



Louisiana Medicaid Management Information System (LMMIS)

Electronic Health-Records (EHR) Incentive Payment Provider User Manual

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PROJECT INFORMATION

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Author	Technical Communications Group, Molina Medicaid Solutions LMMIS QA		
	Revision History		
Date	Description of Change	LIFT	By
02/17/2011	Initial draft	6958	Randy Sheehan
03/04/2011	Screen shots replaced and text modified in response to UAT	6958	Randy Sheehan
03/10/2011	Per Jason Harang: Updated Section 1.0. All instances of NLR were changed to CMS. All instances of “12 months” were changed to “15 months.” Sections 4.6 and 4.7 were swapped, since they were in reverse order.	6958	Randy Sheehan
03/11/2011	Updated the link to enrollment help in 2.0.	6958	Randy Sheehan
03/21/2012	Updated screenshots in 3.0; added 4.2; updated 4.4; added 4.4.1 through 4.4.7; updated 4.7, 4.8, 4.9 and 4.10; updated 6.0; added 6.1; updated 6.2, 6.3, 6.4, 6.5, 6.7, 6.8, and 6.9.	6958	Randy Sheehan
04/12/2012	Updated 1.0; updated 2.1; corrected typo in 6.6 header; obscured provider data in 7.6.	6958	Randy Sheehan
04/19/2012	Updated 6.4 and 6.6.	6958	Randy Sheehan
04/30/2013	Updated manual verbiage and screenshots based upon LIFT 9005 and review.	9005	Jody Lavigne
05/14/2013	Updated screenshots in 4.0 & 6.0 (CMS/EFT Screen); 4.5 & 6.6 (Upload ToolTip); and 5.4 & 7.4 (Attachments Screen); and added verbiage in section 4.2 & 6.2 for Payee Screen.	9005	Jody Lavigne
06/14/2013	Revised document based on comments from DHH.	9005	Jody Lavigne
10/22/2013	Updated screenshots as per programmer.	9192	Jody Lavigne
01/27/2015	Updated screenshots in 5.1 and 7.0.	9873	Randy Sheehan
09/08/2015	Updated screenshots in sections 3.0, 4.2, 4.4 and 4.6	9652	Tracie Tate

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1.0 OVERVIEW

The Electronic Health-Records Incentive Payment program is based on provisions of the American Recovery and Reinvestment Act of 2009 (ARRA) intended to provide incentive payments to eligible professionals (EP) and eligible hospitals (EH) participating in Medicaid to adopt and meaningfully use electronic health record (EHR) technology.

The purpose of EHR Provider application is for eligible professionals (EP) and eligible hospitals (EH) to complete the registration process they initiated when they registered with the CMS by creating an attestation case. This enrollment through the EHR Provider application is possible only if the Provider has a valid B6 record on file and a corresponding B7 record has been processed.

As part of the enrollment process, the Provider will be able to review the information on file with CMS as well as add or update their primary and secondary contact information. The Provider will then proceed through a series of attestation screens, entering data into all required fields and attaching all required documentation. Upon submitting (or updating) an attestation case to DHH for review, a confirmation email will be dispatched to the contacts entered into the system, and a summary report will be made available for view/download.

The review by DHH is performed via a separate admin application where a DHH reviewer will assign the attestation case and ultimately give it a status. When denying a case, the reviewer will provide the Provider with a reason and, if applicable, further instructions. In a situation where the Provider's supporting documentation was found to be insufficient, for example, DHH will request that the Provider attach a missing worksheet and resubmit.

In the EHR Provider application, a link for updating a submitted attestation case is accessible via a main menu that will become the application's default screen after the Provider enrolls for the first time. The process of updating a case is similar to creating a new one except that the fields on the attestation screens will be pre-populated with the data the Provider had entered previously. Also accessible from the menu is a link to the case's latest summary report as well as links to standalone screens for the Provider to view or add attachments and notes associated with the case. (All system-generated emails will be automatically added as a note for the case.) Finally, the menu will also have a link to a Remittance Report screen where the Provider can download any remittance reports on file for them.

Once DHH determines that a case can be paid, a status of Approved is assigned and the case is scheduled to be included in the next payment cycle. At the time their case is given an Approved status, the Provider will see a limited version of the menu screen upon visiting the EHR Provider application. Specifically, the link to update their case will no longer be displayed, and the standalone attachments and notes screen will be read-only – that is, the Provider will be able to view all the attachments and notes associated with the case, but will not be able to add additional notes or attachments. From the second payment year onward, Providers will be required to demonstrate Meaningful Use as an additional qualification for payment.

A link that reads "New Enrollment for Payment Year X" ("X" denoting the Provider's current payment year), will be available on the menu on January 1, 20xx for EHs and April 1, 20xx for EPs, thus allowing the Provider to create a new attestation case.

Cyclical enrollments will be permitted in this way until the Provider is paid in full, after which the application will be locked from further updates. In the year 2022, the system will be shut off entirely and the site will no longer be accessible.

1.1 Objectives

The program objectives are as follows:

- Front-end registration and attestation capabilities for eligible professionals and eligible hospitals participating in Medicaid programs who are requesting to participate and can demonstrate that they meet the criteria to receive incentive payments.
- Back end Provider reimbursement capabilities to be performed at a DHH specified frequency.
- Administrative reporting capabilities for tracking, assessment, and forecasting.

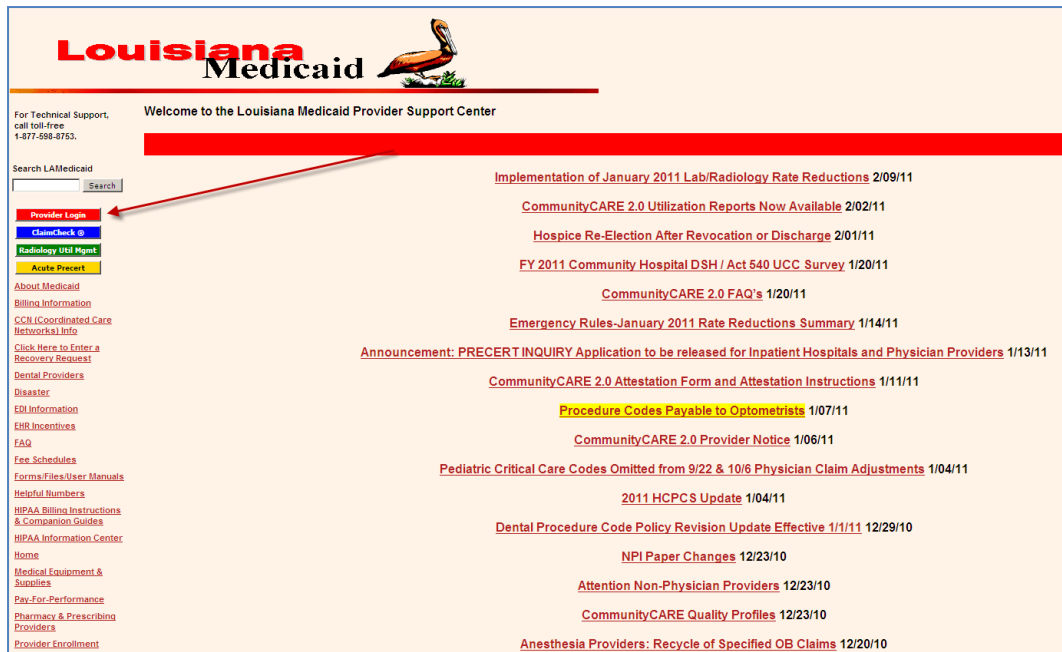
1.2 Further Reading

Before attempting to use the EHR application, Providers should familiarize themselves with the various aspects of the EHR program at www.lamedicaid.com then click on EHR Incentive Program.

2.0 ACCESSING THE APPLICATION

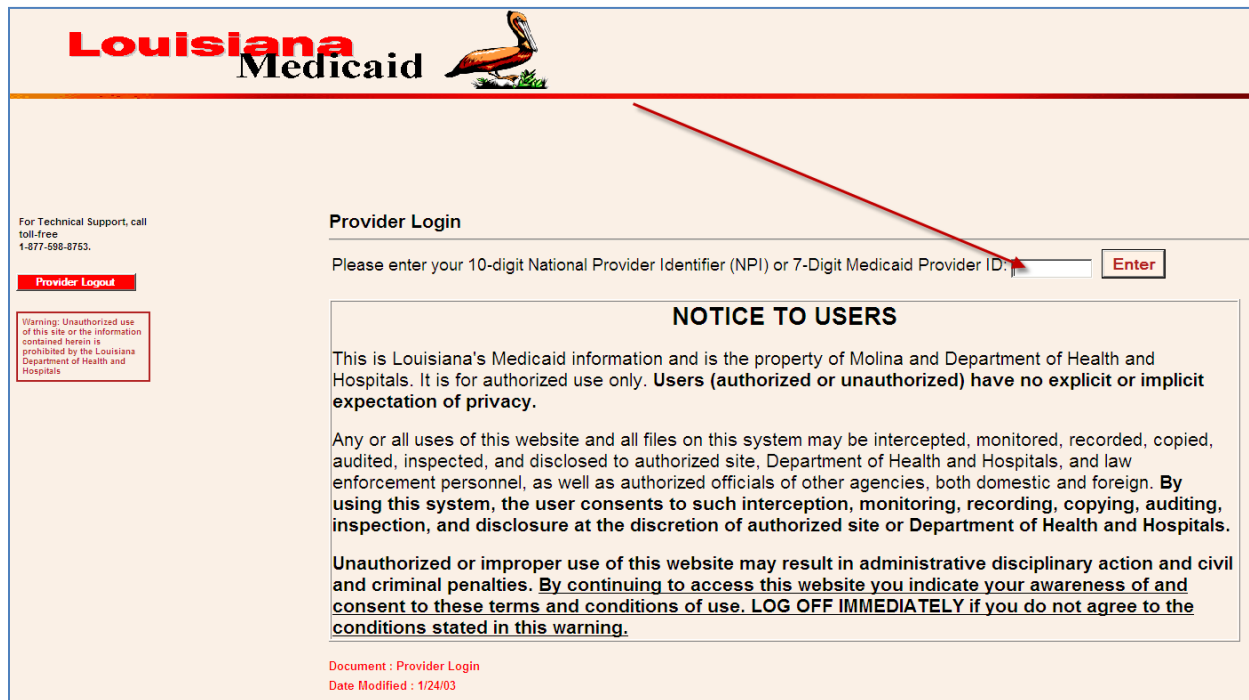
If you are not already registered as a Provider at www.lamedicaid.com, please refer to http://www.lamedicaid.com/provweb1/Provweb_Enroll/website_enrollment.htm for assistance with enrollment.

Once enrolled, users can access the application by navigating to the www.lamedicaid.com web site and selecting the **Provider Login** button:



Enter your 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID in the box, and then click on the **Enter** button.

NOTE: EPs must use their individual login credentials to access LAConnect. EPs must not login using the group's or practice's login credentials.



Louisiana Medicaid

For Technical Support, call toll-free 1-877-598-8753.

[Provider Logout](#)

Provider Login

Please enter your 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID:

NOTICE TO USERS

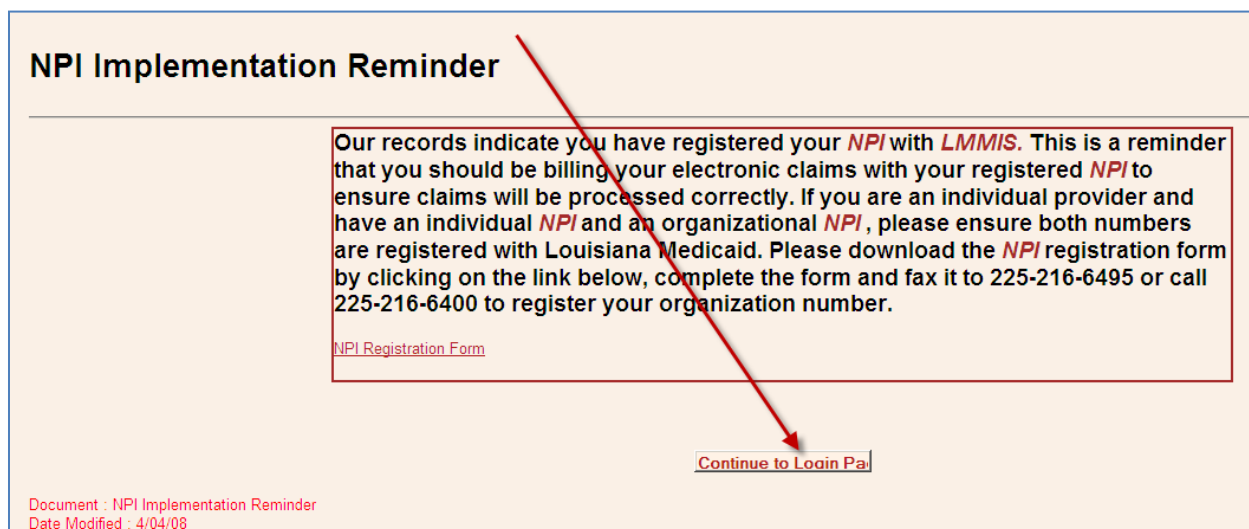
This is Louisiana's Medicaid information and is the property of Molina and Department of Health and Hospitals. It is for authorized use only. **Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.**

Any or all uses of this website and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Department of Health and Hospitals, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. **By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Department of Health and Hospitals.**

Unauthorized or improper use of this website may result in administrative disciplinary action and civil and criminal penalties. **By continuing to access this website you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.**

Document : Provider Login
Date Modified : 1/24/03

Read the NPI Implementation Reminder and click on the **Continue to Login Page** link.



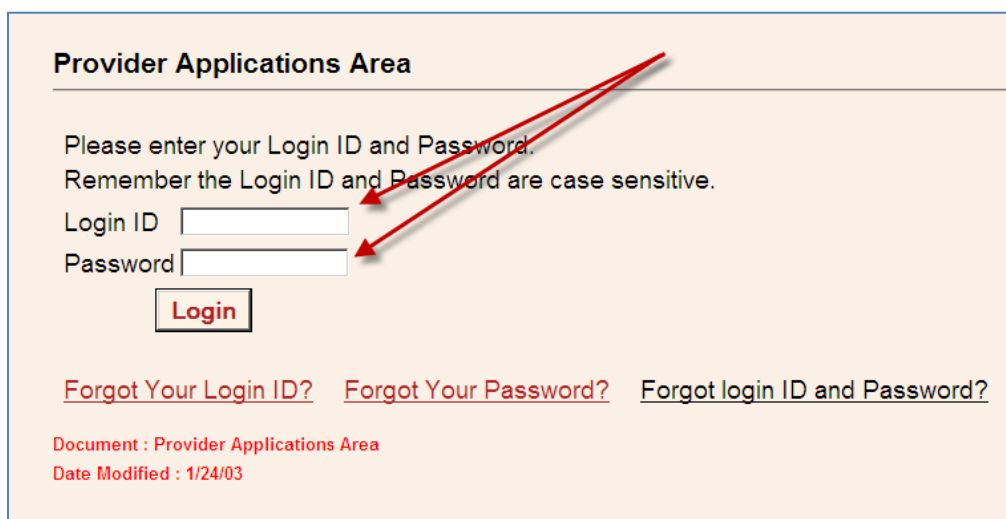
NPI Implementation Reminder

Our records indicate you have registered your **NPI** with **LMMIS**. This is a reminder that you should be billing your electronic claims with your registered **NPI** to ensure claims will be processed correctly. If you are an individual provider and have an individual **NPI** and an organizational **NPI**, please ensure both numbers are registered with Louisiana Medicaid. Please download the **NPI** registration form by clicking on the link below, complete the form and fax it to 225-216-6495 or call 225-216-6400 to register your organization number.

[NPI Registration Form](#)

Document : NPI Implementation Reminder
Date Modified : 4/04/08

Enter your Login ID and Password in the text boxes and then click on the **Login** button:



Provider Applications Area

Please enter your Login ID and Password.
Remember the Login ID and Password are case sensitive.

Login ID

Password

Login

[Forgot Your Login ID?](#) [Forgot Your Password?](#) [Forgot login ID and Password?](#)

Document : Provider Applications Area
Date Modified : 1/24/03

2.1 Provider Applications Area

All EH and EP Providers will automatically be granted access to the **LAConnect – EHR** link on the list of applications. Click on the link to proceed.



