

# Hawai`i State Level Registry

## for the Medicaid Promoting Interoperability Program


### 2019 Hawaii SLR Companion Guide for Eligible Professionals

### Stage 3

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This document will provide guidance on how to successfully complete a Hawaii Medicaid Promoting Interoperability (PI) Program Stage 3 Meaningful Use (MU) attestation for Eligible Professionals (EP) under Program Year 2019.

Program Year 2016 was the final year a provider could begin participation in the PI Program. If you have never successfully attested for the program, you will receive an error and the SLR will not permit you to login. If you feel this is incorrect, please contact the Hawaii SLR Helpdesk.

 Program Year 2016 was the final year for EP or EH to initiate participation in the Medicaid Electronic Health Record (EHR) Incentive Program.

#### **CMS Stage 3 2019 Program Requirements:**

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2019ProgramRequirementsMedicaid.html>

#### **Where to log on or create your account:**

<https://hi.araaincentive.com/Login.aspx>

Please contact the SLR Helpdesk at (800) 235-4378, select option 7, for assistance with recalling usernames, and password resets.

**Note:** All addresses displayed in the SLR are the Correspondence addresses linked to the Medicaid provider enrollment record of the attesting provider. Conduent does not have the capability to modify the addresses. Please submit an updated DHS 1139 form, along with a copy of your license and W-9, to the Hawaii Medicaid Fiscal Agent's Office. The documents will be forwarded to the Med-QUEST Division (MQD) for expedited processing.

Hawaii Medicaid Fiscal Agent  
Attn: Hawaii Medicaid Promoting Interoperability Program  
P.O. Box 1220  
Honolulu, HI 96807-1220

All providers are encouraged to contact the Hawaii Medicaid Fiscal Agent Call Center prior to attesting

to verify that the information that MQD has on file is correct and up to date. Examples: Name, Social Security Number (SSN), National Provider Identifier (NPI), Correspondence and Pay-to Addresses, Tax Identification Number (TIN), Provider License, Medicaid Enrollment Status

The Hawaii Medicaid Fiscal Agent Call Center may be reached at (800) 235-4378, select option 4.

## **SLR Icons**

- ✔ Green check marks will appear next to the fields and sections that were completed correctly.
- ❗ Hard stop: A red circle with an exclamation point indicates that there is a problem with a value that was entered and will prevent you from moving forward and submitting an attestation.
- ⚠ Warning: A yellow triangle with an exclamation point indicates a warning about a value that was entered but does not prevent you from moving forward or submitting your attestation.

## Step 1 – About You

### Attestations

- Not Hospital Based Attestation: Click on the checkbox to attest that you do not perform 90% or more of your Medicaid services in an inpatient hospital or emergency room. If you have previously submitted an attestation for the Hawaii Medicaid PI Program, the system will automatically select this checkbox based off your previous attestation.
- Pediatrician Attestation: If you are a pediatrician, click on the checkbox to attest that you are a pediatrician who is eligible for a reduced incentive payment if you meet a minimum of 20% Medicaid patient volume.
- Physician Assistant Attestation: If you are a Physician Assistant, click on the checkbox to attest that you are a PA that practices predominantly in a PA-led Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).
- Read the Provider Manual Attestation: Click on the checkbox to attest that you have read the Hawaii Medicaid Promoting Interoperability Program Provider Manual. The manual has been updated to incorporate CMS's Final Rule.

<https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/EHRIncentiveProgramProviderManual.pdf>

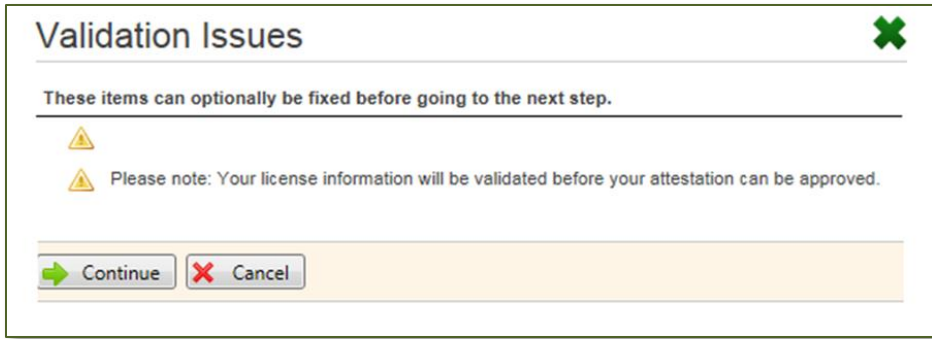
### License Information

If you have successfully completed the Attestations section, the License Information section will allow for editing. If you have previously attested for the Hawaii Medicaid PI Program, this information will be automatically populated with data from your last attestation.

