



## Helpful Hints for a Successful 2016 Hawaii Medicaid EH MU Attestation

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**As stated in the original final rule, no payments can be made to hospitals after Program Year 2016 unless the hospital has received payment in the previous Program Year.**

**In order to participate in the program for 2017, EHs and CAHs must attest and receive payment for Program Year 2016. Medicaid incentive payments can no longer be made on a non-consecutive, annual basis.**

This document will provide guidance on how to successfully complete a Hawaii Medicaid EHR Incentive Program Meaningful Use (MU) attestation for Eligible Hospitals (EH) and Critical Access Hospitals (CAH) under Program Year 2016.

### **CMS 2016 Program Requirements:**

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html>

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

<https://hi.ara incentive.com/Login.aspx>

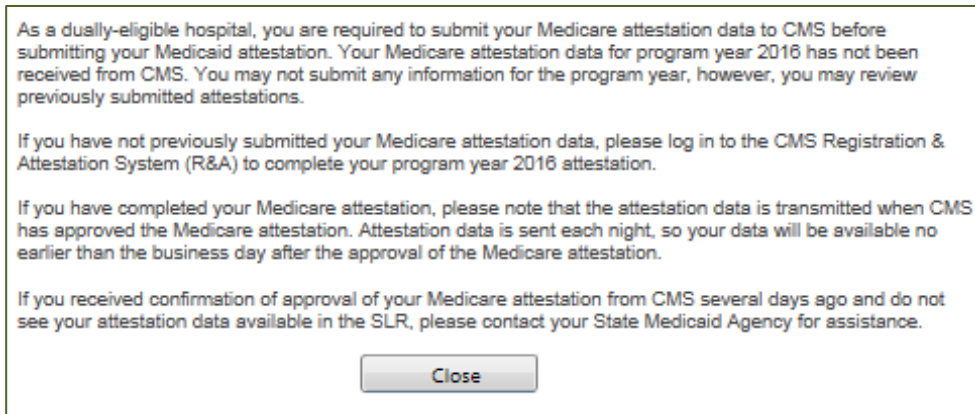
Please contact the SLR Helpdesk at (800) 235-4378, select option 7, for assistance with recalling usernames, and password resets.

### **SLR Icons**

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

**Dually-eligible hospitals should attest to MU under Medicare first, and then attest to Medicaid when confirmation has been received that the Medicare attestation has been approved.**

A pop-up window will appear if the Hawaii SLR has not received your Medicare attestation data from CMS.



***Note for dually-eligible hospitals: While the Medicare MU data is populated into the Medicaid attestation, there are additional MU fields that are required and must be completed. They are located within Step 3. Please review ALL data, including those with green check marks, and complete any fields that may be missing information.***

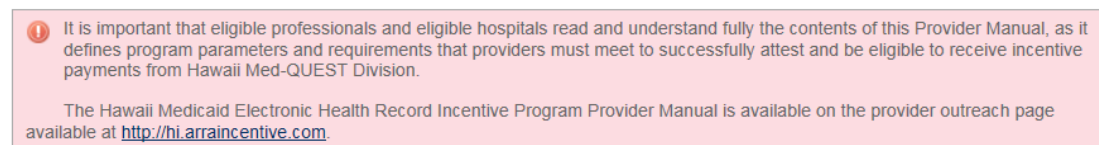
## Step 1 – About You

### Attestations

- **Provider Manual Attestation:** Click on the checkbox to attest that you have read the Hawaii Medicaid EHR Incentive Program Provider Manual. The manual has been updated to incorporate CMS's Final Rule.

<http://med-quest.us/PDFs/Provider%20Manual/EHRIncentiveProgramProviderManual.pdf>

You will receive a hard stop if you have not attested to reading the provider manual.



### Contact Person

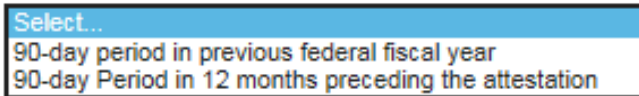
The values in the Contact Person section are automatically populated from the information received from your CMS Medicaid EHR Incentive Program Registration Record. These fields are editable and you may update the contact information as needed. All correspondence regarding your attestation and the Hawaii

Medicaid EHR Incentive Program will be sent to the e-mail address indicated in this section. Please ensure this information is accurate.

