GUAM MEDICAID EHR INCENTIVE PROGRAM

Eligible Professionals’ Process to Incentive Funds

Telecommunications and Social Informatics Research Program (TASI) - University of Hawaii
Christina Higa & Ginger Porter
Guam – April 15, 2013
HEALTH INFORMATION TECHNOLOGY (HIT)

Improve individual/population health
Rationale for HIT

1999 – Institute of Medicine (IOM) report, To Err is Human, Up to 98,000 people die each year from preventable medical errors

2003 – IOM 2nd report - health care organizations must adopt HIT system capable of sharing essential health information on patient care

2004 – President Bush issues Executive Order 13335-2004 calling for interoperable EHRs in 10-years

2006 – President Bush EO for increased interoperability

2004-09 Health care programs initiate EHRs and Regional Health Information Organizations (RHIOs)

2009 – President Obama signs HITECH Act into Law
President Obama signed HITECH into law on February 17, 2009 as part of the American Recovery and Reinvestment Act of 2009 (ARRA), an economic stimulus bill. $25.9B to promote and expand HIT adoption and MU.
Medicare and Medicaid EHR Incentive Program

• +$4.7 Billion in Medicare EHR Incentive Payments (May 2011-Feb 2013)
• +$5 Billion in Medicaid EHR Incentive Payments (Jan 2011 – Feb 2013)
• 388,593 Active Registrations

Potential for Guam Eligible Providers:
• $44,00 - $63,750/ each over 5-6 Years

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html
Two Primary Steps to Obtaining Incentive Payments

(1) Register for an EHR Incentive Program

(2) Attest to meeting incentive payment criteria
Selecting a Program

Medicare & Medicaid EHR Incentive Program Comparison

<table>
<thead>
<tr>
<th>Medicare EHR Incentive Program</th>
<th>Medicaid EHR Incentive Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run by CMS</td>
<td>Run by Your State Medicaid Agency</td>
</tr>
<tr>
<td>Maximum incentive amount is $44,000 (-2% starting 4/2013)</td>
<td>Maximum incentive amount is $63,750</td>
</tr>
<tr>
<td>Payments over 5 consecutive years</td>
<td>Payments over 6 years, does not have to be consecutive CY 2016 last year to start</td>
</tr>
<tr>
<td>Payment adjustments will begin in 2015 for providers who are eligible but decide not to participate</td>
<td>No Medicaid payment adjustments</td>
</tr>
</tbody>
</table>

- Providers must demonstrate meaningful use every year to receive incentive payments.
- In the first year providers can receive an incentive payment for adopting, implementing, or upgrading EHR technology. Providers must demonstrate meaningful use in the remaining years to receive incentive payments.

EPs can switch programs once after their first year in the program.

Selecting a Program

Eligible Professional Criteria

<table>
<thead>
<tr>
<th>Medicare EHR Incentive Program</th>
<th>Medicaid EHR Incentive Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor of medicine or osteopathy</td>
<td>Physicians (primarily doctors of medicine and doctors of osteopathy)</td>
</tr>
<tr>
<td>Doctor of dental surgery or dental medicine</td>
<td>Nurse practitioner</td>
</tr>
<tr>
<td>Doctor of podiatry</td>
<td>Certified nurse-midwife</td>
</tr>
<tr>
<td>Doctor of optometry</td>
<td>Dentist</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>Physician assistant who furnishes services in a Federally Qualified Health Center of Rural Health Clinic that is led by a physician assistant.</td>
</tr>
</tbody>
</table>

Medicaid Eligible Professional Criteria

• MD, DO, DDM/DDS or a Nurse Practitioner, a Certified Nurse Midwife, OR a Physician Assistant who is the lead provider for a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

• 30% or more Medicaid patient volume (20% for pediatricians)

OR must practice predominantly in a FQHC or RHC with 30% or more needy individual patient volume. Needy is defined as patients who are Medicaid, Medicare, uninsured, under-insured, charity care and indigent care.
Medicaid Eligible Professional Criteria

