



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

South Dakota Medicaid EHR Incentive Payment Program

# Eligible Professionals

User Guide

# South Dakota Medicaid EHR Incentive Payment Program Registration Steps for Eligible Professionals

## 1. Welcome Page: Account creation

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### 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**

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### 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 an SLR account.

**Provider Registration**

NPI

CMS Registration ID

**Verify** **Reset**

Username

Password

Confirm Password

**Create** **Reset** **Cancel**

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Applying for incentive payments:

- Enter the url for the South Dakota Medicaid EHR Incentive Program website

<https://sdmedicaidehr.com>

- First time users, create an account by entering the NPI and CMS registration ID. You can then create a User name and password

- Note: Providers must first register at CMS registration and attestation system. Providers must allow 1-2 business days after initially registering at the CMS site before log in to the SD attestation portal

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

Enter NPI and CMS registration ID, select verify

Create username, password and confirm

## Log in



### South Dakota Medical EHR Incentive Payment Program

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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

Enter username and password to sign in

## 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.

### South Dakota Medicaid EHR Incentive Payment Program

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

Account Information Eligibility 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.

Select confirm CMS data. To update, visit the CMS registration website.

#### Contact Details

Name:   
Email Address:   
Phone No:

Save Contact

Enter optional contact information and Click Save

○ If you already have a username and password, you will enter it on this screen and click sign in.

○ Click “Forgot Password” if you do not remember your password. You will be asked for your NPI for validation.

○ This is the information that was entered at the CMS Registration & Attestation site. Confirm this information if it is correct. If it is incorrect, you will need to return to the CMS site to update your information.

○ If the contact person for this registration is different from the person listed in the CMS Account Details, enter it here.

○ You are now able to move to the Eligibility Tab

### 3. Eligibility

#### Eligibility for a provider in an FQHC/RHC.



- The questions on this screen are required fields that must be answered.
- Your answers here will determine which questions will appear next.

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### South Dakota Medicaid EHR Incentive Payment Program

Welcome, Mathew D'souza  
Provider Type: Eligible Professional (EP)  
Status: Registered Provider

Account Information Eligibility **AIU** Attestation Payment

#### EP Specialty

Do you provide care in FQHC/RHC setting?  
 Yes  No ← **Select Yes or No**

Save & Next

Account Information Eligibility **AIU** Attestation Payment

#### EP Specialty

Do you provide care in FQHC/RHC setting?  
 Yes  No  
Are you a PA?  
 Yes  No ← **Indicate whether you are a physician assistant by selecting yes or no.**

Save & Next

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 ← **Select Yes or No**

Save & Next

- If you are a PA providing care in an FQHC/RHC, the FQHC/RHC must be "so led" by a PA.

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 ← **Select appropriate box**

Save & Next

Click Save & Next

- Select the appropriate box to determine which "so led" criteria is met.
- After selection is made, click save. This will allow you to go to the patient volume information

## Eligibility for Non PA in an FQHC or RHC

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?

**Select Yes or No**

**Select Pediatrician if appropriate**

**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

Save & Next

○ If you provide care in an FQHC/RHC and are not a PA, select no and the pediatrician question becomes available.

○ You can now continue to the Patient Volume Information.

## Eligibility for EP Not practicing in an FQHC/RHC

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

**Select Yes or No**

**Select Yes or No**

Save & Next

○ Do you provide 90% or more of your services in a hospital setting? Select Yes or no

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Mathew D'souza  
Provider Type: Eligible Professional (EP)  
Status: Program Qualification Filed

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

**Select Cancel to change your selection**

Save & Next

○ If 90% or more of an EP's services are covered in a hospital, they are not eligible for the program.

If No, then click box if you are a pediatrician and continue to Patient Volume Information

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?  ← **Select Pediatrician if appropriate**

**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

**Save & Next**

- If you are not hospital based, proceed to the pediatrician indication and then on to the patient volume information.

#### 4. Patient Volume – Eligibility Tab

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:  ← **Enter the start date of your 90-day reporting period**

End Date:

Indicate whether reporting patient volume per:  Individual  Group

Indicate whether reporting patient volume per:  Encounter  Patient Panel

**Save & Next**

Today: December 2, 2011

- Enter a Start Date for your 90-day reporting period. The end date will be calculated.
- The Start Date must fall within the preceding calendar year prior to reporting

## Patient Volume for Individuals using 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: 08/28/2011 Reporting year for patient volume is Jan 01-Dec 31

End Date: 11/25/2011

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"/>	<a href="#">Save</a> <a href="#">Cancel</a>

Click Calculate       

Enter location. Check boxes if applicable, then click save

Click Calculate

Click Save & Next

- Select whether you will be reporting patient volume as an individual or a group.
- Select whether you will be using encounters or a patient panel.
- Enter in the numbers from your 90-day reporting period and the county where you see the majority of your Medicaid patients.
- Enter the location(s) that you will be using to calculate your patient volume. After entered, **click Save**.
- Click Calculate to determine your patient volume adjusted for CHIP recipients.
- Click Save & Next
- Go to the AIU Tab

## Patient Volume with Individual 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

○ Total Medicaid patients assigned to the EP's panel in any representative, continuous 90-day period in the preceding calendar year when at least one Medicaid encounter took place with the Medicaid patient in the year prior to the 90-day period

○ Unduplicated Medicaid 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 with the patient during the year prior to the 90-day period

## Patient Volume with Group Patient Panel

**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 Panels:

Unduplicated Medicaid Encounters:

Total Patient Panels:

Unduplicated Patient Encounters:

Select County for CHIP %:

**Patient Volume:**

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

○ All unduplicated patient encounters in the same 90-day period

○ If using group patient volume, you must enter the NPI of the reporting group/clinic.

### If you select Patient Panel, the following calculation will be performed.

[Total Medicaid patients assigned to the EP's panel in any representative, continuous 90-day period in the preceding calendar year when at least one Medicaid encounter took place with the Medicaid patient in the year prior to the 90-day period] + [Unduplicated Medicaid encounters in the same 90-day period]

X 100

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

**Patient Volume Information**

*Note: To be eligible for the incentive program, eligible 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:  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
<a href="#">Edit</a> <a href="#">Delete</a> <a href="#">New</a>			No	No

**Calculate** **Save & Next**

Click Calculate

Click Save & Next

- If using group patient volume, you must enter the NPI of the reporting group/clinic
- Enter the location(s) that you will be using to calculate your patient volume.
- You must select at least one practice location that you will be reporting Medicaid Patient volumes **and** utilizing EHR.
- Click Calculate to determine your patient volume adjusted for CHIP

### Clinic/Group Volume

Providers have the option to use the practice or clinic Medicaid patient volume/individuals with needs patient volume under three conditions as outlined in the final rule.

1. Clinic or group practice patient volume is appropriate as a patient volume methodology calculation for the EP (for example: If the EP sees only Medicare, commercial or self pay patients, then this is not an appropriate calculation)
2. There is an auditable data source to support the clinics patient volume determination
3. As long as the practice and EPs decide to use one methodology in each year

## 5. Adopt, Implement, Upgrade

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### South Dakota Medicaid EHR Incentive Payment Program

Welcome, John Daniel  
Provider Type: Eligible Professional (EP)  
Status: Not Eligible (Program Qualification)

Account Information Eligibility **AIU** Attestation Payment

**Adopt Implement Upgrade**

**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-acquire, purchase or secure access to certified EHR technology
- Implement-commence utilization of certified EHR technology capable of meeting meaningful use requirement
- Upgrade-expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site including staffing, maintenance, and training or upgrade from an existing EHR technology to a certified EHR technology
- Meaningful use

**Please describe:**

**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:**

**Indicate the regional extension center you work with**

**Submit document of certified EHR system demonstrating Adoption, Implementation, Upgrade such as signed contract, user agreement, licence agreement, purchase order or receipt.**

**Select browse and upload documentation**

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

[Upload Instructions](#)

**Click Save & Next**

## 6. Attestation

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

Review all previously entered information and edit any areas as necessary.

**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: XXX-XX-6701 (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** Select edit contact information if appropriate to update

**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

**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** Select edit eligibility details if appropriate to update

Review Information

Review Information

## Attestation Continued

Please closely review the Terms of Use and check the box if you agree to the terms and conditions.

Enter your initials, click submit and the current date will be populated.

**AIU Details**

Do you have a Certified EHR?	Yes
CMS EHR Certification Number:	Q000000I0CVMAQ
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** Select edit AIU details if appropriate to update

**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).

Check the box

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** Select submit. The submitted information will not be allowed to be edited once submitted

Upon attestation submission, the SD Division of Medical Services will review the application and notify the provider of application status. Eligible professionals 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)