



**Strong Families – South Dakota's Foundation and Our Future**  
**South Dakota Department of Social Services**

South Dakota Medicaid EHR Incentive Payment Program

# Eligible Hospitals

User Guide

12/5/2011

# South Dakota Medicaid EHR Incentive Payment Program Steps for Eligible Hospitals

Eligible hospital types include critical access and acute care hospitals with an average length of stay of 25 days or fewer and a CMS Certification Number (CCN) of 0001-0879, 1300-1399. In addition, children's hospital with a CCN of 3300-3399 are an eligible hospital type.

## 1. Welcome Page: Account creation



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](#) ← Checklists

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**

First time users select 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

CMS Registration ID

**Submit** **Reset**

Username

Password

Confirm Password

**Submit** **Cancel** **Cancel**

Enter NPI and CMS registration ID →

Select Submit →

Create username, password and confirm

Applying for incentive payments:

- ▶ Enter the url for the South Dakota Medicaid EHR Incentive Program website into your browser <https://www.sdmedicaidehr.com>
- ▶ First time users, create an account entering the NPI and CMS registration ID. Then create a User name and password
- ▶ Log in with a user name and password
- ▶ Note: Providers must first register at CMS registration and attestation system. Providers must allow 1-2 business days to log in to the SD Medicaid provider portal after initially registering with CMS at <https://ehrincentives.cms.gov>

CMS EHR Information Center is available at 1-888-734-6433 from 7:30 a.m. – 6:30 p.m. Monday through Friday, except federal holidays.

Hospitals eligible under both Medicare and Medicaid should select "Both Medicare and Medicaid" during registration, even if they initially plan to apply for an incentive under only one program

- ▶ Follow the steps in the following pages to attest to the South Dakota Medicaid EHR Incentive Payment Program

## 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

testhosp

Password

\*\*\*\*\*

**Sign in**

[Forgot Password?](#)

#### New to SD Medicaid Portal?

**Create an Account**

Enter  
username and  
password to  
sign in

Select sign in

## Forgot Password



### South Dakota Medicaid EHR Incentive Payment Program

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[Requirements for eligible professionals](#)

[Requirements for eligible hospitals](#)

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#### Forgot Password

NPI

0123456789

**Submit**

**Cancel**

#### New to SD Medicaid Portal?

**Create an Account**

Submit .  
An email  
will be  
sent

## 2. Registration confirmation

Confirm registration. To update or modify the registration information, providers will need to visit the CMS EHR Incentive program registration and attestation system.

The screenshot shows a web interface for CMS Account Details. At the top, there are tabs for 'Account Information', 'Eligibility', 'AIU', 'Attestation', and 'Payment'. The 'Account Information' tab is active. Below the tabs is a section titled 'CMS Account Details' containing a list of fields and their values:

Name:	Health Services SD
Address1:	1200 S 7th Ave
Address2:	Suite 12
City:	Sioux Falls
State:	SD
Zip Code:	57000-0000
Phone Number:	(605) 000-0000
Email Address:	SDEH1@provider.com
Payment Year:	1
Applicant NPI:	1000077787
Applicant TIN:	
Payee NPI:	
Payee TIN:	
CCN:	430000
Program Option:	Medicaid
Medicaid State:	SD
Provider Type:	Acute Care Hospital
Provider Specialty:	ACUTE CARE

Below the list of fields is a 'Confirm CMS Data' button. To the right of the button is a link: 'Visit CMS to Update or Change Information CMS registration website.' Below the 'Confirm CMS Data' button is a 'Contact Details' section with three input fields for 'Name', 'Email Address', and 'Phone No.', and a 'Save Contact' button.

Annotations in red text with arrows point to the 'Confirm CMS Data' button and the link. The text on the left says: 'If information is correct, select the Confirm CMS Data button.' The text on the right says: 'To update, visit the CMS registration website'.

Status updated

Account Information Eligibility AIU Attestation Payment

**CMS Account Details**

CMS Data confirmed successfully.

