



South Dakota

EHR Incentive Payment Program

Eligible Professionals

Medicaid EHR Incentive Payment Program

- Established by HITECH Act to facilitate provider meaningful use of certified Electronic Health Record (EHR) technology
- The program will provide incentive payments to eligible providers for adoption, implementation, upgrade or meaningful use of certified EHR
- The program will run from 2011-2021
- The last year to begin participation is 2016
- Payment is an incentive, not a reimbursement

Eligible Professional Eligibility

| Eligible professional | Minimum 90-day Medicaid Patient Volume Threshold in a Calendar Year | Or the Medicaid EP practices predominantly in an FQHC or RHC - 30% “individuals with needs” patient volume threshold in the most recent calendar year |
|---|---|--|
| Physicians * (MDs, DOs) | 30% | |
| Nurse Practitioner (NPs)* | 30% | |
| Dentists * | 30% | |
| Certified nurse mid-wives (CNMs)* | 30% | |
| Physician Assistant (PAs) when practicing at an FQHC/RHC led by a physician assistant | 30% | |
| Pediatricians* | 20% | |

* non-hospital based

Physician Assistants

- Physician Assistants (PAs) are eligible when practicing at an FQHC/RHC that is *so led* by a physician assistant
- An FQHC/RHC is *so led* by a PA when:
 - a PA is the primary provider in a clinic (for example: when there is a part-time physician and a full-time PA the PA is considered the Primary Provider)
 - a PA is a clinical or medical director at a clinical site of practice
 - or a PA is an owner of an RHC

Hospital Based

- Hospital based EP furnishes at least 90% of services in a hospital setting, either in an inpatient or emergency department
- Most EPs must not be hospital based
- Does not apply to EPs practicing predominantly in FQHC/RHC
- Practices predominantly means when FQHC/RHC is the clinical location for over 50% of total encounters over a period of 6 months in the most recent calendar year

Patient Encounter

- Patient volume calculations depend upon encounter definitions
- Encounters are services rendered on any one day to an individual where Medicaid (or including CHIP for individuals with needs criteria)
 - paid for part or all of the service
 - paid for all or part of their premiums, co-payments, and/or cost-sharing
- Determine the 90 day reporting period in the previous calendar year (Jan 1-Dec 31)

Medicaid Patient Volume

Option 1: Encounter

Total Medicaid patient encounters in any continuous 90 day period in the preceding calendar year

Total patient encounters in that same 90-day period

CHIP volume does not count towards Medicaid patient volume and will be provided/excluded at attestation

Medicaid Patient Volume

Option 2: Primary Care Case Management (Managed Care) Patient Panel

[Total Medicaid patients assigned to the provider in any representative continuous 90 day period in the preceding calendar year with at least one encounter in the year preceding the start of the 90 day period + Unduplicated Medicaid encounters in that same 90 day period]

[Total patients assigned to the provider in the same 90 day with at least one encounter in the year preceding the start of the 90-day period + All unduplicated encounters in that same 90 day period]

Individuals with Needs Patient Volume-FQHC/RHC

- EPs practicing predominantly in FQHCs/RHCs/Tribal settings have the option to use Individuals with needs volume
- Individuals with Needs are individuals who:
 - receive medical assistance from Medicaid or CHIP
 - are furnished uncompensated care by the provider or
 - individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay

Individuals with Needs Patient Volume

Option 1: Individual with Needs Encounter

Total Individual with Needs patient encounters in any representative continuous 90 day period in the preceding calendar year

Total patient encounters in that same 90-day period

Individual with Needs Patient Volume

Option 2: Primary Care Case Management (Managed Care) Patient Panel for EPs practicing predominantly in FQHC/RHC

[Total individual with needs patients assigned to the provider in any representative continuous 90 day period in the preceding calendar year, with at least one encounter taking place during the year preceding the 90 day period + Unduplicated individual with needs encounters in the same 90 day period]

[Total patients assigned to the provider in that same 90 day period, with at least one encounter taking place during the year preceding the 90 day period + All unduplicated encounters in that same 90 day period]

Group practice or clinic level patient volume

Eligible professionals may use clinic/group practice level patient volume data as a proxy as long as:

- The clinic or group practice's patient volume is appropriate as the patient volume methodology for the EP
- There is an auditable data source supporting the clinic's or group practice's patient volume
- All EPs in the group practice or clinic must use the same methodology for calculation
- The clinic or group practice uses the entire practice or clinics patient volume and doesn't limit patient volume in any way

Multiple Locations

- Eligible Professionals who work at multiple locations but do not have certified EHR technology available at all of them would need to have 50% of their total patient encounters at locations where certified EHR is available.
- Base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available.

