>In 2012 & beyond: For Medicare & Medicaid – will attest to 365 days of MU</p>	10/1/12 (after attestation with Medicare) - need a full fiscal year to report on 365 days of MU

For Medicaid Participation: Attest to 365 days of MU for the first payment year and beyond (payment years 1, 2, and 3).

Further Explanation: If the EH successfully attested with Medicare in 2011 and waits until 2012 to attest with Medicaid for the first time, it will be required to attest to 365 days of MU with Medicaid.

In other words, if the EH attests with Medicaid a year after attesting with Medicare, it will NOT attest to AIU or 90 days MU with Medicaid. Instead, it will attest to 365 days of MU for every year of its participation in the Medicaid Incentive Program (payment years 1, 2, and 3).

Scenario 4: *EH attested with Medicaid in 2011, and then attests with Medicare for the first time in 2012.*

	Payment Schedule (Based on FFY)	Earliest Date to Attest with Medicaid in the NC-MIPS MU Portal
Attested with Medicaid in 2011, and then attests with Medicare in 2012	<p>In 2011: 1st payment year</p> <p>For Medicaid – attested to AIU</p> <p>In 2012:</p> <p>For Medicare & Medicaid - will attest to 90 days of MU</p> <p>In 2013:</p> <p>For Medicare & Medicaid – will attest to 365 days of MU</p>	8/20/12 (after attestation with Medicare) - opening of NC-MIPS MU Portal

For Medicaid Participation: Attest to AIU in the first payment year, attest to 90 days of MU in the second payment year, and attest to 365 days of MU in the third payment year.

Further Explanation: If the EH attested with Medicaid in 2011 and waits until 2012 to attest with Medicare, it attested to AIU for its first payment year with the NC Medicaid EHR Incentive Program.

When the EH comes back to attest for its second payment year with Medicaid in 2012, it will attest to 90 days of MU. When the EH comes back to attest with Medicaid, it will attest to 365 days of MU.

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.