- Licensed and credentialed
- Have no Office of Inspector General (OIG) exclusions
- Living (Social Security records are examined)
- Not be hospital-based, which is defined as having 90% or more of their covered professional services in either an inpatient (POS 21) or emergency room (POS 23) of a hospital
Guam Medicaid
EHR Program TimeLine

• Current Program Year for EPs = 2012
  – January 2, 2012 to December 31, 2102 + 120 Days = April 30, 2013
  – Who can register and get payment for 2012:
    • Meets Volume: 30% Medicaid Encounters in 2011
    • AIU: Have or have contracted for a certified EHR
  – Program Year 2013 registration starts May 1, 2013
Participation Year and Reporting Requirements

- **Participation Year**: Based on when you started/reporting period requirements
  - Participation Year 1 = AIU (no reporting period)
  - Participation Year 2 = MU Stage 1 (90-days)
  - Participation Year 3 = MU Stage 1 (365-days)
  - Participation Year 4 = MU Stage 2 (356-days)
  - Participation Year 5 = MU Stage 2 (356-days)
  - Participation Year 6 = MU Stage 3 (356-days)
Guam Medicaid EHR Program MU Attestation Payments

Participation Year 1 = AIU $21,250
Participation Year 2 = MU Stage 1 (90-days) $8,500
Participation Year 3 = MU Stage 1 (365-days) $8,500
Participation Year 4 = MU Stage 2 (356-days) $8,500
Participation Year 5 = MU Stage 2 (356-days) $8,500
Participation Year 6 = MU Stage 3 (356-days) $8,500

Total Over 6-years: $63,750

Eligible Professional

Unlike Medicare Program does not have to be consecutive in years.
Medicaid EHR Program TimeLine
(Example 2012 Program Year as 1st Participating Year)

- Participation Year 1 (2012): $21,250
  - Medicaid Encounter Data from 2011 (90-consecutive days)
  - AIU (no attestation period)
  - Registration and Submission Approval Deadline April 26, 2013

- Participation Year 2 (2013): $8,500
  - Medicaid Encounter Data from CY2012 or 12-months prior to attestation date
  - MU Stage 1: 90-Consecutive days

- Participation Year 3 (2014) : $8,500
  - Medicaid Encounter Data from CY2013 or 12-months prior to attestation date
  - MU Stage 1: 365-days 90-Consecutive days

- Participation Year 4 (MU Stage 2: 356-Days) : $8,500
- Participation Year 5 (MU Stage 2: 365-Days) : $8,500
- Participation Year 6 (MU Stage 3: 365-Days) : $8,500
Establishing Patient Volume for EPs

• Patient volume must be met every year
• Based on Medicaid encounters:
  – Medicaid paid for part or all of services;
  – Medicaid paid for part of all of co-payments, premiums, cost-share

\[
\text{#Medicaid Encounters divided by Total Encounters} = \text{Medicaid Volume %}
\]

From same consecutive 90-day period
Establishing Patient Volume for EPs in FQHC/RHC

• Patient volume must be met every year
• Definition of Needy Individual Encounter
  – Paid by Medicaid or CHIP
  – Furnished by the provider as uncompensated care
  – Furnished at either no cost or reduced cost based on a sliding scale determined by the individual’s ability to pay

\[
\frac{\text{#Needy Pat. Encounters}}{\text{Total Encounters}} = \text{Medicaid Volume %}
\]

From same consecutive 90-day period
Establishing Patient Volume for Group Practices

• Individual EP method - OR -
• Permitted to calculate patient volume at group/clinic level:
  – Same calculation method as EP
  – Auditable data source to support clinic/group volume determination
  – All EPs in the group practice or clinic use the same methodology for the payment year
  – If EP works inside and outside of the clinic/practice, then the patient volume calculation includes only those encounters associated with the clinic/practice and not the EP’s outside encounters
Adopt Implement Upgrade (AIU)

- (A) Adopt – Acquire, purchase, or secure access to certified EHR technology
- (I) Implement – Install or commence utilization of certified EHR technology capable of meeting MU requirements
- (U) 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 existing EHR technology to ONC certified EHR technology

Requirement for attesting AIU: Agreement or Contract or Purchase Order or other documentation proving AIU that is acceptable to Guam State Medicaid Agency
Reporting Periods

• Medicaid Patient Volume:
  – 90-consecutive days, based on encounters in the year PRIOR to the Program Year; or 12-months prior to attestation date
  – E.g., Program Year 2012 – data will be from 1-12/2011
  – E.g., Attestation date=5/1/2013; data from 4/1/2012 to 4/30/2013

• Meeting MU Reporting Period:
  – 90-consecutive days IN Program Year (for 1st year)
  – 90-consecutive days for everyone in 2014 (exception)
  – 365-consecutive days in all other years
Medicaid EHR Program Timeline
(Example 2012 Program Year as 1\textsuperscript{st} Participating Year)

- **Participation Year 1 (2012):** $21,250
  - Medicaid Encounter Data from 2011 (90-consecutive days)
  - AIU (no attestation period)
  - Registration and Submission Approval Deadline \textit{April 26, 2013}

- **Participation Year 2 (2013):** $8,500
  - Medicaid Encounter Data from CY2012 or 12-months prior to attestation date
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- **Participation Year 4 (MU Stage 2: 356-Days):** $8,500
- **Participation Year 5 (MU Stage 2: 365-Days):** $8,500
- **Participation Year 6 (MU Stage 3: 365-Days):** $8,500
How to get started?
Two Primary Steps for Registration

Register

Step 1: CMS Web Site (NLR)
https://ehrincentives.cms.gov/hitech/login.action

After at least 24-hours

Step 2: Guam Medicaid SLR
http://ehrincentives.guam.gov/

Login Requires:
• NPI
• CMS Assigned Registration #
What you need to register with CMS:

**NPI** (National Provider Identifier)
https://nppes.cms.hhs.gov/NPPES/Welcomes.do

**NPPES** (National Plan and Provider Enumeration System) User ID & Password (updated)
https://nppes.cms.hhs.gov/NPPES/Welcome.do
  - NPPES user ID and Password are used to log in to the CMS registration system

**Selection of Medicare or Medicaid Incentive Program**

**PECOS** (Provider Enrollment, Chain and Ownership System) User ID & Password:
https://pecos.cms.hhs.gov/pecos/login.do
  - For Medicare providers and for hospitals (both programs) a PECOS enrollment is required
  - For Medicaid provider participation in the Medicaid EHR Program, PECOS enrollment not required; select your state/territory
What you need to register with CMS:

**Personal Information**
- Social Security Number
- NPI
- **Payee TIN** (Tax Identification Number) to which incentive payment should be made for example EP’s SSN or Group’s EIN (EP can receive the payment directly only if he/she has not reassigned Medicare benefits in PECOS)
- **Payee NPI** if you are reassigning payment

**Business Information**
- Populated from NPPES, but EPs can make changes if needed (but it does not update the NPPES account information) – recommended that all changes are made through NPPES, call the helpdesk.
What you need to register with CMS:

EHR Certification Number – Certified Health IT Product List
http://oncchpl.force.com/ehrcert?q=chpl

• Suggestion: Ask your vendor for specific EHR, Version and Certification Number
Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology

Selected Application: Combination of 2011 and 2014 Edition - Inpatient

STEP 3: SEARCH FOR CERTIFIED EHR PRODUCTS

Select the certified complete EHR products or EHR modules by browsing the products, searching by product name, product version, product name, product classification, and other filters.

Your Search Results: Showing 1 of 4 Products Found

STEP 4: ADD PRODUCTS TO YOUR CART

To add certified complete EHR products or EHR modules to your cart, click the "Add to Cart" link in the row where the product appears in the table below. You can add multiple products to your cart. After adding products to your cart, you will be directed to the cart page. The cart page displays the certification criteria that must be met by the products in your cart. Once the product is in your cart, you can review the details and confirm the certification criteria.

The Certification Year column indicates the edition of EHR certification criteria to which the product is certified. You can sort on any column in the table below. To sort, click on the column header and the arrow will indicate the ascending or descending sorting order.

Matching Product

<table>
<thead>
<tr>
<th>Certification Body</th>
<th>Vendor</th>
<th>Product Name</th>
<th>Product Version</th>
<th>Product Classification</th>
<th>Certification Year</th>
<th>Additional Software Required</th>
<th>Add to Cart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infor Corp.</td>
<td>Indigo Health Service</td>
<td>CMQuality and Patient Management System</td>
<td>v1.0</td>
<td>Complete EHR</td>
<td>2011</td>
<td><a href="http://www.infor.com">More</a></td>
<td><img src="http://www.infor.com" alt="Add to Cart" /></td>
</tr>
<tr>
<td>Infor Corp.</td>
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</table>

About Product Classifications

Complete EHR, 2011 Edition means EHR technology that has been developed to meet, at minimum, all mandatory 2011 Edition EHR certification criteria for either an ambulatory setting or limited setting. EHR technology designed for an ambulatory setting (to be used by eligible professionals) must be certified to all of the certification criteria adopted at 45 CFR § 170.302 and 45 CFR § 170.304, and EHR technology designed for an inpatient setting (to be used by eligible hospitals) must be certified to all of the certification criteria adopted at 45 CFR § 170.302 and 45 CFR § 170.304. The final rule for the certification criteria for Ambulatory Care (§ 170.302) is optional for some care areas and technology seeking certification and may not be met by a complete EHR.
Selected Attestation: Combination of 2011 and 2014 Edition - Inpatient

STEP 5: REQUEST CMS EHR CERTIFICATION ID

Certification Bar Summary

The certification bar provides a summary of the criteria that are met by product(s) in your cart. Criteria highlighted in blue have been met by product(s) in the cart, criteria in gray have not.

EHR technology designed for an inpatient setting (to be used by eligible hospitals) must be certified to all of the certification criteria adopted at 45 CFR 170.302 and 45 CFR 170.306.

Place your mouse over or click the individual letters in the certification bar to learn more about each criterion. Note: Certification criteria for Accounting of Disclosures (§ 170.302(w)) is optional for systems or technologies seeking certification. Thus, even if 'w' is gray in your certification bar, the product(s) in your cart can still meet 100% of the required certification criteria.

General Criteria (170.302)  Inpatient Criteria (170.305)

abcde fghijklmnopqrstuvwxyz abcdefghj

Percentage of criteria currently met: 100%

Get CMS EHR Certification ID

1 PRODUCT(S) IN CART

<table>
<thead>
<tr>
<th>Certifying Body</th>
<th>Original Practice Type</th>
<th>Vendor</th>
<th>Product</th>
<th>Product Version #</th>
<th>Product Classification</th>
<th>Certification Year</th>
<th>Additional Software Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>InfoGard</td>
<td>Inpatient</td>
<td>Indian Health Service</td>
<td>Resource and Patient Management System (RPMS)</td>
<td>RPMS Suite (BCER) v1.0</td>
<td>Complete EHR</td>
<td>2011</td>
<td>WinHasher 1.6 - $170.302_a; Symantec Endpoint Encryption Version 8 - $170.302_u</td>
</tr>
</tbody>
</table>

Saving Your Product List

Please note that when you close your browser window, the list of product(s) in your cart will not be saved. If you would like to email the product list to yourself, enter your email address below and click "Email Me". Your email address will not be saved or used by the CHPL in any way other than to email the product list.

Your email address:  [ ] Email Me
Your CMS EHR Certification ID is: A0H1301FUWROEA1

Please return to the Medicare and Medicaid EHR Incentive Program and enter this CMS EHR Certification ID when prompted for an "EHR Certification Number" on the appropriate registration or attestation screen.
What you need to register with CMS:

- **I&A Account** - Optional: If the provider requires someone else to register on their behalf. The person who will be doing the registration requires an [Identity & Access Management](https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do)

Lessons Learned

DO NOT UNDER-ESTIMATE THE AMOUNT OF TIME IT TAKES TO SORT THIS OUT....