Use of Certified EHR Technology

- Must possess a certified EHR technology
- EHRs must be certified by one of the Office of National Coordinator-Authorized Testing and Certification Bodies (ONC-ATCBs)
https://www.cms.gov/EHRIncentivePrograms/25_Certification.asp
- Certification can be modules or complete EHRs
- CMS EHR Certification numbers need to be obtained from <http://onc-chpl.force.com/ehrcert>

CMS EHR Certification Number- Select Type



HealthIT.HHS.Gov

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

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

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

USING THE CHPL

To determine if an EHR product or a bundle of EHR products meets meaningful use requirements, or to request a CMS reporting ID:

1. Select your practice type using the two buttons below
2. Search for EHR Products and add them to your cart
3. Check your cart to see if the product or products meet 100% of the required criteria
4. Request a CMS EHR Certification ID using the button on the Certification Cart page

[Search Ambulatory Products](#)

[Search Inpatient Products](#)

CMS EHR Certification Number- Browse/search



Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

HealthIT.HHS.Gov

AMBULATORY PRODUCT SEARCH

There are three ways to search for Certified EHR Products:

Browse All Ambulatory Products

Browse

Search by Name or Certification ID:

Select search type:

Product Name

Search

Search for:

Search by Criteria Met

Search

CMS EHR Certification Number- Product Search

AMBULATORY PRODUCT SEARCH

There are three ways to search for Certified EHR Products:

Browse All Ambulatory Products

Browse

Search by Name or Certification ID:

Select search type:

Vendor Name

Search

Search for:

ecw

Search by Criteria Met

Search

[176 products found](#)






SEARCH RESULTS

Once you have located a product that you would like to add to your meaningful use bundle, select "Add to Cart". Click on the Product Name list below in order to view additional details about the product certification

After you have added a product to the cart, a "View Cart" link will appear in the upper left hand corner of the page to allow you to view all products in the cart and see if the bundle meets all of the required criteria.

Matching Product

See Complete Products Only

| Certifying ATCB | ONC Certification # | Vendor | Product | Product Version # | Product Classification | Additional Software | |
|---------------------------------|-------------------------------------|-------------------------|---|---|--|--|---|
| Drummond Group Inc. | 12172010-1785-6 | DocuTrac, Inc. | QuicDoc® Enterprise | 6.2 | Modular EHR | Windows (XP or newer), NewCropRX version 10.3 | Add to Cart  |
| CCHIT | CC-1112-401680-1 | DrFirst | Rcopia MU | 3.x | Modular EHR | SureScripts;OpenATNA;First DataBank Drug Database | Add to Cart  |
| CCHIT | CC-1112-401680-2 | DrFirst | Rcopia MU | 3.x | Modular EHR | | Add to Cart  |
| InfoGard | IG-2370-10-0003 | E*HealthLine.com, Inc. | Phoenix® Integrated Electronic Health Records | Version 9.0 Part Number 52974-843-9381554-04574 | Complete EHR | Excel | Add to Cart  |
| CCHIT | CC-1112-584300-1 | E-Health Partners, Inc. | EHRez | 3.5 | Complete EHR | Multum (medication) and Elsevier (clinical);Axcrypt;Cerner Multum;SureScripts;Windows Screen Saver | Add to Cart  |
| Drummond Group Inc. | 11122010-6910-8 | e-MDs, Inc. | e-MDs Solution Series | 7 | Complete EHR | Email software | Add to Cart  |
| CCHIT | CC-1112-955447-1 | eClinicalWorks LLC | eClinicalWorks | 8.0.48 | Complete EHR | eClinicalWorks, eClinicalWorks Patient Portal, V4.0 | already in cart  |
| CCHIT | CC-1112-955447-1 | eClinicalWorks LLC | eClinicalWorks | 9 | Complete EHR | SureScripts, Electronic Prescribing including Formulary Checking;eClinicalWorks, eClinicalWorks Patient Portal, V4.0 | Add to Cart  |













