



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

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# **Eligible Professional Group Lead**



# Objectives

- Define key terminology
- Identify enrollment for Group Leads
- Establish a foundation for eligibility standards

# Terminology

- **Group:** one or more eligible professionals who enroll in MEIP and attest using group volume. Group refers to how the patient volume is reported. Each EP must enroll individually; however, all EPs in the group use the same enrollment patient volume data (Enrollment Step 2).
- **Group Lead:** the first EP to enroll and establish the group. The Group Lead enters the patient volume data for the entire group, using the enrollment data of all the participants in the group for determining the group enrollment patient volumes. The Group Lead is the first to start the enrollment process, but does not necessarily have to be the first EP to submit the enrollment.
- **Group Member:** an EP who starts his or her enrollment after the Group Lead has established the group and attested to patient volumes. Group members can see the patient volume attestation of the Group Lead, but cannot alter the volume data. By completing and passing Enrollment Step 2, the Group Member is attesting to the patient volume entered and attested to by the Group Lead.



# Enrollment Home

## 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 Professionals are required to attest to Adopt, Implement, or Upgrade for payment year 1 and Meaningful Use 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
Carole A Carpepper	1000000108	*****0108	*****0196	2012	1	Not Started	<input type="button" value="Enroll"/>

For this example, the provider has landed on the Enrollment Home page. Note that this particular provider has not yet started enrollment (Status = Not Started). The provider will select Enroll.

# Step 1 Enrollment

## 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    Group TIN:

Medicaid Group Name:

This slide shows part of the Group Practice section. In this example, the provider selected the Group/Clinic Attestation radio button to indicate that he or she will attest as part of a group practice. When you click the Group/Clinic button, the Group TIN entry line is enabled for entering the Group TIN. After entering the TIN, click on the Select Practice Location button.

EPs working in a federally qualified health center (FQHC), rural health clinic (RHC), or tribal or urban facility can, but are not required to, include needy patient volume if there are no PAs attesting and the group can meet or exceed the minimum 30% without it.

# Step 1 Enrollment Group Setup

Logout

Home Enrollment Documents Reconsiderations Status Manage Account Contact Us

Carole A Carpepper (NPI-1000000108)

Group Selection

Below is a list of the Medicaid Groups to which you are associated. You have the following choices for group selection:

- Join one of the groups already established by a member of that group. Your Patient Volumes and reporting period will be pre-populated based on the data entered by the first member of that group practice/clinic to register. Click "Join Group" you will be taken to the next screen where you can view and confirm the details before submitting your Minnesota Medicaid EHR Incentive Program enrollment.
- Create a new group. If the group is not listed below, you may be the first person in the group practice/clinic to attest. You will be required to enter the Patient Volumes and reporting period for this group practice/clinic. Please ensure you have obtained consent from all members of the group to use their encounters for the agreed upon reporting period. Select "Create New Group" you will be taken to the next screen to create the group practice/clinic.
- Enroll individually. Click "Previous" and you will be taken back to the Registration page.

Group TIN	Group NPI	Medicaid ID	EHR Group ID	Group Name	Action

Previous Create New Group

The top part of this section has information and choices for the EP about group selection.

In this example, there are no groups listed below the blue bar, but the Create New Group command button is enabled. Let's select Create New Group to establish the group.

# Step 1 Enrollment Group Setup

## Group Setup

Since you are the first person to attest as part of this group, you must enter the Patient Volumes and reporting period for the entire group practice/clinic.

### Please ensure:

- For the reporting period selected, both Medicaid and Total encounters for all group members are reflected in the group Patient Volumes you are entering and you have an auditable data source to support the information to which you are attesting.
- You have reviewed the Patient Volumes and reporting period with the entire group practice/clinic and have obtained consent from all members of the group practice/clinic that either:
  - The EP will enroll as part of the group; or,
  - If the EP should choose not to enroll as part of the group, he/she will allow the use of his/her encounters in the group practice/clinic Patient Volumes. In this case, the non-participating EP member will not use those encounters toward their individual Patient Volumes or for any other group practice/clinic.

If you have met these requirements and your group practice/clinic has agreed that you should enter the information on behalf of the group practice/clinic, enter the Patient Volumes and reporting period below to establish your group practice/clinic. Note that the patient volume will be calculated based on any continuous three-month reporting period in the previous calendar year, beginning the 1st day of the month you may be required to upload evidence of group consent to use the encounters of all group members and Patient Volumes documentation. This information may be subject to audit.

