Ohio | Medicaid Provider Incentive Program

Checklist for Eligible Hospitals - AIU

This checklist provides a look into Ohio's Medicaid Provider Incentive Program (MPIP) system for eligible hospitals who are first time applicants. This checklist may be used as a guide to help eligible hospitals 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 hospitals will need the following information:

National Provider Identification Number (NPI): _____

CMS Certification Number (CCN): _____

Provider Enrollment, Chain and Ownership System (PECOS) Username: _____

Provider Enrollment, Chain and Ownership System (PECOS) Password: _____

Tax Identification Number (TIN): _____

Incentive payments will be made to the TIN designated during registration at CMS. To receive an incentive payment, eligible hospitals will need a:

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 hospitals will receive an email from the MPIP system inviting them to enroll in MPIP. Eligible hospitals can enroll with MPIP at https://www.ohiompip.com/OHIO/enroll/logon.

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

NPI: _____

TIN: _____

CCN: _____

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.*

Ohio | Medicaid Provider Incentive Program

Checklist for Eligible Hospitals - AIU

Step One: Registration Verification Status

The following definitions may help eligible hospitals to determine their program eligibility.

Acute Care Hospital: a hospital where the average length of stay is less than 25 days (calculated on the federal fiscal year (FFY)) and has a CCN with the last four digits in the series 0001-0879 or 1300-1399. Cancer hospitals and critical access hospitals are included with the definition of an acute care hospital.

Children's Hospital: is separately certified and is either a freestanding hospital or a hospital-within-a hospital that has a CMS certification number (CCN) that has the last 4 digits in the series 3300-3399; or does not have a CCN but has been provided an alternative number by CMS for purposes of enrollment in the Medicaid EHR Incentive Program as a Children's Hospital; and predominantly treats individuals under 21 years of age.

Dually Eligible Hospital: a subsection (d) hospital in the U.S. or District of Columbia and has a CCN ending in 0001-0879. Dually eligible hospitals may be eligible for **BOTH** MPIP and the Medicare EHR incentive payment program.

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

Eligible hospitals 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 hospital must meet one of the following patient volume requirements:
- A minimum patient volume of 10% attributable to Medicaid eligible individuals whose services were reimbursed by Medicaid;
- Children's hospitals are exempt from the patient volume requirement.

Select your patient volume reporting period.
The reporting period for calculating patient volume is any continuous 90-days, beginning on the first day of the month, in the preceding federal fiscal year (FFY) 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 hospital's patient volume calculation? (Yes or No)
If yes, from which states or territories: _____

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January 2016

Checklist for Eligible Hospitals - AIU

Patient Volume Attestation.

The following are considered a Medicaid Encounter for eligible hospitals:

- Services rendered to an individual (per inpatient discharge or in the emergency department) on any one day where Medicaid paid for part or all of the service.
- Services rendered to an individual (per inpatient discharge or in the emergency department) on any one day where Medicaid paid all or part of the individual's premiums, co-payments, and/or cost-sharing.
- Services rendered to an individual (per inpatient discharge or in the emergency department) 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 hospital's amount of:

Medicaid patient encounters: _____

Total patient encounters: _____

Eligible hospitals will be directed to the **Document Upload** page after completing Step 4.

Step Three: Adopt, Implement or Upgrade Status

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

What is the eligible hospital's CMS EHR Certification ID: _____

To obtain the CMS EHR Certification ID specific to your EHR software, please see the Certified Health IT Product List available at: http://oncchpl.force.com/ehrcert.

Eligible hospitals should maintain documentation to support their use of CEHRT for each program year.   In order to verify an eligible hospital's certified EHR technology, every hospital 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 hospital 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

A onetime payment calculation will be completed during enrollment in payment year one and the total payment will be distributed over four payment years. In payment year one, the payment will be 40% of the total, 30% in payment year two, 20% in payment year three and 10% in payment year four.

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January 2016

Ohio | Medicaid Provider Incentive Program

Checklist for Eligible Hospitals - AIU

The following information may guide eligible hospitals through computing the hospital payment calculation in the MPIP system. The **Hospital Payment Calculation and Data Sources** tip sheet (available on the MPIP website) may also be helpful in completing this step.

Annual growth rate: Eligible hospitals will use discharge data from the most recent continuous 12-month period for which data are available prior to payment year.

       Year 1 discharges (select most recent year and number of discharges): _____

       Year 2 discharges: _____

       Year 3 discharges: _____

       Year 4 discharges: _____

Inpatient bed day volume:

       Medicaid Inpatient bed days: _____

       Medicaid managed care inpatient bed days: _____

       Total Inpatient bed days: _____

Hospital Charges:

       Total Charges (excluding charity care): _____

       Total Charges: _____

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.

Enrollment Summary and MPIP Payment Status

Eligible hospitals 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 hospital should review the "Enrollment Summary" and then scroll down to select "Continue." Eligible hospitals will be asked to review attestation statements and confirm by selecting "Agree & Continue". In order to complete the attestation, eligible hospitals 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 hospital to the "Submit Enrollment" screen. The eligible hospital 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 hospital's enrollment status will change from "In-Progress" to "Submitted for Review." The eligible hospital cannot modify any data entered when the enrollment status is "Submitted for Review" or "Payment Pending."

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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.

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