## Step 2 – Confirm Medicaid Eligibility

### Medicaid Volume


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



A screenshot of a dropdown menu with a blue header containing the text "Select...". Below the header, two options are listed: "90-day period in previous federal fiscal year" and "90-day Period in 12 months preceding the attestation".

- *90-day period in previous federal fiscal year:* This is the previous federal fiscal year to the Program Year for which you are attesting. For Program Year 2016, the previous federal fiscal year is October 1, 2014 through September 30, 2015.
  - *90-day period in 12 months preceding the attestation:* This is literal and based on the date of the attestation. Example: If attesting on February 15, 2017, you may use a 90-day consecutive period within the range of February 15, 2016 through February 14, 2017.
- Year X Start Date: Manually enter or use the calendar icon to select the start date. The date entered may not overlap the representative period used in your Program Year 2015 attestation.
  - Year X End Date: The end date will automatically populate based off the start date entered. If the start and end dates are not within the selected representative period, the SLR will generate a hard stop error message. You'll need to adjust your dates before proceeding.
  - Total Discharges: Enter your total discharges for the representative period.
  - Total Medicaid Discharges: Enter your Medicaid discharges for the representative period.
  - Total Discharges for a Full Hospital Fiscal Year: Enter your total patient discharges for the previous fiscal year.
  - Total Patient Bed Days for a Full Hospital Fiscal Year: Enter the total number of bed days for all patients in the previous fiscal year.
  - Average Length of Stay: Click on the "Calculate" button to determine the average length of stay in days for the year of the hospital cost report. Acute care inpatient hospitals and CAHs must have an average length of patient stay of 25 days or fewer.
  - Medicaid Volume: Click on the "Calculate" button to determine your Medicaid volume for the representative period. Acute care inpatient hospitals and CAHs must have Medicaid discharges

of at least 10% to be eligible for an incentive payment. There is no Medicaid patient volume requirement for children's hospitals. If you do not meet the Medicaid eligibility requirements, the system will generate a hard stop error message. You may adjust your representative period accordingly.

Meets Medicaid Eligibility Requirements?	
	No - you may wish to adjust your representative period. Acute Care and Critical Access Hospitals (CAH) must have Medicaid discharges of at least 10%, an average Length of Stay (LOS) of 25 days or less, and a CCN that ends in 0001 – 0879 or 1300 – 1399 to be eligible to receive an incentive payment. Children's Hospitals with a CCN that ends in 3300 – 3399 are automatically eligible.

## Hospital Demographics

The cost report data is read-only if your Year 1 Medicaid attestation has already been submitted. Proceed to the Attach Documentation section if you are in participation Year 2+.

- Enter the Year for the Current Cost Report: This will be 2015 for Program Year 2016.
- Enter the Discharges for the Last Four Years of Available Data: Enter the discharge data from the four most recent cost reports. A number is required in all fields. You may not enter a zero.
- Enter the Total Discharges from the Year 1 Cost Report: Enter the total discharges for 2015 for all payers, including Medicaid. Nursery and swing beds should be excluded from the total.
- Enter the Total Medicaid Inpatient Bed Days from the Year 1 Cost Report: Enter the estimated Medicaid inpatient bed days for Federal Fiscal Year 2015. Nursery and swing beds should be excluded from the total. You may not enter a zero.
- Enter the Total Medicaid Managed Care Inpatient Bed Days from the Year 1 Cost Report: Enter the estimated Medicaid Managed Care inpatient bed days for Federal Fiscal Year 2015. Nursery and swing beds should be excluded from the total.
- Enter the Total Inpatient Bed Days from the Year 1 Cost Report: Enter the estimated total inpatient bed days for Federal Fiscal Year 2015. Nursery and swing beds should be excluded from the total. You may not enter a zero.
- Enter the Total Hospital Charges from the Year 1 Cost Report: Enter the estimated total hospital charges for Federal Fiscal Year 2015. You may not enter a zero.
- Enter the Total Charges Attributable to Charity Care from the Year 1 Cost Report: Enter the total estimated charges attributable to charity care for Federal Fiscal Year 2015. You may not enter a zero. You may not count bad debt as part of your uncompensated care. Enter "1" if you are unable to identify your uncompensated care amount.