CMS EHR Certification Number- Add to cart

[176 products found](#)

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After you have added a product to the cart, a "View Cart" link will appear in the upper left hand corner of the page to allow you to view all products in the cart and see if the bundle meets all of the required criteria.

| Matching Product | | | | <input type="checkbox"/> See Complete Products Only | | | |
|---------------------------------|-------------------------------------|-------------------------|---|---|--|--|---|
| Certifying ATCB | ONC Certification # | Vendor | Product | Product Version # | Product Classification | Additional Software | |
| Drummond Group Inc. | 12172010-1785-6 | DocuTrac, Inc. | QuicDoc® Enterprise | 6.2 | Modular EHR | Windows (XP or newer), NewCropRX version 10.3 | Add to Cart  |
| CCHIT | CC-1112-401680-1 | DrFirst | Rcopia MU | 3.x | Modular EHR | SureScripts;OpenATNA;First DataBank Drug Database | Add to Cart  |
| CCHIT | CC-1112-401680-2 | DrFirst | Rcopia MU | 3.x | Modular EHR | | Add to Cart  |
| InfoGard | IG-2370-10-0003 | E*HealthLine.com, Inc. | Phoenix® Integrated Electronic Health Records | Version 9.0 Part Number 52974-843-9381554-04574 | Complete EHR | Excel | Add to Cart  |
| CCHIT | CC-1112-584300-1 | E-Health Partners, Inc. | EHRez | 3.5 | Complete EHR | Multum (medication) and Elsevier (clinical);Axcrypt;Cerner Multum;SureScripts;Windows Screen Saver | Add to Cart  |
| Drummond Group Inc. | 11122010-6910-8 | e-MDs, Inc. | e-MDs Solution Series | 7 | Complete EHR | Email software | Add to Cart  |
| CCHIT | CC-1112-955447-1 | eClinicalWorks LLC | eClinicalWorks | 8.0.48 | Complete EHR | eClinicalWorks, eClinicalWorks Patient Portal, V4.0 | already in cart  |
| CCHIT | CC-1112-955447-1 | eClinicalWorks LLC | eClinicalWorks | 9 | Complete EHR | SureScripts, Electronic Prescribing including Formulary Checking;eClinicalWorks, eClinicalWorks Patient Portal, V4.0 | Add to Cart  |
| CCHIT | CC-1112-470930-3 | eHealth Made EASY, LLC | eHealth Made EASY | 3 | Modular EHR | | Add to Cart  |
| CCHIT | CC-1112-470930-2 | eHealth Made EASY, LLC | eHealth Made EASY | 3 | Complete EHR | | Add to Cart  |
| Drummond Group Inc. | 10142010-3069-1 | Emdeon Inc. | Emdeon Clinician | 7.4 | Complete EHR | Email software | Add to Cart  |
| Drummond Group Inc. | 09302010-6888-1 | empowersystems | empowersystems (ambulatory) | 1.1.57 | Complete EHR | email software | Add to Cart  |


CMS EHR Certification Number- View cart



Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

HealthIT.HHS.Gov

[View Cart \(1 Items\)](#) 

AMBULATORY PRODUCT SEARCH

There are three ways to search for Certified EHR Products:

Browse All Ambulatory Products

[Browse](#)

Search by Name or Certification ID:

Select search type:

Product Name

[Search](#)

Search for:

Search by Criteria Met

[Search](#)

[176 products found](#)

SEARCH RESULTS

Get CMS EHR Certification ID

CERTIFICATION CART

Certification Criteria Summary

This bar provides a summary of the criteria that are met by items in your cart. Criteria highlighted in blue have been met by products in the cart, criteria in gray have not. Place your mouse over the individual letters to learn more about each criterion.

General Criteria (170.302)

a b c d e f g h i j k l m n o p q r s t u v w

Ambulatory Criteria (170.304)

a b c d e f g h i j

Requesting a CMS EHR Certification ID

The button below allows you to request a CMS EHR Certification ID. You will need to submit this ID to CMS if you apply for Meaningful Use incentives. The button will not be activated until the items in your cart meet 100% of the required criteria.

