



Checklist for Eligible Professionals- AIU

This checklist provides a look into Ohio’s Medicaid Provider Incentive Program (MPIP) system for eligible professionals who are first time applicants. This checklist may be used as a guide to help eligible professionals gather information that may be required to complete attestation for Adopting, Implementing or Upgrading (AIU) to certified EHR technology.

Register with the Centers for Medicare and Medicaid Services (CMS)

Register with CMS at <https://ehrincentives.cms.gov/hitech/loginCredentials.action>. To register, eligible professionals will need to input the following information:

- National Plan and Provider Enumeration System (NPPES) User ID: _____
- National Plan and Provider Enumeration System (NPPES) Password: _____
- National Provider Identification Number (NPI): _____
- Tax Identification Number (TIN): _____

Incentive payments will be made to the TIN designated during registration at CMS. Eligible professionals may use their own payee information or reassign the payment to an employer or entity that has a contractual agreement with the eligible professional allowing the employer or entity to bill and receive payment for their professionally covered services. To receive an incentive payment, eligible professionals will need:

- Payee NPI: _____
- Payee TIN: _____

After successful registration applicants will receive a CMS Registration ID. Keep this number as it is required to enroll in MPIP.

CMS Registration ID (received after CMS registration): _____

Enroll in MPIP

Upon successful registration with CMS, eligible professionals will receive an email from the MPIP system inviting them to enroll in MPIP. Eligible professionals can enroll with MPIP at <https://www.ohiompi.com/OHIO/enroll/logon>.

To complete enrollment, eligible professional will need to input the following information (the information used to populate this section should match the information used for registration with CMS):

- Ohio Medicaid Provider ID: _____
- NPI: _____
- TIN: _____
- CMS Registration ID (received after CMS registration): _____
- Establish a MPIP password (keep for records): _____

***All MPIP passwords must be at least 8 characters; contain at least three of the following: number, upper case letter, lower case letter and a special character “ !@#%*+~_ “; cannot contain portions of a login ID, personal names, guessable dates or a dictionary word; and the password cannot be identical to any of their previous 12 passwords.*



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Step One: Registration Verification Status

The following questions will be asked to help eligible professionals determine their program eligibility:

Are you a hospital based provider? (*Select “Yes” if you meet the following definition*).

- An eligible professional who furnishes 90% or more of their covered professional services in sites of service identified by the codes used in the HIPAA standard transaction as an inpatient hospital or ER setting in the year preceding the payment year is considered hospital based.

The hospital-based exclusion does not apply to an eligible professional practicing predominantly through a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC).

Are you attesting as a Pediatrician? (*If you have a Medicaid patient volume of at least 30%, select “No” to being a pediatrician*).

- For purposes of MPIP only, a pediatrician means a medical doctor, who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must hold a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree and hold a current, in good-standing board certification in pediatrics through the American Board of Pediatrics, the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics, or a current, in good standing, pediatric subspecialty certificate recognized by the American Board of Medical Specialties.

Do you practice predominantly in an FQHC/RHC? (*If you have a Medicaid patient volume of at least 30%, select “No” to practicing predominantly in an FQHC/RHC*).

- An eligible professional “practices predominantly” when the clinical location for over 50% of his or her total patient encounters over a period of 6 months within the most recent calendar year or, within the 12-month period preceding attestation, occurs at an FQHC or RHC.

Are you attesting your patient volume as part of a group practice? (*If yes, please refer to the **Group Proxy Patient Volume** tip sheet available on the MPIP website*).

Eligible professionals will be asked to verify their payee information designated during CMS registration:
Payee Medicaid ID: _____

Step Two: Patient Volume Status

For each year of program participation, an eligible professional must meet one of the following patient volume requirements:

- A minimum patient volume of 30% attributable to Medicaid eligible individuals whose services were reimbursed by Medicaid;
- A minimum patient volume of 20% attributable to Medicaid eligible individuals whose services were reimbursed by Medicaid and be a Pediatrician; or
- A minimum patient volume of 30% attributable to needy individuals and practice predominantly through an FQHC/RHC.

Please note that at least one clinical location used in the calculation of patient volume must have CEHRT during the payment year for which the eligible professional attests to adopting, implementing or upgrading to or meaningful use.

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When calculating patient volume, did the eligible professional include at least one clinical location with CEHRT during the payment year for which the eligible professional attests to adopting, implementing or upgrading to or meaningful use?

- Eligible professionals may choose one (or more) clinical sites of practice in order to calculate their patient volume. This calculation does not need to be across all of an eligible professional's sites of practice. However, at least one of the locations where the eligible professional is adopting or meaningfully using CEHRT should be included in the patient volume.

Select your Patient Volume Reporting Period.

The reporting period for calculating patient volume is any continuous 90-day period, beginning on the first day of the month, in the preceding calendar year (CY) or in the most recent 12-month period.

Start Date: _____

End Date: _____

Out-of-State Encounters.

Were out-of-state encounters included in the eligible professional's patient volume calculation? (Yes or No)
If yes, from which states or territories? _____

Patient Volume Attestation.

The following are considered a Medicaid Encounter for eligible professionals:

- Services rendered to an individual on any one day where Medicaid paid for part or all of the service;
- Services rendered to an individual on any one day where Medicaid paid for part or all of the individual's premiums, co-payments, and cost sharing; or
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.

During the 90-day reporting period, what was the eligible professional's total amount of:

Medicaid patient encounters? _____

Total Patient encounters? _____

Eligible professionals will be asked to upload documentation supporting their patient volume calculation.

Step Three: Adopt, Implement or Upgrade Status

Is the eligible professional adopting, implementing or upgrading to certified EHR technology? (Select one)

What is the eligible professional's CMS EHR Certification Number? _____

To obtain the eligible professional's CMS EHR Certification Number, please see the Certified Health IT Product List available at: <http://www.healthit.hhs.gov/CHPL>.

Eligible professionals will be required to report which certified product they adopted, implemented or upgraded to and upload supporting documentation. Documentation dated prior to September 2010 (the first year that an EHR system was certified by the Office of the National Coordinator for Health Information Technology (ONC) is acceptable as long as the provider also submits additional documentation that the system was upgraded to a certified EHR system.

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Supporting documentation must demonstrate a relationship to the eligible professional submitting the evidence of AIU and must demonstrate that **the eligible professional has a financial and/or legally binding agreement with the EHR vendor**. Please see examples of supporting documents below:

- Purchase Order
- Contract
- Receipts
- EHR Software License
- Training provided (evidence of cost or contract)
- Hiring (job description or payroll records)
- Maintenance agreements
- Upgrade documentation
- Data exchange agreement

Step Four: MPIP Payment Status

In order to complete attestation, eligible professionals will be asked to sign the legal notice (enter name and re-enter their CMS Registration ID), verify their information, and "Confirm and Submit" their application.

After signing the Legal Notice and selecting "Agree and Continue," MPIP will take the eligible professional to the "Enrollment Summary" screen. The eligible professional should review the "Enrollment Summary" and then scroll down to select "Confirm & Submit" to send the application for processing.

Congratulations! Attestation in the MPIP system is complete.

Once the MPIP application is successfully submitted, the eligible professional's enrollment status will change from "In-Progress" to "Payment Pending." The eligible professional cannot modify any data entered when the enrollment status is "Payment Pending."

Check Your Email

MPIP will be sending you e-mails throughout the enrollment process indicating your current status in the program (e.g., registration received from CMS, confirming enrollment in MPIP and payment pending, etc.). These notifications are sent from an unmonitored mailbox from MPIP with the address: "do-not-reply@mail.ohiompip.com." Please do not respond to this mail box. All e-mails should be sent to MPIP@jfs.ohio.gov. Just as important, please add the "do-not-reply@mail.ohiompip.com" e-mail address to your address book and/or add it to your "trusted sender" list in your spam filter or software that places messages from unrecognized senders in your junk mail folder. This will ensure that you get these messages from MPIP.

Resources

The following worksheets may be helpful to eligible professionals with gathering information for and calculating patient volume:

Worksheet: Medicaid Patient Volume
Worksheet: Needy Individual Patient Volume

These worksheets and additional resources can be found on the MPIP website at <http://www.jfs.ohio.gov/ohp/HIT%20Program.stm>.