EHR Group ID

Select	Group TIN	Group NPI	Group Medicaid ID	Group Name
<input checked="" type="checkbox"/>	****4155	1366626905	001004700	UTMOST CARE HEALTH SERVICES LLC

We now enter the Group Setup process. This page shows the instructions and information that must be followed to correctly establish a group. Take a moment and review the instructions.

# Step 1 Enrollment Group Setup

**Group Volumes**

The following are considered Medicaid encounters:

- Service rendered on any one day to an individual where Medicaid paid for part or all of the service are defined as a single encounter
- Services rendered on any one day to an individual for where Medicaid paid all or part of their copayments, and/or cost-sharing are defined as a single encounter
- Services rendered on any one day to an individual where Medicaid paid for part or all of the service including services rendered through a Managed Care Organization (MCO).
- Services rendered on any one day to an individual where Medicaid paid for all part of their premiums, copayments, and/or cost-sharing including services rendered through a Managed Care Organization (MCO).

Please select a Start Date:  Three-Month Reporting End Date:

Number of Group Members:  EHR Group Name:

The "Number of Group Members" represents all members for the entire group practice/clinic, regardless of whether they are an EP or if they will be enrolling in the program.

Pediatric Group?  Yes  No

Encounter Option

Group Medicaid Encounters:  Group Medicaid Volume: 22%

Group Total Encounters:

Scrolling down on the Group Setup page, we see the Group Volumes section. The Group Lead selected the beginning of the 90-day period (July 1). The system entered the 90-day period end date as Sept. 30. The Group Lead indicated there are five members in the group, and the group name is UTMOST CARE HEALTH SERVICES.

Further down, the Group Lead indicated that the group is a pediatric group (Yes is selected, so all EPs in the group should be pediatricians). Finally, the Group Lead entered the encounter data. The system calculated the patient volume at 22%. As you recall, the threshold for qualifying for Medicaid incentive payments is 30% for non-pediatricians and, to qualify for a lower incentive payment, 20% for pediatricians.



# Step 1 Enrollment Group Setup

**Group Practice**

Select If you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

**\*Are you attesting your Patient Volume as part of a Group Practice?**

Yes  No

**\*Group TIN:**

**Group ID:** 54

**Group Name:** UTMOST CARE HEALTH SERVICES LLC

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**Payment Assignment**

Select your payee by clicking the button below.

**Payee Name:**

**\* Payee ID:**

**Payee Address:**

**Payee TIN:**

**Payee NPI:**

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**Exclusions**

**Federal Exclusions Exist:** No

**State Exclusions Exist:** No

Now we are back in the Enrollment Step 1 process on the original Enrollment Step 1 page. The Group TIN has been entered and the Group has been established (UTMOST CARE HEALTH SERVICES). The Group Lead will click the Select Payee ID to select the payee for the group.

# Step 1 Enrollment Group Setup

Carole A Carpepper (NPI-100000108)

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 checked="" type="radio"/>	0491703	Carole Carpepper	Billing	100000108	111 INAH AVE COLUMBUS, MN 55454	

Previous Select & Continue

Now the Group Lead EP is on the Minnesota Payee Selector page. From the list of one or more Payee IDs, the Group Lead selects the associated radio button on the left to select the payee, and then clicks Save & Continue.

# Step 1 Enrollment Group Setup Complete

Logout

Home Enrollment Documents Reconsiderations Status Manage Account Contact Us

Carol A Carpepper (NPI-100000108)

Current Enrollment Status

Program Year: 2012 Payment Year: 1

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

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

Step 3 - Adopt, Implement, Upgrade Status: **Not Completed** ✗

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

And now we have arrived at the top of Enrollment Step 2, Medicaid Patient Volume Determination. We can see that Enrollment Step 1 for the group is marked in green as Completed.

# Step 2 Enrollment Group Setup

- 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. The patient volume will be calculated based on any continuous three-month reporting period in the previous calendar year. As an Eligible Provider, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).

Please choose your continuous three-month reporting period in the previous calendar year. The reporting period will include the entire month as partial months are not allowed for reporting.

\* Please select a Start Date:

Three-Month Reporting Start Date:

Three-Month Reporting 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

Selected States/Territories:

As we scroll down the Enrollment Step 2 page, the data entered now displays as read-only. That is, during the Enrollment Step 1 process for establishing the group, the Group Lead branched off into the Step 2 details, and selected the 90-day reporting period and the out-of-state encounters, if any (here, none attested).

# Step 2 Enrollment Group Setup

**Patient Volume Attestation:**

The following are considered Medicaid Encounters:

- Services rendered on any one day to an individual where Medicaid paid for part or all of the service.
- Services rendered on any one day to an individual where Medicaid paid all or part of their premiums, copayments, and/or cost-sharing.
- Services rendered on any one day to an individual where Medicaid paid for part or all of the service including services rendered through a Managed Care Organization (MCO).
- Services rendered on any one day to an individual where Medicaid paid for all part of their premiums, copayments, and/or cost-sharing including services rendered through a Managed Care Organization (MCO).

