

## Medicaid EHR Incentive Program (Promoting Interoperability)

## Requesting KCHIP Report

Version 1.0

**Updated June 2018** 

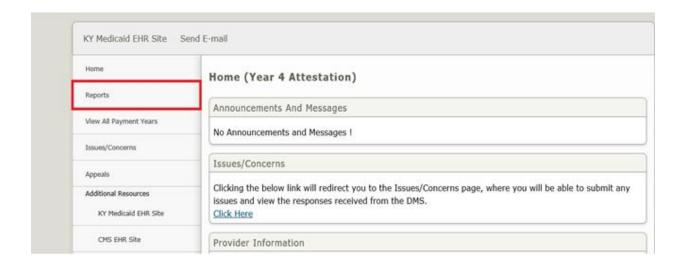


## **Revision History**

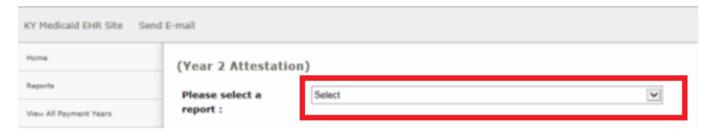
| Version Number | Date   | Reviewer | Comments  |
|----------------|--------|----------|---|
| 1.0            | 6/6/18 | EHR Team | Updated instructions to reflect enhancement of functionality moved from Provider Eligibility details screen to the Home screen. |

To request a KCHIP Report, the provider will need to log into the attestation website at <a href="https://prd.chfs.ky.gov/kyslr/">https://prd.chfs.ky.gov/kyslr/</a>.

Click on the Reports link in the navigation menu and follow the instructions below to complete your request. Once the report is processed, an email will be sent to the email address provided at CMS registration.



Step 1: Click the down arrow to select a report.



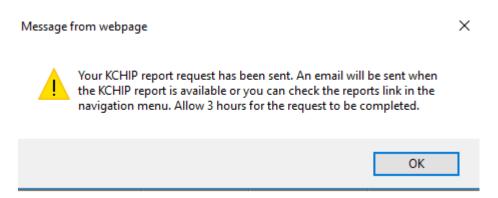
Step 2: Select 'SLR018-KCHIP'.

| KY Medicaid EHR Site Send E-mail |                      |              |  |  |
|----------------------------------|----------------------|--------------|--|--|
| Home                             | (Year 2 Attestation) |              |  |  |
| Reports                          | Please select a      | Select       |  |  |
| View All Payment Years           | report :             | SLR018-KCHIP |  |  |

Step 3: Enter the providers individual NPI, if attesting to individual patient volume. If attesting to group volume, enter the group NPI.

| NPI:                                    |                       |
|---|-----------------------|
| Step 4: Enter the patient volume report | ing period start date |
| Reporting Period Start Date:            | (mm/dd/yy)            |
| Step 5: Click 'Request for KCHIP' butto | on                    |
|   | Request for KCHIP     |

If the report was generated correctly, you will receive a pop up message confirming your KCHIP report request has been sent: Click 'OK'



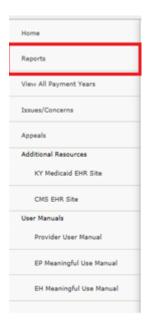
Once you have clicked 'OK', a notification will display in a green banner indicating your KCHIP report request has been sent and an email will be sent when the KCHIP report is available.

|                 | It has been sent. An email will be sent when the KCHIP report i<br>rigation menu. Allow 3 hours for the request to be completed. | s available or you can check |
|-----------------|--|------------------------------|
| Please select a | SLR018-KCHIP   | V                            |
| report :        |  |                              |

The KCHIP report will take approximately 3 hours to complete. Once the report is ready to be viewed, an email will be sent to the email address on file within the attestation. This email address can be verified on the 'Registration Data' screen of the attestation. If this email address is not correct, please go to the CMS Registration website at: <a href="https://www.cms.gov/Regulations-and-">https://www.cms.gov/Regulations-and-</a>

<u>Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html</u> to update this information. Email is our main form of communication with providers, please verify this information. Also, be aware this update takes 24 hours to complete.

Once you have received email notification the KCHIP report is ready to be viewed, you will need to sign back into the attestation site. Click on the 'Reports' link located within the menu options located on the left hand side of the 'Home' screen and complete the following steps:



Step 1: Click the down arrow to select a report



Step 2: Select 'SLR018-KCHIP'.

| KY Medicaid EHR Site Send E-mail |                        |  |  |
|----------------------------------|------------------------|--|--|
| Home                             | (Year 2 Attestation)   |  |  |
| Reports                          | Please select a Select |  |  |
| View All Payment Years           | report : SLR018-KCHIP  |  |  |

Step 3: Scroll down and locate the 'Report Request Information' heading. Click the 'Select' button next to the date you requested the report – also please confirm that the 'Start Date and End Date' are correct dates you will be attesting to for your 90 day patient volume.

| Report request information: |                         |                  |            |                         |                          |                           |
|-----------------------------|-------------------------|------------------|------------|-------------------------|--------------------------|---------------------------|
|                             | Date Requested          | Report<br>Name   | NPI        | Start Date              | End Date                 | Status                    |
| <u>Select</u>               | 5/24/2018<br>9:26:04 AM | SLR018-<br>KCHIP | 2020202020 | 4/1/2017<br>12:00:00 AM | 6/29/2017<br>12:00:00 AM | Completed -<br>Successful |

Once you have clicked the 'Select' button, you will receive an additional table titled 'SCHIP Member List by Provider'. If no data was found during your 90 day reporting period, 'No Information Found' will be displayed.



If KCHIP data is returned, subtract this total from the numerator value of your 90 day patient volume data which is your total 'Medicaid Encounters'. This adjusted total is what will be reported on line 6 on the 'Eligibility Details' page of the attestation. If 'No Information Found' is displayed, report your total Medicaid patients as you have calculated with no adjustments to line 6 on the 'Eligibility Details' page of the attestation and continue the completion of your attestation for review.

| Eligibility        | Details.   |  |
|--------------------|--|--|
|                    | t a KCHIP report, please complete questions 1-5, click Save Dat<br>tion menu.  | a For KCHIP button, then click Reports link in |
|                    |  | All * fields are required fields.              |
| Patient<br>Volume: | <ol> <li>Please indicate if your patient volume was calculated<br/>at a clinic or practice level for all Eligible<br/>professionals:</li> </ol>  | No 🗸   |
|                    | 2. If yes, please enter the NPI of the clinic or group:  | 0  |
|                    | 3. For which program year are you applying?  | * 2015   |
|                    | 4. What is the time frame used for patient volume calculation?   | * Prior Calendar Year 🗸                        |
|                    | 5. Select the starting date of the 90-day period to calculate Medicaid encounter volume percentage:  | * [2/2/2014<br>(mm/dd/yy)                      |
|                    |  | Save Data For KCHIP                            |
|                    | <ol> <li>Medicaid patient encounters during this period<br/>(FQHCs/RHCs do NOT include uncompensated care<br/>volume in this count. Uncomp care volume needs to<br/>be included on the patient volume report.):</li> </ol> | * 200  |
|                    | 7. Total patient encounters during this period:  | * 300  |
|                    | 8. Medicaid patient volume percentage:   | 66.67%   |
| EHR<br>Details:    | 9. Enter the CMS EHR Certification ID of your EHR:   | * A014E01MB7VIEAB What is this?                |
|                    | 10.Indicate the status of your EHR:  | * AdoptImplementUpgrade  • Meaningful User     |

Please be sure to complete the 90 day patient volume report. Document any KCHIP encounters returned on line 2 of the volume report and upload the completed volume report to the attestation as supporting documentation. A link to our volume report can be found at:

https://chfs.ky.gov/agencies/dms/Documents/PatientVolumeReport07272015.pdf