

**Helping Healthcare Providers Adopt  
Electronic Health Records and  
Achieve Meaningful Use**



***DC Medicaid Promoting  
Interoperability Program:  
Attestation Process  
Overview***

**On-Demand Webinar Part 1**



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Technical Assistance Team Lead

eHealthDC, a DHCF-funded program

### What is DHCF's Role as DC's State Health IT Coordinator?

In this capacity, DHCF leads health IT policy and implementation of HIE services across the city, and has a specific charge to:

1. **Administer** the **Medicaid EHR Incentive Program** to encourage the adoption and meaningful use of electronic health records by Medicaid providers
2. **Direct** the **use of 90% federal CMS Matching funds** for HIE infrastructure development to support Medicaid providers' effective use of health IT

### How do DHCF and eHealthDC work together?

DHCF funds and directs eHealthDC, a District of Columbia Primary Care Association program, with a specific charge to:

1. Provide **FREE technical assistance** to help DC's Medicaid eligible professionals meet Meaningful Use objectives
2. Give health care professionals guidance on **how to use EHRs and health IT** to better serve patients
3. Serve as the District's **"one-stop-shop" for health IT and HIE resources**



## Part 1: Process Overview

- Steps to attest
- Pre-Payment verification
- Attestation resources



## Part 2: Document Preparation

- New DC State Level Registry (SLR)
- Supporting documents to submit
- Tips to prepare documents



## Part 3: Attestation Demonstration

- New DC SLR features
- SLR demonstration

# WEBINAR PART 1: THE PROCESS TO ATTEST IN THE DISTRICT

- **Purpose**

- Learn the steps in the process to attest to the Department of Health Care Finance (DHCF) Medicaid Promoting Interoperability (PI) Program

- **Topics**

- Steps to attest
- Pre-payment verification
- DHCF and eHealthDC resources

- **Audience**

- The individual who will prepare and perform attestation:
  - Eligible Providers (EPs) enrolled in the PI Program, and
  - Practice leadership and staff who support operations and management

# THE PI PROGRAM ATTESTATION PROCESS HAS THREE STEPS

**Provider verifies program registration information in the National Level Registry (NLR) and makes updates, if necessary**

Step 1

**TIMELINE:** Changes made to NLR information will take 48 hours to be updated in the SLR

**Provider submits complete attestation in the State Level Registry (SLR)**

Step 2

**TIMELINE:** Program year dates will be posted on the DHCF Medicaid PI Program site

**DHCF performs pre-payment verification (PPV) and distributes incentive**

Step 3

**PAYMENT RELEASE TIMELINE:** Within one week of approving a complete attestation, including all supporting documentation

# ATTESTATION STEP 1: National Level Registry

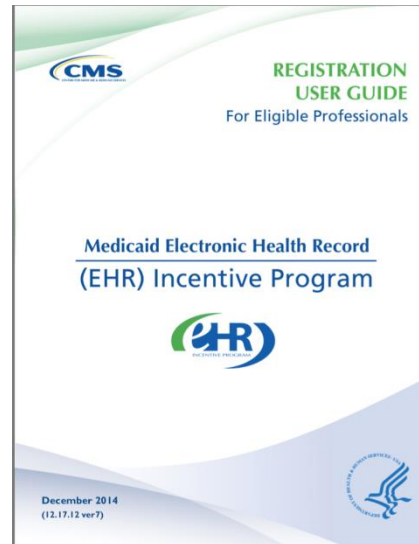
Step 1:  
NLR

Step 2:  
SLR

Step 3:  
PPV

- Access the NLR website
  - Link: <https://ehrincentives.coms.gov>
- Reference the ***CMS Registration and Attestation User Guide*** for step-by-step details
  - Link: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP\\_RegistrationUserGuide.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf)

Source: *CMS Registration and Attestation User Guide*



# ATTESTATION STEP 1: National Level Registry

Step 1:  
NLR

Step 2:  
SLR

Step 3:  
PPV

- Log in with your National Plan and Provider Enumeration System (NPPES) web user account ID and password to access the NLR system

Source: CMS Registration  
and Attestation User  
Guide

**Login Instructions**

**Promoting Interoperability**

- CMS is dedicated to improving interoperability and patient access to health information. To better reflect this focus, the EHR Incentive Program is renamed to the Promoting Interoperability (PI) Programs.

**Eligible Professionals (EPs)**

- If you are an EP you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.
- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (IAMS) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an IAMS web user account, [Create a Login](#) in the IAMS System.

**Eligible Hospitals**

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in [NPPES](#).
- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (IAMS) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an IAMS web user account, [Create a Login](#) in the IAMS System.

**Associated with both Eligible Professionals (EPs) and Eligible Hospitals**

- If you are an EP using your NPPES web user account, you may also be permitted to work on behalf of a hospital. Navigate to the IAMS System and use your NPPES User ID and password to request to work on behalf of an organization.
- Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital(s). An Identity and Access Management system (IAMS) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not have an IAMS web user account, [Create a Login](#) in the IAMS System.

**Account Management**

- If you are an existing user and need to reset your password, visit the [IAMS User Guide](#).
- If you are having issues with your User ID/Password and are unable to log in, please contact your helpdesk: Medicare Eligible Hospital and Qualifying Eligible Hospitals: Contact Quality Net help desk at [qnethelp@qnet.org](mailto:qnethelp@qnet.org) or 1 (866) 288-8912.
- Medicare Eligible Professionals: Contact the Quality Payment Program help desk at 1 (866) 288-8202 and choose the EHR Incentive Program legacy call option or [click here](#).
- Medicaid Eligible Hospitals and Medicaid Eligible Professionals: Contact your EHR State Medicaid Administrator.

(\*) Red asterisk indicates a required field.