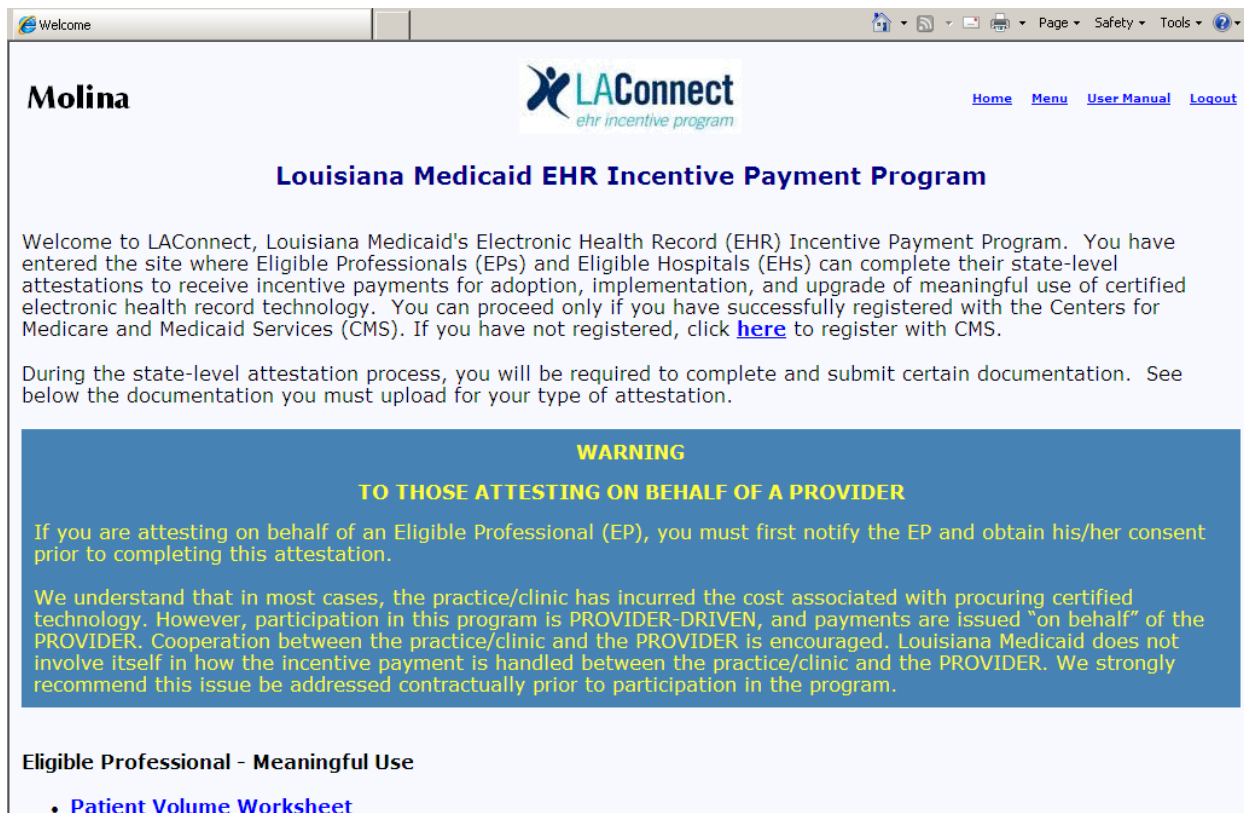
Restricted Provider Applications

- [Administrative Tools](#)
- [Provider Locator Information](#)
- [TPL-Provider Notice to Pursue Difference](#)
- [CommunityCARE Utilization Report](#)
- [Claim Status Inquiry \(5010 Version\)](#)
- [LAConnect - EHR Incentive Payment Program](#)
- [Electronic Prior Authorization](#)
- [Medicaid Eligibility Verification System](#)
- [Weekly Remittance Advices](#)
- [Immunization Pay-For-Performance \(P4P\)](#)
- [Precert Inquiry](#)
- [Uncompensated Care Costs](#)
- [CC 2.0 P4P Remittance Advice Statements](#)

Note: Depending upon the Provider's requirements, more or fewer applications will be displayed in the list. The list shown above is just a sample.

3.0 Welcome Screen

When a user launches the application for the first time, a welcome screen similar to the one shown below is displayed:

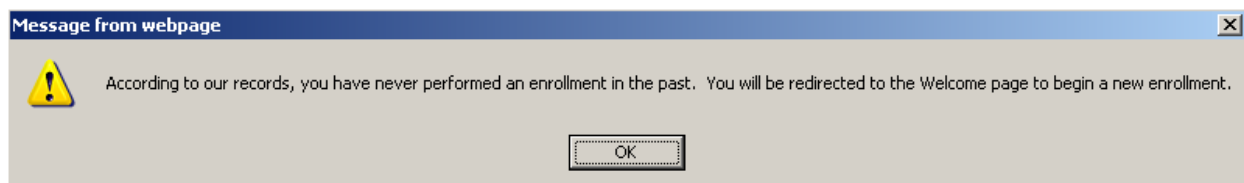


3.1 Navigating through the Application

The four basic navigation tools are available in the upper right corner: **Home**, **Menu**, **User Manual**, **Logout**.

Home – Returns the user to the Provider Applications Area home page of www.lamedicaid.com (see 2.1, above).

Menu – Routes the user to the main EHR Application menu (unless you have never performed an enrollment in the past, in which case a message similar to the one shown below is displayed).



Click on the **OK** button to proceed.

User Manual – Displays this document.

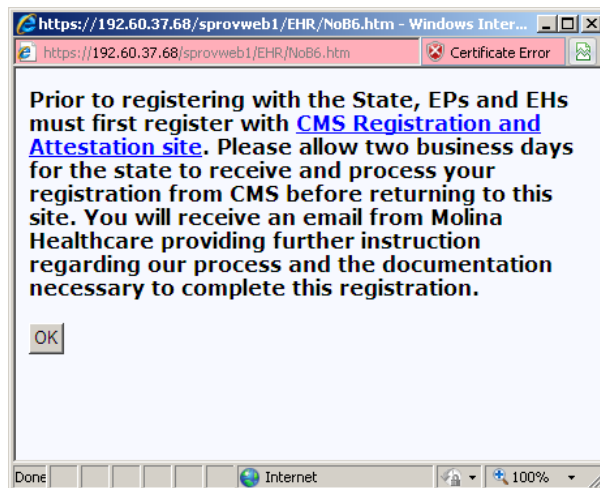
Logout – Returns the user to the main Home Page of www.lamedicaid.com.

3.1.1 Continue Button

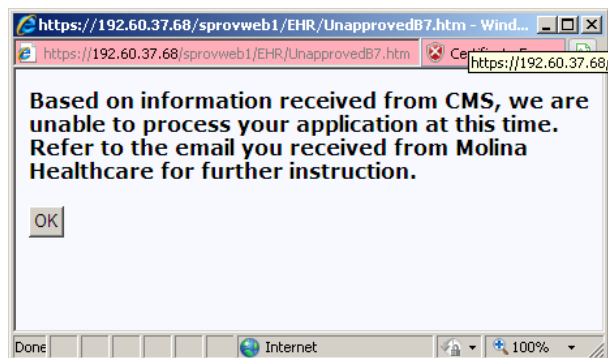
Click on the Continue button on the welcome screen to use the application.



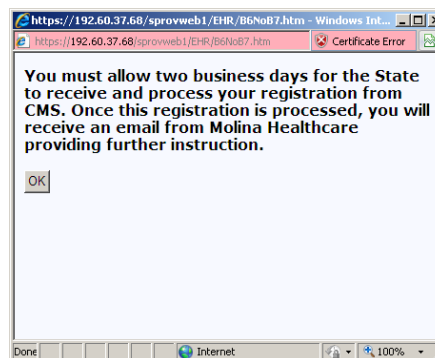
Note: If you have not yet registered with CMS, a message similar to the one shown below is displayed:



You must register with the CMS Registration and Attestation Site in order to proceed. Later, when you log in again, you may receive messages similar to the ones shown below:



B7 Record Failed



No B7 Record

3.2 Welcome Email

Once registered with CMS, this email is received informing users that they are eligible to apply for an incentive payment through Louisiana Medicaid EHR program.

Dear _____,

Based on information received from CMS regarding your registration for EHR incentives, you are ELIGIBLE to apply for an incentive payment through Louisiana Medicaid.

Louisiana Medicaid has launched its online EHR application - which providers can access through lamedicaid.com. After entering lamedicaid.com, login using your individual provider logon credentials, and click on the LAConnect EHR link. Please allow two business days from receipt of this email before you log on to attest.

If you have any questions, email ehrincentives@la.gov.


4.0 Eligible Hospital (EH) Users Initial Login

When Eligible Hospital (EH) user logs in for the first time after having registered with CMS, the Eligible Hospital welcome screen is displayed:

The screenshot shows the 'LACONnect' website for the Louisiana Medicaid EHR Incentive Payment Program. The header includes the 'Molina' logo, the 'LACONnect ehr incentive program' logo, and navigation links for 'Home', 'Menu', 'User Manual', and 'Logout'. The main heading is 'Louisiana Medicaid EHR Incentive Payment Program'. The welcome message states: 'Welcome to LACONnect, Louisiana Medicaid's Electronic Health Record (EHR) Incentive Payment Program. You have entered the site where Eligible Professionals (EPs) and Eligible Hospitals (EHs) can complete their state-level attestations to receive incentive payments for adoption, implementation, and upgrade of meaningful use of certified electronic health record technology. You can proceed only if you have successfully registered with the Centers for Medicare and Medicaid Services (CMS). If you have not registered, click [here](#) to register with CMS.' Below this, it says: 'During the state-level attestation process, you will be required to complete and submit certain documentation. See below the documentation you must upload for your type of attestation.' The section 'Eligible Hospital - Adoption, Implementation, Upgrade' lists four items: 'Patient Volume Work Sheet', 'Proof of Purchase', 'EH Payment Calculator', and 'Cost Reports and Supporting Docs'. At the bottom, there is a '<< Back' button, the text 'Click **Continue** to begin attestation process.', and a 'Continue >>' button. The footer contains the text 'Copyright 2013 Molina Medicaid Solutions. All Rights Reserved.'

To begin the attestation process, click the **Continue** button.

Below is the CMS Registration/EFT screen:

Molina

Home Menu User Manual Logout

Louisiana Medicaid EHR Incentive Payment Program

CMS Registration/EFT

Displayed below is information contained in Louisiana Medicaid's Provider Enrollment file (Molina) and information you provided to the NLR during your registration.

Review the following information carefully.

Discrepancies between the information received from the NLR and that contained in the Medicaid Provider Enrollment file will be marked with an asterisk (*). Please note that for text based fields such as Provider Type and Provider Specialty, a difference in wording between the two files will induce an asterisk but doesn't necessarily indicate a discrepancy.

If information from the NLR is incorrect, you must return to the NLR site and make necessary corrections. One to two business days are needed before Louisiana Medicaid receives an updated file from the NLR and you can continue with this application.

If there is incorrect information regarding your Medicaid Provider Enrollment file displayed in the Molina section, the attached [File Update Form](#) will aid you in determining if the incorrect information can be updated with these forms or if a complete enrollment packet is required.

Once the determination is made, complete the necessary forms and submit to Molina - Provider Enrollment Unit, PO Box 80159, Baton Rouge, LA 70898-0159. **All Provider change requests must be received hardcopy with original signatures.** Processing may take up to three (3) weeks.

Note: Change in direct deposit information for this initiative also changes the direct deposit for **ALL** Medicaid payments.

CMS Registration Site		Molina	
Last Name:		Provider ID:	
First Name:		Provider Name:	
Middle Name:		Provider Type:	*
Suffix:		Provider Specialty:	*
Address:	*	Pay-To Name:	
Provider Type:	*	Pay-To Address:	*
Provider Specialty:	*	Routing Number ending in:	
CMS CCN:		Account Number ending in:	
NPI:		EFT Account Indicator:	
TIN:	*	EFT Status:	
Email Address:		NPI:	
Payee NPI:		Tiebreaker(Taxonomy):	
Payee TIN		Tiebreaker(Zip+4):	
		TIN:	*

<< Back
Continue >>

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The user should scan the information in the text boxes, noting especially the items marked with asterisks, if any. Those items have been marked because the information they contain in the CMS Registration and Attestation Site and the Molina system is different.

The user may click on the **File Update Form** to make any corrections or accept these differences and continue to the Payee Information screen by clicking on the **Continue** button.

4.1 File Update Form

If you click the File Update Form link, the form will be displayed by your Adobe Reader software. Print out the form, complete it, and mail it to:

**MOLINA
PROVIDER ENROLLMENT UNIT
P O BOX 80159
BATON ROUGE, LA 70898-0159**

Your updated provider data will be matched against information on file at the National Level Repository.

Click the **Continue** button on the CMS Registration/EFT page.

4.2 Payee Information

The Payee Information page enables you to verify and/or update the payee information.

If the Payee TIN from CMS does not match the Payee TIN from the Molina Provider File, the CMS Payee NPI and TIN will be pre-populated, and you will be able to enter other payee info (name and address). A paper check will be created.

If the Provider wants to be the recipient of the payment, he/she will receive this screen.:

Molina **LAConnect**
the incentive program

Home Menu User Manual Logout

Louisiana Medicaid EHR Incentive Payment Program

Payee Information ?

Enter payee information below. "Payee" is the individual or entity to whom the incentive payment will be made payable and issued. You must upload a completed Form W-9 for the payee. Make sure the information you enter below matches the information on the completed Form W-9. The information entered will be used for the issuance of the EHR incentive payment and associated 1099 only. It will not affect the routing of Medicaid reimbursements.

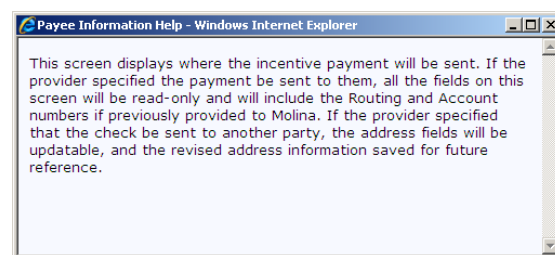
You have the option of receiving the incentive payment via Electronic Funds Transfer (EFT) or paper check. If you wish to receive the payment via EFT, enter your routing and account numbers in the appropriate fields below. Louisiana Medicaid is not responsible for a lost payment if you enter incorrect account information. If incorrect information is entered, payment will be delayed, and a paper check will be mailed to the payee address provided. If you wish to receive a paper check, do not enter information in the routing and account number fields.

Payee Name:
Payee Street:
Payee City:
Payee State:
Payee Zip:
Payee Tax ID:
Payee Routing Number:
Payee Account Number:

* Required
Please use the tab key to navigate between fields.

<< Back Continue >>

Clicking on the red ? link provides the following pop-up reminder:



Click the **Continue** button.

If the Provider wants to assign the payments to another entity, they will receive this screen:

Molina **LAConnect**
the incentive program

Home Menu User Manual Logout

Louisiana Medicaid EHR Incentive Payment Program

Payee Information ?

Enter payee information below. "Payee" is the individual or entity to whom the incentive payment will be made payable and issued. You must upload a completed Form W-9 for the payee. Make sure the information you enter below matches the information on the completed Form W-9. The information entered will be used for the issuance of the EHR incentive payment and associated 1099 only. It will not affect the routing of Medicaid reimbursements.

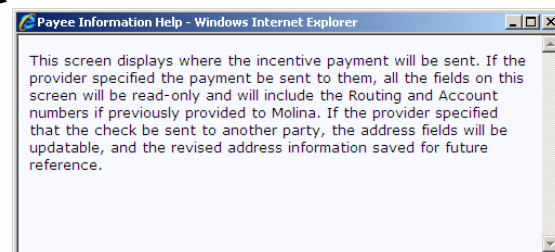
You have the option of receiving the incentive payment via Electronic Funds Transfer (EFT) or paper check. If you wish to receive the payment via EFT, enter your routing and account numbers in the appropriate fields below. Louisiana Medicaid is not responsible for a lost payment if you enter incorrect account information. If incorrect information is entered, payment will be delayed, and a paper check will be mailed to the payee address provided. If you wish to receive a paper check, do not enter information in the routing and account number fields.

Payee Name:
Payee Street:
Payee City:
Payee State:
Payee Zip:
Payee Tax ID:
Payee Routing Number:
Payee Account Number:

* Required
Please use the tab key to navigate between fields.

<< Back Continue >>

Clicking on the red ? link provides the following pop-up reminder:



Click the **Continue** button.

Contact Person

The Contact Person page enables you to verify and/or update the contact information. Click on any of the text boxes to type in the update.

Molina **LAConnect** ehr incentive program [Home](#) [Menu](#) [User Manual](#) [Logout](#)

Louisiana Medicaid EHR Incentive Payment Program

[Contact Person ?](#)

Please verify or update the contact information on file.

Primary Contact	Secondary Contact
First Name: *	First Name:
Last Name: *	Last Name:
Middle Name:	Middle Name:
Phone: *	Phone:
Email: *	Email:
Job Title: *	Job Title:

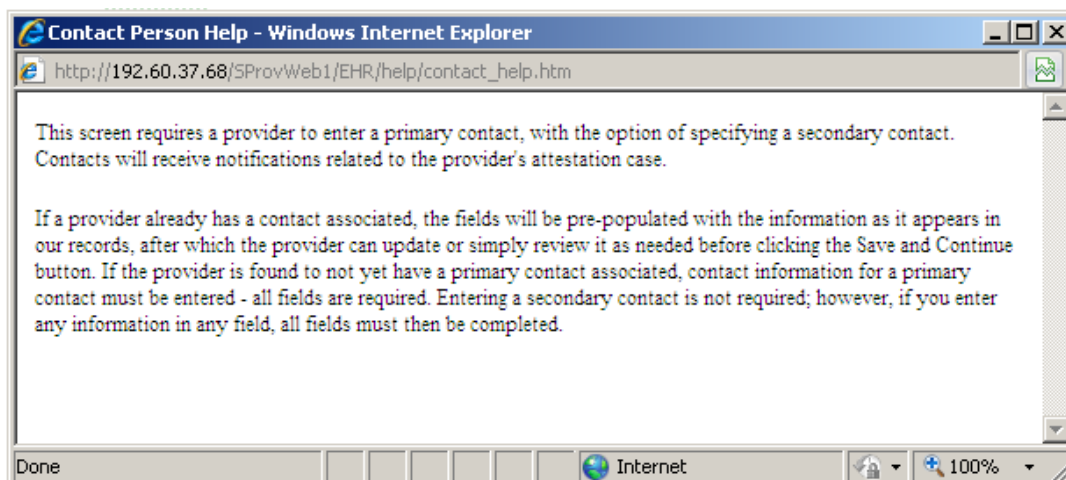
* Required
Please use the tab key to navigate between fields.

<< Back Save and Continue >>

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Click the **Save and Continue** button.

Clicking on the red **?** link provides the following pop-up reminder:



4.3 Eligible Hospital Participation

Enter the appropriate response in the text boxes for EHR Vendor, EHR Product, EHR Product Number, EHR Version Number, and CMS EHR Certification ID. All fields are required.

