



## **MINNESOTA EHR INCENTIVE PROGRAM (MEIP)**

---

# **Eligible Professionals**

# Objectives

- Identify eligible professionals
- Identify patient volume requirements
- Identify eligible professional enrollment steps
- Identify enrollment submission and confirmation

# Eligible Professionals

- Physicians and Pediatricians
- Dentists
- Certified Nurse Midwives (CNMs), Nurse Practitioners (NPs)
- Physician Assistant (PA) when practicing at a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), tribal or urban Facility
- Nurse Practitioner (NP)
- Optometrists

# Patient Volume

- The minimum Medicaid patient volume required to participate and receive the full eligible professional (EP) incentive payment is 30%.
- For pediatricians, a patient volume of equal to or greater than 20%, and less than 30% will qualify for a reduced incentive payment.
- The patient volume for reporting needy patients in an FQHC, RHC, or tribal or urban facility is 30%.
- EPs who are hospital-based (that is, have 90% of their patient volume in a hospital) are not qualified to participate – their respective hospital will participate in the Minnesota EHR Incentive Program.

# Eligible Professionals Enrollment Steps

Step 1: Verify provider registration, payment assignment, exclusions

Step 2: Enter Medicaid patient volume determination, out-of-state encounters

Step 3: Enter Adopt, Implement, Upgrade (AIU) Certified EHR Software

Step 4: Review Medicaid incentive payment determination

Final steps:

- Review enrollment summary
- Read and sign legal notice
- Submit enrollment
- Review enrollment confirmation

# Enrollment Step 1

## Provider Registration, Payment Assignment, Exclusions

Opie Ihioma Ottomos (NPI-1000000034)

### Enrollment Home

**Enrollment Instructions**

Depending on the current status of your enrollment, please select one of the following actions:

**Enroll** • Enroll for the Minnesota EHR Incentive program

**Modify** • Modify or continue an existing enrollment

**View Status** • Display enrollment status

**Enrollment Selection**

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's can choose to attest to Adopt, Implement or Upgrade (AIU) or Meaningful Use (MU) for payment year 1. Meaningful Use attestation is required for each subsequent payment year. Please note only one action can be performed at a time on this page.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Opie Ihioma Ottomos	1000000034	****0034	*****0034	2014	3	Not Started	<input type="button" value="Enroll"/>
Opie Ihioma Ottomos	1000000034	****0034	*****0034	2013	2	Completed	<input type="button" value="View Status"/>
Opie Ihioma Ottomos	1000000034	****0034	*****0034	2012	1	Paid	<input type="button" value="View Status"/>

Selecting the Enrollment tab brings you to the enrollment home page. In this example, this provider has completed two years in the program and has not started enrollment for 2014.

Selecting the Enroll button allows the user to move to the next step.

# Enrollment Step 1

## Provider Registration, Payment Assignment, Exclusions

Opie Ihioma Ottomos (NPI-1000000034)

### Current Enrollment Status

Program Year: 2014

Payment Year: 3

Step 1 - Registration Verification Status: **Not Completed** ⓘ Step 3 - Meaningful Use Status: **Not Completed** ⓘ

Step 2 - Volume Determination Status: **Not Completed** ⓘ Step 4 - Payment Determination Status: **Not Completed** ⓘ

This is the Current Enrollment Status section at the top of the page. You can see that all steps – 1, 2, 3, and 4 indicate Not Completed in red text.

To complete Step 1, continue the enrollment process. That status will eventually change to Completed in green text.

# Enrollment Step 1

## Provider Registration, Payment Assignment, Exclusions

### Step 1 - Provider Registration Verification

(\*) Red asterisk indicates a required field.

#### National Provider Information

Confirm the provider registration information that will be used to determine your eligibility for this program.

Please review your attested registration information as received from the CMS.