- Medicaid Provider ID: Use your current six-digit Hawaii Medicaid Provider ID. If an invalid ID is entered, you'll receive a hard stop icon upon clicking on "Save & Continue". The system will not allow you to move to the next screen until the Medicaid Provider ID has been entered.
- Hawaii Professional License Number: Enter your professional license number with the license type code in addition to the license numbers. The license number will be accepted with or without the dash and also if it is padded with zeroes.

Examples: MD 1234, MD1234, MD-1234, MD000000001234

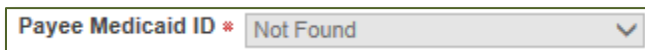
If you enter a license number that does not match up with what MQD has on file under your provider record, you will receive a warning pop-up message upon clicking on "Save & Continue".



This is only a warning. You may continue through this but know we will have to take extra time to manually validate the information. For best results, pad the license number with zeroes to generate a 15-digit number.

- Payee Medicaid ID: The Payee Medicaid ID field is not editable. The SLR uses the payee NPI and TIN combination that you assigned during the CMS registration process to search for a record in MQD's provider enrollment database. If the SLR finds a match, the payee's Medicaid ID will automatically populate.

If the SLR cannot locate a match for the payee NPI and TIN combination, the system will populate the value "Not Found".



You must return to CMS's Medicare & Medicaid EHR Incentive Program Registration & Attestation System to correct your payee information. Please allow 24-48 hours for the SLR to update after a change is made in the CMS Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Please contact the SLR Helpdesk should you feel this message was received in error.

- Contact Person: The values in the Contact Person section are automatically populated from the information received from your CMS Medicaid EHR Incentive Program Registration Record. These fields are editable, and you may update the contact information as needed. All correspondence regarding your attestation and the Hawaii Medicaid PI Program will be sent to the e-mail address indicated in this section. Please ensure this information is accurate.

## Step 2 – Confirm Medicaid Eligibility

### Practice Eligibility Details

- Enter Representative Period: Select your representative period from the pull-down menu.

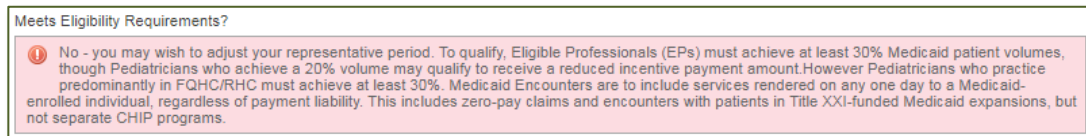
Select...
90-day period in previous calendar year
90-day Period in 12 months preceding the attestation
90 days in CY 2018 or 2019 prior to timeframe used in previous year attestation

- *90-day period in previous calendar year*: This is the previous calendar year to the Program Year for which you are attesting. If it is for Program Year 2019, the previous calendar year is 2018.
  - *90-day period in 12 months preceding the attestation*: This is literal and based on the date of the attestation. Example: If attesting on January 2, 2020, you may use a 90-day consecutive period within the range of January 2, 2019 through January 1, 2020.
  - *90 days in CY 2018 or 2019 prior to timeframe used in previous year attestation*: Select this option if the 90-day eligibility period falls before the eligibility reporting period used in Program Year 2018. The reporting period must fall within the 2018 **OR** 2019 calendar year and may not overlap previous reporting periods.
- Year X Start Date: This field will appear after a selection is made in the Enter Representative Period field. Manually enter or use the calendar icon to select the start date. If you selected *90-day period in previous calendar year*, or *90 days in CY 2018 or 2019 prior to timeframe used in previous year attestation*, the date entered may not overlap the reporting period used in your Program Year 2018 attestation.
  - Year X End Date: This date will automatically populate based off the date entered in the Year X Start Date field. This field is not editable.
  - Total Encounters: Please enter your total patient encounters for the selected 90-day eligibility reporting period.
  - Total Medical Encounters: Please enter your total Medicaid patient encounters for the selected 90-day eligibility reporting period.
  - Panel Members: If you are using panel members, complete the *Total Panel Members Assigned* and *Total Medicaid Panel Members Assigned* fields. If you are unsure of what a panel member is, most likely you do not have any.
  - Do you practice predominately in a FQHC or RHC?: The system will default to *None*. If FQHC or RHC is selected, you will be required to enter a value into the Other Needy Individuals Patient Encounters field.