Molina[Home](#) [Menu](#) [User Manual](#) [Logout](#)

Louisiana Medicaid EHR Incentive Payment Program

Eligible Hospital ?

Eligible Hospitals must answer the following questions regarding their facility. You must input data and upload supporting documentation.

Provide the following information regarding your certified EHR system. If you have an EHR Module, provide information on all modules that make up the certified bundle. Enter the vendor, product name, number, and version, and click ADD after each entry.

EHR Vendor *

EHR Product *

EHR Product Number *

EHR Version Number *

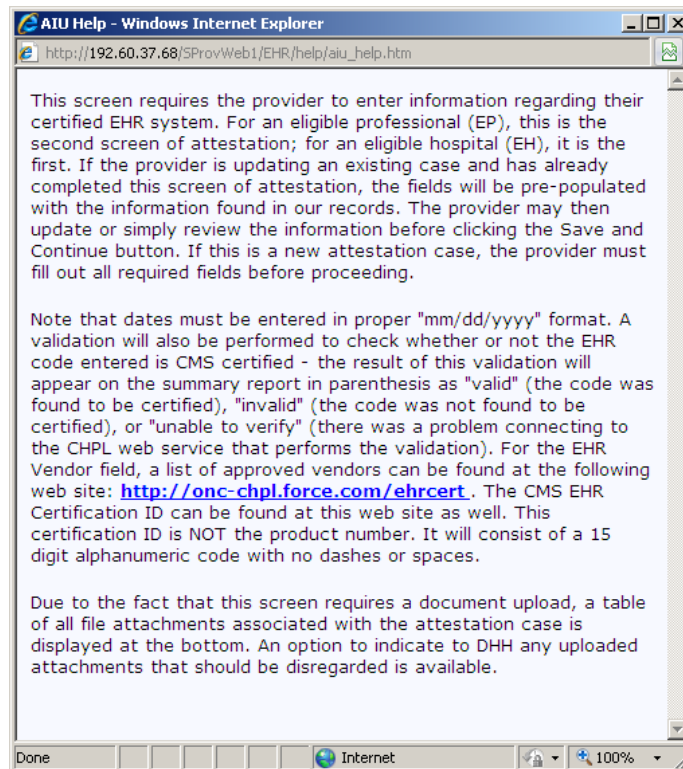
CMS EHR Certification ID

Product(s): 1

Date Added	Vendor	Product	Product Number	Version	Disregard
04/23/2013	second year	testing	8789789	8	<input type="checkbox"/>

For an authoritative, comprehensive listing of ONC-certified Complete EHRs and EHR Modules, go to <http://onc-chpl.force.com/ehrcert/CHPLHome>.

Clicking on the red ? link provides the following pop-up reminder:



Once all mandatory fields are filled, click on the **Add** button to add this vendor record to your list.

The record has been added successfully.

After receiving the above message, users are able to continue adding vendor records as necessary.

4.3.1 CMS EHR Certification ID

If needed, enter the CMS EHR Certification ID in the text box. If you click on the **CMS EHR Certification ID** link, a message similar to the one shown below is displayed:

The CMS EHR Certification ID can be found by visiting <http://onc-chpl.force.com/ehrcert>. This certification ID is NOT the product number. It will consist of a 15 digit alphanumeric code with no dashes or spaces.

4.3.2 Disregards

Once you have specified a vendor, the record for the vendor is displayed in a manner similar to that shown below. You are enabled to remove the vendor by clicking on the **Disregard** check box and then on the **Submit Disregards** button.

Products: 1					
Date Added	Vendor	Product	Product Number	Version	Disregard
03/21/2012	Acurus Solutions Inc.	Capella	IG-2524-11-0076	1	<input type="checkbox"/>
<input type="button" value="Submit Disregards"/>					

4.3.3 Certified Health IT Product List

A convenient link to the Office of National Coordinator for Health Information Technology's Certified Health IT Product List is provided with the following link: <http://onc-chpl.force.com/ehrcert/CHPLHome>.

4.4 Documentation Upload

Depending on your attestation type and payment year, certain documents must be uploaded.

Upload Instructions:

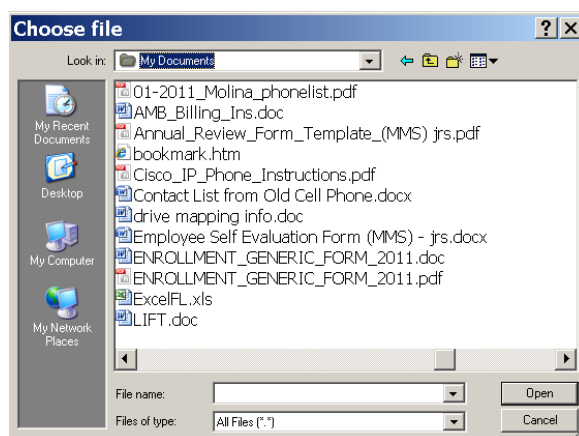
- Use the browse button to select the file to be uploaded.
- The maximum document size is 7MB.
- You must enter text in the Document Title box. The Document Title must describe the document you are uploading.
- See the appropriate table below for document requirements. *Failure to upload all necessary documents will result in your application being rejected.*

Required Documents for Upload Eligible Professional	
Adoption/Implementation/Upgrade	Meaningful Use
<ul style="list-style-type: none"> • Patient Volume Worksheet 	<ul style="list-style-type: none"> • Patient Volume Worksheet
<ul style="list-style-type: none"> • Form W-9 NEW! 	<ul style="list-style-type: none"> • Form W-9 NEW!
<ul style="list-style-type: none"> • Proof of Purchase 	<ul style="list-style-type: none"> • MU Application (Stage 1 or Stage 2)
	<ul style="list-style-type: none"> • MU Report from EHR System NEW!

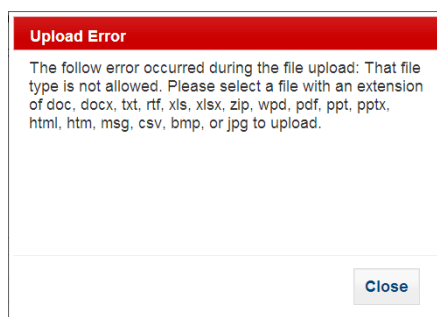
Required Documents for Upload Eligible Hospital	
Adoption/Implementation/Upgrade	Meaningful Use
<ul style="list-style-type: none"> • Patient Volume Worksheet 	<ul style="list-style-type: none"> • Patient Volume Worksheet
<ul style="list-style-type: none"> • EH Payment Calculator 	
<ul style="list-style-type: none"> • Cost Reports 	
<ul style="list-style-type: none"> • Proof of Purchase 	

- An uploaded document can be deleted during the business day that it was uploaded by using the Submit Deletes button. However, if you must delete a document that was uploaded on a previous business day, contact EHR staff at ehrincentives@la.gov.

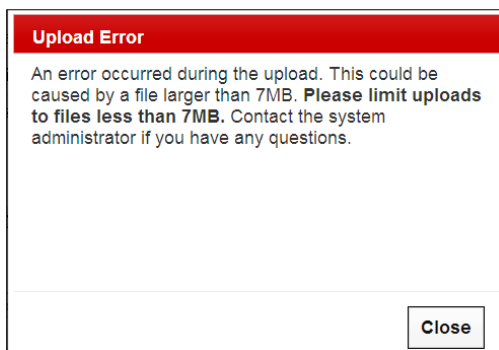
A dialogue box will open which enables you to navigate to the file you want to upload.



Note: You may upload any file of the following types: *.doc, *.docx, *.txt, *.rtf, *.xls, *.xlsx, *.zip, *.wpd, *.pdf, *.ppt, *.pptx, *.html, *.htm, *.msg, *.csv, *.bmp, *.jpg. If you attempt to upload a file type other than one of those listed above, a message similar to the one shown below is displayed:

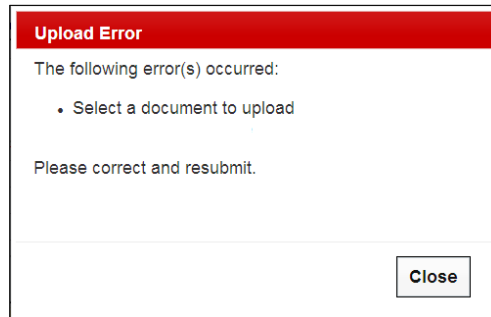


Note: There is a 7 megabyte maximum file size permitted. If you exceed the 7 megabyte limit, you will receive the following message:



Click on the file name and then click on the **Open** button. The name of the selected file will be displayed in the text box next to the **Browse** button.

Note: If you do not select a document to upload, you will receive the following message:

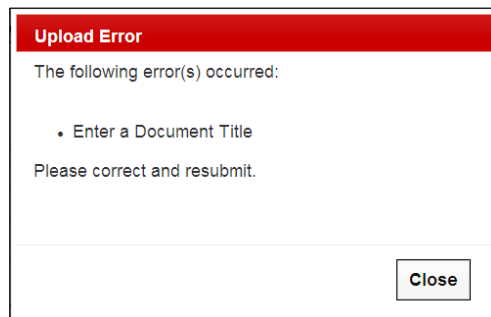


Next, type a name for the file in the **Document Title** text box. Ensure that the document title is something meaningful. For instance, if it is evidence of your patient encounter volume, then name it "Patient Encounter." It is important that the Document Title be in the following format:

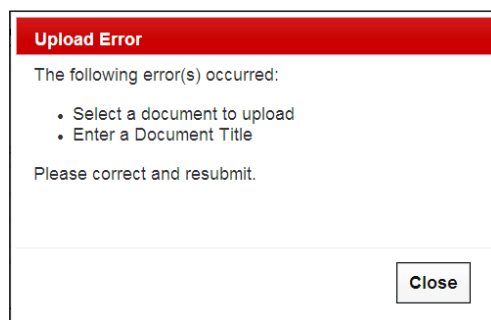
DOCUMENT TYPE_7-digit INDIVIDUAL Provider ID_YYYYMMDD.

Then click on the **Upload** button.

Note: If you do not enter text into the **Document Title** box, you will receive the following message:



If you do not select a document to upload nor enter text in the Document Title box, you will receive the following message:



Users may click the **Upload** link for a tool tip as seen below:

The screenshot shows a web browser window with the address bar displaying 'Upload Documents'. The page header includes the 'Molina' logo on the left, the 'LAConnect ehr incentive program' logo in the center, and navigation links 'Home', 'Menu', 'User Manual', and 'Logout' on the right. The main heading is 'Louisiana Medicaid EHR Incentive Payment Program'. Below this is a section titled 'Document Upload' in red. The text states: 'Depending on your attestation type and payment year, certain documents must be uploaded. Upload Instructions:'. A bulleted list provides instructions: use the browse button, maximum size is 7MB, document title must describe the upload, and refer to the required documents table. The table is titled 'Required Documents for Upload Eligible Hospital' and has two columns: 'Adoption/Implementation/Upgrade' and 'Meaningful Use'. The first column lists 'Patient Volume Worksheet', 'EH Payment Calculator', 'Cost Reports', and 'Proof of Purchase'. The second column lists 'Patient Volume Worksheet'. Below the table is a 'Document Title *' label, a text input field, a 'Browse...' button, and an 'Upload' button.

Required Documents for Upload
Eligible Hospital

Adoption/Implementation/Upgrade	Meaningful Use
• Patient Volume Worksheet	• Patient Volume Worksheet
• EH Payment Calculator	
• Cost Reports	
• Proof of Purchase	

Document Title *

Browse... Upload

Once you have uploaded documentation, each time you return to the Eligible Hospital page, the uploaded documentation is displayed in a grid at the bottom of the page:

Attachments: 3

ID	Date Added	Document Title	View	Disregard
218	04/23/2013	second.bmp	View	<input type="checkbox"/>
219	04/23/2013	second test.jpg	View	<input type="checkbox"/>
220	04/23/2013	still testing.jpg	View	<input type="checkbox"/>

Submit Disregards

Sort By: ID Ascending [Sort](#)

If you upload a file by mistake, you can request that the file be disregarded by clicking on the check box in the Disregard column to the right.

Attachments: 3

ID	Date Added	Document Title	View	Disregard
218	04/23/2013	second.bmp	View	<input checked="" type="checkbox"/>
219	04/23/2013	second test.jpg	View	<input type="checkbox"/>
220	04/23/2013	still testing.jpg	View	<input type="checkbox"/>

[Submit Disregards](#) ← **Sort By:** ID Ascending [Sort](#)

Click on the **Submit Disregards** button to confirm that you want the specified file to be disregarded.

Note: The file will continue to be displayed on the grid, but with the **Disregard** check box checked. This alerts DHH to disregard the specified documentation. Only files uploaded in the current day can be marked as disregarded

You can view the contents of any of the uploaded documentation at any point by clicking on the **View** button.

Once you have input all of the required fields and uploaded the required documentation, click on the **Save and Continue** button.

4.5 Patient Encounter Volume

Enter the appropriate response in the text boxes for Begin Date, End Date, Total Medicaid/Needy Encounters, and Total Patient Encounters. All are required.

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Louisiana Medicaid EHR Incentive Payment Program

Patient Encounter Volume ?

Please complete the fields with information from your completed Patient Volume Worksheet. The begin and end dates represent the start and end of the **90-day** period from which your encounters were obtained. You have the option of obtaining your consecutive **90-day** period from the previous calendar year OR from the previous 12 months. The point of reference for the **90-day** period is your attestation date.

Begin Date * (mm/dd/ccyy) **End Date *** (mm/dd/ccyy)

Total Medicaid/Needy Encounters * **Total Patient Encounters ***

Upload the following documentation:
Patient Volume Worksheet *

Document Title *

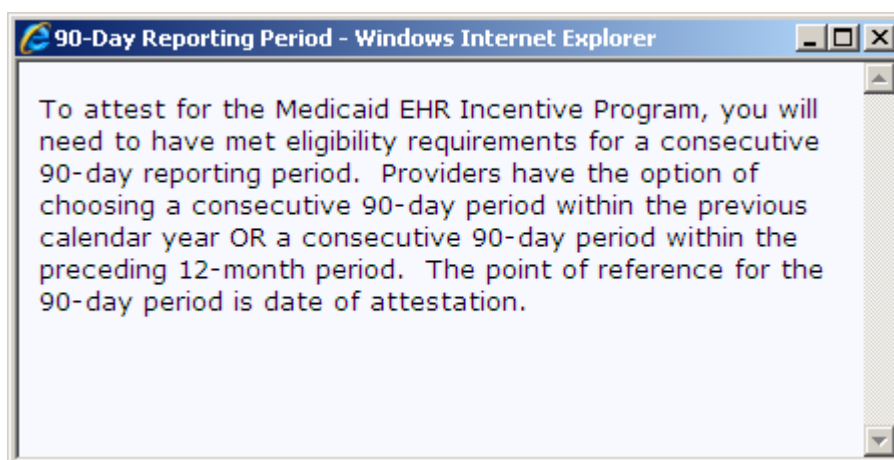
Attachments: 3

ID	Date Added	Document Title	View	Disregard
220	04/24/2013	test	<input type="button" value="View"/>	<input type="checkbox"/>
221	04/24/2013	test	<input type="button" value="View"/>	<input type="checkbox"/>
222	04/24/2013	test	<input type="button" value="View"/>	<input type="checkbox"/>

* Required
 Please use the tab key to navigate between fields.

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If you click on **the 90 day period** link, a message similar to the one shown below is displayed:



Clicking on the red **?** link provides the following pop-up reminder:

Patient Encounter Volume Help - Windows Internet Explorer
https://192.60.37.29/sprovwweb1/EHR/help/patientencountervolume_help.htm

This screen requires the provider to enter patient encounter data and the begin and end dates of the consecutive **90-day** period used to determine eligibility. This information can be obtained from a provider's completed Patient Volume Worksheet.

Medicaid encounter for an EP is defined as services rendered on any one day to a Medicaid-enrolled individual, regardless of payment liability. Includes zero-pay claims and CHIP encounters.

Medicaid encounter for an EH is defined as services rendered to a Medicaid-enrolled individual per inpatient discharge or services rendered in an emergency room, regardless of payment liability. Includes zero-pay claims and CHIP encounters.

Needy individuals are defined as individuals that meet one of the following:

1. Were furnished medical assistance paid for by Louisiana Medicaid or Children's Health Insurance Program (CHIP) funding including Louisiana Medicaid, out-of-state Medicaid programs, or a Medicaid or CHIP demonstration project approved under section 1115 of the Act;
2. Were furnished uncompensated care by the provider; or
3. Were furnished services at either no cost or reduced cost based on a sliding scale determined by the individuals' ability to pay.

Clinics or group practices will be permitted to calculate patient volume at the group practice/clinic level, but only in accordance with all of the following limitations: (1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP; (2) There is an auditable data source to support the clinic's or group practice's patient volume determination; (3) **All EPs in the group practice or clinic must use the same methodology for the payment year;** (4) The clinic or group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way; and (5) If an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP's outside encounters.

The information entered on this screen will be used to calculate a Medicaid Patient Encounter Volume percentage which will then be determined as valid or invalid based on the following rules:

Eligible Professionals (EP)

Scenario	Minimum %
Non-Hospital Based and Non-Pediatric	30%
Non-Hospital Based and Pediatric	20%

Eligible Hospitals (EH)

Scenario	Minimum %
Acute Care Hospital	10%
Children's Hospital	No minimum

If the provider is updating an existing case and has already completed this screen, the fields will be pre-populated with the information found in our records. The provider can then update or simply review the information before pressing the Save and Continue button. If the provider is completing a new attestation case, all required fields must be populated before proceeding. Dates must be in "mm/dd/yyyy" format and encounter values must be integers.

Due to the fact that this screen requires a document upload, a table of all file attachments associated with the attestation case is displayed at the bottom. An option to indicate to DHH any uploaded attachments that should be disregarded is available.