Get CMS EHR Certification ID

Percentage of criteria currently met:100%

PRODUCTS IN CART

| Certifying ATCB | ONC Certification # | Vendor | Product | Product Classification | Product Version # | |
|-----------------|---------------------|--------------------|--------------------------------|------------------------|-------------------|------------------------|
| CCHIT | CC-1112-955447-1 | eClinicalWorks LLC | eClinicalWorks | Complete EHR | 8.0.48 | Remove |

Saving Your Product List

Please note that when you close your browser window, the list of products in your cart will not be saved. If you would like to email the product list to yourself, fill in your email address below. Your email address will not be saved or used by the CHPL in any way other than to send the product list to you.

Your email address:

Email Me

CMS EHR Certification ID

Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology



HealthIT.HHS.Gov

[Return to main search page](#)

CMS EHR Certification ID

An eligible professional or eligible hospital that chooses to participate in the EHR Incentive Program must obtain a CMS EHR Certification ID. You may submit this CMS EHR Certification ID at the time of registration, but must submit this Certification ID as part of the attestation process for either the Medicare or Medicaid incentive program.

Your CMS EHR Certification ID is :

30000001SVEVEAS

Please return to the [Medicare and Medicaid EHR Incentive Program](#) site and enter this Certification ID when prompted for an "EHR Certification Number" on the appropriate registration or attestation screen.

Meaningful Use Bundle

The following products were used to obtain the Certification ID above:

| Certifying ATCB | ONC Certification # | Vendor | Product | Product Classification | Module | Product Version # |
|-----------------|---------------------|--------------------|----------------|------------------------|--------|-------------------|
| CCHIT | CC-1112-955447-1 | eClinicalWorks LLC | eClinicalWorks | Complete EHR | N/A | 8.0.48 |

Adopt/Implement/Upgrade

- ✓ Adopting (acquiring, installing)
Eg. evidence of acquisition, installation prior to incentive
- ✓ Implementing (starting utilization of EHR)
Eg. staff training, data entry of patient demographics to EHR
- ✓ Upgrading (expanding EHR use)
Eg. upgrade to certified EHR technology or add new functionality to meet the definition of certified EHR technology)
- No EHR reporting period for adopting, implementing, upgrading
- An option only for the first year of participation

Adopt/implement/upgrade

- A form of reasonable documentation for adopting, implementing, or upgrading to a certified Electronic Health Record to be submitted include:
 - signed contract
 - user agreement
 - purchase order
 - receipt
 - license agreement

Meaningful Use

Meaningful Use is using certified EHR technology to:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- Maintain privacy and security

Meaningful Use

Eligible providers should demonstrate meaningful use through

1. Use of certified EHR in a **meaningful manner** such as e-prescribing
2. Use of certified EHR technology for **electronic exchange** of health information to improve quality of health care
3. Use of certified EHR technology to submit **clinical quality measures** (CQM) **and other measures**

Stage 1 Meaningful Use Reporting Requirements

Reporting of numerator/denominator and yes/no measures

- 15 Core objectives
 - Must report in all 15
- 10 Menu Objectives
 - Must pick 5 objectives and 1 objective must be a Public Health Objective
- Clinical Quality Measures
 - Must report on 3 core or 3 alternate core AND 3 of 38 menu set measures

Reporting period= 90 days for first year of demonstrating meaningful use; entire year for subsequent years (CY)

Medicaid and Medicare

Medicaid

- Voluntary for states to implement
- Max. incentive=\$63,750
- Adopt, implement, upgrade option for 1st year
- 5 types of EPs, 2 types of hospitals including CAHs
- Last year an EP may initiate program is 2016; last payment in 2021
- No Medicaid fee schedule reductions

Medicare

- CMS will implement/ an option nationally
- Max. incentive=\$44,000
- Must be a meaningful user in 1st year
- Only physicians, subsection (d) hospitals and CAHs
- Last year an EP may initiate the program is 2014; last payment program in 2016
- Fee schedule reductions begin in 2015 for non meaningful user providers 27

Payment

- First year payment is for Adopt, implement, upgrade
- Subsequent up to five years payments are for demonstrating meaningful use
- Must begin participation by 2016 to receive payments
- May switch once between Medicare and Medicaid before 2015
- Maintain records for a minimum of six years after receiving the last payment
- Payments are for individual professionals
- Each eligible professional can receive only one payment per year regardless of practice/locations