Encounter Option

Medicaid Patient Encounters:	<input type="text" value="1,000"/>
Total Patient Encounters:	<input type="text" value="4,500"/>
Medicaid Patient Volumes:	<input type="text" value="22"/>

*Medicaid Patient Encounters must not include individuals covered under CHIP.*

And scrolling further down the Enrollment Step 2 page, the Group Lead sees once again the patient encounters and the Medicaid Patient Volume percentage calculated (22%). At the bottom of the Enrollment Step 2 page, the Group Lead must select Save & Continue to formally attest to the volumes for the group.

# Step 2 Enrollment Group Setup Complete

Logout

Home   Enrollment   Documents   Reconsiderations   Status   Manage Account   Contact Us

**Carole A Carpepper (NPI:100000108)**

**Current Enrollment Status**

Program Year: 2012      Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓      Step 3 - Adopt, Implement, Upgrade Status: **Not Completed** ⚠

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

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**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.

We are now on Enrollment Step 3 – Adopt, Implement, Upgrade Certified EHR Software.

## Step 3 Enrollment Group Setup

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 Group Lead selects the appropriate radio button (in this example, “Adopt”), enters the CMS EHR Certification ID, checks one or more boxes indicating if he or she will upload financially and legally binding supporting documentation, and selects either Save & Continue or Upload AIU Documentation.

# Step 4 Enrollment Group Setup

**Current Enrollment Status**

Program Year: 2012      Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓      Step 3 - Adopt, Implement, Upgrade Status: **Completed** ✓

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

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**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

With Step 3 complete, we go to Enrollment Step 4 – EHR Payment Determination. As presented in Module 4 – Eligible Professionals, there are two possibilities: Either the group will qualify at greater than or equal to 30% patient volume or, for a group of pediatricians, could qualify at the lower rate with a patient volume of greater than or equal to 20%. (This group had 22%.) The Group Lead clicks Save & Continue.

# Enrollment Summary

## Enrollment Summary

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:** Carole A Carpepper  
**Provider Type:** Physician  
**Provider Specialty:**  
**Address:** 111 Inah Ave  
 Minneapolis, MN 55199-1705  
**Phone #:** (651) 123-4567 Ext:  
**Tax ID:** \*\*\*\*0108  
**NPI:** 1000000108  
**CMS Confirmation #:** \*\*\*\*\*0196

#### State Provider Information

**Hospital Based:** No  
**Pediatrician:** Yes  
**Practices in FQHC or RHC:** No  
**Affiliated FQHC, RHC, or IHS:**

This page shows the Enrollment Summary, Step 1 – Provider Registration Verification, including National Provider Information and State Provider Information.

If someone finds later in the enrollment process that the Group Lead attested to the incorrect patient volumes, the group will be dissolved and the Group Lead, plus all Group Members, will have their enrollment reset to In-Progress at Enrollment Step 1.



# Enrollment Summary

## Group Practice

**Reporting as Group:** Yes  
**Group Enroller:** Carole A Carpepper  
**Group Medicaid ID:** 001004700  
**Group Name:** UTMOST CARE HEALTH SERVICES LLC  
**Group Address:** 8200 HUMBOLDT AVE STE 101 BLOOMINGTON, MN 55431  
**Group TIN:** \*\*\*\*\*4155  
**Group NPI:** 1366626905  
**Group Member:** [View Member](#)

## Payee Assignment

**Payee ID:** 0491703  
**Payee Name:** Carole Carpepper  
**Payee Address:** 111 INAH AVE  
COLUMBUS, MN 55454  
**Payee TIN:** \*\*\*\*\*0108  
**Payee NPI:** 100000108

Scrolling down further on the Enrollment Summary page is the Group Practice section and the Payee Assignment section. In the Group Practice section, is the View Member command button.

# Enrollment Summary Attested Group Information

Carole A Carpepper (NPI-100000108)

Year 2012

Attested Group Information

Reporting Start Date 07/01/2011	Group TIN: *****4155
Reporting End Date 09/30/2011	Group Medicaid Encounters: 1000
EHR Group Name: UTMOST CARE HEALTH SERVICES LLC	Group Total Encounters: 4500
Number of Group Members: 5	Group Medicaid Volume: 22%

Attesting Member Status

Provider Name	Provider NPI	Enrollment Status
Carole A Carpepper	100000108	In Progress

Previous

Selecting View Member displays the list of providers in the group.