Name:	Health Services SD
Address1:	1200 S 7th Ave
Address2:	Suite 12
City:	Sioux Falls
State:	SD
Zip Code:	57000.0000
Phone Number:	(605) 000-0000
Email Address:	SDEH1@provider.com
Payment Year:	1
Applicant NPI:	1000077787
Applicant TIN:	
Payee NPI:	
Payee TIN:	
CCN:	430000
Program Option:	Medicaid
Medicaid State:	SD
Provider Type:	Acute Care Hospital
Provider Specialty:	ACUTE CARE

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

**Contact Details**

Name:	<input type="text" value="Jane Doe"/>
Email Address:	<input type="text" value="janedoe@freemannahosp.com"/>
Phone No:	<input type="text" value="6051234567"/>

Enter optional contact Name, Email Address, and Phone No

Select Save Contact

Note: Status is updated on top of page

### 3. Eligibility

Eligible hospital should meet a minimum of 10% Medicaid patient volume in a representative continuous 90 day period in the previous fiscal year (October 1-September 30) demonstrated by

**Numerator:** Total Medicaid inpatient discharges + Medicaid emergency department encounters in any representative continuous 90 day period in the preceding fiscal year

**Denominator:** Total inpatient discharges + emergency department encounters in that same 90 day period

#### Acute Care Hospitals

Account Information | Eligibility | AIU | Attestation | Payment

**Eligible Hospital**

**EH Details saved successfully**

You are a:  Is your average length of stay 25 days or less?  Yes  No

**EH Details**

**Patient Volume**

Note: To be eligible for the incentive program, hospitals must meet at least 10% Medicaid patient volume

Enter 90 days reporting timeframe to calculate patient volume

Start Date:  Reporting year for patient volume is Oct 01-Sept 30

End Date:

Medicaid inpatient discharges:

Medicaid emergency department encounters:

Total inpatient discharges:

Total emergency department encounters:

Select county for CHIP %:

**Medicaid patient volume:** 41.40 %

**Growth Rate Average**

Select the end date of hospitals most recently filled 12 month cost reporting period:

Total discharges in the reporting hospital's fiscal year:  Enter data from Worksheet S-3, Part 1, Column 15, Line 12 if using data from Medicare cost report Form 2552-96

Total number of discharges one year prior:

Total number of discharges two years prior:

Total number of discharges three years prior:

**Average annual growth rate:** 29.72 %

**Medicaid Share**

Total inpatient Medicaid days:  Worksheet S3, Part 1, Column 5, lines 1, 2, 6-10

Total inpatient hospital days:  Worksheet S3, Part 1, Column 6, lines 1, 2, 6-10

Total hospital charges:  Worksheet C Part 1, Column 8, line 101

Charity care charges:  Worksheet S10, Line 30

**Average length of stay:** 3.45 day(s)

**Medicaid share:** 10.11 %

**Medicaid aggregate EHR incentive amount:** \$642,401.73

**Estimated EHR incentive payment - year 1:** \$256,960.69

Select Calculate →   ← Select Save & Next

Note: Dually eligible hospitals may not include acute inpatient bed days in the numerator for patients where Medicare Part A or Medicare Advantage under Part C was the primary payer.

Nursery bed days may not be included in the numerator or the denominator for acute inpatient (hospital) bed days.

# Critical access hospitals

Account Information Eligibility **AIU** Attestation Payment

Eligible Hospital

You are a: Critical Access Hospitals

**EH Details**

**Patient Volume**  
*To be eligible for the incentive program, Eligible hospitals must meet atleast 10% Medicaid patient volume*

Enter 90 days reporting timeframe to calculate patient volume

Start Date:  **November, 2011** ← Enter start date for patient volume

End Date:

Medicaid inpatient discharges:  ← Enter Medicaid discharges

Medicaid emergency department encounters:  ← Enter emergency department encounters

Total inpatient discharges:  ← Enter total inpatient discharges

Total emergency department encounters:  ← Enter total emergency department encounters

Select county for CHIP %:  Select ← Select your county to apply CHIP%

**Medicaid patient volume:**

**Growth Rate Average**  
 Select the end date of Hospitals most recently filled 12 month cost reporting period:  ← Enter date of base reporting year

Total number of discharges in this fiscal year:  ← Enter total discharges in the base year

Total number of discharges one year prior:  ← Enter total discharges one year before the base year

