



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. Additional resources can be found on the MPIP website at <http://medicaid.ohio.gov/PROVIDERS/MedicaidProviderIncentiveProgram.aspx>.

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 professionals 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.

Hospital-based providers may still be eligible for MPIP if they meet both of the following requirements:

- Fund the acquisition, implementation, and maintenance of Certified EHR Technology (CEHRT), including supporting hardware and interfaces needed for MU without reimbursement from an eligible hospital **and**
- Use the CEHRT in the inpatient or emergency department (ED) of a hospital (instead of the eligible hospital’s CEHRT).

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.

Select your Patient Volume attestation method.

(See step Two: Patient Volume Status for Patient Volume requirements)

- Individual – You are attesting using your individual patient encounters
- Group/Clinic – You are attesting as a member of a group/clinic using group proxy patient volume. (If attesting as a group, please refer to the **Group Proxy Patient Volume** tip sheet available on the MPIP website).

Select Patient Volume Location.

Based on your Patient Volume attestation method, you will be required to select your Patient Volume Location.

- Individual attestation method – Select from a list of practice locations that are associated with you or your payee’s TIN in the State MMIS including practices you may be associated with.
- Group attestation method – Select from a list of the group/clinic practice location(s) within the State MMIS that you are associated with to create a group or join an existing group.



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Verify the payee information based on the NPI and TIN designated during CMS registration:

Payee Medicaid ID: _____

Eligible professionals have the opportunity to update point of contact information:

Email Address: _____

Phone Number: _____ Extension: _____

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 individuals enrolled in a Medicaid program;
- A minimum patient volume of 20% attributable to individuals enrolled in a Medicaid program and be a Pediatrician; or
- A minimum patient volume of 30% attributable to needy individuals and practice predominantly through an FQHC/RHC.

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
- 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 count of:

Medicaid patient encounters: _____

Total Patient encounters: _____

Supporting Documentation: EPs will be directed to the **Document Upload** page after completing Step 4.



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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 ID: _____

To obtain the eligible professional’s CMS EHR Certification ID, please see the Certified Health IT Product List available at: <http://oncchpl.force.com/ehrcert>

Eligible professionals should maintain documentation to support their use of CEHRT for each program year. In order to verify an eligible professional’s certified EHR technology, every eligible professional will be required to submit:

- An Original Contract/Agreement; **and**
- A Current Invoice or Purchase Order.

The supporting documents must demonstrate a **legally and/or financially binding agreement** between the eligible professional and the EHR Vendor. The **Completing Your MPIP Attestation: Supporting Documentation** tip sheet (available on the MPIP website) may also be helpful in completing this step. Further the contract/agreement should be:

- Fully executed and signed by all parties;
- Dated after September 1, 2010 (the first year that an EHR system was certified by the ONC); **and**
- Demonstrate a relationship to the attesting provider.

Step Four: Payment Schedule

The table below shows the Medicaid EHR Incentive Program payment amount you could receive based on your current payment year.

Payment Year	Eligible Professionals	Eligible Professionals Attesting as Pediatrician
1	\$21,250.00	\$14,167
2	\$8,500.00	\$5,667.00
3	\$8,500.00	\$5,667.00
4	\$8,500.00	\$5,667.00
5	\$8,500.00	\$5,667.00
6	\$8,500.00	\$5,667.00
Total	\$63,750.00	\$42,500.00

Document Upload

The MPIP System will determine the supporting documentation you will be required to upload in order to submit your attestation. You may also choose to upload additional documentation to support your attestation during this step. The **Completing Your MPIP Attestation: Supporting Documentation** tip sheet (available on the MPIP website) may also be helpful in completing this step.

Document Upload Policy: Please ensure that documents you are uploading do not contain protected health information (PHI) unless specifically requested as part of the document requirements.

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.



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Enrollment Summary and MPIP Payment Status

Eligible professionals will have the opportunity to review their enrollment prior to submitting as well as the option to download enrollment data to a PDF. The eligible professional should review the "Enrollment Summary" and then scroll down to select "Continue."

Eligible professionals will be asked to review attestation statements and confirm by selecting "Agree & Continue". In order to complete the attestation, eligible professionals must sign the legal notice by entering the full name of Authorizing Official and re-enter their CMS Registration ID.

After signing the Legal Notice and selecting "Agree and Continue," MPIP will take the eligible professional to the "Submit Enrollment" screen. The eligible professional should review the enrollment summary and then 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 "Submitted for Review." The eligible professional cannot modify any data entered when the enrollment status is "Submitted for Review" or "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@medicaid.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.