\*User ID:

\*Password:

[View our check list of required materials here.](#)

**eHealthDC Tip** ➤ Forgot your password?  
Call the PECOS Help  
Desk at: (866) 484-8049





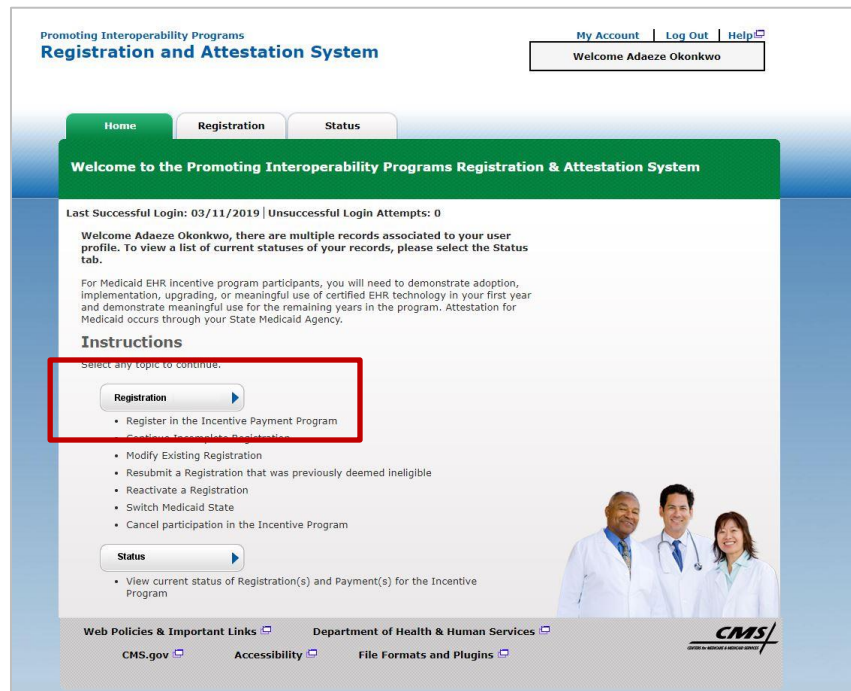
# ATTESTATION STEP 1: National Level Registry

Step 1:  
NLR

Step 2:  
SLR

Step 3:  
PPV

- Navigate to access the Registration section of the NLR system



Source: CMS Registration and Attestation User Guide

# ATTESTATION STEP 1: National Level Registry

Step 1:  
NLR

Step 2:  
SLR

Step 3:  
PPV

- Verify all registration information, including
  - Eligible Professional identifiers
  - Payee information
  - State program participation  
*(no screen shot available)*
- Click **SAVE** for registration information changes to update in the SLR

Source: CMS  
Registration and  
Attestation User  
Guide

Home Registration Attestation Status

Progress: 0 of 1

### Personal Information

**Eligible Professional Identifiers**

First Name: **Your Name**  
Middle Name: **Your Name**  
Last Name: **Your Name**  
Suffix:  
Social Security Number (SSN): XXX-XX-2444  
National Provider Identifier (NPI): XXXXXXXXXX

**Payee Information**

(\*) Red asterisk indicates a required field.

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

\*Please select the payee TIN type for your EHR Registration.

Select

# ATTESTATION STEP 1: National Level Registry

Step 1:  
NLR

Step 2:  
SLR

Step 3:  
PPV

- Review registration information
- Click **SUBMIT REGISTRATION**
- Locate and save CMS Registration ID to enter in Step 2 (DC SLR)

The screenshot displays the 'Verify Registration' interface. At the top, there are tabs for 'Home', 'Registration', 'Attestation', and 'Status'. The 'Registration' tab is active. Below the tabs, the title 'Verify Registration' is shown. The main content area is titled 'Registration Information' and contains a paragraph: 'Please review the summary below to ensure this is the correct registration information. If the summary below is correct, select the **Submit Registration** button at the bottom of this page.' Below this text, there are two columns of registration details. The left column includes: 'Registration ID: 1000041161' (highlighted with a red box), 'Name: Jane Doe, MD', 'TIN: XXX-XX-3568 (SSN)', 'NPI: 000000000000', and 'Incentive Program: Medicaid'. The right column includes: 'Business Address: Any Street, Canton, MA, 02021-2923', 'Phone #: (781) 000-0000', 'Ext #:', and 'E-Mail: Jane.Doe@email.com'. To the right of the registration details, there is a yellow box labeled 'Your Name' containing 'Tax Identifier: XXX-XX-3568 (SSN)' and 'NPI: 000000000000'. At the bottom of the page, there is a photo of three healthcare professionals and a prompt: 'Please select the **Submit Registration** button to proceed with the registration submission process, or the **Exit** button to go to the Home Page.'

Source: CMS Registration and Attestation User Guide

## ATTESTATION STEP 2: State Level Registry

Step 1:  
NLR

Step 2:  
SLR

Step 3:  
PPV

- Access the new DC SLR
  - Link: <https://dcslr.thinkhts.com>
- Log in with your NPI and CMS Registration ID

\*\*\*  
The District of Columbia  
State Level Repository  
Department of Health Care Finance Promoting Interoperability Program

DC Medicaid Promoting Interoperability Program

SLR Provider Guides  
CMS PI Program Site  
DC Medicaid PI Program Site  
Email to DC PI Program  
Email DC SLR Help Desk  
eHealthDC Technical Assistance

Welcome to the District of Columbia State Level Repository (SLR)

The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH) participating in Medicare and Medicaid programs that are meaningful users of certified electronic health record (EHR) technology. The incentive payments are not a reimbursement, but are intended to encourage EPs and EHs to adopt, implement, or upgrade (AIU) to certified EHR technology and use it in a meaningful manner.

The District of Columbia Medicaid State Level Repository (SLR) is designed for eligible professionals (EP) and eligible hospitals (EH) to attest to meeting the requirements for the DC Medicaid Promoting Interoperability (PI) Program. The DC Medicaid PI Program is administered by DC Department of Health Care Finance (DHCF).