**Name:** Opie Ihioma Ottomos  
**Provider Type:** Physician  
**Provider Specialty:** INTERNAL MEDICINE  
**Address:** 34 EP Lane , Suite 1000000034  
 Minneapolis, MN 50034-3724  
**Phone #:** (800) 333-0034 Ext:  
**Tax ID:** \*\*\*\*\*0034 (SSN)  
**NPI:** 1000000034  
**CMS Registration ID:** \*\*\*\*\*0034

Step 1 will show the Eligible Professional details established at the CMS level and sent to the Minnesota state system. You have the opportunity to review and confirm that the data has been communicated successfully to Minnesota. If you see a mistake here, you will have to return to the CMS registration site, correct your National Provider Information, and wait a few days for that update to be transmitted and processed in Minnesota.



# Enrollment Step 1

## Provider Registration, Payment Assignment, Exclusions

### State Provider Information

Attest if you are a Pediatrician or a hospital-based provider. Pursuant to M.S. 62J.495, Subd. 8 (f), "Pediatrician" means a physician who is certified by either the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

You are hospital-based if more than 90% of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year.

\*Are you a hospital based provider?:

Yes  No

\*Are you attesting as a Pediatrician?:

Yes  No

Here you will attest if any of the following are applicable to you as a provider enrolling in the Minnesota EHR Incentive Program:

Are you a hospital-based provider?

This means that 90% of your patients the place of service is an inpatient hospital or emergency room. If you are hospital-based, you are **not** eligible to participate in the Minnesota EHR Incentive Program, simply because the hospital will also be participating and will receive the incentive payments.

Are you a pediatrician?

If yes, you may qualify to receive reduced incentive payments, even if your Medicaid patient volume percentage is only equal to or greater than 20% and less than 30%. If your patient volume level is greater than or equal to 30%, you will qualify for the full incentive payment amount, whether or not you are a pediatrician.



# Enrollment Step 1

## Provider Registration, Payment Assignment, Exclusions

### Patient Volume Attestation Method

Select your patient volume attestation method.

- **Individual:** You are attesting to your own Patient Volumes.
- **Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.

Individual Attestation     Group/Clinic Attestation

\*Select your patient volume calculation method. If you are a Physician's assistant you must choose the FQHC/RHC/IHS Patient Volume calculation method. If you selected Group/Clinic Attestation and are a member of an FQHC/RHC/IHS you must select FQHC/RHC/IHS Patient Volume and then choose whether to report Needy Individual volume.

Medicaid Patient Volume     FQHC/RHC/IHS Patient Volume

Select Practice Location(s)

Are you practicing in an FQHC, RHC, or tribal or urban facility?

If yes, then your patient volumes may be based on needy patient percentages, which will be discussed later in this training. If you are affiliated with one of these organizations, you will be asked to attest with which one(s) you are affiliated.

Next is the Payee Assignment section, where you will designate your payee to receive the Medicaid incentive payments. Your federal or state exclusions are also indicated here. Any exclusion will prohibit you from completing enrollment.

**Needy Patient Volume Selection**

By selecting confirm, you are attesting that you either:

- Practice predominantly at an FQHC, RHC or IHS, which is defined as more than 50% of your total patient encounters for the last six months occurred at one or more of these facilities; or
- Meet minimum patient volume without use of Needy Individual encounters.

If you do not meet either of these conditions, please select Cancel and return to Patient Volume Attestation Method.

If you meet one or both of these conditions, select Confirm to proceed with patient volume location selection.



# Enrollment Step 1

## Provider Registration, Payment Assignment, Exclusions

### Patient Volume Attestation Method

Select your patient volume attestation method.

- **Individual:** You are attesting to your own Patient Volumes.
- **Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.

Individual Attestation       Group/Clinic Attestation

\*Select your patient volume calculation method. If you are a Physician's assistant you must choose the FQHC/RHC/IHS Patient Volume calculation method. If you selected Group/Clinic Attestation and are a member of an FQHC/RHC/IHS you must select FQHC/RHC/IHS Patient Volume and then choose whether to report Needy Individual volume.

Medicaid Patient Volume       FQHC/RHC/IHS Patient Volume

Select Practice Location(s)

Medicaid patient volume is an eligibility component that will be discussed in detail in the EP Group, Lead, and EP member modules. To complete Step 1, you must search and select the provider's practice.

To proceed in the portal, click the Select Practice Location button.