Total number of discharges two years prior:  ← Enter total discharges two year before

Total number of discharges three years prior:  ← Enter total discharges three years before

**Average Annual Growth Rate:**

**Medicaid Share**

Total Medicaid Inpatient bed days:  ← Enter Medicaid inpatient bed days

Total Hospital Inpatient bed days:  ← Enter hospital inpatient bed days

Total Hospital charges:  ← Enter hospital charges

Total charity care charges:  ← Enter charity care charges

**Average Length of Stay:**

**Medicaid share:**

**Aggregate EHR amount:**

**First year payment:**

Calculate Save

Select Calculate

Select Save & Next

## Children's hospitals

Children's hospitals do not have Medicaid patient volume requirements.

The screenshot shows a web form titled "Eligible Hospital" with tabs for "Account Information", "Eligibility", "ATU", "Attestation", and "Payment". The "Eligibility" tab is selected and circled in red. Below the tabs, there is a dropdown menu labeled "You are a:" with "Childrens Hospitals" selected. The form is divided into sections: "EH Details", "Growth Rate Average", "Medicaid Share", "Average Length of Stay:", "Medicaid share:", "Aggregate EHR amount:", and "First year payment:". Each section contains input fields and labels. Red arrows point to these fields with corresponding instructions: "Enter date of base reporting year", "Enter total discharges in the base year", "Enter total discharges one year before the base year", "Enter total discharges two year before", "Enter total discharges three years before", "Enter Medicaid inpatient bed days", "Enter hospital inpatient days", "Enter hospital charges", and "Enter charity care charges". At the bottom of the form, there are two buttons: "Calculate" and "Save & Next". Red arrows point to these buttons with the labels "Select Calculate" and "Select Save & Next".

**Eligible Hospital**

You are a:

**EH Details**

**Growth Rate Average**  
Select the end date of Hospitals most recently filled 12 month cost reporting period:

Total number of discharges in this fiscal year:

Total number of discharges one year prior:

Total number of discharges two years prior:

Total number of discharges three years prior:

**Average Annual Growth Rate:**

**Medicaid Share**

Total Medicaid Inpatient bed days:

Total Hospital Inpatient bed days:

Total Hospital charges:

Total charity care charges:

**Average Length of Stay:**

**Medicaid share:**

**Aggregate EHR amount:**

**First year payment:**

Select Calculate

Select Save & Next

Enter date of base reporting year

Enter total discharges in the base year

Enter total discharges one year before the base year

Enter total discharges two year before

Enter total discharges three years before

Enter Medicaid inpatient bed days

Enter hospital inpatient days

Enter hospital charges

Enter charity care charges

Note: Hospitals with less than four year data should contact the Division of Medical Services.

## 4. Adopt, Implement, Upgrade

CMS EHR Certification Number may be obtained at <http://onc-chpl.force.com/ehrcert>

The screenshot shows a web form titled "Adopt Implement Upgrade" with several sections and annotations:

- Account Information** | Eligibility | **AIU** | Attestation | Payment
- Adopt Implement Upgrade**
- Details saved successfully**
- Do you have a Certified EHR?**  
 Yes  No ← **Select the appropriate for a certified EHR**
- Please provide the CMS EHR Certification Number:  ← **Enter the 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** ← **Select the appropriate and describe for adopting, implementing, upgrading. Dually EH may select meaningful use in first year**
- Please describe (Max 1000 characters allowed):**
- Do you work with a Regional Extension Center such as HealthPOINT?**  
 Yes  No ← **Indicate yes or no if working with a regional extension center**
- If yes, please describe (Max 1000 characters allowed):**  
 ← **Indicate the regional extension center you work with**
- 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.**
- ← **Select browse and upload documentation**
- Note: File upload size should be less than 5 MB.**
- | Select all               | File Name            | View Files                 |
|--------------------------|----------------------|----------------------------|
| <input type="checkbox"/> | Receipt for test.doc | <a href="#">View Files</a> |
- [Upload Instructions](#)
- ← **Select Save & Next**

Note: Dually eligible hospitals that successfully demonstrate meaningful use for Medicare may be deemed meaningful user for Medicaid in the first year of participation

Status is updated on top of page

## 5. Attestation

Edit information entered and save if necessary. Confirm, sign and submit. Once submitted, the provider will not be able to update or change the attested information.