Payment schedule for EHs:

Payment Year	Percentage of Overall Amount
Year 1	50%
Year 2	30%
Year 3	10%
Year 4	10%

Payment schedule for EPs:

Provider	EP	EP (Pediatrician)
Patient Volume	30%	20-29%
Year 1	\$21,250	\$14,167
Year 2	8,500	5,667
Year 3	8,500	5,667
Year 4	8,500	5,666
Year 5	8,500	5,666
Year 6	8,500	5,666

Pediatrician means a Medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must:

1. Hold a four-year Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) degree,
2. Have at least three years of residency training,
3. Hold a valid, unrestricted medical license, **and**
4. Hold a board certification in Pediatrics

For help with managing your documentation uploads, please refer to section 4.5

Once you have input all of the required fields and uploaded the required documentation, click on the **Save and Continue** button. Alternatively, click on the **Back** button to return to the Eligible Hospital AIU Participation page.

4.6 EH Payment Calculation

The EH Payment Calculation page is designed to be used in conjunction with the EH Incentive Payment worksheet. Text boxes are provided for you to enter the Overall EHR amount from Step 5 of the worksheet and the Medicaid Share from Step 6 of the worksheet. Both are required.

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Louisiana Medicaid EHR Incentive Payment Program

EH Payment Calculation ?

Please provide the following information to calculate the hospital incentive payment from the EH Incentive Payment worksheet.

Overall EHR amount from Step 5 * Medicaid Share from Step 6 * %

Upload the following documentation:
EH Incentive Payment Worksheet *

Attachments: 1

ID	Date Added	Document Title	View	Disregard
224	04/24/2013	title.txt	<input type="button" value="View"/>	<input type="checkbox"/>

* required

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For help with managing your documentation uploads, please refer to section 4.5.

After you have entered the data from the worksheet and uploaded the supporting documentation (see section 4.5), click on the **Save and Continue** button to proceed. Alternatively, click on the **Back** button to return to the Patient Encounter Volume page.

4.7 Eligible Hospital Review and Attestation

The Eligible Hospital Review and Attestation screen allows the user to review the data currently entered.

Molina Louisiana Medicaid EHR Incentive Payment Program

Eligible Hospital Review and Attestation

Review the summary report below detailing your entries for accuracy. Use the back button to make changes to incorrect entries.

AIU

Products: 1

Date Added	Vendor	Product	Product Number	Version	Disregard
03/21/2012	Acutus Solutions Inc.	Capella	JG-2524-11-0076	1	<input type="checkbox"/>

Submit Disregards

CMS EHR Certification ID: 55555 (invalid)

Patient Encounter Volume

Begin Date: 2/1/2012
End Date: 3/30/2012
Total Medicaid/Needy Encounters: 50
Total Patient Encounters: 52

EH Payment Calculation

Overall EHR amount from Step 5: \$ 1000000.00
Medicaid Share from Step 6: 25.00 %

Attachments: There are no attachments associated with this case.

<< Back Save and Continue >>

Users are enabled to have products disregarded from the review process by clicking on the **Disregard** check box and then on the **Submit Disregards** button.

If all of the data are correct and if you have successfully uploaded the required documentation, click on the **Save and Continue** button. Clicking on the **Back** button returns to the EH Payment Calculation page.

4.8 Application Certification

Enter the appropriate response in the text boxes for Preparer Name, Preparer Initials, and Relationship to Applicant (Logon User ID is auto-populated). All are required.

Molina Louisiana Medicaid EHR Incentive Payment Program

Application Certification

I understand that all information submitted to DHH for participation in the EHR Incentive Payment Program is subject to audit. I grant to the Office of Legislative Auditor, Office of Inspector General, the Federal Government, and any other duly authorized agencies of the State the right to inspect and review all records pertaining to participation in the EHR Incentive Payment Program. Upon request by the Louisiana Department of Health and Hospitals (DHH), I agree to provide additional supportive documentation to ensure that the requirements of the program have been met. I understand that in all instances of improper or duplicate payments, DHH will pursue repayment.

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

Digital Signature of Applicant

Preparer Name * **Preparer Initials ***

Relationship to Applicant * **Logon User ID**

hoodhosp

* required

<< Back Save and Submit >>

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Click on the **Save and Submit** button.

4.9 Confirmation of Submission

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Louisiana Medicaid EHR Incentive Payment Program

Confirmation of Submission

Thank you for applying to the Louisiana Medicaid EHR Incentive Payment Program. Please allow 3 to 6 weeks for payment. Email communication will be sent to the Primary Contact if additional information is needed and when your attestation is approved for payment.

[Registration Application Report](#)

<< Back
End

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The Confirmation of Submission page enables you to review your input data by clicking on the **Registration Application Report** link. An Adobe .pdf file similar to the one shown below will be displayed, which you can print for your records.

Electronic Health Records Incentive Payment System		Attestation																																					
Registration Application Report for Payment Year 1 5/7/2013																																							
CMS Registration Site Name: Address: Provider Type: Provider Specialty: NPI: TIN: Email Address:	Molina Provider ID: Pay-To Name: Pay-To Address: Provider Type: Provider Specialty: NPI: TIN: Tiebreaker (Taxonomy): Tiebreaker (Zip+4): Routing Number: Account Number: Sanctioned? Eligibility End Date: Cancel Reason Code:	Time Period Total Medicaid Patient Encounters Total Patient Encounters Medicaid Patient Volume % Qualified EHR Amount From Step 5 Medicaid Share from Step 6 CMS EHR Certification ID																																					
Payee Information <i>(Payee TIN matches Molina file)</i> Payee NPI: Payee TIN: Payee Address:		Vendors <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date Added</th> <th>Vendor</th> <th>Product</th> <th>Product Number</th> <th>Version</th> <th>Disregard</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date Added	Vendor	Product	Product Number	Version	Disregard																														
Date Added	Vendor	Product	Product Number	Version	Disregard																																		
Contacts <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Primary</th> <th>Secondary</th> </tr> </thead> <tbody> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Phone:</td> <td>Phone:</td> </tr> <tr> <td>Email:</td> <td>Email:</td> </tr> <tr> <td>Job Title:</td> <td>Job Title:</td> </tr> </tbody> </table>		Primary	Secondary	Name:	Name:	Phone:	Phone:	Email:	Email:	Job Title:	Job Title:	Uploaded Documents <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>File Name</th> <th>Upload Date</th> <th>Disregard</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		File Name	Upload Date	Disregard																							
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Email:	Email:																																						
Job Title:	Job Title:																																						
File Name	Upload Date	Disregard																																					
Digital Signature Preparer's Name Preparer's Initials Relationship to Applicant Logon ID																																							

Click the **End** button to return to the initial application screen.

5.0 Eligible Hospital (EH) Users Subsequent Logons

After the initial logon, subsequent logons to the EHR application provide a menu screen with a variable number of main links:

On the Enrollment side:

- Update Enrollment Information (on a pending application)
- New Enrollment for Payment Year X
- Latest Registration Application Report
- View Attachments
- View Notes and Emails

On the Payment side:

- Remittance Reports

The screen shot below (showing the **Update Enrollment Information** link) is displayed if the Provider has submitted a case but it has not yet been approved:



If the Provider's latest case was paid prior to January 1 for EH and April 1 for EP, the Provider will see a link entitled **New Enrollment for Payment Year X** (where X is the next or current year of program participation).

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Menu

Enrollment

[New Enrollment for Payment Year 2](#)
[Latest Registration Application Report](#)
[View Attachments](#)
[View Notes and Emails](#)

Payments

[Remittance Reports](#)

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If the Provider's latest case has been paid after the dates above, neither the **Update Enrollment Information** nor the **New Enrollment for Payment Year X** link will be displayed. In the last condition, the View Attachments page and the Notes page will be read-only when they are visited.

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Louisiana Medicaid EHR Incentive Payment Program

Menu

Enrollment

[Latest Registration Application Report](#)
[View Attachments](#)
[View Notes and Emails](#)


Payments

[Remittance Reports](#)

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5.1 Update Enrollment Information (If Displayed)

After clicking the **Update Enrollment Information** link, an updated welcome screen is displayed. It enables the user to view, add to, and correct all of the information previously entered as described in section 4.0.

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Louisiana Medicaid EHR Incentive Payment Program

Welcome to LAConnect, Louisiana Medicaid's Electronic Health Record (EHR) Incentive Payment Program. You have entered the site where Eligible Professionals (EPs) and Eligible Hospitals (EHs) can complete their state-level attestations to receive incentive payments for adoption, implementation, and upgrade of meaningful use of certified electronic health record technology. You can proceed only if you have successfully registered with the Centers for Medicare and Medicaid Services (CMS). If you have not registered, click [here](#) to register with CMS.

During the state-level attestation process, you will be required to complete and submit certain documentation. See below the documentation you must upload for your type of attestation.

Eligible Hospital - Meaningful Use

- [Patient Volume Worksheet](#)

Important Message Regarding CEHRT Flexibility Rule

If you took advantage of the 2014 CEHRT Flexibility Rule when attesting with CMS for the Medicare EHR Incentive Program, please click [here](#), and complete the CEHRT Flexibility Rule Eligibility Form.

<< Back
Click **Continue** to begin attestation process.
Continue >>

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Click on the **here** link to view and complete the CEHRT Flexibility Rule Eligibility Form in Excel format:

Louisiana Department of Health and Hospitals
Medicaid Incentive Program for Meaningful Use of EHR
Program Year 2014

Eligible Hospital Contact Information

Eligible Hospital Name:	Please enter your Eligible Hospital Name.
Eligible Hospital CCN:	Please enter your Eligible Hospital CCN.
Eligible Hospital Medicaid ID:	Please enter your Eligible Hospital Medicaid ID.

Section 1: CEHRT Flexibility Rule Eligibility Question

What CEHRT Edition are you using to report your Meaningful Use measures? See the Resources tab for guidance.

Section 2:

Instructions: This form is to be completed by eligible hospitals or CAHs who were unable to fully implement 2014 Certified EHR Technology for an EHR reporting period in 2014 due to vendor delays in 2014 Edition CEHRT availability and are using their 2011 Certified EHR. The delay must be attributable to vendor issues related to software development, certification, implementation, testing, or release of the product by the EHR vendor which affected 2014 CEHRT availability. Along with this form, you must also submit documentation to support your inability to fully implement 2014 Edition CEHRT. Documentation includes but is not limited to:

- Dates of initial requests to vendor, contracts/addendums, etc.
- Documentation of vendor delays in installation, training, etc.
- Documentation of bugs or issues that prevent or delay the EIP from full implementation of the 2014 Edition CEHRT, that prevent the practice from achieving one or more measures, or that present safety issues.
- Help ticket numbers, dates of submission, etc.
- Email exchanges with vendor contacts to document practice action in resolving issues
- Minutes from internal meetings held to address issues stemming from vendor delays

My inability to fully implement 2014 CEHRT is attributable to vendor delays/problems with:

<input type="checkbox"/>	Software Development
<input type="checkbox"/>	Certification
<input type="checkbox"/>	Implementation
<input type="checkbox"/>	Testing
<input type="checkbox"/>	Product Release by Vendor
<input type="checkbox"/>	Other*

If other, please explain below:

Section 3:

I certify that the information provided in this document is true, accurate, and complete. I understand that any falsification or concealment of material information may be prosecuted under federal and state laws. I understand that the information I provided is subject to audit, and I must retain documentation supporting my attestation for a period of at least six years.

Preparer's Name:

Preparer's Relationship with Provider:

Date Prepared:

Click on the Resources tab of the CEHRT Flexibility Rule Eligibility Form spreadsheet to view the help file:

Louisiana Department of Health and Hospitals
Medicaid Incentive Program for Meaningful Use of EHR

CMS 2014 CEHRT Flexibility Rule

Using 2011 Edition CEHRT Only

- Final Rule - Flexibility Update issued September 4, 2014, page 52913** - states that all eligible hospitals and CAHs that use only 2011 Edition CEHRT for their EHR reporting period in 2014 must meet the meaningful use objectives and associated measures for Stage 1 under 42 CFR 495.6 that applied for the 2013 payment year, regardless of their current stage of meaningful use.

Using Combination of 2011 and 2014 CEHRT

- Final Rule - Flexibility Update issued September 4, 2014, page 52918** - states that providers who use a combination of 2011 Edition and 2014 Edition CEHRT will be presented with a choice of 2013 Stage 1 objectives and measures, or 2014 Stage 1 objectives and measures (and Stage 2 objectives and measures if they were previously scheduled to begin Stage 2). Providers using a combination of 2011 Edition and 2014 Edition CEHRT who choose to attest to the 2013 Stage 1 meaningful use objectives and measures will report on only those objectives and measures and attest to the CQMs that were applicable for 2013. Providers using a combination of 2011 Edition and 2014 Edition CEHRT who choose to attest to the 2014 Stage 1 meaningful use objectives and measures will report on only those objectives and measures and submit the 2014 CQMs.

Using 2014 Edition CEHRT for 2014 Stage 1 Objectives and Measures for Providers Scheduled to begin Stage 2

- Final Rule - Flexibility Update issued September 4, 2014, page 52914** - states that providers scheduled to begin Stage 2 for the EHR reporting period in 2014 who cannot fully implement all the functions of their 2014 Edition CEHRT required for Stage 2 objectives and measures due to issues related to 2014 Edition CEHRT availability delays could use 2014 Edition CEHRT to attest to the 2014 Stage 1 objectives and measures for the EHR reporting period in 2014. Providers scheduled to begin Stage 2 in 2014 who choose this option must attest that they are unable to fully implement 2014 Edition CEHRT because of issues related to 2014 Edition CEHRT availability.

Clinical Quality Measures

- Final Rule - Flexibility Update issued September 4, 2014, page 52928** - states that if a provider elects to use only 2011 Edition CEHRT for the EHR reporting period in 2014, the provider would be required to report CQMs by attestation as follows: Eligible hospitals and CAHs would report all 15 measures finalized in the Stage 1 final rule (75 FR 44411 through 44422).

If a provider elects to use a combination of 2011 Edition and 2014 Edition CEHRT and chooses to attest to the 2013 Stage 1 objectives and measures for its EHR reporting period in 2014, the provider would be required to report CQMs by attestation using the same measure sets and reporting criteria outlined for providers who elect to use only 2011 Edition CEHRT.

If a provider elects to use a combination of 2011 Edition and 2014 Edition CEHRT and chooses to attest to the 2014 Stage 1 objectives and measures or Stage 2 objectives and measures, the provider would be required to submit CQMs in accordance with the requirements and policies established for clinical quality measure reporting for 2014 in the Stage 2 final rule and subsequent rulemakings. Also, a provider must submit CQMs in accordance with the requirements and policies established for 2014 in those rulemakings if the provider elects to use only 2014 Edition CEHRT for the entire duration of its EHR reporting period in 2014, regardless of the stage of meaningful use that the provider chooses to meet.

Providers are permitted under the EHR incentive Programs to use a different reporting period for the CQMs in 2014 than for the objectives and measures of meaningful use under Section 495.6. This means that providers could use an earlier quarter of data derived from their 2011 Edition CEHRT to report CQMs if they use the option allowing attestation to the 2013 Stage 1 objectives and measures using 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT. In addition, if a provider chooses to use a combination of 2011 and 2014 Edition CEHRT and attests to the 2013 Stage 1 meaningful use objectives and measures, that provider may use the 2011 Edition CEHRT for 60 days of a 90-day reporting period (and 2014 Edition CEHRT for 30 days of the reporting period), and only report on CQMs for that 90-day period. Providers may

2011 CEHRT

If you are scheduled to report Stage 1 or Stage 2:

- 2013 Stage 1 objectives and 2013 CQMs

Combination of 2011 & 2014 CEHRT

If you are scheduled to report Stage 1:

- 2013 Stage 1 objectives and 2013 CQMs; or
- 2014 Stage 1 objectives and 2014 CQMs

If you are scheduled to report Stage 2:

- 2013 Stage 1 objectives and 2013 CQMs; or
- 2014 Stage 1 objectives and 2014 CQMs; or
- Stage 2 objectives and 2014 CQMs

2014 CEHRT

If you are scheduled to report Stage 1:

- 2014 Stage 1 objectives and 2014 CQMs

If you are scheduled to report Stage 2:

- Stage 2 objectives and 2014 CQMs; or
- 2014 Stage 1 objectives and 2014 CQMs

5.2 New Enrollment for Year X (If Displayed)

After clicking the **New Enrollment for Year X** link, an updated welcome screen is displayed. It enables the user to view, add to, and correct all of the information previously entered as described in section 4.0 as well as give users access to the Meaningful Use (MU) Spreadsheet.

The screenshot shows the 'Molina' logo in the top left and the 'LAConnect' logo in the top center. The page title is 'Louisiana Medicaid EHR Incentive Payment Program'. A welcome message states: 'Welcome to LAConnect, Louisiana Medicaid's Electronic Health Record (EHR) Incentive Payment Program. You have entered the site where Eligible Professionals (EPs) and Eligible Hospitals (EHs) can complete their state-level attestations to receive incentive payments for adoption, implementation, and upgrade of meaningful use of certified electronic health record technology. You can proceed only if you have successfully registered with the Centers for Medicare and Medicaid Services (CMS). If you have not registered, click [here](#) to register with CMS.' Below this, it says: 'During the state-level attestation process, you will be required to complete and submit certain documentation. See below the documentation you must upload for your type of attestation.' Under the heading 'Eligible Hospital - Meaningful Use', there is a link to 'Patient Volume Worksheet'. A box titled 'Important Message Regarding CEHRT Flexibility Rule' contains the text: 'If you took advantage of the 2014 CEHRT Flexibility Rule when attesting with CMS for the Medicare EHR Incentive Program, please click [here](#), and complete the CEHRT Flexibility Rule Eligibility Form.' At the bottom left is a '<< Back' button, and at the bottom right is a 'Click **Continue** to begin attestation process. Continue >>' button. The footer text reads: 'Copyright 2015 Molina Medicaid Solutions. All Rights Reserved.'