# Enrollment Step 1

## Provider Registration, Payment Assignment, Exclusions

### Location Selection

You have selected Patient Volume Attestation Method: **Individual**

Below is a list of practice locations that are associated with you or your payee's TIN in the State Medicaid System.

#### Selection Rules:

- Providers utilizing the individual patient volume attestation method may not select a group/clinic location which has been previously selected for a Group attestation, as indicated by the appearance of a value in the EHR Group ID column. If you wish to attest as part of a practice location that has an EHR Group ID, you may return to the previous step and change your Patient Volume attestation method from Individual to Group (Medicaid).
- Prior to selecting a Practice Location for an Individual attestation, confirm the Group or Clinic does not plan to form an Attestation Group. By selecting a Practice Location for an Individual attestation using individual patient volumes, all subsequent usage of patient volumes from this Practice Location must be for Individual attestations and cannot be included as part of a group/clinic level attestation.

Select your locations to be used for establishing your patient volume during the EHR reporting period. You will be asked to enter the reporting period and your patient volume for each location in Step 2.

If you do not see a practice location listed, click the Enhanced Search button to enter additional search criteria, and then click Search. You may use the asterisk (\*) as a universal match character in the Practice Location Name field. The matching results will be added to the list.

#### Enhanced Search

Practice Location NPI:

Practice Location TIN:

Practice Location Name:

#### Clear Selection

Select	Practice Name	Address	Type	TIN	NPI	Medicaid ID	EHR Group ID
<input type="checkbox"/>	EP Payee 4 Location 1	EP Payee Route 4-1, Suite 4-1 Minneapolis, MN 50032	Individual	*****0004	3000000004	731655000	
<input type="checkbox"/>	EP Payee 4 Location 2	EP Payee Route 4-2, Suite 4-2 Minneapolis, MN 50021	Individual	*****0004	3000000004	128412200	

From this screen, search and select the attesting practice location. After you select the location, check the select box and click the Select & Return button.

# Enrollment Step 1

## Provider Registration, Payment Assignment, Exclusions

Queen Dwyer Qiugley (NPI-1000000035)

Payee Selector

Please select the payee to receive your EHR Payment from the list below.

Select	Payee ID	Payee Name	Type	Provider NPI	Practice Address	Practice Alternative Address
<input type="radio"/>	128412200	EP Payee 4 Location 2	Billing	3000000004	EP Payee Route 4-2, Suite 4-2 Minneapolis, MN 50021	
<input type="radio"/>	731655000	EP Payee 4 Location 1	Billing	3000000004	EP Payee Route 4-1, Suite 4-1 Minneapolis, MN 50032	

Previous Select & Continue

This page will display when you click the Select Payee command button on the Enrollment Step 1 page.

Choose by selecting the radio button on the left and then select the Select & Continue command button. In many cases, there are multiple options for the provider to select approved payees.

# Enrollment Step 1

## Provider Registration, Payment Assignment, Exclusions

### Payment Assignment

Select your payee by clicking the button below.

**Payee Name:** EP Payee 4 Location 2

\* **Payee ID:**

**Payee Address:** EP Payee Route 4-2, Suite 4-2  
Minneapolis, MN 50021

**Payee TIN:** \*\*\*\*\*0004

**Payee NPI:** 3000000004

After selecting the payee, you return to Enrollment Step 1. On the bottom of the page, you can note that the payment assignment is completed. You are now ready to select Save & Continue on Step 2.

# Enrollment Step 1 Completed

## Current Enrollment Status

Program Year: 2013

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Not Completed** ⓧ

Step 2 - Volume Determination Status: **Not Completed** ⓧ

Step 4 - Payment Determination Status: **Not Completed** ⓧ

This is the top of the Enrollment Step 2, Volume Determination, page. The current enrollment status for Step 1 – Registration Verification – is completed and displayed in green.

# Step 2-Medicaid Patient Volume Determination, Out-of-State Encounters

## Step 2 - Medicaid Patient Volume Determination

(\*) Red asterisk indicates a required field.

### Patient Volume Reporting Period:

Please provide the Medicaid Patient Volume information in the fields below. As an Eligible Professional, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).

Select your Patient Volume Reporting Period. To choose a start date other than the first of the month, click [here](#) for further instructions.