Already registered with CMS?

Please enter your NPI and CMS Registration ID in the fields provided to access the DC Medicaid SLR. If you do not know your CMS Registration ID, please return to your CMS registration to retrieve that ID; or, contact the CMS EHR Information Center for assistance: (888) 734-6433.

Please enter your NPI

Please enter your CMS Registration ID

Submit

### eHealthDC Tip



- Webinar Part 2 provides SLR document tips
- Webinar Part 3 demonstrates the new DC SLR

## ATTESTATION STEP 2: State Level Registry

Step 1:  
NLR

Step 2:  
SLR

Step 3:  
PPV

- Prepare and submit all supporting documentation to support your selected PI reporting period, and to prove eligibility for the PI Program incentives
- Reference the following resources during this process
  - ***DHCF SLR User Guide for Eligible Professionals*** for step-by-step details to submit documents
  - ***DHCF Medicaid Promoting Interoperability Attestation Checklist*** for document preparation
- Submit complete attestation, including supporting documentation, before the close of the PI Program Year

## ATTESTATION STEP 3: Pre-Payment Verification

Step 1:  
NLR

Step 2:  
SLR

Step 3:  
PPV

- DHCF performs a rigorous pre-payment verification process following receipt of all supporting documentation referenced in the ***DHCF Medicaid Promoting Interoperability Attestation Checklist***
- Payment is released one week following approval of a complete attestation, including supporting documentation

### eHealthDC Tip



- **SUBMIT COMPLETE ATTESTATION, INCLUDING SUPPORTING DOCUMENTATION, BY CLOSE OF PI PROGRAM YEAR**

# RESOURCES ARE AVAILABLE TO PREPARE AND PERFORM ATTESTATION

## ATTESTATION RESOURCE INFORMATION

NLR

Website: CMS Promoting Interoperability Programs - Registration and Attestation System

<https://ehrincentives.cms.gov>

CMS Registration User Guide for Medicaid Eligible Professionals

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP\\_RegistrationUserGuide.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf)

Website: DHCF PI Program Website

<https://dhcf.dc.gov/page/medicaid-electronic-health-record-ehr-incentive-program>

Website: DHCF DC SLR

<https://dcslr.thinkhts.com>

DHCF SLR User Manual

*Available from DHCF PI Program, DHCF DC SLR, and eHealthDC websites*

DHCF DHCF Medicaid PI Attestation Checklist

DHCF Patient Volume Workbook

Website: eHealthDC

<https://www.e-healthdc.org>

eHealthDC Patient Volume Tipsheet

*Available from DHCF PI Program, DHCF DC SLR, and eHealthDC websites*

eHealthDC MEIP Checklist

SLR

### Department of Health Care Finance

- Eduarda Koch, for ***general program inquiries***
  - Eduarda.Koch@dc.gov | (202) 673-3561
- Adaeze Okonkwo, for ***pre-payment verification inquiries***
  - Adaeze.Okonkwo@dc.gov | (202) 478-9227

### eHealthDC and your TA Specialist

- Contact@e-HealthDC.org | (202) 552-2331

### DHCF website

- Link: <https://dhcf.dc.gov/page/ehr-incentive-payments>

### eHealthDC website

- Link: <https://www.e-healthdc.org>



# THANK YOU



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[www.e-healthdc.org](http://www.e-healthdc.org)



**Helping Healthcare Providers Adopt  
Electronic Health Records and  
Achieve Meaningful Use**



***DC Medicaid Promoting  
Interoperability Program:  
Document Preparation***  
**On-Demand Webinar Part 2**



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- New DC State Level Registry (SLR)
- Supporting documents to submit
- Tips to prepare documents



## Part 3: Attestation Demonstration

- New DC SLR features
- SLR demonstration

## WEBINAR PART 2: DOCUMENT PREPARATION AND SUBMISSION

- **Purpose**

- Learn about the supporting documentation to meet Department of Health Care Finance (DHCF) Medicaid Promoting Interoperability (PI) Program requirements for complete attestation

- **Topics**

- New DC State Level Registry System (SLR)
- Required supporting documentation to submit to the SLR
- Tips to prepare supporting documentation

- **Audience**

- The individual who will prepare and perform attestation:
  - Eligible Providers (EPs) enrolled in the PI Program, and
  - Practice leadership and staff who support operations and management

The streamlined SLR system is **more user-friendly** and makes the attestation process **simple and efficient** for providers

## What's new?

- Updated URL: <https://dcslr.thinkhts.com>
- Username is the same as your NPI and the password is your CMS registration ID
- Wet signature requirements are eliminated, and providers (and those attesting on behalf of a provider) can electronically sign to complete attestation

The screenshot shows the login page for the District of Columbia State Level Repository (SLR). The header includes the DC flag and the title 'The District of Columbia State Level Repository' under the 'Department of Health Care Finance Promoting Interoperability Program'. A sidebar on the left lists links: 'SLR Provider Guides', 'CMS PI Program Site', 'DCHC DPHS Site', 'DC Medicaid PI Program Site', 'Email to DC PI Program', 'Email DC SLR Help Desk', and 'eHealthDC Technical Assistance'. The main content area has a 'Welcome to the District of Columbia State Level Repository (SLR)' message, explaining that the Centers for Medicare & Medicaid Services (CMS) has implemented provisions of the American Recovery and Reinvestment Act of 2009 (ARRA) for eligible professionals (EP) and eligible hospitals (EH). It states that the SLR is designed for EPs and EHs to attest to meeting requirements for the DC Medicaid Promoting Interoperability (PI) Program. Below this, a section titled 'Already registered with CMS?' asks users to enter their NPI and CMS Registration ID to access the SLR. A 'Submit' button is at the bottom of the form.