At this point, only the Group Lead is in the group. The provider clicks Previous.

# 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: 4,500

Medicaid Patient Volumes: 22 %

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

AIU Designation: Implement

CMS EHR Certification ID: 30000002DRH7EAA

Supporting Documentation: Purchase Order, Contract

Now you will see the Step 2 – Patient Volume Determination data entered for the group. Below that, you can verify the Step 3 – Adopt, Implement, Update Certified EHR Software section data.

# 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 further on the Enrollment Summary, is the Eligible Professional Payment Schedule. On the left are the payment years. The center column shows the maximum amount of EP incentive payment (patient volumes 30% or greater), and the right-hand column shows the pediatrician payment (patient volumes 20% or greater).

# 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.

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.

After selecting Continue on the Enrollment Summary page, the next page is the Legal Notice page. The procedure to sign the Legal Notice electronically is exactly as described in training Module – Eligible Professionals, so we will not repeat it here. The provider simply enters his or her electronic signature, CMS Registration ID, and attests to the Legal Notice.

# Enrollment Submission

**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>	Carole A Carpepper
<b>Provider Type:</b>	Physician
<b>Provider Specialty:</b>	
<b>Address:</b>	111 Inah Ave Minneapolis, MN 55199 -1705
<b>Tax ID:</b>	****0108(SSN)
<b>NPI:</b>	1000000108
<b>Program Year:</b>	2012
<b>Payment Year:</b>	1

[Previous](#) [Upload Document](#) [Confirm & Submit](#)

After attesting to the Legal Notice, the provider has the opportunity to Confirm & Submit the enrollment in the Minnesota EHR Incentive Program. The Group Lead can make one last check and then click Confirm & Submit.

# Enrollment Confirmation

**Congratulations - You have successfully completed enrollment for the payment year!**

## Enrollment Confirmation

The Eligible Professional (EP) demonstrates Adopt, Implement Or Upgrade of certified EHR technology by meeting the applicable objectives and associated measures for enrollment.

- The Federal provider information was verified.
- The EHR Incentive Payment was assigned.
- The Medicaid Patient Volume(PV) met enrollment minimum standards.
- The certified EHR Solution met AJU minimum standards.

Note : Please print this page for your records. You will also receive an email notification of your enrollment confirmation.

## Enrollment Tracking Information

Enrollment Confirmation Number: MN-2012-1000000108  
 Enrollment Submission Date: 09/12/2012  
 Name: Carole A Carpepper  
 Provider Type: Physician  
 Provider Specialty:  
 Address: 111 Inah Ave  
 Minneapolis, MN 55199 -1705  
 Tax ID: \*\*\*\*\*0108 (SSN)  
 NPI: 1000000108  
 Program Year: 2012  
 Payment Year: 1

Congratulations! The Group Lead has successfully completed the enrollment for this payment year! Print and retain this enrollment tracking information for the group.

# Enrollment Home

## 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 Professionals are required to attest to Adopt, Implement or Upgrade for payment year 1 and Meaningful Use 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
Carole A Carpepper	1000000108	*****0108	*****0196	2012	1	Payment Pending	<a href="#">View Status</a>

On this slide, the Group Lead is back on the Enrollment Home page. The Status is now Payment Pending, and will remain that until the provider is Paid.

Reminder: The Group Lead is the first person to **start** enrollment and to establish the group's patient volume data. However, the Group Lead does not have to be the first person to complete and submit enrollment.

# Status Home

## Enrollment Summary

Program Year: 2012

Enrollment Confirmation Number: MN-2012-1000000108

Ineligibility Reason: N/A

Payment Year: 1

Enrollment Status: Payment Pending

Enrollment Submission Date: 09/12/2012

### — Step 1 - Provider Registration Verification —

#### National Provider Information

**Name:** Carole A. Carpepper  
**Provider Type:** Physician  
**Provider Specialty:**  
**Address:** 111 Inah Ave  
 Minneapolis, MN 55199-1705  
**Phone #:** (651) 123-4567 Ext:  
**Tax ID:** \*\*\*\*\*0108  
**NPI:** 1000000108  
**CMS Registration ID:** \*\*\*\*\*0196

#### State Provider Information

**Hospital Based:** No  
**Pediatrician:** Yes  
**Practices in FQHC or RHC:** No  
**Affiliated FQHC, RHC, or IHS:**

This slide shows the top portion of the Status Summary Home page. Again, it shows that the provider is in Payment Pending status for Program Year 2012 and Payment Year 1.

# Objective Summary

- Defined key terminology
- Identified enrollment for Group Leads
- Established a foundation for eligibility standards

# 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 \(MEIP\)](#)