Previous Calendar Year  Previous 12-months

\* Please select a Start Date:

Reporting Period Start Date:

Reporting Period End Date:

### Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes  No

OOS Selected States/Territories:

Complete Enrollment Step 2 – Medicaid Patient Volume Determination. Select a 3-month reporting period start date. If you want to select a start date other than the 1<sup>st</sup> of the month, contact the MEIP team.

Select the start date down arrow and then select the 3-month reporting period start date. The end date will populate automatically based on the start date.



## Step 2-Medicaid Patient Volume Determination, Out-of-State Encounters

### Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes  No

Select States/Territories

OOS Selected States/Territories:

Following the selection of the reporting period is the Out-of-State Encounters section. The Out-of-State encounters “Yes” radio button is selected, indicating that, at this point, the provider has out-of-state encounters.

Click the Select States/Territories button and a list will display. Select the appropriate states that are relevant to your volume determination.

# Enrollment Step 2

## State Selector

Select all the states being included in the encounter calculation.

**Clear Selection**

Select	State
<input type="checkbox"/>	Alabama
<input type="checkbox"/>	Alaska
<input type="checkbox"/>	American Samoa
<input type="checkbox"/>	Arizona
<input type="checkbox"/>	Arkansas
<input type="checkbox"/>	California
<input type="checkbox"/>	Colorado
<input type="checkbox"/>	Connecticut
<input type="checkbox"/>	Delaware
<input type="checkbox"/>	District of Columbia
<input type="checkbox"/>	Federated States of Micronesia
<input type="checkbox"/>	Florida

This is the State Selector page. It lists all the states and territories that can be selected for the Minnesota EHR Incentive Program. For this exercise, Wisconsin is selected, then the save state button is selected to proceed.

# Enrollment Step 2

## Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes  No

Select States/Territories

OOS Selected States/Territories: Wisconsin

The state you selected previously is now listed.

# Step 2-Medicaid Patient Volume Determination, Out-of-State Encounters

## Patient Volume Attestation

Encounters must be assigned to **EXACTLY ONE** category that **BEST** describes the situation.

**Medicaid Encounters** are defined as services rendered on any one day to:

- Individual enrolled in an in-state Medicaid program, regardless of payment liability, including zero pay claims; or
- Individuals who are Title XIX eligible and meet the definition of "optional targeted low income children"; or
- Individuals in Title XXI-funded Medicaid expansions, but not separate CHIPs.

**Out-Of-State Encounters** are defined as services rendered on any one day where they:

- Qualify as Medicaid Encounter as previously defined, with exception that the individual is enrolled in a Medicaid Program in another state; or
- Qualify as Uncompensated/Charity Care Encounter where the individual is receiving medical assistance from an out-of-state Medicaid or CHIP.

Name	Address	Phone #	CEHRT In Current Yr?	Medicaid Encounters	Out-of-State	Total Encounters	Patient Volume Percentage	Action
EP Payee 4 Location 1	EP Payee Route 4-1, Suite 4-1 Minneapolis, MN 50032		<input checked="" type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input checked="" type="checkbox"/>
<b>Totals:</b>							0%	

Continuing down the page, you will see the Patient Volume Attestation section. You will recall that on Enrollment Step 1, the provider attested if he or she was participating in an FQHC, RHC, or tribal or urban facility.

If the provider is *not* participating with a needy patient organization, then he or she will attest to patient volumes using the process described here. Needy patient volume attestation is slightly different and will be discussed later.



# Step 2-Medicaid Patient Volume Determination, Out-of-State Encounters

## Patient Volume Attestation

Encounters must be assigned to **EXACTLY ONE** category that BEST describes the situation.

**Medicaid Encounters** are defined as services rendered on any one day to:

- Individual enrolled in an in-state Medicaid program, regardless of payment liability, including zero pay claims; or
- Individuals who are Title XIX eligible and meet the definition of "optional targeted low income children"; or
- Individuals in Title XXI-funded Medicaid expansions, but not separate CHIPs.