# THE DHCF ATTESTATION CHECKLIST LISTS NINE DOCUMENTS FOR SLR SUBMISSION

1. Eligible Provider (EP) Workbook
2. Summary Level Patient Volume Report
3. Dashboard Report for PI Objectives and eClinical Quality Measures (eCQMs)
4. Certified Electronic Health Record Technology (CEHRT) Vendor Letter
5. Public Health Registry Letter
6. Clinical Decision Support (CDS): Drug/Drug functionality
7. CDS: Drug formulary functionality
8. Security Risk Analysis Summary Letter
9. FQHC Letter (if applicable)

The screenshot shows the 'District of Columbia's Medicaid Promoting Interoperability ATTESTATION CHECKLIST'. It includes logos for DHCF and eHealthDC. The text states that eligible providers must submit supporting documentation to validate attested measures. It lists three required documents: 1. EP Workbook, 2. Summary Level Patient Volume Report, and 3. Dashboard Report for PI Objectives and Clinical Quality Measures (eCQMs). Each item has a checkbox and a brief description of what the report should contain. There are also 'Please note' sections for each item regarding PHI and electronic reporting.

**District of Columbia's Medicaid Promoting Interoperability  
ATTESTATION CHECKLIST**

Eligible Providers that participate in the Promoting Interoperability Program will be required to submit supporting documentation to validate all attested measures to determine eligibility for the program. Per DC Regulation Chapter 89, Title 29, all supporting documentation used during the attestation must be retained for at least **10 years**. If there are any concerns or questions regarding supporting documentation, please reach out to the District of Columbia of Healthcare Finance Health IT Team at [DCSLR@dc.gov](mailto:DCSLR@dc.gov).

**Required Documentation**

- ☐ **EP Workbook** - Comprehensive report required for each attestation validating the provider and/or group's eligibility for the program.
  - o EP Workbook template located [here](#).
- ☐ **Summary Level Patient Volume Report** - Report validating the patient volume data entered during the attestation which includes a summary of patient volume and a detailed report of the patient encounter. Patient encounter documentation should contain the information listed below for all encounters during the selected reporting period (90 days during the Calendar Year prior to the Program Year):
  - Provider name or unique identification number
  - Date of service
  - Place of service
  - Payment status (paid or not paid)
  - Payer name (Blue Cross Blue Shield, Medical Assistance, Priority Partners, etc.)
  - Payer type (Medicaid, private, Medicare, self-pay, etc.)
  - o **Please note:** Patient Protected Health Information (PHI) must be masked, blurred, or removed prior to submission.
- ☐ **Dashboard Report for Promoting Interoperability (PI) Objectives and Clinical Quality Measures (eCQMs)** - Report from the certified EHR system validating all objective and measure data entered during the attestation. Detailed documentation should include the numerator, denominator, and exclusion for each measure, the reporting period the report covers, and evidence to support that it was generated for the Eligible Provider (EP). All PI measures and CQMs must be present on this dashboard (zero numerators and denominators are acceptable to meet the CQM program requirement but need to be included in this report).
  - o **Please note:** All EHRs should electronically record the numerator and denominator and generate a report that includes the numerator, denominator, and percentage.

Access the Attestation Checklist at  
the DHCF PI Program, DHCF DC SLR,  
and eHealthDC websites



### *EP Workbook* documents program eligibility

- The EP Workbook is a comprehensive report required for each attestation validating the provider and /or group's eligibility for the program
- Access the EP Workbook Template on the DHCF Promoting Interoperability Program (PI) and DC SLR websites

*Source: District of Columbia's Medicaid Promoting Interoperability Attestation Checklist*



## EP Workbook documents program eligibility

- Check that the selected the 90-day period corresponds with reporting period in the Summary Level Patient Volume Report
- Organizations with more than one provider: include the list of providers used to calculate the Group Medicaid volume in the Workbook's **Group Member List** tab
- Have the CMS Registration ID and NPI information ready to long into the DC SLR (see Webinar Part 1 to reference key details)

**Eligible Professional (EP) Workbook to determine Eligibility for the District of Columbia Medicaid Promoting Interoperability (PI) Program**

**Overview:** EPs are required to upload this workbook to the DC State Level Registry (SLR) for EACH year of attestation. This workbook designed to help EPs collect information needed to complete the eligibility components for the DC Medicaid PI Program.

**General notes/instructions for completing this EP Workbook:**

- Each EP must complete the Tab named "Patient Volume (REQUIRED)". The "FQHC or RHC Needy Individuals" and "Group Member List" Tabs are *optional*, if applicable to your PI attestation. *Please note: All SLR Attestation documents must be retained for your records for a period of 10 years and serve as an auditable source of your PI attestation.*
- You are **not eligible** to participate in the District of Columbia Promoting Interoperability Program if:
  - You perform 90% or more of your Medicaid services in an inpatient hospital (POS 21) or emergency room (POS 23)
  - If you Practice primarily in a Tribal Health Program Clinic or a Federal Clinic without a District of Columbia license
  - If you are a Physician Assistant (PA) and DO NOT practice predominately in a PA led FQHC or RHC.
- You are **eligible** to participate in the District of Columbia Promoting Interoperability Program if:
  - EP achieves at least 30% Medicaid patient volume
  - Pediatrician EP achieves at least 20% patient volume

**Submission Instructions**

- Along with this EP Workbook, a separate Summary Level Patient Volume Report must also be uploaded at the end of the attestation process into the State Level Registry (SLR).
- The Summary Level Patient Volume Report must clearly depict the total patient encounters (all payers), the total Medicaid encounters, and meet the following criteria:
  - Include identifying information such as EP Name, EP Individual NPI, 90-day Representative Period, Group Name (if applicable), Group NPI (if applicable)
  - Total Encounters indicating your denominator and total Medicaid encounters indicating your numerator
  - Must represent the system or source of documentation you relied upon to capture the data being reported

*Please note:* If the Summary Level Patient Volume Report does not provide enough identifying information such as EP Name, EP Individual NPI, 90-day Representative Period, Group Name (if applicable), Group NPI (if applicable), then and only then may you hand write it on the report. Please include as much detail/clarification as possible.