5.2.1 Meaningful Use Attestation Period

The Meaningful Use Attestation screen is added to the end of the attestation process for New Enrollment for Year X users. It enables them to enter their Meaningful Use Attestation Period begin and end dates. Both dates are mandatory fields.

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[Home](#) [Menu](#) [User Manual](#) [Logout](#)

Louisiana Medicaid EHR Incentive Payment Program

Meaningful Use ?

Payment Year 3

Meaningful Use Attestation Period

Enter Your MU attestation period begin and end dates. If you represent a dually eligible hospital and have completed Medicare attestation, you should enter the MU attestation period used for your Medicare attestation.

Begin Date *  (mm/dd/ccyy) End Date *  (mm/dd/ccyy)

* Required

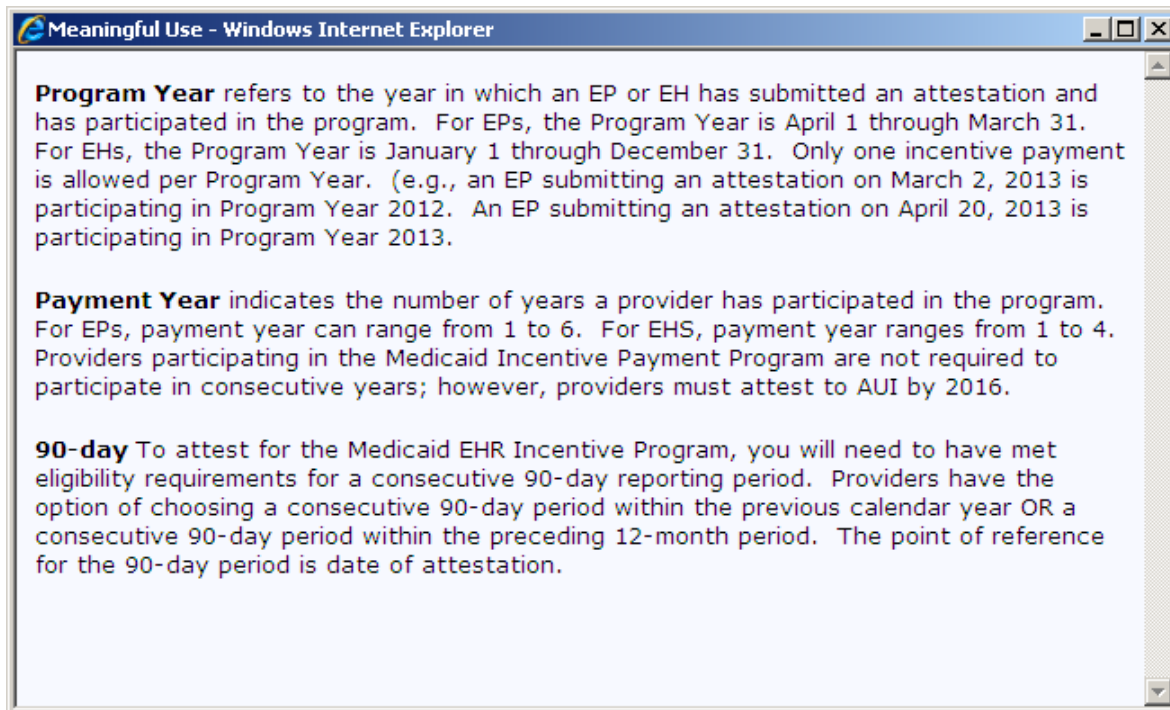
Please use the tab key to navigate between fields.

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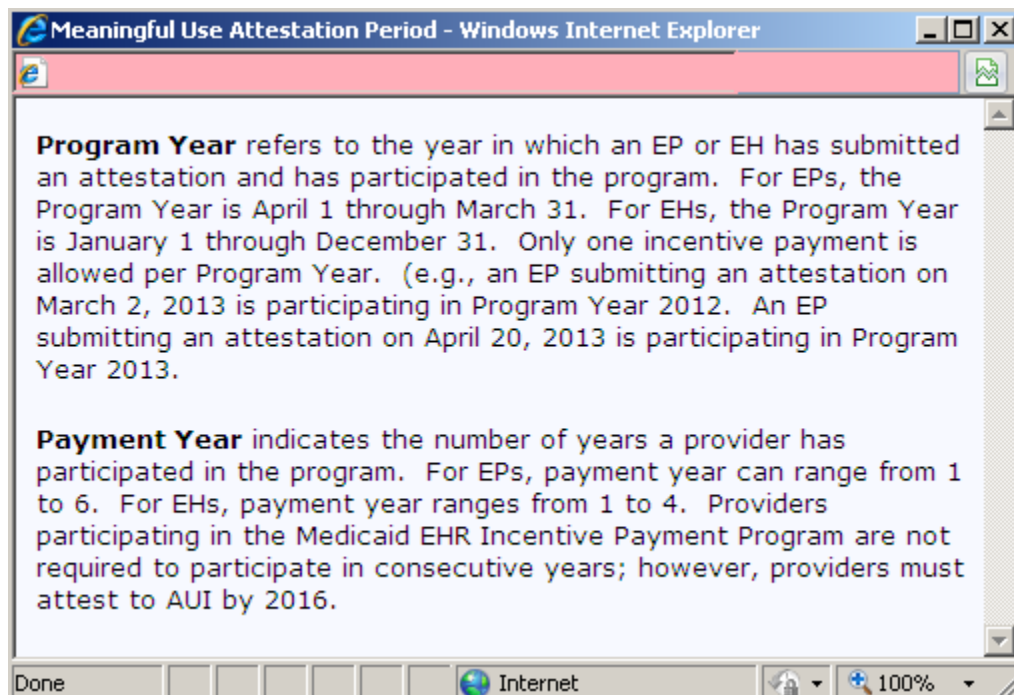
Note: If an invalid date range other than 90 days for payment year 2 or 1/1/xx – 12/31/xx for payment year 3 is entered, the following error message appears:

Please populate all required fields, dates cannot be in the future, the Begin Date must be before the End Date, and ensure the date range is at least 90 days for payment year 2 or 365 days for payment year 3.

Clicking on the red ? link provides the following pop-up reminder:



Clicking the **Meaningful Use Attestation Period** link provides the following tool tip:




5.3 Latest Registration Application Report

Click on the **Latest Registration Application Report** link to view/print an Adobe .pdf file version of the data you have submitted (see 4.10).

Electronic Health Records Incentive Payment System		Attestation	
Registration Application Report for Payment Year 2 5/7/2013		Time Period	Begin End
CMS Registration Site		Total Medicaid Patient Encounters	
Molina		Total Patient Encounters	
Provider ID:		Medicaid Patient Volume %	
Name:	Pay-To Name:	Qualified EHR Amount From Step 5	
Address:	Pay-To Address:	Medicaid Share from Step 6	
Provider Type:	Provider Type:	CMS EHR Certification ID	
Provider Specialty:	Provider Specialty:	Vendors	
NPI:	NPI:	Date Added Vendor Product Product Number Version Disregard	
TIN:	TIN:		
Email Address:	Tiebreaker (Taxonomy):	Uploaded Documents	
	Tiebreaker (Zip+4):	File Name Upload Date Disregard	
	Routing Number:		
	Account Number:		
	Sanctioned?		
	Eligibility End Date:		
	Cancel Reason Code:		
Payee Information		Meaningful Use	
(Payee TIN matches Molina file)		Digital Signature	
Payee NPI:		Preparer's Name	
Payee TIN:		Preparer's Initials	
Payee Address:		Relationship to Applicant	
		Logon ID	
Contacts			
Primary	Secondary		
Name:	Name:		
Phone:	Phone:		
Email:	Email:		
Job Title:	Job Title:		

5.4 Add/View Attachments

Clicking on the **Add/View Attachments** links displays the Upload Documents page, similar to the one shown below (refer to section 4.5):

Molina

[Home](#) [Menu](#) [User Manual](#) [Logout](#)

Louisiana Medicaid EHR Incentive Payment Program

Document Upload
?

Depending on your attestation type and payment year, certain documents must be uploaded. See the table below for the documents that are required for your type of attestation.

[Upload](#) Instructions:

- Use the browse button to select the file to be uploaded.
- The maximum document size is 7MB.
- You must enter text in the Document Title box. It is important that the Document Title be in the following format:
DOCUMENT TYPE_7-Digit INDIVIDUAL Provider ID_YYYYMMDD
- See the table below for document requirements and acceptable Document Title formats. *Failure to upload all necessary documents and failure to use the correct Document Title format will result in your application being rejected.* The maximum document size is 7 MB.

DOCUMENT UPLOAD REQUIREMENTS

Document for Upload	Attestation Type	Provider Type	Document Title Format
EH Payment Calculator	AIU	EH	EHCalculator_1234567_20121015
EHR Proof of Purchase	AIU	EP, EH	POP_1234567_20121015
Cost Report	AIU	EH	CostReport_1234567_20121015
Patient Volume Worksheet	AIU and MU	EP, EH	PVW_1234567_20121015

- An uploaded document can be deleted during the business day that it was uploaded by using the Submit Deletes button. However, if you must delete a document that was uploaded on a previous business day, contact EHR staff at ehrincentives@la.gov.

Document Title *

Browse...
Upload

Attachment(s): 3

ID	Date Added	Document Title	View	Delete
683	08/23/2013	test.txt	View	<input type="checkbox"/>
684	08/23/2013	test.txt	View	<input type="checkbox"/>
688	10/16/2013	test3.pptx	View	<input checked="" type="checkbox"/>

Submit Deletes

Sort By: Sort

<< Return to Menu

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Note: If the Provider's latest case has been paid prior to January 1 for EH and April 1 for EP, the Upload Documents page will be read-only. Document uploading will be disabled. However, you will still be able to view existing uploaded documents.

You can adjust the way the uploaded documentation is displayed in the grid by using the Sort By function. Click on the **Sort** button to see the drop down list of sort options.

Click on the desired sort option. The display of the documentation in the grid will be adjusted in accordance with the selected sort option.

5.5 Add/View Notes and Emails

Clicking on the **Add/View Notes and Emails** link displays the Notes page, similar to the one shown below:

The screenshot shows the 'Notes' page of the Louisiana Medicaid EHR Incentive Payment Program. The page header includes the 'Molina' logo, the 'LAConnect' logo with the tagline 'ehr incentive program', and navigation links: 'Home', 'Menu', 'User Manual', and 'Logout'. The main title is 'Louisiana Medicaid EHR Incentive Payment Program'. Below this, the word 'Notes' is displayed in red. A message states: 'Please use this screen to add any notes pertinent to your application. Emails generated by this application will automatically be stored here.' A table lists notes with columns 'Log Date' and 'Log By'. The first row shows '4/23/2013 9:20:01 AM' and 'z361abc', with an 'Open' link. The second row shows '4/4/2013 12:11:27 PM' and 'test1', also with an 'Open' link. Below the table is a 'NOTE:' section with a text box containing a thank you message. At the bottom, there is a 'Create New Note' button and a '<< Return to Menu' button. A footer note reads: 'Copyright 2013 Molina Medicaid Solutions. All Rights Reserved.'

	Log Date	Log By
Open	4/23/2013 9:20:01 AM	z361abc
Open	4/4/2013 12:11:27 PM	test1

NOTE:

Thank you for updating your application to the Louisiana Medicaid EHR Incentive Payment program. Your file will be reviewed and a response will be sent to the email address provided within ten (10) business days.

213 characters entered. Maximum number of characters stored is 7990

[Create New Note](#)

[<< Return to Menu](#)

You are enabled to view existing notes/emails, or to add new notes/emails.

Note: If the Provider's latest case has been paid prior to January 1 for EH and April 1 for EP, the Notes page will be read-only. You will be enabled to view notes, but not post new ones.

Any existing notes are displayed in the grid at the top of the Notes page.

Use the scroll tool to browse the listings. Click on the **Open** link to view the specified file.

The contents of the note/email are displayed in the **NOTE** text box.

Click on the **Return to Menu** button when you are finished viewing notes/emails.

5.6 Remittance Reports

Clicking on the **Remittance Reports** link displays the Remittance Reports page, similar to the one shown below:



In instances in which you have a large number of Remittance Reports, you can control the number of pages displayed by using the drop down list function:

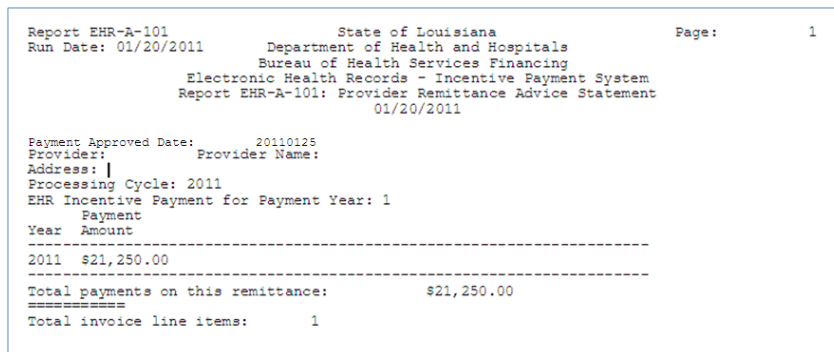


Click on the down arrow to show the possible number of pages to display at once (if available).

On the table that contains the list of Remittance Dates, click on the specified **Download** link to view the report.

Remittance Date	File
01/21/2011	Download

The specified Remittance Report, similar to the one shown below, will be displayed in the Adobe Reader:



6.0 Eligible Professional (EP) Users Initial Logon

When an Eligible Professional (EP) user logs in for the first time after having registered with CMS, the Eligible Professional welcome screen is displayed:

The screenshot shows a web application interface. At the top left is the 'Molina' logo. In the center is the 'LAConnect' logo with the tagline 'ehr incentive program'. At the top right are links for 'Home', 'Menu', 'User Manual', and 'Logout'. Below the logos is the title 'Louisiana Medicaid EHR Incentive Payment Program'. A welcome message follows, explaining the purpose of the site and providing a link to register with CMS. Below this is a section titled 'Eligible Professional - Adoption, Implementation, Upgrade' with a bulleted list containing 'Patient Volume Worksheet' and 'Proof of Purchase'. At the bottom left is a '<< Back' button, and at the bottom right is a 'Click Continue to begin attestation process.' label followed by a 'Continue >>' button. A footer line at the bottom reads 'Copyright 2013 Molina Medicaid Solutions. All Rights Reserved.'

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Louisiana Medicaid EHR Incentive Payment Program

Welcome to LAConnect, Louisiana Medicaid's Electronic Health Record (EHR) Incentive Payment Program. You have entered the site where Eligible Professionals (EPs) and Eligible Hospitals (EHs) can complete their state-level attestations to receive incentive payments for adoption, implementation, and upgrade of meaningful use of certified electronic health record technology. You can proceed only if you have successfully registered with the Centers for Medicare and Medicaid Services (CMS). If you have not registered, click [here](#) to register with CMS.

During the state-level attestation process, you will be required to complete and submit certain documentation. See below the documentation you must upload for your type of attestation.

Eligible Professional - Adoption, Implementation, Upgrade

- [Patient Volume Worksheet](#)
- Proof of Purchase


<< Back

Click **Continue** to begin attestation process. Continue >>

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To begin the attestation process, click the **Continue** button.

Below is the CMS Registration/EFT screen:

Molina

Home Menu User Manual Logout

Louisiana Medicaid EHR Incentive Payment Program

CMS Registration/EFT

Displayed below is information contained in Louisiana Medicaid's Provider Enrollment file (Molina) and information you provided to the NLR during your registration.

Review the following information carefully.

Discrepancies between the information received from the NLR and that contained in the Medicaid Provider Enrollment file will be marked with an asterisk (*). Please note that for text based fields such as Provider Type and Provider Specialty, a difference in wording between the two files will induce an asterisk but doesn't necessarily indicate a discrepancy.

If information from the NLR is incorrect, you must return to the NLR site and make necessary corrections. One to two business days are needed before Louisiana Medicaid receives an updated file from the NLR and you can continue with this application.

If there is incorrect information regarding your Medicaid Provider Enrollment file displayed in the Molina section, the attached [File Update Form](#) will aid you in determining if the incorrect information can be updated with these forms or if a complete enrollment packet is required.

Once the determination is made, complete the necessary forms and submit to Molina - Provider Enrollment Unit, PO Box 80159, Baton Rouge, LA 70898-0159. **All Provider change requests must be received hardcopy with original signatures.** Processing may take up to three (3) weeks.

Note: Change in direct deposit information for this initiative also changes the direct deposit for **ALL** Medicaid payments.

CMS Registration Site		Molina	
Last Name:	<input type="text"/>	Provider ID:	<input type="text"/>
First Name:	<input type="text"/>	Provider Name:	<input type="text"/>
Middle Name:	<input type="text"/>	Provider Type:	<input type="text"/> *
Suffix:	<input type="text"/>	Provider Specialty:	<input type="text"/> *
Address:	<input type="text"/> *	Pay-To Name:	<input type="text"/>
Provider Type:	<input type="text"/> *	Pay-To Address:	<input type="text"/> *
Provider Specialty:	<input type="text"/> *	Routing Number ending in:	<input type="text"/>
CMS CCN:	<input type="text"/>	Account Number ending in:	<input type="text"/>
NPI:	<input type="text"/>	EFT Account Indicator:	<input type="text"/>
TIN:	<input type="text"/> *	EFT Status:	<input type="text"/>
Email Address:	<input type="text"/>	NPI:	<input type="text"/>
Payee NPI:	<input type="text"/>	Tiebreaker(Taxonomy):	<input type="text"/>
Payee TIN:	<input type="text"/>	Tiebreaker(Zip+4):	<input type="text"/>
		TIN:	<input type="text"/> *

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The user should scan the information in the text boxes, noting especially the items marked with asterisks, if any. Those items have been marked because the information they contain in the CMS Registration and Attestation Site and the Molina system is different.