• **General**
  – Register early – to check User IDs and Passwords.
  – “Successful Submission” doesn’t always mean completely finished.
    • Review submission pages carefully – some registration sites require you to print and mail in hard copies to complete the registration.
    • CMS registration (NLR) - then Guam Medicaid registration (SLR)

• **Problems with User ID and Password**
  – System is Case Sensitive
  – User ID cannot be changed
  – IF NPPESS User ID and Password does not work on the CMS registration login page – call the External User Services (EUS) Help Desk at 1-866-484-8049/TTY 1-866-523-4759 to re-set the password. CMS has informed us that this is a problem that may happen
Lessons Learned

DO NOT UNDER-ESTIMATE THE AMOUNT OF TIME IT TAKES TO SORT THIS OUT....

• Connectivity
  – Check Web Brower - Firefox works better than Windows Explorer
  – CMS Site can be slow to load depending on bandwidth and can time out
  – ISP (Foreign Servers) that are prohibited by U.S. servers; may not have access to CMS Registration and Attestation Web Site – you may need to contact your ISP to find alternate ways to get to the web site (e.g., proxy server)

• HelpDesk
  – Hours Monday – Friday 8:20 to 4:30 Eastern Standard Time
  – Great support – sometimes the only support that can identify the problems
  – ONLY authorized provider can call – will be asked security questions
  – IF authorized person listed not accurate – a hard copy, original signature will have to be mailed to NPPES and may require up to 30-day to process
Understanding the Various Systems:

• **NPI**  National Provider Identifier: a unique 10-digit identification number providers by CMS

• **NPPES**  National Plan and Provider Enumeration System: this is the system that provides the initial set-up for providers to get an NPI, User ID and Password

• **PECOS**  Provider Enrollment, Chain and Ownership System: this system is used to reassign benefits, links groups with providers. You may sometimes be referred to the PECOS External User Services (EUS) Help Desk for User ID and Password support (even if it is not a PECOS related issue).

• **I&A** (Identity & Access Management): this system is used to provide accounts to users that want to submit information on behalf of a provider; the provider will be required to authorize the ‘surrogate’ user.

• **Note:** The systems are connected and therefore the same User ID and Password is used for the different ‘applications.’
Step-by-Step: Registration Process

CMS EHR Incentive Program Registration and Attestation Web Site:
https://ehrincentives.cms.gov/hitech/login.action

See EP Medicaid Registration Guidelines:
Two Primary Steps for Registration

Register

Step 1: CMS Web Site (NLR)
https://ehrincentives.cms.gov/hitech/login.action

Login Requires:
• NPPES User ID
• NPPES Password

After at least 24-hours

Step 2: Guam Medicaid SLR
http://ehrincentives.guam.gov/

Login Requires:
• NPI
• CMS Assigned Registration #
Guam SLR – Path to Payment

Eligible Professional Registers on CMS and receives Registration Number

Guam SLR receives registration file (B6) from CMS

Preliminary Check:
- Guam Licensure
- Medicaid Provider
- No Sanctions
- Not on death file

24 hours

CMS duplicate payment (D16) check request

1-2 days

Verification and Validation

1-5 days

Attest ehrincentives.guam.gov

Payment Approved

24 hours

1-2 days

24 hours
Guam Medicaid EHR Incentive Program

User Manual
Send Email

In order to receive EHR incentive payments from Guam Medicaid, you first have to register at the CMS Web Site. After about 24 hours of successfully registering at the CMS level you should be able to complete your application on this site.

Guidelines for registration for the CMS EHR Incentive program:
Eligible Providers
Eligible Hospital

Video Tutorial for CMS EHR Incentive Registration:
Eligible Provider
Eligible Hospital

Please enter your NPI
Please enter the CMS assigned Registration Identifier
Submit

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No Announcements and Messages!

Issues/Concerns

Clicking the below link will redirect you to the Issues/Concerns page, where you will be able to submit any issues and view the responses received from the DMS.

Click Here

Provider Information

You are currently enrolled in Guam’s EHR Incentive Program. Payment Year ‘1’ is your current year attestation. The current status of your application for the year 1 payment is ‘AWAITING PROVIDER ATTESTATION’.