- How to upload the EP Workbook and the Summary Level Patient Volume Report into the SLR
  - Navigate to the "Upload Documentation" section
  - Select "Upload" from the drop-down menu
  - Select "Miscellaneous" as the documentation type
  - Add files. Make sure the file is labeled *EP Workbook* and *Summary Level Patient Volume Report* to ensure it can be properly identified

*Please note:* If the file is too large to be uploaded, you may upload only a summary report, title page, or a representative sample that describes the system or source of the information being reported and contact the DC Health IT Team for further instructions.

General Instructions | Patient Volume (REQUIRED) | FQHC or RHC Needy Individuals | **Group Member List** | +

### *Summary Level Patient Volume Report* documents EP Medicaid patient volume

- The Report validates the patient volume data entered during the attestation, which includes a summary of patient volume and a detailed report of the patient encounter.
- Patient encounter documentation should contain the information listed below for all encounters during the selected reporting period (90 days during the Calendar Year prior to the Program Year OR 12 months prior to the attestation):
  - Provider name or unique identification number
  - Date of service
  - Place of service
  - Payment status (paid or not paid)
  - Payer name
  - Payer type



### ***Summary Level Patient Volume Report*** documents EP Medicaid patient volume

- Obtain encounter data from your EHR or billing system
- Verify the patient volume 90-day period reported in the SLR corresponds with the same reporting period entered in the EP Workbook
- Remove, mask, or blur Patient Protected Health Information (PHI) before you submit this report in the SLR

### *Dashboard Report for PI Objectives and CQMs shows achievement of PI requirements and thresholds*

- This report from the certified EHR system validates all objective and measure data entered during the attestation
- Detailed documentation should include the numerator, denominator, and exclusion for each measure, the reporting period the report covers, and evidence to support that it was generated for the Eligible Provider (EP)
- All PI measures and CQMs must be present on this dashboard (zero numerators and denominators are acceptable to meet the CQM program requirement, but need to be included in this report)
- Note: All EHRs should electronically record the numerator and denominator and generate a report that includes the numerator, denominator, and percentage



### ***Dashboard Report for PI Objectives and CQMs*** shows achievement of PI requirements and thresholds

- Verify the selected 90-day period in the SLR corresponds with the same reporting period entered in your dashboard
- Verify the dashboard report's numerators and denominators match the same numbers you enter into the SLR
- You can submit the measures individually (if your EHR does not generate all in one report)
- The reporting period for the CQMs can be different than the 90-day reporting period for the PI objectives

### ***Certified EHR Technology (CEHRT) Vendor Letter*** proves use of required technology

- This dated and signed formal letter from the vendor illustrates the EHR system has the necessary technological capability, functionality, and security to meet the program requirements
- The letter must contain all of the following:
  - Provider or practice name
  - Name and version of the EHR system(s) and CMS product number
  - Date 2014 or 2015 CEHRT was acquired or updated
- Notes: Letter must be a formal letter distributed by the vendor themselves. Letters from sales company, certifying bodies, or other unrelated agencies would not meet the requirement for this piece of documentation.

*Source: District of Columbia's Medicaid Promoting Interoperability Attestation Checklist*



## ***Certified EHR Technology (CEHRT) Vendor Letter*** proves use of required technology

- Request the letter in advance of the attestation timeline
- Be specific about the information you require in the vendor letter
- Ask your vendor to include the status of drug to drug interaction and drug formulary functionality during the reporting period

**eClinicalWorks**

**EHR Incentive Program – Verification Letter**

eClinicalWorks, LLC has verified the status of the practice in support of the EHR Incentive Program. As part of this verification, eClinicalWorks confirms that the practice is an active customer to eClinicalWorks and their account is in a positive financial status.

Date of Issue :	December 10, 2018
Client Name :	[REDACTED]
Current Version :	10 eClinicalWorks V10 is 2014 ONC-ATCB certified EHR Technology
Upgrade Date:	Client upgraded to eClinicalWorks Version 10 on August 29, 2014
Reporting Period :	2017                      October 03, 2017 – December 31, 2017
ONC CHPL Product Number for eClinicalWorks V10 Complete EHR :	<a href="#">CHP-023393</a>
CMS EHR Certification ID for eClinicalWorks V10 Complete EHR :	<b>1314E01P10MPEAT</b>
Drug Formulary :	Rx eligibility was turned on 07/13/2011. The provider does not have the ability to turn it off from the application.

eClinicalWorks Representative: [REDACTED] Date: December 10, 2018

[REDACTED]



### *Public Health Registry Letter* explains compliance with public health connectivity requirements

- This dated and signed letter from a public health agency or clinical health registry illustrates the certified EHR system's capacity to submit data electronically
- The letter shall include the agency indicating the engaged registry, the dates of active engagement (must occur prior or within the program year), and the option of active engagement

**DOH**  
DEPARTMENT OF HEALTH  
Promote. Prevent. Protect.

Government of the District of Columbia  
Department of Health

**WE ARE**  
DISTRICT OF COLUMBIA  
DC

Office of the Director

April 18, 2017

This letter is to confirm that [REDACTED] has successfully exchanged electronic health data records with the District of Columbia Department of Health (DC DOH). See table below for electronic record type, test and production dates.

Electronic Record Type	Test Date(s)	Production Date
Immunizations	01/11/2012	01/11/2012 - Present
Cancer	10/12/2016	12/21/2016 - Present
Syndromic Surveillance	N/A	N/A
ELR	N/A	N/A

Sincerely,

[REDACTED]

Chief Information Technology Officer  
Office of the Director, DC Department of Health

*Source: District of Columbia's Medicaid Promoting Interoperability Attestation Checklist*



## *Public Health Registry Letter* explains compliance with public health connectivity requirements

- Refer to the Declaration of Readiness resource for the specific documents to submit for this objective and to find the DC Health contact information
- Contact your TA specialist for questions regarding active engagement status

Access the Declaration of Readiness Document at the DHCF PI Program, DHCF DC SLR, and eHealthDC websites

**DECLARATION OF READINESS**  
District of Columbia Public Health Reporting

The Department of Health Care Finance (DHCF) supports the exchange of data with health care providers consistent with programs such as the Promoting Interoperability (PI) program, previously known as the CMS Electronic Health Records (EHR) Incentive Payment Program.