The user may click on the **File Update Form** to make any corrections or accept these differences and continue to the Payee Information screen by clicking on the **Continue** button.

6.1 File Update Form

If you click the File Update Form link, the form will be displayed by your Adobe Reader software. Print out the form, complete it, and mail it to:

**MOLINA
PROVIDER ENROLLMENT UNIT
P O BOX 80159
BATON ROUGE, LA 70898-0159**

Your updated provider data will be matched against information on file at the National Level Repository.

Click the **Continue** button on the CMS Registration/EFT page.

6.2 Payee Information

The Payee Information page enables you to verify and/or update the payee information.

If the Payee TIN from CMS does not match the Payee TIN from the Molina Provider File, the CMS Payee NPI and TIN will be pre-populated, and you will be able to enter other payee info (name and address). A paper check will be created.

If the Provider wants to be the recipient of the payment, he/she will receive this screen:

Molina **LAConnect** ehr incentive program [Home](#) [Menu](#) [User Manual](#) [Logout](#)

Louisiana Medicaid EHR Incentive Payment Program

Payee Information ?

Your CMS registration indicated that you want your incentive payment to be paid to you. If the below NPI and/or TIN is incorrect - **DO NOT PROCEED** - click the Back button and return to the CMS registration site to make appropriate changes.

The remaining lines are listed as 'pay to' information on your Louisiana Medicaid Provider Enrollment File. If this information is incorrect - **DO NOT PROCEED** - click the Back button and return to our registration screen for instruction on contacting Louisiana Medicaid Provider Enrollment to make appropriate changes.

Payee NPI:

Payee TIN:

Payee Name:

Payee Street:

Payee City:

Payee State:

Payee Zip:

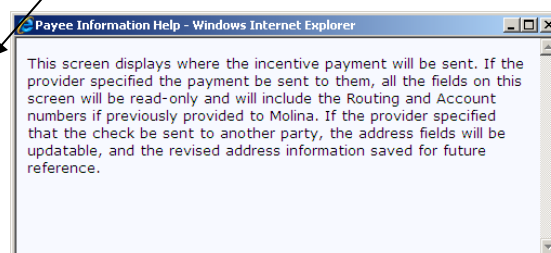
Payee Routing Number ending in:

Payee Account Number ending in:

* Required
Please use the tab key to navigate between fields.

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Clicking on the red ? link provides the following pop-up reminder:



Click the **Continue** button.

If the Provider wants to assign the payments to another entity, they will receive this screen:

Molina **LAConnect** ehr incentive program [Home](#) [Menu](#) [User Manual](#) [Logout](#)

Louisiana Medicaid EHR Incentive Payment Program

Payee Information ?

Your CMS registration indicated that you have assigned your incentive payment to someone else as indicated in the NPI and/or TIN fields below. A 1099 form will be sent to this payee. A paper check will be mailed to the payee. **DO NOT PROCEED** until you verify the payee information indicated by an asterisk. You may make changes to these payee fields as necessary, and click continue once completed. Do not leave any fields blank.

Payee NPI:

Payee TIN:

Payee Name: *

Payee Street: *

Payee City: *

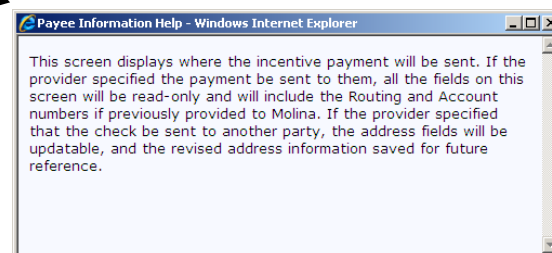
Payee State: *

Payee Zip: *

* Required
Please use the tab key to navigate between fields.

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Clicking on the red ? link provides the following pop-up reminder:



Click the **Continue** button.

6.3 Contact Person

The Contact Person page enables you to verify and/or update the contact information. Click on any of the text boxes to type in the update.

Molina **LACONnect** ehr incentive program [Home](#) [Menu](#) [User Manual](#) [Logout](#)

Louisiana Medicaid EHR Incentive Payment Program

Contact Person ?

Please verify or update the contact information on file.

Primary Contact

First Name: *

Last Name: *

Middle Name:

Phone: *

Email: *

Job Title: *

Secondary Contact

First Name:

Last Name:

Middle Name:

Phone:

Email:

Job Title:

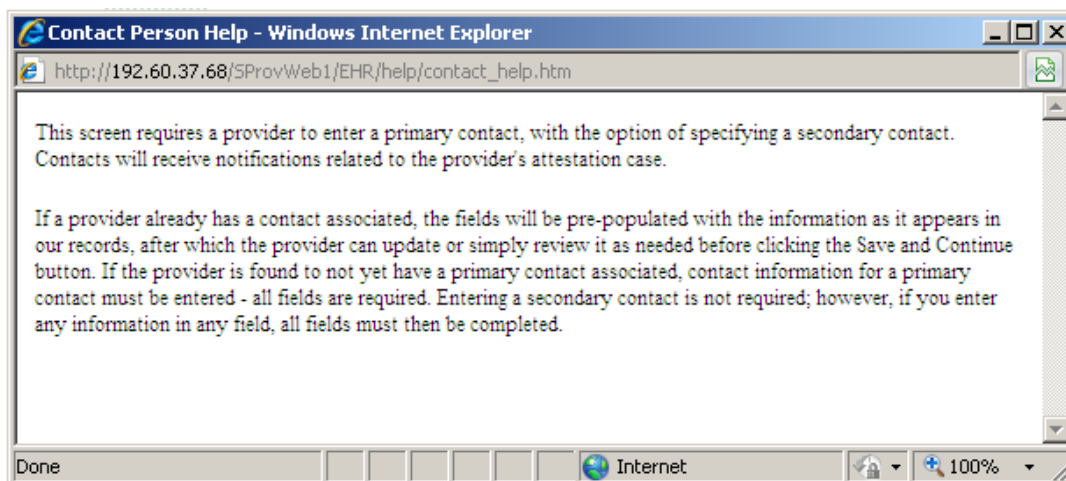
* Required
Please use the tab key to navigate between fields.

<< Back Save and Continue >>

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Click the **Save and Continue** button.

Clicking on the red ? link provides the following pop-up reminder:



6.4 Practice Characteristics

Use the **Yes/No** radio buttons to answer the three questions on the Practice Characteristics page:

1. Do you provide more than 90% of your services in an Inpatient Hospital or ER?
2. Do you practice predominantly in an FQHC or RHC where 30% of the patient volume is derived from needy individuals?
3. Are you a Physician Assistant who practices in an FQHC/RHC led by a Physician Assistant?

The screenshot shows the 'Practice Characteristics' page of the Louisiana Medicaid EHR Incentive Payment Program. The page header includes the 'Molina' logo, the 'LAConnect ehr incentive program' logo, and navigation links for 'Home', 'Menu', 'User Manual', and 'Logout'. The title 'Louisiana Medicaid EHR Incentive Payment Program' is centered. Below the title, the page is labeled 'Practice Characteristics' with a red question mark icon. A message states: 'Eligible Professionals must answer the following questions regarding their practice characteristics. You must input and upload supporting documentation.' Another message says: 'Please indicate Yes or No to the following requests regarding your practice.' There are three questions, each with 'Yes' and 'No' radio button options:

- Do you provide more than 90% of your services in an Inpatient Hospital or ER? * (Yes/No radio buttons)
- Do you practice predominantly in an FQHC or RHC where 30% of the patient volume is derived from needy individuals? * (Yes/No radio buttons)
- Are you a Physician Assistant who practices in an FQHC/RHC led by a Physician Assistant? * (Yes/No radio buttons)

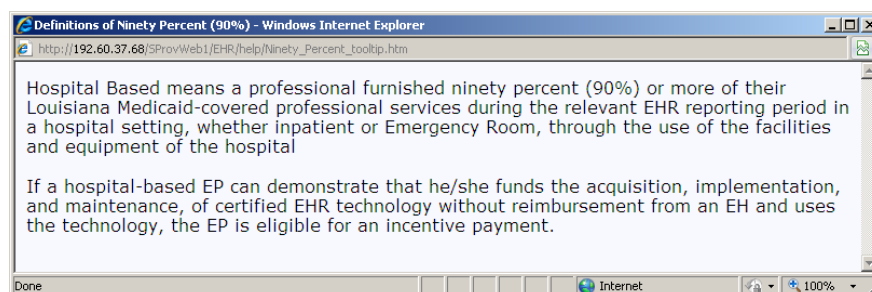
A red asterisk indicates that these fields are required. A note says: '* Required Please use the tab key to navigate between fields.' At the bottom, there are two buttons: '<< Back' and 'Save and Continue >>'. The footer contains the text: 'Copyright 2013 Molina Medicaid Solutions. All Rights Reserved.'

When completed, clicking on the **Save and Continue >>** button takes the user to the Eligible Professional Screen.

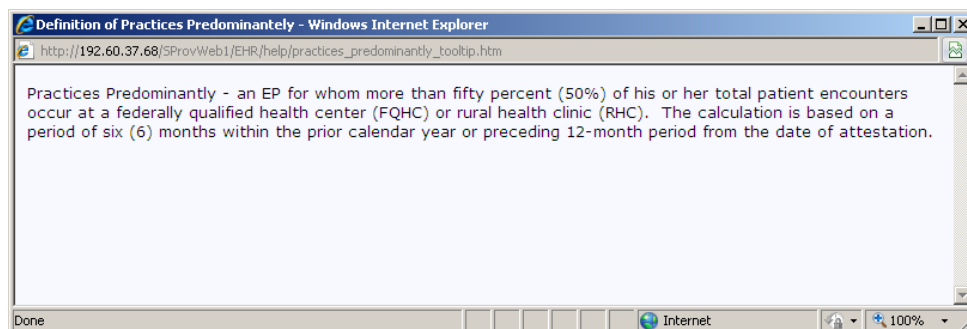
Clicking on the red ? link provides the following pop-up reminder:



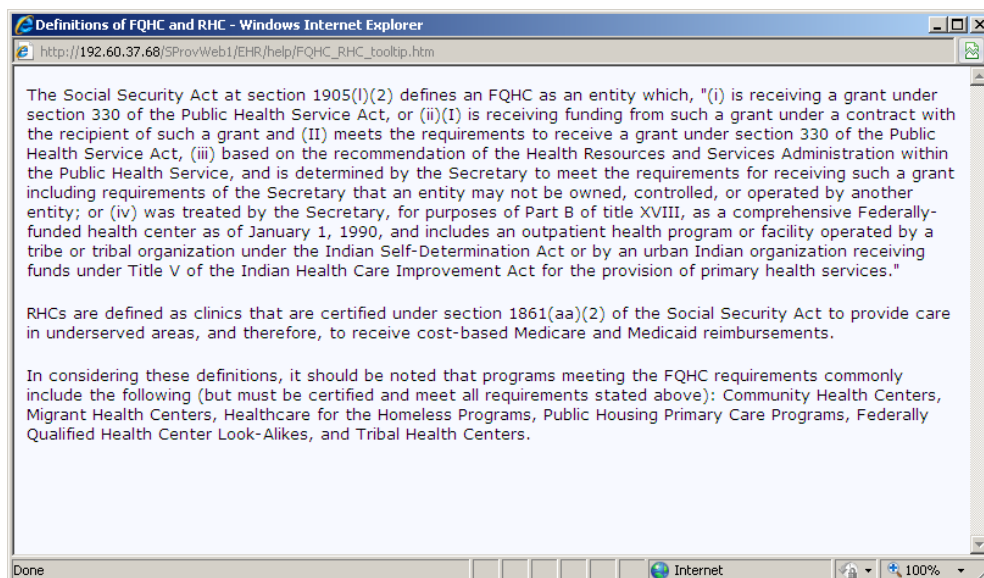
If you click on the **90%** link, a message similar to the one shown below is displayed:



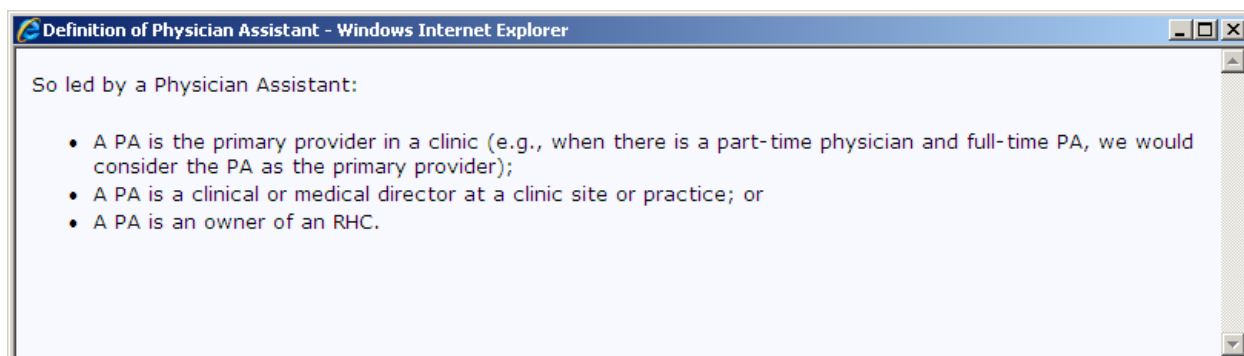
If you click on the **practice predominantly** link, a message similar to the one shown below is displayed:



If you click on the **FQHC or RHC** link, a message similar to the one shown below is displayed:




If you click on the **Physician Assistant** link, a message similar to the one shown below is displayed:



6.5 Eligible Professional Participation

Enter the appropriate response in the text boxes for EHR Vendor, EHR Product, EHR Product Number, EHR Version Number, and CMS EHR Certification ID. All fields are required.

Molina[Home](#) [Menu](#) [User Manual](#) [Logout](#)

Louisiana Medicaid EHR Incentive Payment Program

Eligible Professionals ?

Provide the following information regarding your certified EHR system. If you have an EHR Module, provide information on all modules that make up the certified bundle. Enter the vendor, product name, number, and version, and click ADD after each entry.

EHR Vendor *

EHR Product *

EHR Product Number *

EHR Version Number *

Add

CMS EHR Certification ID

30000005PDRIEA2

Product(s): 2

Date Added	Vendor	Product	Product Number	Version	Disregard
05/06/2013	vendor 1	product 1	number 1	1	<input type="checkbox"/>
05/06/2013	test12345	test12345	test12345	test12345	<input type="checkbox"/>

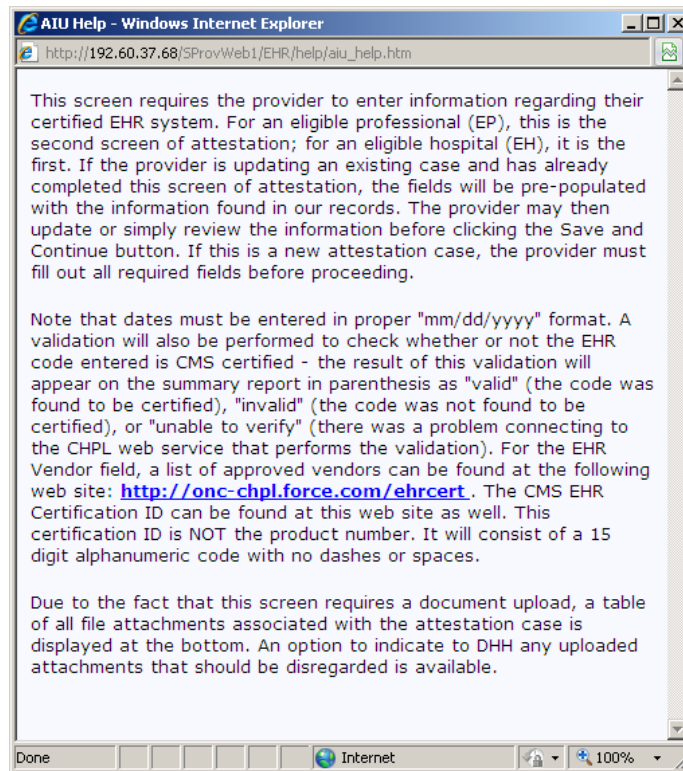
Submit Disregards

For an authoritative, comprehensive listing of ONC-certified Complete EHRs and EHR Modules, go to <http://onc-chpl.force.com/ehrcert/CHPLHome>.

Date Revised: 9/08/2015

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Clicking on the red ? link provides the following pop-up reminder:



Once all mandatory fields are filled, click on the **Add** button to add this vendor record to your list.

The record has been added successfully.

After receiving the above message, users are able to continue adding vendor records as necessary.

6.5.1 CMS EHR Certification ID

If needed enter the CMS EHR Certification ID in the text box. If you click on the **CMS EHR Certification ID** link, a message similar to the one shown below is displayed:

The CMS EHR Certification ID can be found by visiting <http://onc-chpl.force.com/ehrcert>. This certification ID is NOT the product number. It will consist of a 15 digit alphanumeric code with no dashes or spaces.

6.5.2 Disregards

Once you have specified a vendor, the record for the vendor is displayed, in a manner similar to that shown below. You are able to remove the vendor by clicking on the **Disregard** check box and then on the **Submit Disregards** button.

Products: 1					
Date Added	Vendor	Product	Product Number	Version	Disregard
03/21/2012	Acurus Solutions Inc.	Capella	IG-2524-11-0076	1	<input type="checkbox"/>
<input type="button" value="Submit Disregards"/>					

6.5.3 Certified Health IT Product List

A convenient link to the Office of National Coordinator for Health Information Technology's Certified Health IT Product List is provided with the following link: <http://onc-chpl.force.com/ehrcert/CHPLHome>.