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

**Account Information**  
CMS Account Details

Name: Health Services SD  
Address1: 1200 S 7th Ave  
Address2: Suite 12  
City: Sioux Falls  
State: SD  
Zip Code: 57000-0000  
Phone Number: (605) 000-0000  
Email Address: SDEH1@provider.com  
Payment Year: 1  
Applicant NPI: 1000077787  
Applicant TIN:  
Payee NPI:  
Payee TIN:  
CCN: 430000  
Program Option: Medicaid  
Medicaid State: SD  
Provider Type: Acute Care Hospital  
Provider Specialty: ACUTE CARE

**Contact Details**

Name:   
Email Address:   
Phone No:

**Review**

**Edit Contact Details** ← Select edit contact information if appropriate to update after reviewing

EH Eligibility

Eligible Hospital

You are a: Acute Care Hospital Is your Average length of stay 25 days or less? Yes

Patient Volume

Enter 90 days reporting timeframe to calculate patient volume

Start Date: 05/30/2010  
End Date: 08/27/2010  
Medicaid inpatient discharges: 50  
Medicaid emergency department encounters: 100  
Total inpatient discharges: 150  
Total emergency department encounters: 200  
Select county for CHIP %: Pennington  
**Medicaid patient volume:** 41.40%

Growth Rate Average

Select the end date of hospitals most recently filled 11/30/2011  
12 month cost reporting period:  
Total discharges in the reporting hospital's fiscal year: 2870  
Total number of discharges one year prior: 2850  
Total number of discharges two years prior: 2800  
Total number of discharges three years prior: 1500  
**Average Annual Growth Rate:** 29.72%

Review

Medicaid Share

Total inpatient medicaid days: 1000 day(s)  
Total inpatient hospital days: 9900 day(s)  
Total hospital charges: \$1,000,000,000.00  
Charity care charges: \$1,000,000.00  
**Average Length of Stay:** 3.45 day(s)  
**Medicaid share:** 10.11%  
**Medicaid Aggregate EHR Incentive Amount:** \$642,401.73  
**Estimated EHR incentive payment - year 1:** \$256,960.69

Edit EH Details

← Select Edit EH Details button to update details if appropriate

**AIU Details**

Do you have a Certified EHR?	Yes
CMS EHR Certification Number:	30000001SWU6EAI
Status of EHR:	Adopt - in the processes of acquiring, purchasing or securing access to certified EHR technology capable of meeting meaningful use requirements
EHR Status Description:	purchased a certified EHR
Regional Extension Center:	Yes
Regional Extension Center Description:	selecting a certified EHR and implementation
Supported Documents uploaded:	

File Name
Receipt for test.doc

[Review](#)

[Edit AIU Details](#) ← Select the Edit AIU Details button if appropriate to update AIU information

**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:  ← Enter initials to attest and sign

Attested Date: 12/2/2011

Check here to attest to the submitted information →

Select Submit. The submitted information will not be edited upon submission →

Upon submission, status will be updated on top of page

Home | Contact Us | Change Password | Logout

**South Dakota Medicaid EHR Incentive Payment Program**

Welcome, Health Services SD  
 Provider Type: Eligible Hospital (EH)  
 Status: Attestation Submitted

← Status updated

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](#)

## 6. Payment Details

The payment details tab provides payment summary and history information.

Payment Details  
Summary

Payment Year	Calculated Amount	Disbursed Amount
1	\$3,564,439.72	\$3,561,999.50

## 7. Issue Submission

Provider can open an issue, submit and view the status of an issue.

Comments submitted successfully. Issue status updated upon submission

Comments:

Search for issues

Status:

Issue ID	Subject	Date	Status
10	<a href="#">New Issue</a>	Mon, 12/12/2011 11:24	Open

Upon attestation submission, the SD Division of Medical Services will review the application and notify the provider of application status. Eligible hospitals must retain documentation for a minimum of six years.

South Dakota Medicaid EHR Incentive Payment Program  
[medicaidehr@state.sd.us](mailto:medicaidehr@state.sd.us)