Provider Status Flow

Provider Attestations

<table>
<thead>
<tr>
<th>Payment Year</th>
<th>Status</th>
<th>AttestationID</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Attest_InProcess</td>
<td>-</td>
<td>Begin/Modify Attestation</td>
</tr>
</tbody>
</table>

Government of Guam
Guam Medicaid Agency

Registration Data (Year 1 Attestation) Logout

Provider CMS Registration Data

*** If any of this information is incorrect, please correct on the CMS Registration Module

Applicant National Provider Index (NPI): 0401201304
Applicant TIN: 0400000004
Payee National Provider Index (NPI): 0401201304
Payee TIN: 0400000004
Program Option: MEDICAID
Medicaid State: MP
Provider Type: Physician
Participation Year: 1
Federal Exclusions: None

Name: PhyFour DemoFour
Suffix: 
Address: 404 Test Ave, 4th Floor
City/State: Agana / GU
Zip Code: 96950 -1234
Phone Number: 6715551237
Email: guamehreincentives@tipg.net
Specialty: Physician
State Rejection Reason: None

Provider Medicaid Attestation Data

*** Please update the data below in reference to this attestation

Mailing Address

Address 1: 404 Test Ave
Address 2: 4th Floor
City/State: Agana GU
Zip Code: 96950 1234

Medicaid Provider Type: Physician
MedicaidID
Were you assisted by the Hawaii Pacific Regional Extension Center? Yes No
Please give the name of the person who assisted you: Kaina

Previous Next Save Cancel

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### Eligibility Details

**Patient Volume:**

1. Please indicate if your patient volume was calculated at a clinic or practice level for all Eligible professionals:
   - No ▼
2. If yes, please enter the NPI of the clinic or group:
   - **0**
3. For which program year are you applying?
   - 2012 ▼
4. What is the time frame used for patient volume calculation?
5. Select the starting date of the 90-day period to calculate Medicaid encounter volume percentage:
   - **1/1/2011** (mm/dd/yyyy)
6. Medicaid patient encounters during this period:
   - **20**
7. Total patient encounters during this period:
   - **100**
8. Total number of Medicaid patients on your Medicaid MCO roster/panel with whom you did not have an encounter in this 90 day period but you did have an encounter in the last 24 months (FOR YEAR 2012, ENTER 0):
   - **0**
9. Total number of patients on your roster/panel from any Plan with whom you did not have an encounter in this 90 day period but you did have an encounter in the last 24 months (FOR YEAR 2012, ENTER 0):
   - **0**
10. Medicaid patient volume percentage:
   - 20.00% - you should meet the threshold of 30% to get an EHR Incentive Payment.

**EHR Details:**

11. Enter the CMS EHR Certification ID of your EHR:
   - A0H1301DASSMEAF ▼ What is this?
12. Indicate the status of your EHR:
   - ○ Adopt □ Implement □ Upgrade □ Meaningful User

### Service Locations

*** The practice/location equipped with Certified EHR Technology (CEHRT) can be met in 3 ways:

1. CEHRT is permanently installed at the practice location
2. The CEHRT can be brought to the practice/location on a portable computing device
## Incentive Payment Calculations (Year 1 Attestation)

<table>
<thead>
<tr>
<th>Estimated Amount of Medicaid EHR Incentive Payment:</th>
<th>$21,250.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>(This amount may also include adjustments)</td>
<td></td>
</tr>
</tbody>
</table>

Previous Next

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I understand that I must have, and retain, documentation to support my eligibility for incentive payments and that the Department for Medicaid Services may ask for this documentation. I further understand that the Department for Medicaid Services will pursue repayment in all instances of improper or 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 the Guam Medicaid State Agency for this year.

This is to certify that the foregoing information is true, accurate, and complete. I understand the Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

* All fields are required fields.

Note: Once you press the submit button below you will not be able to change your information.
Guam SLR – Path to Payment

Eligible Professional Registers on CMS and receives Registration Number

Guam SLR receives registration file (B6) from CMS

Preliminary Check:
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- Medicaid Provider
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CMS duplicate payment (D16) check request

Verification and Validation

Attest

ehrincentives.guam.gov

Payment Approved

Payment Approved

24 hours

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