This document includes consolidated information to help providers meet the PI program Public Health requirements and serves as DHCF's *declaration of readiness* for providers to exchange data with the DC Department of Health.

**What is Active Engagement?**

An Eligible Professional (EP) meets the PI Public Health Reporting requirement by achieving *active engagement*. Active engagement is when the EP is in the process of moving toward sending "production data" to a Public Health Agency (PHA) and Clinical Data Registry (CDR). EPs attest to public health reporting measures by demonstrating "active engagement" with a PHA or CDR.

Active Engagement can be demonstrated by submitting documentation that your organization has completed **any of the following three options**:

Demonstrating Active Engagement for Public Health Reporting
<b>Option 1: Completed Registration to Submit Data</b> <ul style="list-style-type: none"> <li>Registration to submit data with the PHA or CDR was completed within 60 days after the start of the EHR reporting period                             <ul style="list-style-type: none"> <li>Providers who have registered in previous EHR reporting periods do not need to submit an additional registration</li> </ul> </li> <li>EP/EH/CAH is awaiting PHA or CDR invitation to begin testing and validation</li> </ul>
<b>Option 2: Testing and Validation</b> <ul style="list-style-type: none"> <li>EP/EH is in the process of testing and validation for electronic submission of data</li> <li>EP/EH is required to respond to PHA or CDR requests within 30 days                             <ul style="list-style-type: none"> <li>Failure to respond twice within an EHR reporting period results in the provider NOT meeting the measure</li> </ul> </li> </ul>
<b>Option 3: Operational and In-Production</b> <ul style="list-style-type: none"> <li>The EP/EH has completed testing and validation of the electronic submission and is electronically submitting production data (i.e., not test data) to the PHA or CDR.</li> </ul>

***CDS: Drug/Drug Functionality*** proves it was available, enabled, active during reporting period

The following documentation will be accepted as proof that the functionality was available, enabled, and active in the system during the attestation reporting period.

Screenshot(s)	CEHRT Audit Logs	Vendor Letter
One or more screenshots from the certified EHR system attesting the functionality was available, enabled, and active in the system during the attestation reporting period. Screenshots from the EHR must be dated during the EHR reporting period selected for attestation. Screenshot should illustrate drug formulary functionality from the certified EHR system; <b>OR</b>	An audit log from the certified EHR system attesting the functionality was available, enabled, and active in the system during the attestation reporting period. The logs must be time stamped showing when the functionality was enabled; <b>OR</b>	A letter written on the vendor's letterhead and signed by the vendor and practice's and/or provider's medical director confirming relevance to the EP and the functionality is available, enabled, and active in EHR system. The letter must include the enabled dates of the functionality and the confirmation it cannot be turned off. The letter can also include a list of all EPs using the functionality.



**CDS: Drug/Drug Functionality** proves it was available, enabled, active during reporting period

(Note: Tips are the same for CDS: Drug Formulary Functionality)

- For submitting screenshot(s): Check that the 90-day reporting period you enter in the SLR matches with the dates in your screen shot(s)
- For submitting a vendor letter: Request your vendor attest to this functionality's status in the **CEHRT Vendor Letter**
- No documentation is required if you claim an exclusion; verify the denominator for medications ordered in the **Dashboard Report for PI Objectives and eCQMs** supports the exclusion

Warning: The below medication(s) do not have RDCs associated and will not be included in allergy/interaction check.

1. Alleve

----- Drug To Drug Interaction - NONE -----

----- Drug To Allergy Interaction - NONE -----

----- Precaution Results -----

Drug	Condition	Severity	Precaution Description
Atriple Oral Tablet 600-200-300 MG	Obsessive Compulsive Disorder	Extreme caution	Atriple Oral Tablet 600-200-300 MG should be used with extreme caution in Mental Disorders. Since Obsessive Compulsive Disorder is a more specific form of Mental Disorders, the same precaution may apply.
Atriple Oral Tablet 600-200-300 MG	Behavioral Problems	Extreme caution	Atriple Oral Tablet 600-200-300 MG should be used with extreme caution in Mental Disorders. Since Behavioral Problems is a more specific form of Mental Disorders, the same precaution may apply.
Atriple Oral Tablet 600-200-300 MG	Obsessions	Extreme caution	Atriple Oral Tablet 600-200-300 MG should be used with extreme caution in Mental Disorders. Since Obsessions is a more specific form of Mental Disorders, the same precaution may apply.
Aspirin 81 Oral Tablet Chewable 81 MG	Type 2 Diabetes Mellitus	Use cautiously	Aspirin 81 Oral Tablet Chewable 81 MG should be used cautiously in Diabetes Mellitus. Since Type 2 Diabetes Mellitus is a more specific form of Diabetes Mellitus, the same precaution may apply.
Aspirin 81 Oral Tablet Chewable 81 MG	Type 1 Diabetes Mellitus	Use cautiously	Aspirin 81 Oral Tablet Chewable 81 MG should be used cautiously in Diabetes Mellitus. Since Type 1 Diabetes Mellitus is a more specific form of Diabetes Mellitus, the same precaution may apply.
Aspirin 81 Oral Tablet Chewable 81 MG	Diabetic Neuropathy	Use cautiously	Aspirin 81 Oral Tablet Chewable 81 MG should be used cautiously in Diabetes Mellitus. Since Diabetic Neuropathy is a more specific form of Diabetes Mellitus, the same precaution may apply.