Payment- Eligible Professional

| | | First Calendar Year an Eligible Professional receives an incentive payment * | | | | | |
|---|-------------|---|-------------|-------------|-------------|-------------|-------------|
| | | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| Amount of payment each year if continue to meet requirements | 2011 | \$21,250 | | | | | |
| | 2012 | 8,500 | \$21,250 | | | | |
| | 2013 | 8,500 | 8,500 | \$21,250 | | | |
| | 2014 | 8,500 | 8,500 | 8,500 | \$21,250 | | |
| | 2015 | 8,500 | 8,500 | 8,500 | 8,500 | \$21,250 | |
| | 2016 | 8,500 | 8,500 | 8,500 | 8,500 | 8,500 | \$21,250 |
| | 2017 | 0 | 8,500 | 8,500 | 8,500 | 8,500 | 8,500 |
| | 2018 | 0 | 0 | 8,500 | 8,500 | 8,500 | 8,500 |
| | 2019 | 0 | 0 | 0 | 8,500 | 8,500 | 8,500 |
| | 2020 | 0 | 0 | 0 | 0 | 8,500 | 8,500 |
| | 2021 | 0 | 0 | 0 | 0 | 0 | 8,500 |
| | | \$63,750 | \$63,750 | \$63,750 | 63,750 | \$63,750 | \$63,750 |

*NOTE: Exception for Pediatricians who do not meet the 30% threshold but meet the 20% threshold may qualify for reduced payments to \$14,167 for the first year and payment for subsequent year is \$5,667 not to exceed a total of \$42,500 over a six year period.

Summary and Next Steps

- ✓ Become a [South Dakota Medicaid Provider](#)
- ✓ Check licensure information and effective dates
- ✓ Gather documentation for adopting, implementing, or upgrading to a certified EHR
- ✓ Obtain the [CMS EHR Certification Number](#)
- ✓ Register at [CMS EHR Incentive Program Website](#)
- ✓ Determine the 90 day reporting period to meet the patient volume threshold in a calendar year
- ✓ Determine the patient volume/method
- ✓ Register and attest with the [South Dakota Medicaid EHR Incentive Payment Program](#)
- ✓ Must retain records for a minimum of six years

Registration

- Register initially at CMS EHR Incentive Program Website at <https://ehrincentives.cms.gov/hitech/login.action>. To register, you will need
 - National Provider Identifier (NPI) at <https://nppes.cms.hhs.gov/NPPES/>
 - Tax Identification Number (TIN) to which you would like payments made or obtain a TIN at <http://www.irs.gov/businesses/small/international/article/0,,id=96696,00.html>
 - The registration user guide is available at http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicalEP_RegistrationUserGuide.pdf
- Attest at the SD provider portal

Registration and Attestation Provider Portal

- Eligible Professionals have a 90 day attestation window to attest after the end of the 2011 Calendar Year
 - Eligible Professionals have until March 30, 2012 to attest and receive payment for the 2011 calendar year
- Eligible professionals have a 60 day attestation window beginning 2012

Welcome Page



[Home](#) [Contact Us](#)

South Dakota Medical EHR Incentive Payment Program

Welcome to the South Dakota Medicaid EHR Incentive Payment Program provider registration and attestation portal.

Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria can receive payments.

[Requirements for Eligible professionals](#)

[Requirements for Eligible hospitals](#)

For additional information, please visit the [South Dakota Medicaid EHR Incentive Payment Program Website](#)

All providers must first register at the [CMS registration website](#) before completing an application with South Dakota Medicaid EHR Incentive program to receive incentive payments.

Log in

Username

Password

[Sign in](#)

[Forgot Password?](#)

New to SD Medicaid Portal?

[Create an Account](#)

New User Account Creation



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Log in

Username

Password

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[Forgot Password?](#)

New to SD Medicaid Portal?

[Create an Account](#)



Create a South Dakota Medicaid Incentive Payment Program Account

In order to create a new account, the Eligible Professional (EP) or Eligible Hospital (EH) must have already registered with the CMS Registration and Attestation Website. If you have not registered with CMS, please do so here [CMS registration website](#).

Please use the same NPI number used when registering with CMS

Note: There is a 24 hour delay between registration with CMS and ability to create SD registration portal account.

Provider Registration

Please enter NPI & CMS Registration ID and Click on Submit.