**Out-Of-State Encounters** are defined as services rendered on any one day where they:

- Qualify as Medicaid Encounter as previously defined, with exception that the individual is enrolled in a Medicaid Program in another state; or
- Qualify as Uncompensated/Charity Care Encounter where the individual is receiving medical assistance from an out-of-state Medicaid or CHIP.

Name	Address	Phone #	CEHRT In Current Yr?	Medicaid Encounters	Out-of-State	Total Encounters	Patient Volume Percentage	Action
EP Payee 4 Location 1	EP Payee Route 4-1, Suite 4-1 Minneapolis, MN 50032		<input type="checkbox"/> Yes	1000	0	3000	33%	✘
<b>Totals:</b>				1000	0	3000	33%	

Minnesota uses the Encounter option. Here the provider has entered a total of 1,000 for Medicaid Patient Encounters. For the Total Patient Encounters, the provider has entered 3,000, resulting in a calculated percentage of Medicaid patient encounters of 33%. You will recall that a minimum of 30% is required for an eligible professional to qualify for Medicaid incentive payments.

For pediatricians, the range minimum is 20–29% to qualify for a reduced amount.



# Step 2-Medicaid Patient Volume Determination, Out-of-State Encounters

## Patient Volume Attestation

Encounters must be assigned to **EXACTLY ONE** category that **BEST** describes the situation.

**Medicaid Encounters** are defined as services rendered on any one day to:

- Individual enrolled in an in-state Medicaid program, regardless of payment liability, including zero pay claims; or
- Individuals who are Title XIX eligible and meet the definition of "optional targeted low income children"; or
- Individuals in Title XXI-funded Medicaid expansions, but not separate CHIPs.

**Uncompensated/Charity Care Encounters** are defined as services rendered by an FQHC/RHC/IHP provider on any one day to:

- Individuals receiving medical assistance from in-state Medicaid or CHIP; or
- Individuals receiving uncompensated care by the provider; or
- Individuals receiving services at either no cost or reduced cost based on a sliding individual ability to pay scale.

**Out-Of-State Encounters** are defined as services rendered on any one day where they:

- Qualify as Medicaid Encounter as previously defined, with exception that the individual is enrolled in a Medicaid Program in another state; or
- Qualify as Uncompensated/Charity Care Encounter where the individual is receiving medical assistance from an out-of-state Medicaid or CHIP.

Name	Address	Phone #	CEHRT In Current Yr?	Medicaid Encounters	Uncompensated/Charity Care	Out-of-State	Total Encounters	Patient Volume Percentage	Action
MN FQHC/RHC/IHS Practice 8	8 FQHC/RHC/IHS Lane, Suite 8 Minneapolis, MN 50011		<input checked="" type="checkbox"/> Yes	1000	0	0	3000	33%	
<b>Totals:</b>				1000	0	0	3000	33%	

You will recall that on Enrollment Step 1, the provider attested whether he or she was participating in an FQHC, RHC, or tribal or urban facility.

Needy patient volume attestation is slightly different and requires encounter information based on Medicaid Encounters and Uncompensated/Charity Care Encounters.



# Step 2-Medicaid Patient Volume Determination, Out-of-State Encounters Completed

## Current Enrollment Status

Program Year: 2014

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Not Completed** ☹

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ☹

Displayed is the current enrollment status through Enrollment Step 2, Volume Determination.

Note that both Steps 1 and 2 are showing completed, while Steps 3 and 4 are not yet completed.

# Step 3-Adopt, Implement, Upgrade (AIU) Certified EHR Software

Logout

[Home](#) | [Enrollment](#) | [Documents](#) | [Reconsiderations](#) | [Status](#) | [Manage Account](#) | [Contact Us](#)

---

**Louise Ann maxwell Linguine (NPI-1000000070)**

Current Enrollment Status

Program Year: 2012	Payment Year: 1
Step 1 - Registration Verification Status: <span style="color: green;">Completed ✓</span>	Step 3 - Adopt, Implement, Upgrade Status: <span style="color: red;">Not Completed ⓧ</span>
Step 2 - Volume Determination Status: <span style="color: green;">Completed ✓</span>	Step 4 - Payment Determination Status: <span style="color: red;">Not Completed ⓧ</span>

---

Step 3 - Adopt, Implement, Upgrade Certified EHR Software

(\*) Red asterisk indicates a required field.

Providers must attest to the Adoption, Implementation, or Upgrade of certified EHR technology to be eligible for the Minnesota Medicaid EHR Incentive Payment Program. Adoption, Implementation, or Upgrade of Certified EHR technology is defined as:

**Adoption:** Evidence that installation of certified EHR technology occurred prior to the Medicaid Incentive payment. This evidence would serve to differentiate between activities that may not result in installation. For example: Researching EHRs or Interviewing EHR vendors and actual purchase, acquisition, or installation.

**Implementation:** The provider has installed certified EHR technology and has started using it in clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patients' demographic and administrative data into the EHR, or establishing data exchange agreements and relationships between the provider's certified EHR technology and other providers, such as laboratories, pharmacies, or HIEs.

**Upgrade:** The expansion of the functionality of the certified EHR technology, such as the migrating from a non-certified to certified EHR technology, addition of clinical decision support, e-prescribing functionality, CPOE or other enhancements that facilitate the meaningful use of certified EHR technology.

On this Enrollment Step 3 page, is the Adopt, Implement, Upgrade Attestation section, where we select which designation applies: A, I, or U. We then enter the pertinent Certified EHR Software.

## Step 3-Adopt, Implement, Upgrade (AIU) Certified EHR Software

Adopt, Implement, Upgrade Attestation

\*AIU Designation:  Adopt  Implement  Upgrade

\*CMS EHR Certification ID:

Financially and Legally Binding Supporting Documentation:

Purchase Order

Contract

EHR Software License

Other

You may upload any/all of these documents now via the Upload Documents button below, or at any point in the process prior submitting your enrollment.

The provider can check an AIU designation and one or more boxes to indicate the type or types of documentation available for the selected CMS EHR Certification system being used.

At this point you will be prompted to upload documentation to support adoption of this software system. Then select Save & Continue.

If you have not selected an Adopt, Implement or Upgrade radio button and checked at least one of the boxes for the type of documentation, you will receive an error message.

# Step 3-Adopt, Implement, Upgrade (AIU) Certified EHR Software

Current Enrollment Status

Program Year: 2012	Payment Year: 1		
Step 1 - Registration Verification Status: <b>Completed</b> ✓		Step 3 - Adopt, Implement, Upgrade Status: <b>Completed</b> ✓	
Step 2 - Volume Determination Status: <b>Completed</b> ✓		Step 4 - Payment Determination Status: <b>Not Completed</b> ⚠	

You have now successfully completed Enrollment Step 3 by selecting A, I, or U, and by entering a correct CMS Certification ID. The top section of this page shows my current enrollment status with Steps 1, 2, and 3 all completed.

# Step 4-Medicaid Incentive Payment Determination

## Step 4 - EHR Payment Determination

For all Eligible professionals, the Medicaid incentive payment amount is calculated based on the attested patient volume, allowed cost for technology, funding from other sources, and provider cost responsibility as defined by CMS. The table below shows the Minnesota Medicaid EHR incentive payment amount you could receive based on your current payment year. Please note: According to CMS an eligible provider must not retain more than 5 percent of the payment for costs unrelated to certified EHR technology (and support services including maintenance and training) that is for, or is necessary for, the operation of the technology.

### Eligible Professional Payment Schedule

Payment Year	EP >30% Patient Volume	Pediatrician >20% & <30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
<b>Total:</b>	<b>\$63,750</b>	<b>\$42,500</b>

Previous

Save & Continue

For eligible providers, the EHR payment determination is quite simple: If the provider qualifies with a patient percentage greater than or equal to 30%, he or she qualifies for the full amounts over the years of the program, as shown in the left two columns: \$21,500 for the first year, and \$8,500 for each of the following five years (as long as the provider qualifies each year).

If the provider is a pediatrician, and has a patient volume of greater than or equal to 20% but less than 30%, then he or she qualifies for the pediatrician amounts over the years of the program, as shown in the right column: \$14,167 for the first year, and \$5,667 for each of the following five years.