### ***CDS: Drug Formulary Functionality*** proves it was available, enabled, active during reporting period

The following documentation will be accepted as proof that the functionality was available, enabled, and active in the system during the attestation reporting period.

Screenshot(s)	CEHRT Audit Logs	Vendor Letter
One or more screenshots from the certified EHR system attesting the functionality was available, enabled, and active in the system during the attestation reporting period. Screenshots from the EHR must be dated during the EHR reporting period selected for attestation. Screenshot should illustrate drug formulary functionality from the certified EHR system; OR	An audit log from the certified EHR system attesting the functionality was available, enabled, and active in the system during the attestation reporting period. The logs must be time stamped showing when the functionality was enabled; OR	A letter written on the vendor's letterhead and signed by the vendor and practice's and/or provider's medical director confirming relevance to the EP and the functionality is available, enabled, and active in EHR system. The letter must include the enabled dates of the functionality and the confirmation it cannot be turned off. The letter can also include a list of all EPs using the functionality.





**CDS: Drug Formulary Functionality** proves it was available, enabled, active during reporting period

(Note: Tips are the same for CDS: Drug/Drug Functionality)

- For submitting screenshot(s): Check that the 90-day reporting period you enter in the SLR matches with the dates in your screen shot(s)
- For submitting a vendor letter: Request your vendor attest to this functionality's status in the ***CEHRT Vendor Letter***
- No documentation is required if you claim an exclusion; verify the denominator for medications ordered in the ***Dashboard Report for PI Objectives and eCQMs*** supports the exclusion

**Rx Eligibility Lookup**

C	group_id	(Benefit Source)	Plan Name	Retail Eligibility	Mail Order Eligibility
✓	MXS0000145643	ESI1		Yes	Yes

**Rx Eligibility Details**

**MXS000014564354**  
**DC HEALTH CARE ALLIA**

group\_id  
member\_id  
cardholdername  
Plan Name  
subscriber\_last\_name  
subscriber\_first\_name  
subscriber\_middle\_name  
subscriber\_suffix  
subscriber\_gender  
subscriber\_dob  
subscriber\_address  
subscriber\_address\_2  
subscriber\_city  
subscriber\_state  
subscriber\_zip  
subscriber\_country  
subscriber\_pharmacy\_eligibility  
subscriber\_mail\_order\_eligibility  
subscriber\_ltc\_eligibility  
subscriber\_sp\_eligibility

Yes  
Yes

**Selected Rx** Remove

N/A	P	G	I	Lisinopril Oral Tz 5 MG	Tablet	1 tablet	Orally	Once a dx	30 day(s)	30	29.1
IN	P	G	I	Lisinopril Oral Tz 2.5 MG	Tablet	1 tablet	Orally	Once a dx	30 day(s)	30	19.5
IN	P	G	I	Lisinopril Oral Tz 30 MG	Tablet	1 tablet	Orally	Once a dx	30 day(s)	30	45.3
	P	G	I	Lisinopril Powder	Powder	as dire					

**Payer Specific Alternatives**

C	O	B	I	Help	Options	Explanation
				On Dosage selection grid following notations are used for: Q/P -> OTC/Prescription Based B/G -> Branded/Generic F -> Formulary Status it can have following values: U -> Unknown Formulary (In White) 0 -> Not Covered, Non Refundable (Red Color) 1 -> Covered, Non-Formulary(Orange Color) 2 -> Covered, On Formulary (yellow Color) 3-99 -> Covered, Preferred Drugs (Green Color)		

Therapeutic A

Formulation

OK

Pay Amount (\$)  
Tier

### ***Security Risk Analysis Summary Letter or Report*** demonstrates completion of analysis

- This dated and signed letter or memo from the organization's practice administrator illustrates that an analysis was completed the year prior to the start of the program or within the program year
- The letter must indicate the name and version of the EHR system(s) evaluated, dates when the evaluation was conducted, a summary of the results of the risk assessments, and evidence it was generated for the provider or practice's EHR system (s) (e.g. National Provider Identifier (NPI), provider name, practice name, etc.)
- Note: This letter is required for Program Year 2018 and beyond

### *Security Risk Analysis Summary Letter or Report demonstrates completion of analysis*

The following documentation will be accepted as proof that a security risk analysis was completed during the year prior to the start of the program year or within the program year:

#### A Letter or Memo

The letter or memo must be a dated and signed from the organization's practice administrator attesting that a security risk analysis was completed the year prior to the start of the program year or within the program year. The letter must indicate the name and version of the EHR system(s) evaluated, dates when the evaluation was conducted, a summary of the results of the risk assessments, and evidence it was generated for the provider or practice's EHR system (s) (e.g. National Provider Identifier (NPI), provider name, practice name, etc.); **OR**

#### A SRA Report

A generated report from ONC's Security Risk Assessment Tool or another risk assessment tool that illustrates the evaluated criteria and the results. The report must be completed the year prior to the start of the program year or within the program year. The report must also indicate the name and version of the EHR system(s) evaluated, the date when the evaluation was conducted, a summary of the results of the risk assessments, and evidence it was generated for the provider or practice's EHR system (s) (e.g. National Provider Identifier (NPI), provider name, practice name, etc.).