Other Needy Individuals * <a href="#">more info...</a> <input type="text"/> Required Field Patient Encounters
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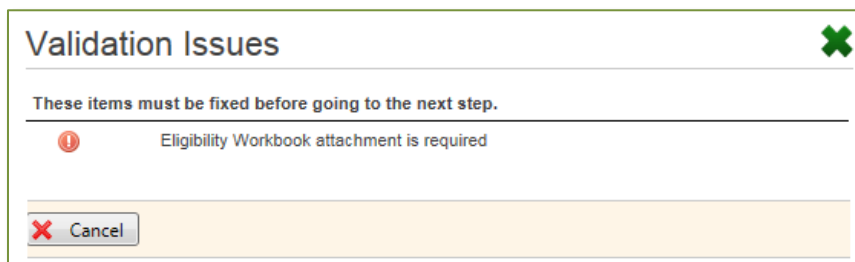
If you are not using Other Needy Individual Patient Encounters, you may leave the radio button on *None*, even if you practice predominately in a FQHC or RHC.

- **Eligibility Formula:** Click on *Calculate* for Eligibility Formula 1 or Eligibility Formula 2 to determine if you meet the patient volume requirements. If you do not meet the eligibility requirements, the system will generate a hard stop error message. You may adjust your representative period in order to achieve the minimum Medicaid patient volume requirement.



- **Attach Documentation:** You are required to upload a completed Hawaii EP Eligibility Workbook. If you are using Other Needy Individuals Patient Encounters, you must complete the *Eligibility-FQHC or RHC* tab in the HI EP Eligibility Workbook. The HI EP Eligibility Workbook may be downloaded from the Hawaii Provider Outreach Page- EP Jumpstart page. [http://hi.ara incentive.com/jumpstart\\_ep.aspx](http://hi.ara incentive.com/jumpstart_ep.aspx)

You will receive a hard stop if the required Eligibility Workbook has not been uploaded.



The SLR provides the option to upload additional attachments, such as a De-identified Practice Management Report (PMR). Please ensure that the attachments do not include Protected Health Information (PHI). All attestations received with attachments that contain PHI will be pended and sent back to the provider for removal.

### Step 3 – Attestation of EHR

The system will display the Meaningful Use topics and their statuses. Click on *Continue*.

#### EHR Certification

- **Attestations:** Click on the checkboxes to acknowledge your understanding of responsibility. You will not be able to save and continue if the required attestation checkboxes are not checked.

- *SPPC Activities*: Click on the checkbox to attest that you have engaged in good faith in “Supporting Providers with the Performance of Certified Electronic Health Record (EHR) technology” (SPPC) activities related to the ONC’s direct review of EHRs.
- *Prevention of Information Blocking*: Click on the checkbox to attest that you have not knowingly and willfully taken action (such as to disable functionality) to limit or restrict the interoperability of your EHR.
- *Understanding of Provider Responsibility*: It is the provider’s responsibility to generate an EHR Certification ID that accurately reflects the complete EHR or combination of modules representing a complete EHR used by the provider before attesting to the State. Failure to do so could result in a false negative result that may disqualify the provider from receiving payment.
- EHR Certification Number: For Stage 3 in 2019, you will need to enter a 2015 Edition EHR Certification Number. The 2015 Edition functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. You must be using the 2015 Edition functionality for the full EHR reporting period. In many situations the product may be deployed but pending certification. As long as the certification is received by the last day of the reporting period, you will be able to meet the Stage 3 objectives and measures.

If you do not know your EHR Certification Number, there is a link on this page to the ONC CHPL site (<https://chpl.healthit.gov/>) where you can enter your EHR and version to generate a CEHRT ID.

You will receive a hard stop if the number you have entered does not meet the 2015 Edition standards and certification criteria and may not continue with your attestation.


- Attach Documentation: You are given the option to attach an ONC CHPL Screen Print.


If your Payee Medicaid ID field value was “Not Found” in Step 1, you will receive a hard stop in this screen after clicking on “Save & Continue”. This means that the Payee NPI is not linked to an active Hawaii Medicaid provider in MQD’s provider enrollment database. Please contact the Hawaii Medicaid Fiscal Agent Call Center for guidance.

## Validation Issues

**These items must be fixed before going to the next step.**

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 The Payee NPI and TIN does not match a provider on file. Please contact the Hawaii Medicaid Fiscal Agent Call Center at (800)235-4378, select option 7 for assistance.