# Enrollment Summary

Home	Enrollment	Documents	Reconsiderations	Status	Manage Account	Contact Us
Louise Ann maxwell Linguine (NPI-1000000070)						
<b>Enrollment Summary</b>						
Program Year: 2012			Payment Year: 1			
Please review the enrollment summary below and click the Continue button to proceed in the enrollment process.						
Step 1 - Provider Registration Verification						
National Provider Information						
Name:	Louise Ann maxwell Linguine					
Provider Type:	Physician					
Provider Specialty:	PULMONARY DISEASE					
Address:	222 Piedmont Ave , Suite 4000 Minneapolis, MN 55199-4231					
Phone #:	(651) 123-4567 Ext					
Tax ID:	*****0070					
NPI:	1000000070					
CMS Confirmation #:	*****4096					
State Provider Information						
Hospital Based:	No					
Pediatrician:	No					
Practices in FQHC or RHC:	No					
Affiliated FQHC, RHC, or IHS:						

The provider has now completed Enrollment Steps 1 through 4. At this time, the provider lands on the Enrollment Summary page and can review all the data for each of the steps. This screen presents Enrollment Step 1 – Provider Registration Verification section, showing the National Provider Information and the State Provider Information.

Again, if there are any errors in the National Provider Information, you must return to the CMS site, correct the data at the national level, and then wait 1-2 days for the data to be updated in the Minnesota state system. If you want to correct state attestation, then go back through the Minnesota enrollment process and correct the data as required.



# Enrollment Summary

## Group Practice

Reporting as Group: No  
Group Enroller:  
Group Medicaid ID:  
Group Name:  
Group Address:  
Group TIN:  
Group NPI:  
Group Member:

## Payee Assignment

Payee ID: 0307822  
Payee Name: CHILDRENS HOSPITAL MEDICAL  
Payee Address: 3333 BURNET AVE  
CINCINNATI, MN 55454  
Payee TIN: \*\*\*\*\*0034  
Payee NPI: 3000000034

Scrolling further down the Enrollment Summary page, you can review the Group Practice selections and the Payee Assignment. In this example, the provider is not participating in a group and has successfully selected a payee ID.

# Enrollment Summary

## Step 2 - Patient Volume Determination

**Patient Volume Reporting Period:**

Three-Month Reporting Period: 07/01/2011 - 09/30/2011

**Out-of-State Encounters Attestation:**

Out-Of-State Encounters: No

Selected States/Territories:

**Patient Volume Attestation:**

Medicaid Patient Encounters: 1,000

Total Patient Encounters: 3,000

Medicaid Patient Volumes: 33 %

## Step 3 - Adopt, Implement, Update Certified EHR Software

**AIU Designation:** Adopt

**CMS EHR Certification ID:** 30000001TMCWEAS

**Supporting Documentation:** Purchase Order

Continuing further down the Enrollment Summary page, you can verify the Patient Volume Determination data and the AIU selections.

# Enrollment Summary

Step 4 - EHR Payment Determination

Eligible Professional Payment Schedule

Payment Year	EP >30% Patient Volume	Pediatrician >20% & <30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
<b>Total:</b>	<b>\$63,750</b>	<b>\$42,500</b>

Previous Continue

Scrolling down to the bottom of the Enrollment Summary page, you can then review the EP Payment Determination schedule and amounts.

Select Continue at the bottom right of the page.

# Legal Notice

## Legal Notice

### General Notice

**NOTICE:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Having completed a review of the Enrollment Summary, and clicking Continue, the next section is the Legal Notice. Scrolling down the page, we see the General Notice section of the Legal Notice.

### Signature

I certify that the foregoing information is true, accurate and complete. I understand that the Minnesota Medicaid EHR Incentive Payment I requested will be paid from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws. I have not requested additional Medicaid EHR Incentive Program payments from other states that would result in a duplicate payment.

I hereby agree to keep all records that are necessary to demonstrate that I meet the Minnesota Medicaid EHR Incentive Program requirements and to furnish those records to the appropriate State agency or any contractor acting on its behalf.

No Minnesota Medicaid EHR Incentive Payment may be paid unless this registration form is completed as required by existing law and regulations.

**Eligible Professionals Only:** I hereby agree that, if applicable, any assignment of payment, where permissible under law, must be made to an active State Medicaid Provider in good standing with an active State Medicaid Provider Agreement and who is an employer or entity with which I have a valid contractual arrangement allowing the employer or entity to bill and receive payment for my covered professional services.

No Minnesota Medicaid EHR Incentive Payment may be paid unless this registration form is completed as required by existing law and regulations and authorized by the state, or an agent of the state.

I understand that my application is subject to audit and that the payment calculation amount shown to me in my application is subject to change based upon audit findings. I will comply with all audit recoveries within 30 days of written notification from the state of a final audit recovery.

**NOTICE:** Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may, on conviction, be subject to fine(s) and imprisonment under applicable Federal laws.

**ROUTINE USE(S):** Information from this Minnesota Medicaid EHR Incentive Program registration form and from subsequently submitted information and documents may be given

# Legal Notice

**DISCLOSURES:** Failure to provide information will result in delay in payment or may result in denial of the Minnesota Medicaid EHR Incentive payment. Failure to furnish information will prevent Minnesota Medicaid EHR Incentive Payment from being issued. Failure to furnish information or documents after payment has been made will result in the issuance of an overpayment demand letter followed by recoupment procedures. Recipients of the Minnesota Medicaid EHR Incentive payments indicate that by their completion of this application their understanding and agreement to report any suspected overpayments of an incentive payment to the Medicaid State Agency within 60 days of its discovery.

I agree that the Medicaid State Agency can through offsets, recoupments, adjustments, or other collection methods apply Minnesota Medicaid EHR Incentive Payments to reimburse or pay for Medicaid overpayments, fines, penalties, or other debts owed by the provider or its assignee(s) to the Medicaid State Agency, state county or local governments, Dept. of Health and Human Services, or any other Federal agency. I further agree to cooperate with the Medicaid State Agency in its collection efforts, including executing any documents to effect or implement such offsets, recoupments, adjustments, or other collection methods.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

I hereby certify that I have the legal authority to sign this Legal Notice.

If you agree, electronically sign your name below, enter your CMS Registration ID and click the Agree and Continue button to proceed.

<input type="text" value="David Trotter for Dr. Linguine"/>	<input type="text" value="*****"/>
Electronic Signature - Full Name of Authorizing Official	CMS Registration ID

Enter your own electronic signature. If you are an authorized representative of the Eligible Professional, you can designate that here, or if you are the Eligible Professional yourself, simply enter your name here.

If you select Disagree, you will not be canceled or taken out of the system – you will be taken back to Enrollment Step 1 without having completed enrollment.

After you read the Legal Notice and have agreed to it, enter your electronic signature, the CMS Registration ID, and select Agree & Continue. Take a moment and review the details of the Legal Notice.

# Submit Enrollment

Submit Enrollment

You are now ready to submit your enrollment and attestation. Review the enrollment summary information below prior to confirming and submitting the enrollment as you will not be able to update attested items post submission.

<b>Name:</b>	Louise Ann maxwell Linguine
<b>Provider Type:</b>	Physician
<b>Provider Specialty:</b>	PULMONARY DISEASE
<b>Address:</b>	222 Piedmont Ave, Suite 4000 Minneapolis, MN 55199 -4231
<b>Tax ID:</b>	****0070(SSN)
<b>NPI:</b>	1000000070
<b>Program Year:</b>	2012
<b>Payment Year:</b>	1

Previous      Upload Document      Confirm & Submit

After completing and attesting to the Legal Notice, you will land on the Submit Enrollment page, shown here. This page indicates that you are ready to submit your enrollment. Before doing so, you can review it one last time to ensure it is complete, and you can also upload any additional documentation that supports your application for EHR incentive payments. When ready, click Confirm & Submit.

# Objectives Summary

- Identified eligible professionals
- Identified patient volume requirements
- Identified eligible professional enrollment steps
- Identified enrollment submission and confirmation

# Questions or Concerns

## MEIP Portal Assistance

Phone: 855-673-0366

Email: [MN.Support@MN-MEIP.com](mailto:MN.Support@MN-MEIP.com)

[Minnesota EHR Incentive Program \(MEIP\)](#)