## Security Risk Analysis Summary Letter or Report demonstrates completion of analysis

- You can submit a letter or the Report from the ONC Security Risk Assessment Tool
- Confirm the date and timing of the analyses comply with this objective's requirements and correspond with SLR dates

Section	Risk Score
Section 1, SRA Basics	Risk Score: 0%
Section 2, Security Policies	Risk Score: 0%
Section 3, Security & Workforce	Risk Score: 5%
Section 4, Security & Data	Risk Score: 0%
Section 5, Security and the Practice	Risk Score: 0%
Section 6, Security and Business Associates	Risk Score: 100%
Section 7, Contingency Planning	Risk Score: 10%

Practice Information ( 1 location )

Practice Name	
Address	
City, State, Zip	Washington, DC
Phone, Fax	
Point of Contact	
Title/Role	Office Manager

### ***FQHC Letter*** verifies federal status

- A formal dated and signed letter or statement from CMS or another public health governing entity (e.g. HHS) identifies the clinical practice as a FQHC/RHC
- Note: Applicable only to FQHCs

*Source: District of Columbia's Medicaid Promoting Interoperability Attestation Checklist*

# RESOURCES ARE AVAILABLE TO PREPARE AND PERFORM ATTESTATION

## ATTESTATION RESOURCE INFORMATION

NLR	Website: CMS Promoting Interoperability Programs - Registration and Attestation System	<a href="https://ehrincentives.cms.gov">https://ehrincentives.cms.gov</a>
	CMS Registration User Guide for Medicaid Eligible Professionals	<a href="https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf">https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf</a>
	Website: DHCF PI Program Website	<a href="https://dhcf.dc.gov/page/medicaid-electronic-health-record-ehr-incentive-program">https://dhcf.dc.gov/page/medicaid-electronic-health-record-ehr-incentive-program</a>
SLR	Website: DHCF DC SLR	<a href="https://dcslr.thinkhts.com">https://dcslr.thinkhts.com</a>
	DHCF SLR User Manual	<i>Available from DHCF PI Program, DHCF DC SLR, and eHealthDC websites</i>
	DHCF DHCF Medicaid PI Attestation Checklist	
	DHCF Patient Volume Workbook	
	Website: eHealthDC	<a href="https://www.e-healthdc.org">https://www.e-healthdc.org</a>
	eHealthDC Patient Volume Tipsheet	<i>Available from DHCF PI Program, DHCF DC SLR, and eHealthDC websites</i>
	ONC Security Risk Assessment Tool	<a href="https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool">https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool</a>

### Department of Health Care Finance

- Eduarda Koch, for ***general program inquiries***
  - Eduarda.Koch@dc.gov | (202) 673-3561
- Adaeze Okonkwo, for ***pre-payment verification inquiries***
  - Adaeze.Okonkwo@dc.gov | (202) 478-9227

### eHealthDC and your TA Specialist

- Contact@e-HealthDC.org | (202) 552-2331

### DHCF website

- Link: <https://dhcf.dc.gov/page/ehr-incentive-payments>

### eHealthDC website

- Link: <https://www.e-healthdc.org>

# THANK YOU



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[www.e-healthdc.org](http://www.e-healthdc.org)



**Helping Healthcare Providers Adopt  
Electronic Health Records and  
Achieve Meaningful Use**



***DC Medicaid Promoting  
Interoperability Program:  
Attestation Demonstration***

**On-Demand Webinar Part 3**



**Eduarda Koch, MS, MBA**

Health IT Project Manager

Health Care Reform and Innovation  
Administration (DHCF)

---

**Leliveld Emeni, PMP, CPHIMS, PCMH, CCE**

Technical Assistance Team Lead

eHealthDC, a DHCF-funded program

### What is DHCF's Role as DC's State Health IT Coordinator?

In this capacity, DHCF leads health IT policy and implementation of HIE services across the city, and has a specific charge to:

1. **Administer** the **Medicaid EHR Incentive Program** to encourage the adoption and meaningful use of electronic health records by Medicaid providers
2. **Direct** the **use of 90% federal CMS Matching funds** for HIE infrastructure development to support Medicaid providers' effective use of health IT

### How do DHCF and eHealthDC work together?

DHCF funds and directs eHealthDC, a District of Columbia Primary Care Association program, with a specific charge to:

1. Provide **FREE technical assistance** to help DC's Medicaid eligible professionals meet Meaningful Use objectives
2. Give health care professionals guidance on **how to use EHRs and health IT** to better serve patients
3. Serve as the District's **"one-stop-shop" for health IT and HIE resources**





## Part 1: Process Overview

- Steps to attest
- Pre-Payment verification
- Attestation resources



## Part 2: Document Preparation

- New DC State Level Registry (SLR)
- Supporting documents to submit
- Tips to prepare documents



## Part 3: Attestation Demonstration

- New DC SLR features
- SLR demonstration

## WEBINAR PART 3: SLR ATTESTATION DEMONSTRATION

### ■ Purpose

- Demonstrate the process of using the new DC SLR to attest to the Department of Health Care Finance (DHCF) Medicaid Promoting Interoperability (PI) Program requirements

### ■ Demonstration

- Start to finish demonstration of uploading and submitting documents to the new DC SLR

### ■ Audience

- The individual who will prepare and perform attestation:
  - Eligible Providers (EPs) enrolled in the PI Program, and
  - Practice leadership and staff who support operations and management

# SLR Demonstration

► ☐ SLR Website: <https://dcslr.thinkhts.com>

# RESOURCES ARE AVAILABLE TO PREPARE AND PERFORM ATTESTATION

## ATTESTATION RESOURCE INFORMATION

NLR

Website: CMS Promoting Interoperability Programs - Registration and Attestation System

<https://ehrincentives.cms.gov>

CMS Registration User Guide for Medicaid Eligible Professionals

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP\\_RegistrationUserGuide.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf)

Website: DHCF PI Program Website

<https://dhcf.dc.gov/page/medicaid-electronic-health-record-ehr-incentive-program>

Website: DHCF DC SLR

<https://dcslr.thinkhts.com>

DHCF SLR User Manual

*Available from DHCF PI Program, DHCF DC SLR, and eHealthDC websites*

DHCF DHCF Medicaid PI Attestation Checklist

DHCF Patient Volume Workbook

Website: eHealthDC

<https://www.e-healthdc.org>

eHealthDC Patient Volume Tipsheet

*Available from DHCF PI Program, DHCF DC SLR, and eHealthDC websites*

eHealthDC MEIP Checklist

SLR

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# THANK YOU



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