6.6 Documentation Upload

Use the Documentation Upload feature to attach the required supporting documentation. Begin by clicking on the **Browse** button to choose a file to upload.

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Louisiana Medicaid EHR Incentive Payment Program

Document Upload

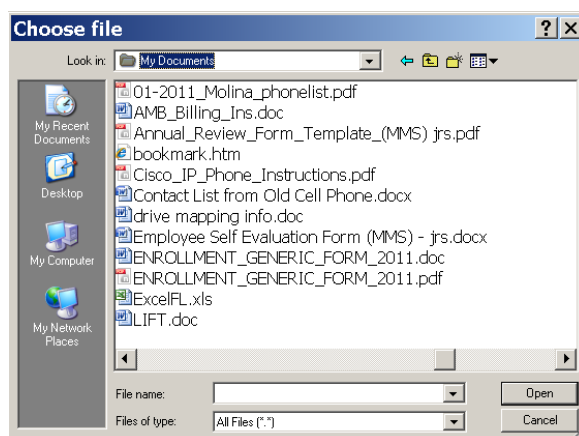
Depending on your attestation type and payment year, certain documents must be uploaded.
Upload Instructions:

- Use the browse button to select the file to be uploaded.
- The maximum document size is 7MB.
- You must enter text in the Document Title box. The Document Title must describe the document you are uploading.
- See the appropriate table below for document requirements. Failure to upload all necessary documents will result in your application being rejected.

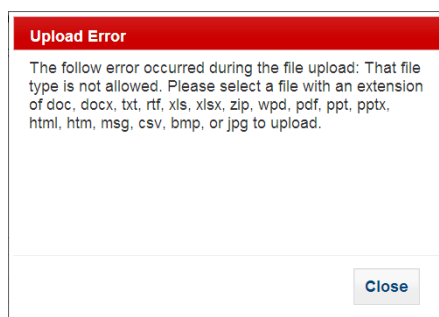
Required Documents for Upload Eligible Professional	
Adoption/Implementation/Upgrade	Meaningful Use
• Patient Volume Worksheet	• Patient Volume Worksheet
• Form W-9 NEW!	• Form W-9 NEW!
• Proof of Purchase	• MU Application (Stage 1 or Stage 2)
	• MU Report from EHR System NEW!

Document Title *

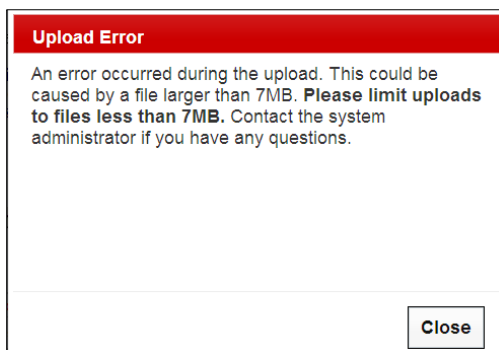
A dialogue box will open which enables you to navigate to the file you want to upload.



Note: You may upload any file of the following types: *.doc, *.docx, *.txt, *.rtf, *.xls, *.xlsx, *.zip, *.wpd, *.pdf, *.ppt, *.pptx, *.html, *.htm, *.msg, *.csv, *.bmp, *.jpg. If you attempt to upload a file type other than one of those listed above, a message similar to the one shown below is displayed:

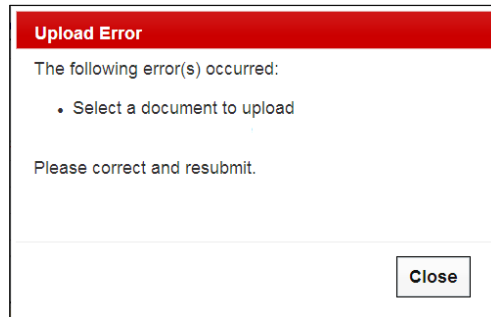


Note: There is a 7 megabyte maximum file size permitted. If you exceed the 7 megabyte limit, you will receive the following message:



Click on the file name and then click on the **Open** button. The name of the selected file will be displayed in the text box next to the **Browse** button.

Note: If you do not select a document to upload, you will receive the following message:

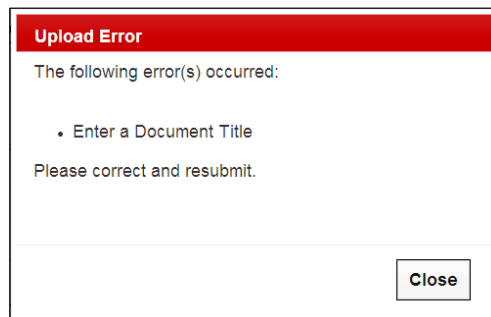


Next, type a name for the file in the **Document Title** text box. Ensure that the document title is something meaningful. For instance, if it is evidence of your patient encounter volume, then name it "Patient Encounter." It is important that the Document Title be in the following format:

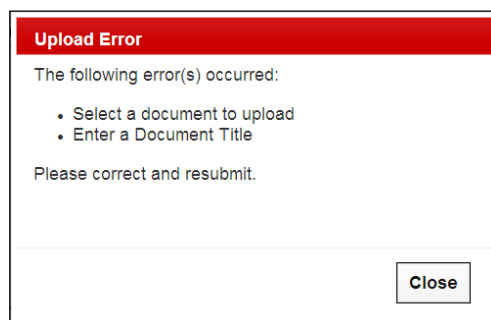
DOCUMENT TYPE_7-digit INDIVIDUAL Provider ID_YYYYMMDD.

Then click on the **Upload** button.

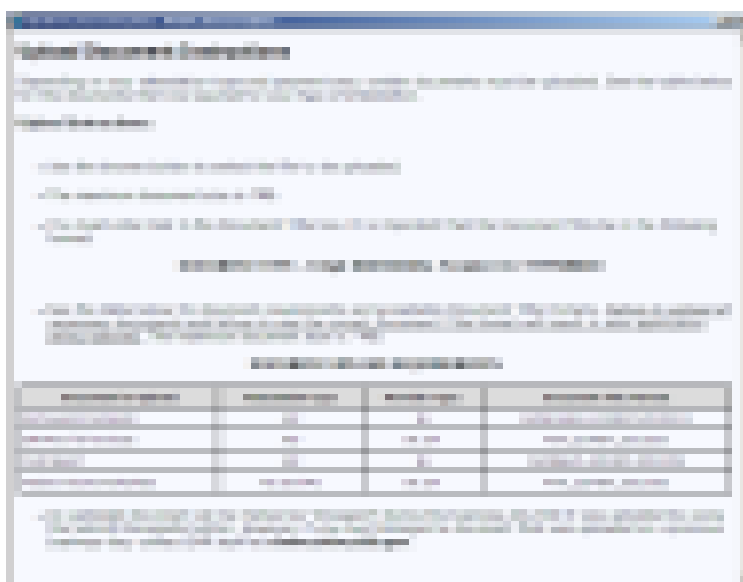
Note: If you do not enter text into the **Document Title** box, you will receive the following message:



If you do not select a document to upload nor enter text into the Document Title box, you will receive the following message:



Users may click the **Upload** link for a tool tip as seen below:



Once you have uploaded documentation, each time you return to the Eligible Professional page, the uploaded documentation is displayed in a grid at the bottom of the page:

Attachments: 3

ID	Date Added	Document Title	View	Disregard
218	04/23/2013	second.bmp	View	<input type="checkbox"/>
219	04/23/2013	second test.jpg	View	<input type="checkbox"/>
220	04/23/2013	still testing.jpg	View	<input type="checkbox"/>

Submit Disregards Sort By: ID Ascending Sort

If you upload a file by mistake, you can request that the file be disregarded by clicking on the check box in the Disregard column to the right.

Attachments: 3

ID	Date Added	Document Title	View	Disregard
218	04/23/2013	second.bmp	View	<input checked="" type="checkbox"/>
219	04/23/2013	second test.jpg	View	<input type="checkbox"/>
220	04/23/2013	still testing.jpg	View	<input type="checkbox"/>

Submit Disregards Sort By: ID Ascending Sort

Click on the **Submit Disregards** button to confirm that you want the specified file to be disregarded.

Note: The file will continue to be displayed on the grid, but with the **Disregard** check box checked. This alerts DHH to disregard the specified documentation.

You can view the contents of any of the uploaded documentation at any point by clicking on the **View** button.

Once you have input all of the required fields and uploaded the required documentation, click on the **Save and Continue** button.

6.7 Patient Encounter Volume

Enter the appropriate response in the text boxes for Begin Date, End Date, Total Medicaid/Needy Encounters, and Total Patient Encounters.

Molina **LAConnect** eHR incentive program [Home](#) [Menu](#) [User Manual](#) [Logout](#)

Louisiana Medicaid EHR Incentive Payment Program

Patient Encounter Volume ?

Please complete the fields with information from your completed Patient Volume Worksheet. The begin and end dates represent the start and end of the **90-day** period from which your encounters were obtained. You have the option of obtaining your consecutive **90-day** period from the previous calendar year OR from the previous 12 months. The point of reference for the **90-day** period is your attestation date.

Begin Date * 1/1/2013 (mm/dd/yyyy) **End Date *** 3/31/2013 (mm/dd/yyyy)

Total Medicaid/Needy Encounters * 90 **Total Patient Encounters *** 100

Indicate whether the patient encounters volume calculation was based on **Individual Provider** or **Group Practice/Clinic Level methodology ***

☒ Individual Provider ☐ Group Practice/Clinic Level

Upload the following documentation:

Patient Volume Worksheet *

Document Title *

Attachments: 3

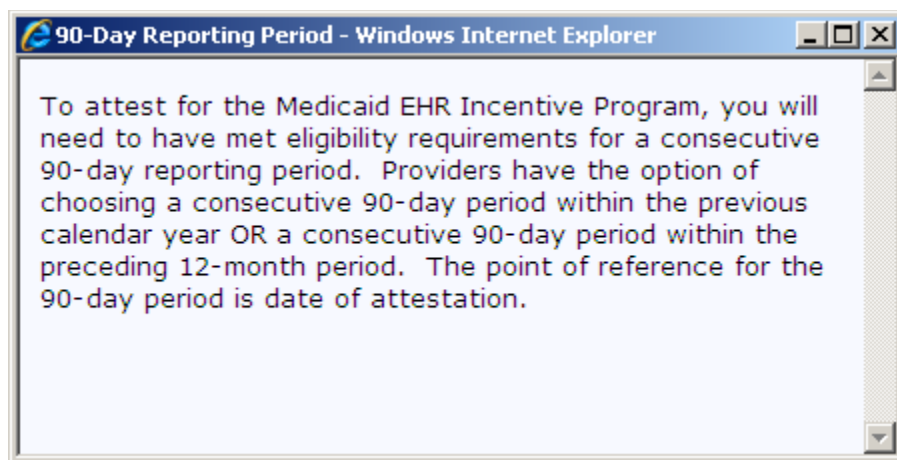
ID	Date Added	Document Title	View	Disregard
235	04/24/2013	new.jpg	<input type="button" value="View"/>	<input type="button" value="Disregard"/>
241	04/25/2013	testing.jpg	<input type="button" value="View"/>	<input type="button" value="Disregard"/>
242	04/25/2013	testing.bmp	<input type="button" value="View"/>	<input type="button" value="Disregard"/>

Sort By:

* Required
Please use the tab key to navigate between fields.

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If you click on the **90-day** period link, a message similar to the one shown below is displayed:




Click on a radio button to indicate whether the patient encounter volume calculation was based on Individual Provider or Group Practice/Clinic Level methodology.

For help with managing your documentation uploads, please refer to section 6.6.

Once you have input all of the required fields and uploaded the required documentation, click on the **Save and Continue** button.

6.8 Eligible Professionals Review and Attestation

The Eligible Professionals Review and Attestation screen allows the user to review the data currently entered. Use the **Back** button to return to any of the previous data input pages to make corrections.

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Louisiana Medicaid EHR Incentive Payment Program

Eligible Professionals Review and Attestation

Review the summary report below detailing your entries for accuracy. Use the back button to make changes to incorrect entries.

Practice Characteristics

Do you provide more than 90% of your services in an Inpatient Hospital or ER? **No**
Do you practice predominantly in an FQHC or RHC where 30% of the patient volume is derived from needy individuals? **No**
Are you a Physician Assistant who practices in an FQHC/RHC led by a Physician Assistant? **No**

AIU

Product(s): 1

Date Added	Vendor	Product	Product Number	Version	Disregard
10/16/2013	v	p	n	1	<input type="checkbox"/>

CMS EHR Certification ID: **ww (invalid)**

Patient Encounter Volume

Begin Date: **1/1/2013**
End Date: **3/31/2013**
Total Medicaid/Needy Encounters: **25**
Total Patient Encounters: **50**

Please indicate whether the patient encounters volume calculation was based on individual provider or Group Practice/Clinic Level methodology. **Individual Provider**

Attachments 1

ID	Date Added	Document Title	View	Disregard
690	10/16/2013	test.txt	<input type="button" value="View"/>	<input type="checkbox"/>

Sort By:

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If all of the data are correct and if you have successfully uploaded the required documentation, click on the **Save and Continue** button.

6.9 Application Certification

Enter the appropriate response in the text boxes for Preparer Name, Preparer Initials, and Relationship to Applicant (Logon User ID is auto-populated). All are required.

The screenshot shows a web application interface for the Louisiana Medicaid EHR Incentive Payment Program. The header includes the Molina logo and navigation links (Home, About, User Manual, Logout). The main title is "Louisiana Medicaid EHR Incentive Payment Program". Below this is the "Application Certification" section, which contains a paragraph of legal text regarding the audit and payment requirements. A "Digital Signature of Applicant" section follows, with fields for "Preparer Name", "Preparer Initials", "Relationship to Applicant", and "Logon User ID". The "Logon User ID" field is pre-filled with "hoothosp". A red asterisk indicates required fields. At the bottom, there are "Back" and "Save and Submit" buttons. A copyright notice for 2012 Molina Medicaid Solutions is at the very bottom.

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Louisiana Medicaid EHR Incentive Payment Program

Application Certification

I understand that all information submitted to DHH for participation in the EHR Incentive Payment Program is subject to audit. I grant to the Office of Legislative Auditor, Office of Inspector General, the Federal Government, and any other duly authorized agencies of the State the right to inspect and review all records pertaining to participation in the EHR Incentive Payment Program. Upon request by the Louisiana Department of Health and Hospitals (DHH), I agree to provide additional supportive documentation to ensure that the requirements of the program have been met. I understand that in all instances of improper or duplicate payments, DHH will pursue repayment.

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

Digital Signature of Applicant

Preparer Name *

Preparer Initials *

Relationship to Applicant *


Logon User ID

* required

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Click on the **Save and Submit** button.

6.10 Confirmation of Submission

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Louisiana Medicaid EHR Incentive Payment Program

Confirmation of Submission

Thank you for applying to the Louisiana Medicaid EHR Incentive Payment Program. Please allow 3 to 6 weeks for payment. Email communication will be sent to the Primary Contact if additional information is needed and when your attestation is approved for payment.

[Registration Application Report](#)

<< Back
End

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The Confirmation of Submission page enables you to review your input data by clicking on the **Registration Application Report** link. An Adobe .pdf file similar to the one shown below will be displayed, which you can print for your records.

Electronic Health Records Incentive Payment System Registration Application Report for Payment Year 1 5/7/2013		Attestation																									
CMS Registration Site Name: Address: Provider Type: Provider Specialty: NPI: TIN: Email Address:	Molina Provider ID: Pay-To Name: Pay-To Address: Provider Type: Provider Specialty: NPI: TIN: Tiebreaker (Taxonomy): Tiebreaker (Zip+4): Routing Number: Account Number: Sanctioned? Eligibility End Date: Cancellation Reason Code:	Time Period: Begin End Total Medicaid Patient Encounters Total Patient Encounters Please indicate whether the patient encounters volume calculation was based on individual provider or Group Practice/Clinic Level methodology. Medicaid Patient Volume % Do you provide more than 90% of your services in an inpatient hospital or ER? Do you practice predominantly in an FQHC or RHC where 30 percent of the patient volume is derived from needy individuals? Are you a Physician Assistant who practices in an FQHC/RHC led by a physician assistant?	CMS EHR Certification ID Vendors <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Date Added</th> <th>Vendor</th> <th>Product</th> <th>Product Number</th> <th>Version</th> <th>Disregard</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date Added	Vendor	Product	Product Number	Version	Disregard																		
Date Added	Vendor	Product	Product Number	Version	Disregard																						
Payee Information <i>(Payee TIN matches Molina file)</i> Payee NPI: Payee TIN: Payee Address:		Uploaded Documents <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>File Name</th> <th>Upload Date</th> <th>Disregard</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		File Name	Upload Date	Disregard																					
File Name	Upload Date	Disregard																									
Contacts <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Primary</th> <th>Secondary</th> </tr> </thead> <tbody> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Phone:</td> <td>Phone:</td> </tr> <tr> <td>Email:</td> <td>Email:</td> </tr> <tr> <td>Job Title:</td> <td>Job Title:</td> </tr> </tbody> </table>		Primary	Secondary	Name:	Name:	Phone:	Phone:	Email:	Email:	Job Title:	Job Title:	Digital Signature Preparer's Name Preparer's Initials Relationship to Applicant Logon ID															
Primary	Secondary																										
Name:	Name:																										
Phone:	Phone:																										
Email:	Email:																										
Job Title:	Job Title:																										

Click the **End** button to return to the initial application screen.