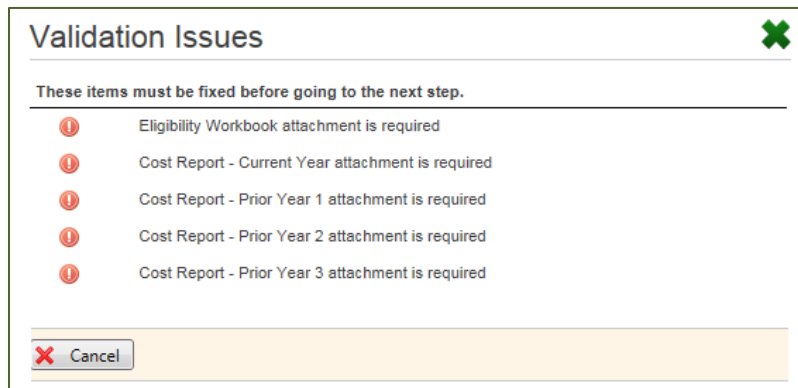
## Attach Documentation

You are required to upload five documents.

1. Eligibility Workbook
2. Cost Report for the Current Year
3. Cost Report for the Prior Year 1
4. Cost Report for the Prior Year 2
5. Cost Report for the Prior Year 3.

The HI EH Eligibility Workbook may be downloaded from the Hawaii Provider Outreach Page- EH Jumpstart page. [http://hi.arryaincentive.com/jumpstart\\_eh.aspx](http://hi.arryaincentive.com/jumpstart_eh.aspx)

You will receive a hard stop if any of the required documents have not been uploaded.



## Step 3 – Attestation of EHR

### EHR Certification

*Note for dually-eligible hospitals: This section will be automatically populated with information from your Medicare attestation.*

- Understanding of Provider Responsibility: It is the provider's responsibility to generate an EHR Certification ID that accurately reflects the complete EHR or combination of modules representing a complete EHR used by the provider before attesting to the State. Failure to do so could result in a false negative result that may disqualify the provider from receiving payment.

Click on the checkbox to acknowledge your responsibility of this. You will not be able to continue if this box is not checked.

- **EHR Certification Number:** You will need to enter a 2014 Edition EHR Certification Number. You may attest using an EHR technology certified to the 2015 Edition, or a combination of the two if the 2015 Edition is available. If you do not know your EHR Certification Number, there is a link on this page on how to obtain your CMS EHR Certification ID.

You will receive a hard stop if the number you have entered does not meet the 2014 Edition, 2015 Edition, or a combination of 2014/2015 Edition standards and certification criteria, and may not continue with your attestation.

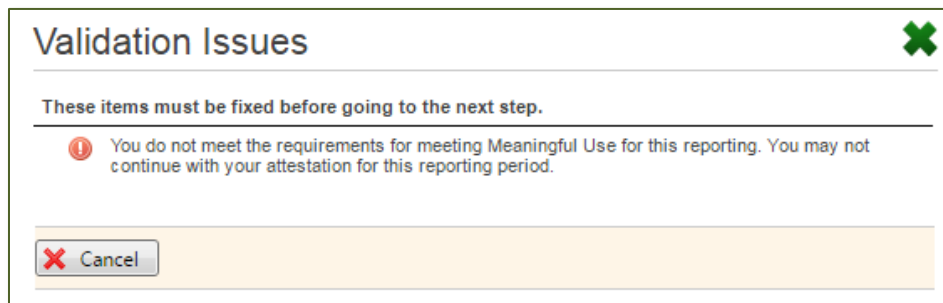
- **Attach Documentation:** You are given the option to attach an ONC CHPL Screen Print.

### EHR Reporting Period

*Note for dually-eligible hospitals: Portions of this section will be automatically populated with information from your Medicare attestation. Please complete the remaining fields and attach the required documentation.*

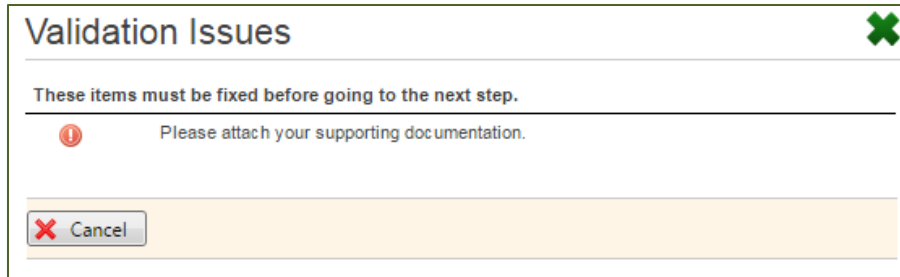
- **Numerator and Denominator:** Enter the numerator and denominator, showing 80% of your patients have records in the CEHRT.

If the calculation does not equal 80% or more, you will receive a validation issues error message upon clicking on “Save & Continue” at the end of the page. The SLR will now allow you to continue with your attestation for the chosen reporting period.



- **Agreement Statements:** You must agree to the statements shown. If both checkboxes aren't checked, the “Save & Continue” button will not be enabled at the bottom of the screen.
- **90-Day Reporting Period:** EHs and CAHs may select any continuous 90-day period from January 1, 2016 through December 31, 2016. *If you are a dually-eligible hospital, these fields are not editable if the data was automatically populated from your Medicare attestation.*
- **Reporting Period for CQM:** The SLR provides the option to identify a different reporting period for your CQMs. You may select any continuous 90-day period from January 1, 2016 through December 31, 2016.

- **Attach Documentation:** You are required to attach a fully executed document demonstrating binding legal or financial commitment to EHR. You also have the option to upload a report supporting MU data. You will receive a hard stop if the required documentation has not been uploaded.



### Meaningful Use Import

*Note for dually-eligible hospitals: This page will be grayed out if your Medicare attestation data has been received from CMS.*

The Meaningful Use Import screen allows EPs to import MU objective data. Click on the MU Import Specification Control Document link, which opens a PDF document that defines the format required to import the objective data.

If you are not importing MU objective data, you may click on “Continue” to proceed to the MU Objective Summary page.

### MU Objective Summary

Specification Sheets from CMS: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016\\_EHTableOfContents.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EHTableOfContents.pdf)

*Note for dually-eligible hospitals: Most objectives will be automatically populated with information from your Medicare attestation. This information is not editable. Please review the objectives and complete all fields that have not been automatically populated.*

You are required to complete all 9 MU Objectives. Many of the alternate exclusions and measures that were available in Program Year 2015 are not applicable in Program Year 2016. The SLR will identify if you are eligible for Alternate Measures and Exclusions. Hospitals that are eligible for the Alternate Measures and Exclusions are not required to use them.







- **Protect Patient Health Information:** There are no exclusions for this objective. In order to pass this measure, you will need to have conducted or reviewed a security risk analysis in the Program Year, prior to submitting your attestation. Although it is not required, you may attach the security risk analysis from the Program Year.

- Clinical Decision Support: There are no exclusions for this objective. Please ensure all required text boxes for this objective are completed, and contain relevant data.
- Computerized Provider Order Entry (CPOE): If you were scheduled to be in Stage 1 for 2016, you may claim an alternate exclusion for Measure #2 (laboratory orders) and Measure #3 (radiology orders). If you were scheduled to be in Stage 2 in 2016, the SLR will not display the Stage 1 alternate exclusions.
- Electronic Prescribing: An exclusion and alternate exclusion is available. If you were scheduled to be in Stage 1 for 2016, or you were scheduled for Stage 2 but did not intend to select the Stage 2 eRx objective, you may take the alternate exclusion. While there are no required attachments, it would be beneficial to have a report supporting your numerator and denominator. This would be helpful if there was a post payment audit. Please do not include any PHI in the report.
- Health Information Exchange: There are no exclusions available for this objective. You may attach an HIE participation Agreement/Contract.
- Patient Specific Education: There are no exclusions available for this objective. You may attach a meaningful use report.
- Medication Reconciliation: There are no exclusions available for this objective. You may attach a meaningful use report.
- Patient Electronic Access: An exclusion is available for Measure #2. You may attach a report or proof of exclusion.
- Public Health Reporting: Eligible hospitals and CAHs must meet three measures or claim exclusions. If you aren't able to report on three measures, you must report on ALL measures by reporting on any possible measure and claiming the exclusion for the remaining measures. If no measures are available, you may meet the objective by claiming applicable exclusions for all measures. Eligible hospitals and CAHs may claim an alternate exclusion for Measure #3 (Specialized Registry Reporting).

*Note to dually-eligible hospitals: The SLR will display the selections that were made in your Medicare attestation. You may not edit the selections.*

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



Measure		I will report on this measure	I will claim exclusion for this measure
Measure 1 – Immunization Registry Reporting		<input type="checkbox"/>	<input type="checkbox"/>
Measure 2 – Syndromic Surveillance Reporting		<input type="checkbox"/>	<input type="checkbox"/>
Measure 3 – Specialized Registry Reporting (Registry #1)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 3 – Specialized Registry Reporting (Registry #2)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 3 – Specialized Registry Reporting (Registry #3)		<input type="checkbox"/>	<input type="checkbox"/>
Measure 4 – Electronic Reportable Laboratory Results		<input type="checkbox"/>	<input type="checkbox"/>

You will receive a hard stop if you have not selected the required amount of measures, or claimed exclusions for all measures.


### Measure 1 - Immunization Registry Reporting

*Note for dually-eligible hospitals:*

- *If you chose to report on the measure under Medicare, the exclusion criteria boxes will be grayed out. Please choose an active engagement option and complete all required fields.*
- *If you chose to take the exclusion under Medicare, the active engagement radio buttons will be grayed out. Please select all exclusion criteria that may apply.*

#### Exclusion Criteria

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

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

n 2015.

- Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.
- Operates in a jurisdiction where no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no immunization registry or immunization information has declared readiness to receive immunization data from the EH at the start of the EHR reporting period.

#### Active Engagement


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

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

\* I registered in a prior year

No  Yes

\* Enter the date you registered with the PHA:

Note: The date of registration with the Public Health Agency must be no later than the 60<sup>th</sup> day of your EHR reporting period. You will receive an error message if the date falls out of the acceptable range.

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

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

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

### Attach Files

You may upload a Hawaii Immunization Registry Facility User Agreement/Enrollment Application; and Hawaii Immunization Registry Confidentiality and Security Statement.


### Measure 2 – Syndromic Surveillance Reporting

*Note for dually-eligible hospitals:*

- *If you chose to report on the measure under Medicare, the exclusion criteria boxes will be grayed out. Please choose an active engagement option and complete all required fields.*
- *If you chose to take the exclusion under Medicare, the active engagement radio buttons will be grayed out. Please select all exclusion criteria that may apply.*

### Exclusion Criteria

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

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

1 2015.

- Does not have an emergency or urgent care department.
- Operates in a jurisdiction where no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.

## Active Engagement



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

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

\* I registered in a prior year

No     Yes



\* Enter the date you registered with the PHA:

Note: The date of registration with the Public Health Agency must be no later than the 60<sup>th</sup> day of your EHR reporting period. You will receive an error message if the date falls out of the acceptable range.

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

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

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

## Measure 3 – Specialized Registry Reporting (Registry # 1, # 2, # 3)

Note for dually-eligible hospitals:

- If you chose to report on the measure under Medicare, the exclusion criteria boxes will be

grayed out. Please choose an active engagement option and complete all required fields.

- If you chose to take the exclusion under Medicare, the active engagement radio buttons will be grayed out. Please select all exclusion criteria that may apply.
- If you qualify for an alternate exclusion and selected it in your Medicare attestation, the alternate exclusion will be pre-selected. The remaining exclusions will be grayed out. The active engagement section will be hidden.

### Exclusion Criteria

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

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

**Alternate Exclusion:** This measure requires the acquisition of additional technologies I did not previously have or I did not previously intend to include in activities for meaningful use in 2016.

Does not diagnose or directly treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period. ion during

Operates in a jurisdiction where no public health agency is capable of receiving electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period. re specific

Operates in a jurisdiction where no public health agency for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the start of the EHR reporting period. ed

### Active Engagement

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

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

\* I registered in a prior year


No  Yes

\* Enter the date you registered with the PHA:

Note: The date of registration with the Public Health Agency must be no later than the 60<sup>th</sup> day of your EHR reporting period. You will receive an error message if the date falls out of the acceptable range.