 Cancel

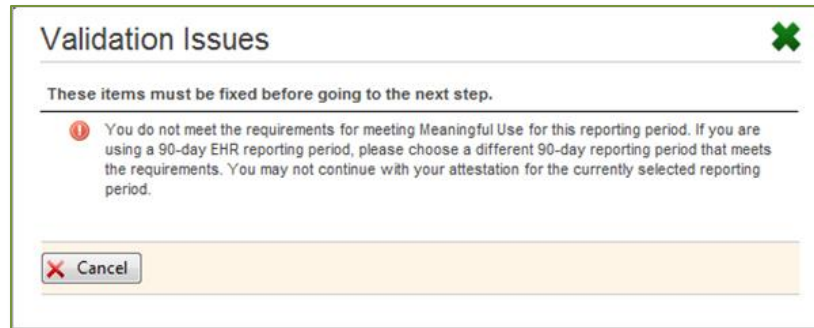
### EHR Reporting Period

- Numerator and Denominator: Enter the numerator and denominator, showing 80% of your patients have records in the CEHRT.
- Add Office Location: If you work at multiple locations but don't have certified EHR technology available at all of your locations, you must have 50% of your total patient encounters at locations where the EHR technology is available. You must base all MU measures only on encounters that occurred at locations where CEHRT is available. Note: All providers are required to complete this section.
  - Click on *Add Office Location*.
    - The correspondence address associated with your NPI/TIN is displayed and may be manually changed if needed.
    - Numerator: Enter the number of patient encounters entered into the EHR software at the specified location during the reporting period.
    - Denominator: Enter the number of patient encounters at the specified location during the reporting period.
    - EHR Technology: Select Yes or No if certified EHR technology was used at the specified location.
    - Click on *Save* to save the information.
    - Click on *Add Additional Office Location if Applicable* to repeat these steps to add additional locations.

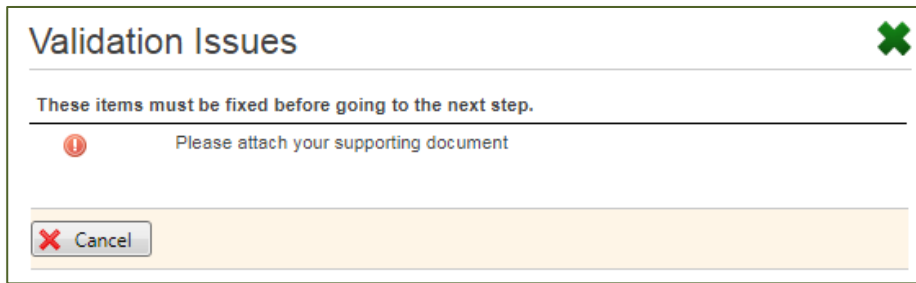
The percentage of total patient encounters at the combined locations must calculate to 50% or higher. If the value is below 50%, you will receive a hard stop message upon



clicking on “Save & Continue”.



- Agreement Statements: You must agree to the statements shown. If both checkboxes aren't checked, the “Save & Continue” button will not be enabled at the bottom of the screen.
- 90-Day Reporting Period: All meaningful users may attest using a 90-day EHR reporting period for Program Year 2019. The End Date field is automatically populated for 90-days based off your start date; however, the SLR allows it to be edited should you wish to attest for a full calendar year. The Start Date AND End Date must fall within the EHR calendar year (January 1, 2019 through December 31, 2019).
- I am Reporting CQMs for a Different Reporting Period than My Meaningful Use Objectives: If you are a first-time meaningful user, the SLR provides the option to identify a different reporting period for your CQMs. To use a CQM reporting period that differs from the EHR reporting period, check off the “I am reporting CQMs for a different reporting period than my meaningful use objectives.” statement.
  - You may select any continuous 90-day period from January 1, 2019 through December 31, 2019. The End Date field is automatically populated for 90-days based off your start date; however, the SLR allows it to be edited should you wish to attest for a full calendar year.
  - If you are in your second year of meaningful use or greater, you are required to use a full calendar year reporting period for your CQMs.
- Attach Documentation: You are required to attach a fully executed document demonstrating binding legal or financial commitment to EHR. You also have the option to upload a report supporting MU data. You will receive a hard stop if the required document has not been uploaded.



## MU Objective Summary

The MU Objective Summary page will display the eight Stage 3 Meaningful Use objectives. You are required to complete all eight MU objectives. There are no alternate exclusions or specifications available for Program Year 2019.

You may randomly choose the order for which Objective to answer, by clicking on the objective, or by clicking on the MU Objective names in the navigation tree. To answer the MU Objectives in the order that they appear, click on Save & Continue.

CMS Medicaid Specification Sheet:

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents EP Medicaid 2019.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_2019.pdf)

- **Protect Patient Health Information:** In order to pass this measure, you will need to have conducted or reviewed a security risk analysis within the 2019 calendar year, between January 1<sup>st</sup> and December 31<sup>st</sup>. This field will be manually validated. You are required to attach documentation of the security risk analysis. We will accept the actual Security Risk Analysis document OR the SRA Tool Summary Report from Office of National Coordinator (ONC). EPs that are part of a large group do not need to include their individual provider information, i.e. name and NPI, on the SRA.
- **Electronic Prescribing:** It is important to pay attention to the measure and its exclusions – and how they may apply to you. If you aren't eligible for any exclusions and are reporting on the measure, you are required to select whether data was extracted from ALL patient records, or only from patient records maintained using certified EHR technology. While there are no required attachments, it would be beneficial to have a report supporting your numerator and denominator, or written proof the exclusion applies. This would be helpful if there was a post payment audit. Please do not include any PHI in the report
- **Clinical Decision Support:** It is important to pay attention to all the measures and their exclusions – and how they may apply to you. Please ensure all required text boxes for this objective contain

relevant data. These fields will be manually validated.

- Computerized Provider Order Entry (CPOE): It is important to pay attention to all the measures and their exclusions – and how they may apply to you. If you aren't eligible for an exclusion and are reporting on the measures, you are required to select whether data was extracted from ALL patient records, or only from patient records maintained using certified EHR technology.
- Patient Electronic Access: It is important to pay attention to all the measures and their exclusions – and how they may apply to you. Actions included in the numerator for Measure #2 must occur within the 2019 calendar year, between January 1<sup>st</sup> and December 31<sup>st</sup>, if the EHR reporting period is less than a full calendar year. The action must occur within the EHR reporting period if that period is a full calendar year. You may attach a report or proof of exclusion.
- Coordination of Care: It is important to pay attention to all the measures and the exclusions- and how they may apply to you. In order to meet the objective, you must attest to all three measures and must meet the thresholds for at least two of the measures. If you meet the criteria to claim exclusion from two measures, you must meet the threshold for the remaining measure. If you meet the criteria to claim exclusion for all three measures, you may be excluded from meeting this objective. Actions included in the numerator for Measure #1 and #2 must occur within the 2019 calendar year, between January 1<sup>st</sup> and December 31<sup>st</sup>, if the EHR reporting period is less than a full calendar year. The action must occur within the EHR reporting period if that period is a full calendar year. You may attach a report or proof of exclusion.
- Health Information Exchange: It is important to pay attention to the measures and exclusions – and how they may apply to you. In order to meet the objective, you must attest to all three measures and must meet the thresholds for at least two of the measures. If you meet the criteria to claim exclusion from two measures, you must meet the threshold for the remaining measure. If you meet the criteria to claim exclusion for all three measures, you may be excluded from meeting this objective. Actions included in the numerator for Measure #1 must occur within the 2019 calendar year, between January 1<sup>st</sup> and December 31<sup>st</sup>, if the EHR reporting period is less than a full calendar year. The action must occur within the EHR reporting period if that period is a full calendar year. If you aren't eligible for an exclusion and are reporting on Measure #2, you are required to select whether data was extracted from ALL patient records, or only from patient records maintained using certified EHR technology. You may attach an HIE participation Agreement/Contract.
- Public Health Reporting: You must report on two measures from the Public Health Reporting Objective Measures. If you aren't able to report on two measures, you must report on ALL measures by reporting on any possible measure and claiming exclusion for the remaining measures. If no measures are available, you may meet the objective by claiming applicable

exclusions for all measures.

You can identify your intent to report or claim exclusion on this page of the SLR by clicking on the appropriate checkboxes.

Measure		I will report on this measure	I will claim exclusion for this measure
Measure 1 – Immunization Registry Reporting		<input type="checkbox"/>	<input type="checkbox"/>
Measure 2 – Syndromic Surveillance Reporting		<input type="checkbox"/>	<input type="checkbox"/>
Measure 3 – Electronic Case Reporting (not required until 2019)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #1)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #2)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Public Health Registry Reporting (Registry #3)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #1)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #2)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 5 – Clinical Data Registry Reporting (Registry #3)		<input type="checkbox"/>	<input type="checkbox"/>

You will receive a hard stop error message if you have not selected two or more measures or claimed exclusion for all measures.