7.0 Eligible Professional (EP) Users Subsequent Logons

After the initial logon, subsequent logons to the EHR application provide a menu screen with a variable number of main links:

On the Enrollment side:

- Update Enrollment Information (on a pending application)
- New Enrollment for Payment Year X
- Latest Registration Application Report
- View Attachments
- View Notes and Emails

On the Payment side:

- Remittance Reports

The screen shot below (showing the **Update Enrollment Information** link) is displayed if the Provider has submitted a case but it has not yet been approved:

The screenshot shows the login interface for the Louisiana Medicaid EHR Incentive Payment Program. At the top, the 'Molina' logo is on the left, the 'LAConnect' logo is in the center, and navigation links 'Home', 'Menu', 'User Manual', and 'Logout' are on the right. Below the logos is the title 'Louisiana Medicaid EHR Incentive Payment Program'. A welcome message follows, explaining that users have entered the site for EPs and EHs to complete state-level attestations. A blue box with yellow text contains a 'WARNING' for providers, stating that they must notify the EP and obtain consent before attesting. Below this, a section titled 'Eligible Professional - Meaningful Use' lists links for a 'Patient Volume Worksheet', 'Form W-9', and 'Meaningful Use' reports for the 2014 and 2011 editions. At the bottom, there are '<< Back' and 'Continue >>' buttons, with a prompt to 'Click Continue to begin attestation process.' The footer contains the copyright notice: 'Copyright 2015 Molina Medicaid Solutions. All Rights Reserved.'

Molina

LAConnect
ehr incentive program

Home Menu User Manual Logout

Louisiana Medicaid EHR Incentive Payment Program

Welcome to LAConnect, Louisiana Medicaid's Electronic Health Record (EHR) Incentive Payment Program. You have entered the site where Eligible Professionals (EPs) and Eligible Hospitals (EHs) can complete their state-level attestations to receive incentive payments for adoption, implementation, and upgrade of meaningful use of certified electronic health record technology. You can proceed only if you have successfully registered with the Centers for Medicare and Medicaid Services (CMS). If you have not registered, click [here](#) to register with CMS.

During the state-level attestation process, you will be required to complete and submit certain documentation. See below the documentation you must upload for your type of attestation.

WARNING
TO THOSE ATTESTING ON BEHALF OF A PROVIDER

If you are attesting on behalf of an Eligible Professional (EP), you must first notify the EP and obtain his/her consent prior to completing this attestation.

We understand that in most cases, the practice/clinic has incurred the cost associated with procuring certified technology. However, participation in this program is PROVIDER-DRIVEN, and payments are issued "on behalf" of the PROVIDER. Cooperation between the practice/clinic and the PROVIDER is encouraged. Louisiana Medicaid does not involve itself in how the incentive payment is handled between the practice/clinic and the PROVIDER. We strongly recommend this issue be addressed contractually prior to participation in the program.

Eligible Professional - Meaningful Use

- [Patient Volume Worksheet](#)
- Form [W-9](#)
- Meaningful Use - [2014 Edition - Stage 1](#)
- Meaningful Use - [2011 Edition](#)
- Meaningful Use Report from EHR System

<< Back

Click **Continue** to begin attestation process. Continue >>

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If the Provider's latest case was prior to January 1 for EH and April 1 for EP, the Provider will see a link entitled **New Enrollment for Payment Year X** (where X is the next or current year of program participation).

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Louisiana Medicaid EHR Incentive Payment Program

Menu

Enrollment

[New Enrollment for Payment Year 2](#)
[Latest Registration Application Report](#)
[View Attachments](#)
[View Notes and Emails](#)

Payments

[Remittance Reports](#)

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If the Provider's latest case has been paid prior to January 1 for EH and April 1 for EP, neither the **Update Enrollment Information** nor the **New Enrollment for Payment Year X** link will be displayed. In the last condition, the View Attachments page and the Notes page will be read-only when they are visited.

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Louisiana Medicaid EHR Incentive Payment Program

Menu

Enrollment

[Latest Registration Application Report](#)
[View Attachments](#)
[View Notes and Emails](#)

Payments

[Remittance Reports](#)

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7.1 Update Enrollment Information (If Displayed)

After clicking the **Update Enrollment Information** link, an updated welcome screen is displayed. It enables the user to view, add to, and correct all of the information previously entered as described in section 6.0.

The screenshot shows the 'Molina' logo on the top left and the 'LAConnect ehr incentive program' logo on the top right. Navigation links for 'Home', 'Menu', 'User Manual', and 'Logout' are in the top right corner. The main heading is 'Louisiana Medicaid EHR Incentive Payment Program'. The welcome text states: 'Welcome to LAConnect, Louisiana Medicaid's Electronic Health Record (EHR) Incentive Payment Program. You have entered the site where Eligible Professionals (EPs) and Eligible Hospitals (EHs) can complete their state-level attestations to receive incentive payments for adoption, implementation, and upgrade of meaningful use of certified electronic health record technology. You can proceed only if you have successfully registered with the Centers for Medicare and Medicaid Services (CMS). If you have not registered, click [here](#) to register with CMS.' It continues: 'During the state-level attestation process, you will be required to complete and submit certain documentation. See below the documentation you must upload for your type of attestation.' Under the heading 'Eligible Professional - Meaningful Use', there is a bullet point for '[Patient Volume Worksheet](#)'. At the bottom, there are two buttons: '<< Back' on the left and 'Continue >>' on the right, with the text 'Click **Continue** to begin attestation process.' in between. A footer line reads 'Copyright 2013 Molina Medicaid Solutions. All Rights Reserved.'


7.2 New Enrollment for Year X (If Displayed)

After clicking the **New Enrollment for Year X** link, an updated welcome screen is displayed. It enables the user to view, add to, and correct all of the information previously entered as described in section 6.0 as well as give users access to the Meaningful Use (MU) Spreadsheet.

This screenshot is identical to the one in section 7.1, but with an additional bullet point under the 'Eligible Professional - Meaningful Use' heading: '[MU Spreadsheet](#)'. The rest of the page content, including the welcome text, navigation links, and buttons, remains the same.

7.2.1 Meaningful Use Attestation Period

The Meaningful Use Attestation screen is added to the end of the attestation process for New Enrollment for Year X users. It enables them to enter their Meaningful Use Attestation Period begin and end dates. Both dates are mandatory fields.

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Louisiana Medicaid EHR Incentive Payment Program

Meaningful Use

Payment Year 2

[Meaningful Use Attestation Period](#)

Please enter your MU attestation period begin and end dates. The MU attestation period is a consecutive **90-day** period for Payment Year 2, and a 365-day period for Payment Year 3. The 90-day period for Payment Year 2 must fall within the current calendar year. The 365-day period for Payment Year 3 must be January 1 to December 31 of the current calendar year.

Begin Date * (mm/dd/ccyy)
 End Date * (mm/dd/ccyy)

[Upload](#) the following documentation:

MU Attestation Worksheet *

Document Title *

Attachments: 3

ID	Date Added	Document Title	View	Disregard
401	05/06/2013	large doc.docx	<input type="button" value="View"/>	<input type="checkbox"/>
403	05/06/2013	test.zip	<input type="button" value="View"/>	<input type="checkbox"/>
404	05/06/2013	test again.zip	<input type="button" value="View"/>	<input type="checkbox"/>

Sort By:

*** Required**

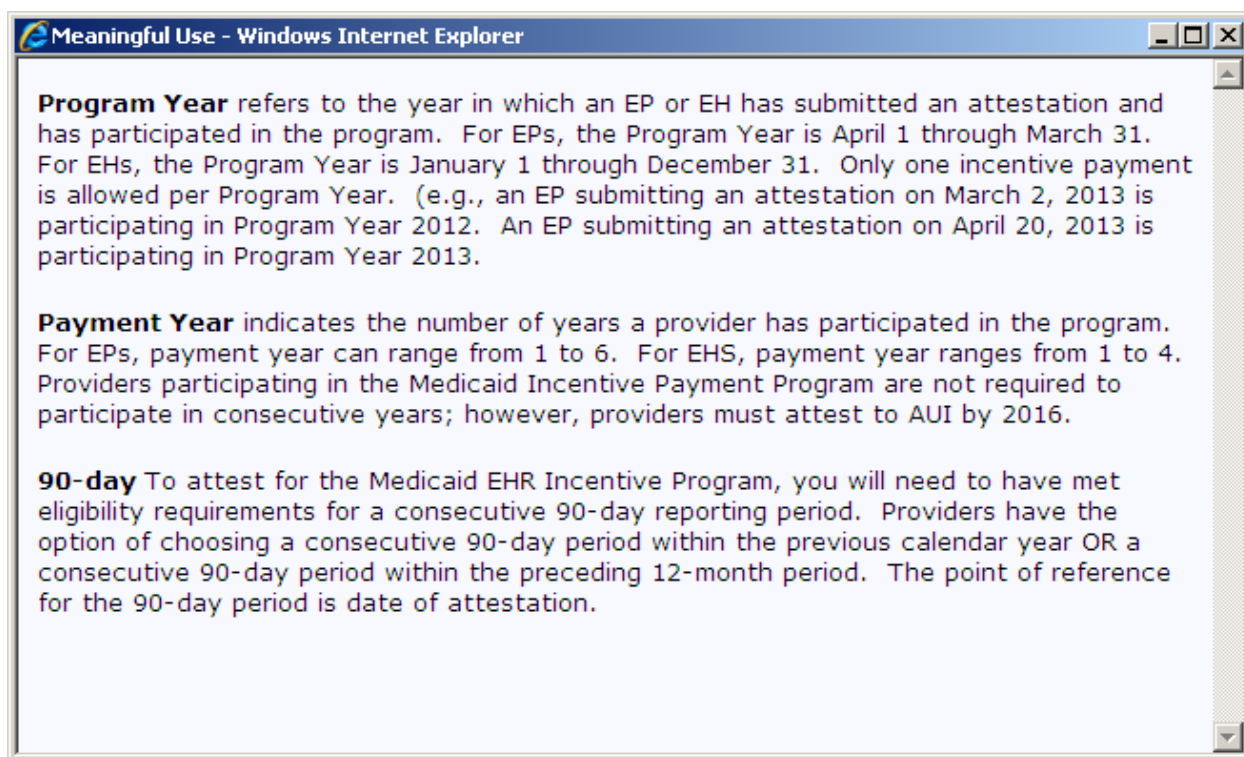
Please use the tab key to navigate between fields.

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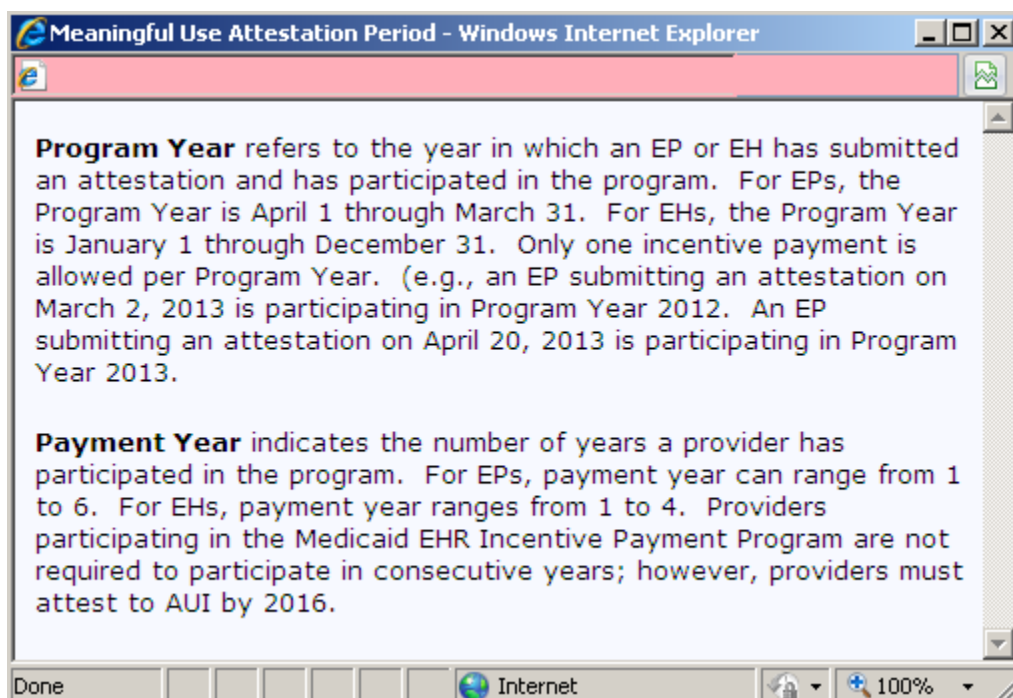
Note: If an invalid date range other 90 days for payment year 2 or 1/1/xx – 12/31/xx for payment year 3 is entered, the following error message appears:

Please populate all required fields, dates cannot be in the future, the Begin Date must be before the End Date, and ensure the date range is at least 90 days for payment year 2 or a calendar year of January 1st to December 31st for payment year 3.

Clicking on the red ? link provides the following pop-up reminder:




Clicking the **Meaningful Use Attestation Period** link provides the following tool tip:



7.4 Add/View Attachments

Clicking on the **Add/View Attachments** links displays the Upload Documents page, similar to the one shown below (Please refer to section 6.6):

Molina

[Home](#) [Menu](#) [User Manual](#) [Logout](#)

Louisiana Medicaid EHR Incentive Payment Program

Document Upload

Depending on your attestation type and payment year, certain documents must be uploaded. See the table below for the documents that are required for your type of attestation.

[Upload](#) Instructions:

- Use the browse button to select the file to be uploaded.
- The maximum document size is 7MB.
- You must enter text in the Document Title box. It is important that the Document Title be in the following format:
DOCUMENT TYPE_7-Digit INDIVIDUAL Provider ID_YYYYMMDD
- See the table below for document requirements and acceptable Document Title formats. *Failure to upload all necessary documents and failure to use the correct Document Title format will result in your application being rejected.* The maximum document size is 7 MB.

DOCUMENT UPLOAD REQUIREMENTS

Document for Upload	Attestation Type	Provider Type	Document Title Format
EH Payment Calculator	AIU	EH	EHCalculator_1234567_20121015
EHR Proof of Purchase	AIU	EP, EH	POP_1234567_20121015
Cost Report	AIU	EH	CostReport_1234567_20121015
Patient Volume Worksheet	AIU and MU	EP, EH	PVW_1234567_20121015

- An uploaded document can be deleted during the business day that it was uploaded by using the Submit Deletes button. However, if you must delete a document that was uploaded on a previous business day, contact EHR staff at ehrincentives@la.gov.

Document Title *

Attachment(s): 4

ID	Date Added	Document Title	View	Delete
579	05/30/2013	test.docx	<input type="button" value="View"/>	<input type="button" value="Delete"/>
584	05/31/2013	test.JPG	<input type="button" value="View"/>	<input type="button" value="Delete"/>
585	05/31/2013	large doc.docx	<input type="button" value="View"/>	<input type="button" value="Delete"/>
586	05/31/2013	large.docx	<input type="button" value="View"/>	<input type="button" value="Delete"/>

Sort By:

Note: If the Provider's latest case has been paid prior to January 1 for EH and April 1 for EP, the Upload Documents page will be read-only. Document uploading will be disabled. However, you will still be able to view existing uploaded documents.

You can adjust the way the uploaded documentation is displayed in the grid by using the Sort By function. Click on the **Sort** button to see the drop down list of sort options.

Click on the desired sort option. The display of the documentation in the grid will be adjusted in accordance with the selected sort option.

7.5 Add/View Notes and Emails

Clicking on the **Add/View Notes and Emails** link displays the Notes page, similar to the one shown below:

The screenshot shows the 'Notes' page of the Louisiana Medicaid EHR Incentive Payment Program. The page header includes the 'Molina' logo, the 'LAConnect' logo with the tagline 'ehr incentive program', and navigation links: 'Home', 'Menu', 'User Manual', and 'Logout'. The main title is 'Louisiana Medicaid EHR Incentive Payment Program'. Below this, the section is titled 'Notes' with a red question mark icon. A message states: 'Please use this screen to add any notes pertinent to your application. Emails generated by this application will automatically be stored here.' Below the message is a table with columns 'Log Date' and 'Log By'. The table contains two rows of data. Below the table is a 'NOTE:' section with a text area containing a message: 'Thank you for updating your application to the Louisiana Medicaid EHR Incentive Payment program. Your file will be reviewed and a response will be sent to the email address provided within ten (10) business days.' Below the text area, it says '213 characters entered. Maximum number of characters stored is 7990'. At the bottom, there are two buttons: 'Create New Note' and '<< Return to Menu'. The footer text is 'Copyright 2013 Molina Medicaid Solutions. All Rights Reserved.'

	Log Date	Log By
Open	4/23/2013 9:20:01 AM	z361abc
Open	4/4/2013 12:11:27 PM	test1

NOTE:

Thank you for updating your application to the Louisiana Medicaid EHR Incentive Payment program. Your file will be reviewed and a response will be sent to the email address provided within ten (10) business days.

213 characters entered. Maximum number of characters stored is 7990

[Create New Note](#)

[<< Return to Menu](#)

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You are able to view existing notes/emails, or to add new notes/emails.

Note: If the Provider's latest case has been paid prior to January 1 for EH or April 1 for EP, the Notes page will be read-only. You will be enabled to view notes, but not post new ones.

Any existing notes are displayed in the grid at the top of the Notes page.

Use the scroll tool to browse the listings. Click on the **Open** link to view the specified file.

The contents of the note/email are displayed in the **NOTE** text box.

Click on the **Return to Menu** button when you are finished viewing notes/emails.

7.6 Remittance Reports

Clicking on the **Remittance Reports** link displays the Remittance Reports page, similar to the one shown below:

In instances in which you have a large number of Remittance Reports, you can control the number of pages displayed by using the drop down list function:

Click on the down arrow to show the possible number of pages to display at once (if available).

On the table that contains the list of Remittance Dates, click on the specified **Download** link to view the report.

Remittance Date	File
01/21/2011	Download

The specified Remittance Report, similar to the one shown below, will be displayed in the Adobe Reader: