



Eligible Professional’s Checklist – Meaningful Use

This checklist provides a look into Ohio’s Medicaid Provider Incentive Program (MPIP) system for eligible professionals and may be used as a guide to help eligible professionals gather information that may be required to complete Meaningful Use (MU) attestation.

Re-Enroll in MPIP

Has any of the eligible professional’s registration information (i.e. demographics, payee information) changed since the previous payment year?

If **Yes**, the eligible professional should first update their information at the CMS registration website at <https://ehrincentives.cms.gov/hitech/loginCredentials.action>. Once the information has been updated with CMS, MPIP will receive the updates and invite the eligible professional to re-enroll.

If **No**, the eligible professional may re-enroll in MPIP by going directly to the MPIP system, <https://www.ohiompi.com/OHIO/enroll/login>.

To complete re-enrollment, eligible professionals will need to input the following information:

- National Provider Identification Number (NPI): _____
- MPIP password: _____
- Centers for Medicare and Medicaid Services (CMS) Registration ID: _____

***If an applicant has lost or forgotten their password, please call the MPIP system Help desk at 1-855-639-7617.*

Eligible professionals will be required to enroll with MPIP and attest to all program requirements (i.e. patient volume) each year they seek an incentive payment.

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.

Eligible Professional's Checklist – Meaningful Use

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.

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 Medicaid encounters 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



Eligible Professional's Checklist – Meaningful Use

- 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: EHR Meaningful Use Information

To be a meaningful user, eligible professionals must identify their meaningful use reporting period, practice locations, EHR solution, unique patient encounters and meet meaningful use objectives.

Meaningful Use EHR Reporting Period

For the first year of meaningful use, eligible professionals will select any 90-day EHR reporting period within the payment year. For all subsequent years, eligible professionals will select a 12-month EHR reporting period, which is the entire payment year.

Please note that in Payment Year 2014 ONLY, all eligible professionals, regardless of their stage of meaningful use, are only required to demonstrate meaningful use for a 90-day EHR reporting period.

Meaningful Use Reporting Period:

Start Date: _____

End Date: _____

Payment Year 2014 Only: any 90-day EHR reporting period within the payment year.

Start Date: _____

End Date: _____

Practice Locations

For each of the eligible professional's practice locations, he or she must provide the practice's address, phone number, and indicate if the practice is the eligible professional's primary practice location. Eligible professionals must also provide the following:

Does the practice location include EHR technology (Yes or No)

Number of the eligible professional's unique patients in the EHR: _____

Number of the eligible professional's unique patients: _____

Number of the eligible professional's patient encounters: _____

CMS Certification ID: _____

Unique Patient(s): If a patient is seen by an eligible professional more than once during the EHR reporting period, then for purposes of meaningful use measurement that patient is only counted once in the denominator for the measure. If a patient is seen at more than one of the eligible professionals practice locations, that patient should only be reported at one of the practice locations. The eligible professional's unique patients should not be duplicated across multiple practice locations.

Note: Data elements for this section should be based on unique patients seen by the eligible professional during the meaningful use reporting period.

Identify Certified EHR Technology

Eligible professionals must verify their CMS EHR Certification Number for each of their practice locations. If an eligible professional is using a different EHR system than used in the previous payment year, they must update their EHR solution to reflect the system they used during the current payment year and

This information is not intended to replace, change or obsolete any provisions of the published federal regulations at 42 CFR Part 495 or the Ohio Administrative Code department rules.

Eligible Professional's Checklist – Meaningful Use

upload proper documentation to MPIP. Supporting documentation must demonstrate that **the eligible professional has a financially and/or legally binding agreement with the EHR vendor.**

Unique Patient Encounters

After completing the practice location and EHR solution details, MPIP will automatically calculate the eligible professional's percent of patient encounters that occurred at sites equipped with certified EHR technology and the percent of unique patients contained in the EHR. Please note that to meet some meaningful use measures, an eligible professional must have:

- At least 50% of their total patient encounters occur at sites equipped with certified EHR technology.
- At least 80% of their unique patient data in a certified EHR system during the EHR reporting period.

Step Three: Meaningful Use Objectives

Meaningful Use Objectives

To be a meaningful user, an eligible professional must meet a total of 20 federally defined objectives: 15 core objectives, and 5 menu set objectives. Additionally, eligible professionals are required to meet 6 clinical quality measures (CQMs): including 3 core/alternate core and 3 additional CQMs.

Eligible professionals may be asked to submit additional information for some of the meaningful use core and menu objectives. The following table provides a list of objectives in the MPIP system that may require additional, supporting information.

MPIP Objective Number	Meaningful Use Objective	Meaningful Use Measure	Information Requested
MUCP004	Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Name your eRX service AND the pharmacy you submit to.
MUCP011	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.	Name and describe one clinical decision support rule implemented.
MUMP001	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice, except where prohibited.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	Select immunization registry and date of test.



Eligible Professional’s Checklist – Meaningful Use

MPIP Objective Number	Meaningful Use Objective	Meaningful Use Measure	Information Requested
MUMP002	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice, except where prohibited.	Performed at least one test of certified EHR technology’s capacity to provide electronic syndromic surveillance data to public health agencies and follow up submission if the test is successful (unless none of the public health agencies to which the EP submits such information have the capacity to receive the information electronically).	Name the surveillance agency if "other."
MUMP004	Incorporate clinical lab-results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are in either a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Name lab result entry method.
MUMP007	Provide patient with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within four business days of their information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in certified EHR technology) electronic access to their health information subject to the EP’s discretion to withhold certain information.	What information does the patient have access to?

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

This information is not intended to replace, change or obsolete any provisions of the published federal regulations at 42 CFR Part 495 or the Ohio Administrative Code department rules.



Eligible Professional's Checklist – Meaningful Use

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>.