EPs need to meet two of the total number of measures available. Please select two or more measures for response. If you are not able to report on two measures, you must report on any possible measures and claim the exclusion for the remaining measures. If no measures remain available, the EP can meet the objective by claiming applicable exclusions for all measures.

### Measure 1 - Immunization Registry Reporting

If you chose to report on this measure you will have three levels of active engagement options. *Active Engagement* means that you are in the process of moving towards sending “production data” to a public health agency or clinical data registry, or are sending production data to a public health agency or clinical data agency.

**Option 1 – Completed Registration to Submit Data:** the EP registered to submit data with the PHA, or where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

\* I registered in a prior year

Yes  No

\* Enter the date you registered with the PHA:


**Option 2 – Testing and Validation:** the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.

\* Enter the date of your most recent test or submission:

**Option 3 – Production:** the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or clinical data registry.

If you select to exclude, please select the appropriate exclusion.

**Exclusion Criteria:** Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply. 

Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.

Operates in a jurisdiction where no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.

- **Attach Files:** You have the option to upload Hawaii Immunization Registry User Agreement/Annual Enrollment and MU Registration Forms; Hawaii Immunization Registry Confidentiality and Security Statement; and a Signed Agreement with 3<sup>rd</sup> Party Integrator to submit Immunization data to HIR (if applicable).

## Measure 2 – Syndromic Surveillance Reporting

\*CMS has removed this measure for EPs for Stage 3 with the exception of providers who are practicing in urgent care settings.

If you chose to report on this measure you will have three levels of active engagement options. Active Engagement means that you are in the process of moving towards sending “production data” to a public health agency or clinical data registry, or are sending production data to a public health agency or clinical data agency.

**Option 1 – Completed Registration to Submit Data:** the EP registered to submit data with the PHA, or where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

\* I registered in a prior year

Yes  No

\* Enter the date you registered with the PHA:


**Option 2 – Testing and Validation:** the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.

\* Enter the date of your most recent test or submission:

**Option 3 – Production:** the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or clinical data registry.

If you select to exclude, please select the appropriate exclusion.

**Exclusion Criteria:** Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply. 

- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
- Operates in a jurisdiction where no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from the EP as of 6 months prior to the start of the EHR reporting period.

- Attach Files: You may upload a report or proof of exclusion.

### Measure 3 - Electronic Case Reporting

If you chose to report on this measure you will have three levels of active engagement options. Active Engagement means that you are in the process of moving towards sending “production data” to a public health agency or clinical data registry, or are sending production data to a public health agency or clinical data agency.

**Option 1 – Completed Registration to Submit Data:** the EP registered to submit data with the PHA, or where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

\* I registered in a prior year

Yes  No

\* Enter the date you registered with the PHA:

**Option 2 – Testing and Validation:** the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.


\* Enter the date of your most recent test or submission:

**Option 3 – Production:** the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or clinical data registry.

\* Describe what case reporting you do

If you select to exclude, please select the appropriate exclusion.

<b>Exclusion Criteria:</b>	Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply. 
<input type="checkbox"/>	Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.
<input type="checkbox"/>	Operates in a jurisdiction where no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
<input type="checkbox"/>	Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.

- Attach Files: You may upload a report or proof of exclusion.

#### **Measure 4 – Public Health Registry Reporting (#1, #2 and #3)**

You may report on more than one public health registry to meet the number of measures required to meet the objective. If you chose to report on this measure you will have three levels of active engagement options. Active Engagement means that you are in the process of moving towards sending “production data” to a public health agency or clinical data registry, or are sending production data to a public health agency or clinical data agency.


Note: If you are reporting on the measure, the Registry Name text box must be completed in order to save and continue to the next page.

**Option 1 - Completed Registration to Submit Data:** the EP registered to submit data with the PHA, or where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

\* I registered in a prior year

Yes  No

\* Enter the date you registered with the PHA.

**Option 2 – Testing and Validation:** the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.


\* Enter the date of your most recent test or submission.

**Option 3 – Production:** the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or clinical data registry.

\* Registry Name

If you select to exclude, please select the appropriate exclusion.

<b>Exclusion Criteria:</b>	Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply. 
<input type="checkbox"/>	Does not diagnose or treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.
<input type="checkbox"/>	Operates in a jurisdiction where no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
<input type="checkbox"/>	Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

- Attach Files: You may upload a report or proof of exclusion.

### Measure 5 – Clinical Data Registry Reporting (#1, #2 and #3)

You may report on more than one clinical data registry to meet the number of measures required to meet the objective. If you chose to report on this measure you will have three levels of active engagement options. Active Engagement means that you are in the process of moving towards sending “production data” to a public health agency or clinical data registry, or are sending production data to a public health agency or clinical data agency.





Note: If you are reporting on the measure, the Registry Name text box must be completed in order to save and continue to the next page.

**Option 1 - Completed Registration to Submit Data:** the EP registered to submit data with the PHA, or where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

\* I registered in a prior year



Yes  No

\* Enter the date you registered with the PHA:

**Option 2 – Testing and Validation:** the EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure.


\* Enter the date of your most recent test or submission:

**Option 3 – Production:** the EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or clinical data registry.

\* **Registry Name:**

If you select to exclude, please select the appropriate exclusion.

**Exclusion Criteria:** Meeting any of the following criteria qualifies for the exclusion for this measure. Select all that apply. 

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

- **Attach Files:** You may upload a report or proof of exclusion.

### Clinical Quality Measures

CMS has aligned the available CQMs with those available to clinicians reporting eCQMs through the Merit-based Incentive Payment System (MIPS). You must report on six Clinical Quality Measures relevant to your scope of practice. At least one of the CQMs selected must be an outcome measure, if any are relevant. If no outcome measures are relevant, you must select at least one other high priority measure. If

no high priority measures are relevant, you may report on any six relevant eCQMs. You will receive an error if less than six CQMs are selected.

You may report a zero result in the numerator and/or denominator, as long as the value was produced by certified EHR technology. If reporting zeroes, please upload a copy of your EHR-generated CQM report.

Note: At this time, the Hawaii Medicaid State Level Registry does not accept electronic Clinical Quality Measures (eCQM).

## **Step 4 – Review and Sign Agreement**

### **Step 1: Print to Sign Attestation**

- Review the attestation prior to printing to ensure it has the correct information on it.
  - Ensure the payee on page 2 is who you expect it to be. This is the payee that is identified on the CMS Registration and Attestation system. As a reminder, the SLR pulls the Correspondence address of the payee from the MQD provider enrollment database. The address shown is not necessarily the address the EHR incentive payment will be mailed to.

### **Step 2: Scan and Upload Signed Attestation**

- Sign and date the attestation, then scan and upload the document to the SLR. The SLR will give you a hard stop if the attestation has not been uploaded.
  - An original signature is required. Signature stamps, electronic signatures, or someone signing on your behalf will invalidate the attestation.
  - The attestation is a legal document. Do not make any edits or changes to any pages of the document. If a discrepancy is found, please contact the Hawaii SLR Helpdesk.
- Click on *Save & Continue*.

## **Step 5 Send Year X Attestation**

You must complete the final step to electronically send your attestation by clicking on the step 5. *Send Year X Attestation* link from the Dashboard homepage.

Year 2 Year 1

- 1. About You**  
Additional Registration Information and CMS Medicaid EHR Incentive Program Registration site data
- 2. Confirm Medicaid Eligibility**  
Practice Demographics and Volumes
- 3. Attestation of EHR**  
Related to Adopting, Implementing, Upgrading or Meaningful Use
- 4. Review and Sign Agreement**  
Review, Print, Sign and Upload the SLR Agreement
- 5. Send Year 2 Attestation**  
Send and lock all information to State

This action will bring up a pop up box with the choice to Send Attestation or Cancel and do not send.

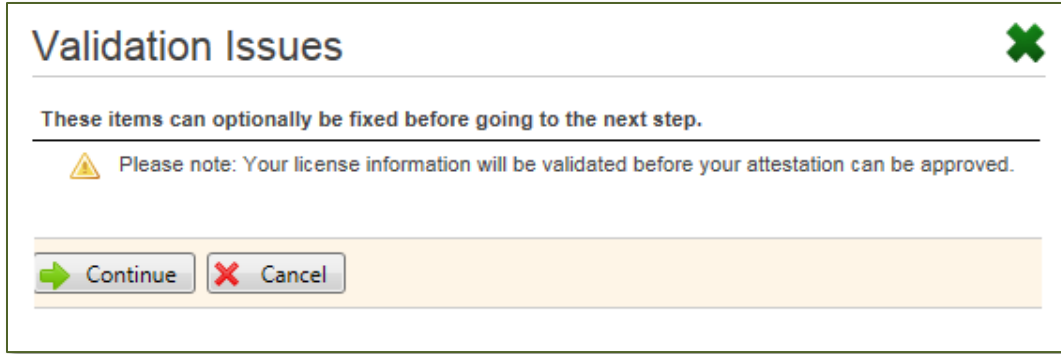
### Send Attestation to State of Hawaii

You have completed all the necessary information for sending your attestation to the State of Hawaii. After you click [Send] you will no longer be able to make changes to your attestation information.

Your attestation will be validated by the State of Hawaii to determine your eligibility to receive the incentive payment. If there are no problems with your attestation and you are eligible to receive an incentive payment, the State of Hawaii will then release your attestation to CMS for review and payment. This entire process may take up to 60 business days to complete.

[Cancel and do not send](#)

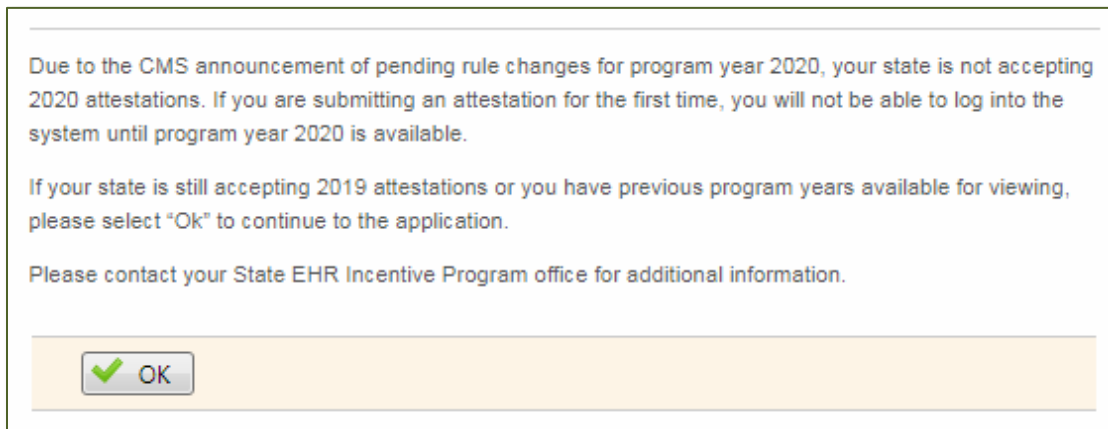
Click on *Send Attestation*. If you receive a Validation Issues pop up window about your license information, this is only a warning, and you may click on *Continue*.



Once you send your attestation, your attestation will be sent electronically and may no longer be edited.

**Note: MQD no longer requires the hard copy attestation.**

The final pop up will appear with a notification that Program Year 2020 is not open.



Click on *OK* to return to the Dashboard homepage.

Your attestation will be locked and in read-only mode. If Step 5 Send Year X Attestation does not have a closed padlock next to it, your attestation was not sent successfully. Repeat Step 5 to send your attestation.

Year 2
Year 1



**1. About You**  
Additional Registration Information and CMS Medicaid EHR Incentive Program Registration site data



**2. Confirm Medicaid Eligibility**  
Practice Demographics and Volumes



**3. Attestation of EHR**  
Related to Adopting, Implementing, Upgrading or Meaningful Use



**4. Review and Sign Agreement**  
Review, Print, Sign and Upload the SLR Agreement



**5. Send Year 2 Attestation**  
Send and lock all information to State

## What Happens Next?

You've locked your SLR submission on Step 5. We will begin the validation process in the order that the attestations are received.

- If we cannot validate the encounters you provided, we will “pend” the attestation to give you an opportunity to correct the attestation or provide auditable proof your numbers are valid.
- If we are unable to validate any of the information, we will “pend” the attestation. We will contact you or your representative to work with them to correct the information. This is why it is so important to have the correct contact information in Step 1 of the SLR.
- Pending the attestation means it opens it up to Step 3 for the provider to update any needed information, upload either the same or corrected attestation and lock it on Step 5 again. The sooner you can make the corrections and resubmit, the sooner it will be validated.
- EHR incentive payments will be made after the attestation has been fully reviewed and validated.
- Please contact the Hawaii SLR Helpdesk if you have any questions.  
Telephone Number: (800) 235-4378, select option 7  
Email Address: SLRHelpdesk@conduent.com