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

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

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

\* Registry Name


## Measure 4 – Electronic Reportable Laboratory Results

*Note for dually-eligible hospitals:*

- *If you chose to report on the measure under Medicare, the exclusion criteria boxes will be grayed out. Please choose an active engagement option and complete all required fields.*
- *If you chose to take the exclusion under Medicare, the active engagement radio buttons will be grayed out. Please select all exclusion criteria that may apply to the measure.*

### Exclusion Criteria

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

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

2015.

- Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period.
- Operates in a jurisdiction for which no public health agency is capable of receiving electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.

### Active Engagement



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

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

\* I registered in a prior year

No     Yes



\* Enter the date you registered with the PHA:

Note: The date of registration with the Public Health Agency must be no later than the 60<sup>th</sup> day of your EHR reporting period. You will receive an error message if the date falls out of the acceptable range.

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

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

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

\* Public Health Agency Name:

**CQM - Import**

*Note for dually-eligible hospitals: This page will be grayed out if your Medicare attestation data has been received from CMS.*

As with the Meaningful Use measures, if your system allows you can import your CQM's. If you are not importing CQMs, you may click on "Continue" to proceed to the Clinical Quality Measures page.

**Clinical Quality Measures**

*Note for dually-eligible hospitals: The required CQM data will be automatically populated with information from your Medicare attestation. The selection page and individual CQMs will not be editable.*

Nothing has changed from 2014 with the CQMs. You must report on 16 Clinical Quality Measures that

cover at least three of the National Quality Strategy domains. You are able to report a zero result in the numerator and/or denominator, as long as the value was produced by certified EHR technology. If reporting zeroes, please upload a copy of your EHR-generated CQM report.

## Step 4 – Review and Sign Agreement

### Step 1: Print to Sign Attestation

Review the attestation prior to printing to ensure it has the correct information on it.

Ensure the payee on page 2 is who you expect it to be. This is the payee that is identified on the CMS/NLR system.

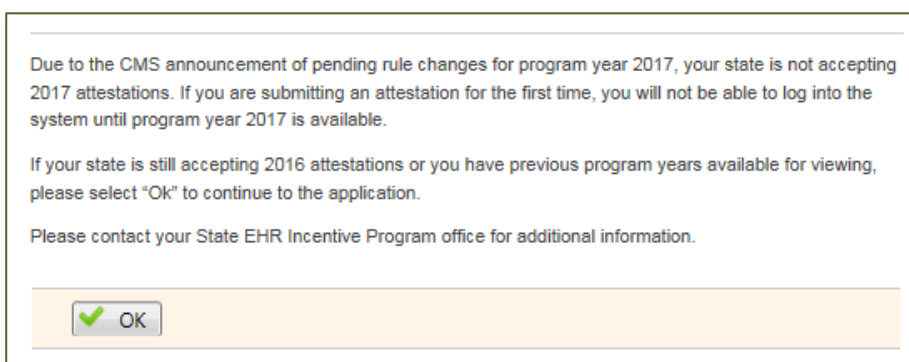
### Step 2: Scan and Upload Signed Attestation

Sign and date the attestation, then scan and upload the document to the SLR. The SLR will generate a hard stop if the attestation has not been uploaded.

## Step 5 Send Year X Attestation

You must complete the final step to electronically send your attestation by clicking on the “5. Send Year X Attestation” link from the Dashboard homepage. This action will bring up a pop up box with the choice to Send Attestation or Cancel and do not send. Once you press Send, your attestation will be sent electronically and may no longer be edited. **Note: The MQD no longer requires the hard copy attestation.**

The next pop up box you will see is:



The State of Hawaii will keep Program Year 2016 open for EHs through June 30, 2017.

## What Happens Next?

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

- If we are unable to validate any of the information, we will “pend” the attestation. We will contact you or your representative to work with them to correct the information. This is why it is so important to have the correct contact information in Step 1 of the SLR.
- Pending the attestation means it opens it up to Step 3 for the provider to update any needed information, upload either the same or corrected attestation and lock it on Step 5 again. The sooner you can make the corrections and resubmit, the sooner it will be validated.
- EHR Incentive Payments will be made after the attestation has been fully reviewed and validated.
- You may not move on to Program Year 2017 until Program Year 2016 is complete.
- Please contact the Hawaii SLR Helpdesk if you have any questions.

Telephone Number: (800) 235-4378, select option 7

Email Address: SLRHelpdesk@conduent.com