NPI

1234567890

CMS Registration ID

0198765432

[Submit](#) [Reset](#)

Username

Password

Confirm Password

[Create](#) [Cancel](#) [Cancel](#)

Forgot password



[Home](#) [Contact Us](#)

South Dakota Medical EHR Incentive Payment Program

Welcome to the South Dakota Medicaid EHR Incentive Payment Program provider registration and attestation portal.

Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria can receive payments.

[Requirements for Eligible professionals](#)

[Requirements for Eligible hospitals](#)

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Forgot Password

NPI

New to SD Medicaid Portal?

Log in



South Dakota Medicaid EHR Incentive Payment Program

Welcome to the South Dakota Medicaid EHR Incentive Payment Program provider registration and attestation portal.

Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria may qualify to receive payments.

[Requirements for eligible professionals](#)

[Requirements for eligible hospitals](#)

For additional information, please visit the [South Dakota Medicaid EHR Incentive Payment Program Website](#)

All providers must first register at the [CMS registration website](#) before completing an application with South Dakota Medicaid EHR Incentive Payment Program to receive incentive payments.

Log in

Username

test

Password

.....

[Sign in](#)

[Forgot Password?](#)

New to SD Medicaid Portal?

[Create an Account](#)

Registration Confirmation

South Dakota Medicaid EHR Incentive Payment Program

Welcome, John Daniel
Provider Type: Eligible Professional (EP)
Status: Registered Provider

Account Information Eligibility AUI Attestation Payment

CMS Account Details

Name: John R Daniel
Address1: 927 Kenton Station Dr
Address2:
City: Maysville
State: SD
Zip Code: 41016-9601
Phone Number: (606) 310-0001
Email Address: jd@gmail.com
Payment Year: 1
Applicant NPI: 1233506701
Applicant TIN: XXX-XX-6701 (SSN)
Payee NPI: 1234206701
Payee TIN: XXX-XX-6701 (SSN)
Program Option: Medicaid
Medicaid State: SD
Provider Type: Dentist
Provider Specialty: GENERAL PRACTICE

[Confirm CMS Data](#)

[Visit CMS to Update or Change Information](#) CMS registration website.

Contact Details

Name:
Email Address:
Phone No:

[Save Contact](#)

Eligibility

Account Information Eligibility AIU Attestation Payment

EP Specialty

Do you provide care in FQHC/RHC setting?
 Yes No

Are you a PA?
 Yes No

Is your FQHC/RHC 'so led' by PA?
 Yes No

PA is the primary provider in a clinic

PA is a clinical or medical director at a clinical site of practice

PA is an owner of a RHC

Your answers here will determine which questions will appear next.

Account Information Eligibility AIU Attestation Payment

EP Specialty

Do you provide care in FQHC/RHC setting?
 Yes No

Are 90% or more services covered in hospital?
 Yes No

Are you a Pediatrician?

Account Information Eligibility AIU Attestation Payment

EP Specialty

Do you provide care in FQHC/RHC setting?
 Yes No

Are 90% or more services covered in hospital?
 Yes No

Are you a Pediatrician?

Message from webpage

You are not eligible.
Click OK button to save the details
Else click Cancel button to change the options

OK Cancel

Save & Next

Patient Volume

Patient Volume Information

Note: To be eligible for the incentive program, professionals must meet at least 30% patient volume threshold with option of 20% for pediatricians

Enter 90 days reporting timeframe to calculate patient volume

Start Date:

08/28/2011

End Date:

11/24/2011

Indicate whether reporting patient volume per:

Individual Group

Indicate whether reporting patient volume per:

Encounter Patient

← **August, 2011** → is Jan 01-Dec 31

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| 31 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Today: December 2, 2011

Save & Next

Patient Volume – Individual Encounter

Patient Volume Information

Note: To be eligible for the incentive program, professionals must meet at least 30% patient volume threshold with option of 20% for pediatricians

Enter 90 days reporting timeframe to calculate patient volume

Start Date: Reporting year for patient volume is Jan 01-Dec 31

End Date:

Indicate whether reporting patient volume per: Individual Group

Indicate whether reporting patient volume per: Encounter Patient Panel

Medicaid encounters:

Total patient encounters:

Select County for CHIP %:

Patient Volume:

Indicate locations for reporting patient volume:

| Location Name | State | Select this location to demonstrate patient volume | Location has Certified EHR | Action |
|----------------------|-------------------------------------|--|----------------------------|---|
| <input type="text"/> | <input type="text" value="Select"/> | <input type="checkbox"/> | <input type="checkbox"/> | Save Cancel |

Calculate **Save & Next**

Patient Volume – Group Encounter

Patient Volume Information

Note: To be eligible for the incentive program, eligible professionals must meet atleast 30% patient volume threshold with option of 20% for Pediatricians

Enter 90 days reporting timeframe to calculate patient volume

Start Date: Payment Year for Eligible Professionals is between 01-Jan to 31-Dec

End Date:

Indicate whether reporting patient volume per: Individual Group

If group/clinic level, provide clinic NPI:

Indicate whether reporting patient Volume per: Encounter Patient Panel

Medicaid Patient Encounters:

Total Patient Encounters:

Select County for CHIP %: ▼

Patient Volume: 43.85%

Indicate Locations for reporting patient volume:

| Action | Location Name | State | Select this location to demonstrate patient volume | Location has Certified EHR |
|---|---------------|-------|--|----------------------------|
| Edit Delete New | | | No | No |

Save & Next

Select Save & Next

Patient Volume –Patient Panel

Patient Volume Information

Note: To be eligible for the incentive program, professionals must meet at least 30% patient volume threshold with option of 20% for pediatricians

Enter 90 days reporting timeframe to calculate patient volume

Start Date: Reporting year for patient volume is Jan 01-Dec 31

End Date:

Indicate whether reporting patient volume per: Individual Group

Indicate whether reporting patient volume per: Encounter Patient Panel

Medicaid panels:

Unduplicated Medicaid encounters:

Total patient panels:

Unduplicated patient encounters:

Select County for CHIP %:

Patient Volume:

Indicate locations for reporting patient volume:

| Location Name | State | Select this location to demonstrate patient volume | Location has Certified EHR | Action |
|----------------------|-------------------------------------|--|----------------------------|---|
| <input type="text"/> | <input type="text" value="Select"/> | <input type="checkbox"/> | <input type="checkbox"/> | Save Cancel |

[Calculate](#)

[Save & Next](#)

AIU/EHR Certification

Account Information Eligibility **AIU** Attestation Payment

Adopt Implement Upgrade

Details saved successfully
Do you have a Certified EHR?
 Yes No

Please provide the CMS EHR Certification Number: **15 alphanumeric CMS EHR Certification ID**
[About CMS EHR Certification Number](#)

EHR Status

Indicate the status of your EHR:

- Adopt - in the processes of acquiring, purchasing or securing access to certified EHR technology capable of meeting meaningful use requirements
- Implement - deploying, installing, or beginning utilization of certified EHR technology capable of meeting meaningful use requirements
- Upgrade - either have completed or are in the process of expanding current EHR technology to certified EHR technology capable of meeting meaningful use requirements. This may also include staffing, training, or maintenance
- Meaningful use

Please describe(Max 1000 characters allowed):

Do you work with a Regional Extension Center such as HealthPOINT?
 Yes No

If yes, please describe(Max 1000 characters allowed):

Submit documentation showing adoption, implementation, or upgrade of a certified EHR system. Examples of documentation are signed contracts, user agreements, licence agreements, purchase orders or receipts.

Note: File upload size should be less than 5 MB.

| <input checked="" type="checkbox"/> Select all | File Name | View Files |
|--|----------------------|----------------------------|
| <input type="checkbox"/> | Receipt for test.doc | View Files |
| <input type="button" value="Delete"/> | | |

[Upload Instructions](#)

Select Save & Next

Review and Edit

South Dakota Medicaid EHR Incentive Payment Program

Welcome, John Daniel
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed

Account Information | Eligibility | AIU | **Attestation** | Payment

Account Information
CMS Account Details

| | |
|---------------------|-----------------------|
| Name: | John R Daniel |
| Address1: | 927 Kenton Station Dr |
| Address2: | |
| City: | Maysville |
| State: | SD |
| Zip Code: | 41016-9601 |
| Phone Number: | (606) 310-0001 |
| Email Address: | jd@gmail.com |
| Payment Year: | 1 |
| Applicant NPI: | 1233506701 |
| Applicant TIN: | XXX-XX-6701 (SSN) |
| Payee NPI: | 1234206701 |
| Payee TIN: | AAA-AA-0/01 (SSN) |
| Program Option: | Medicaid |
| Medicaid State: | SD |
| Provider Type: | Dentist |
| Provider Specialty: | GENERAL PRACTICE |

Contact Details

| | |
|----------------|---------------|
| Name: | John Daniel |
| Email Address: | test@test.com |
| Phone No: | 6051234567 |

Edit Contact Details

[EP Eligibility](#)
[EP Specialty](#)

| | |
|---|----|
| Do you provide care in FQHC/RHC setting? | No |
| Are 90% or more services covered in Hospital? | No |
| Are you a Pediatrician? | No |

Review and Edit

Patient Volume Information

Enter 90 days reporting timeframe to calculate patient volume

Start Date: 11/06/2011
End Date: 02/03/2012
Indicate whether reporting patient volume per: Individual
Indicate whether reporting patient volume per: Encounter
Medicaid Patient and/or CHIP Encounters: 100
Total Patient Encounters: 200
Select County for CHIP %: Hanson

Patient Volume: 39.45%

Indicate location for reporting patient volume:

| Location Name | State | Select this location to demonstrate patient volume | Location has Certified EHR |
|---------------|--------------|--|----------------------------|
| Family Clinic | South Dakota | Yes | No |

Edit EP Details

AIU Details

Do you have a Certified EHR? Yes
CMS EHR Certification Number: Q0000000I0CVMAQ
Status of EHR: Adopt-acquire, purchase or secure access to certified EHR technology
EHR Status Description:
Regional Extension Center: No
Regional Extension Center Description:
Supported Documents uploaded:

Edit AIU Details

Attestation

Terms of Use

I hereby agree to keep records for a minimum of six years to demonstrate that I met all of the South Dakota Medicaid EHR Incentive Payment Program requirements and to furnish those records to South Dakota Medicaid EHR Incentive Payment Program upon request.

The state will pursue repayment in all instances of improper and duplicate payment. I certify I am not receiving Medicaid EHR incentive funds from any other state or commonwealth and have not received a payment from South Dakota Medicaid EHR Incentive Payment Program for this year. EHR incentive payments will be treated like all other income and are subject to federal and state laws regarding income tax, wage garnishment, and debt recoupment.

I understand that reassignment of payment is voluntary and the reassigning provider will not receive the incentive payment directly.

No Medicaid EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

I attest to the submitted information terms and conditions.

This is to certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid EHR incentive payments I requested through the South Dakota Medicaid EHR Incentive Payment Program will be paid from Federal funds, and that any false claims, statements, or documents, or the concealment of a material fact used to obtain incentive payment, may be prosecuted under Federal or State laws.

Enter Initials:

Attested Date:

Submit

Attestation Submission

Home Contact Us Change Password Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, John Daniel
Provider Type: Eligible Professional (EP)
Status: Attestation Submitted

Account Information Eligibility AIU **Attestation** Payment

Thank you for your submission. Program staff will be reviewing your attestation and will be in contact with you soon.

[Account Information](#)
[CMS Account Details](#)

Comments submitted successfully.

Comments:

Issue Submission

Search for issues

Status:

| Issue ID | Subject | Date | Status |
|----------|---------------------------|-----------------------|--------|
| 10 | New Issue | Mon, 12/12/2011 11:24 | Open |

Comments submitted successfully.

Comments:

Resources

- Center for Medicare and Medicaid Service (CMS)
<http://www.cms.gov/EHRIncentivePrograms>
EHR Information Center: 1-888-734-6433
- Office of the National Coordinator Certified HIT Product List
<http://healthit.hhs.gov/chpl>
- HealthPOINT-South Dakota's Regional Extension Center
<http://www.healthpoint.dsu.edu>
(605) 256-5555
- South Dakota eHealth Collaborative
<http://www.ehealth.dsu.edu/Default.aspx>
- South Dakota Workforce Development Program
<http://www.hittraining.dsu.edu/>
- EHR Incentive Programs Final Rule
<http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

Medicaid EHR Incentive Payment Program

MedicaidEHR@state.sd.us

<http://dss.sd.gov/medicalservices/incentiveprogram/>

605-773-3495

Thank you!