



MINNESOTA EHR INCENTIVE PROGRAM (MEIP)

Eligible Professional Group Member



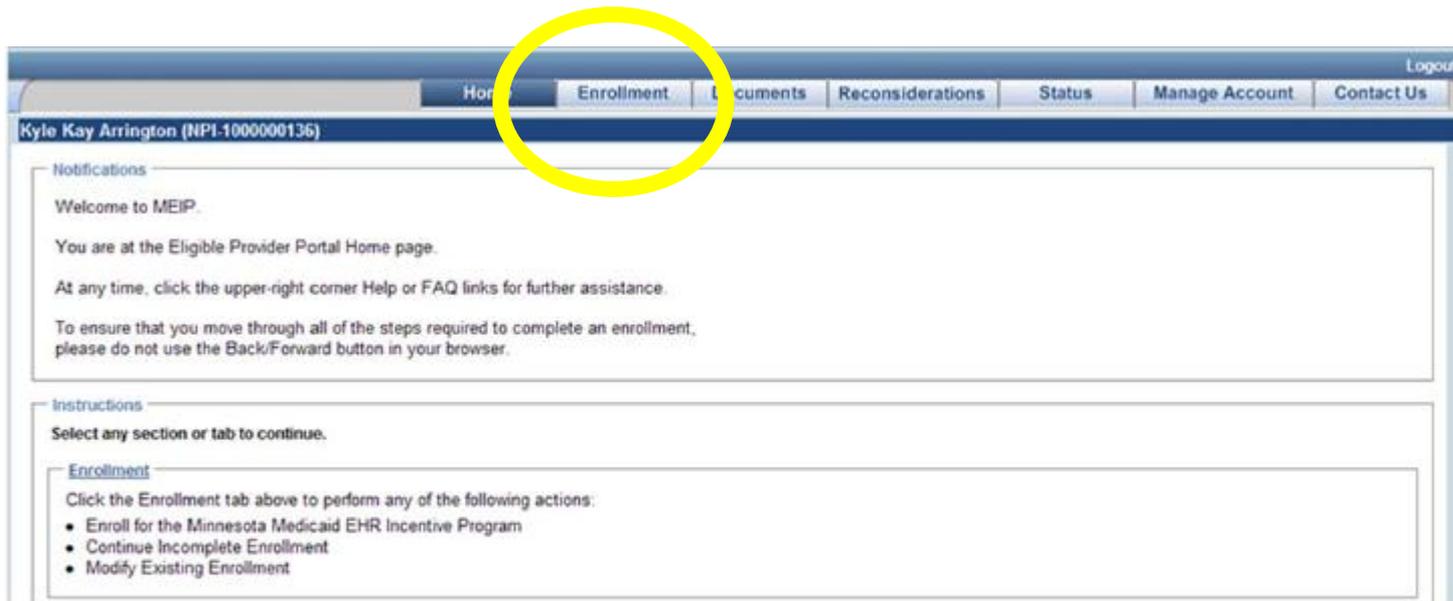
Objectives

- Define key terminology
- Identify enrollment for group members
- 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:** enrolls and attests to being part of the specific group. The Group Lead must have first created and established the group before the Group Member can join it. The Group Lead usually completes enrollment first, but the Group Member may submit their enrollment before the Group Lead completes his or her enrollment.

Provider Portal Home Page



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Kyle Kay Arrington (NPI-1000000136)

Notifications

Welcome to MEIP.

You are at the Eligible Provider Portal Home page.

At any time, click the upper-right corner Help or FAQ links for further assistance.

To ensure that you move through all of the steps required to complete an enrollment, please do not use the Back/Forward button in your browser.

Instructions

Select any section or tab to continue.

Enrollment

Click the Enrollment tab above to perform any of the following actions:

- Enroll for the Minnesota Medicaid EHR Incentive Program
- Continue Incomplete Enrollment
- Modify Existing Enrollment

Let's start on the Provider Portal Home page, as shown here, and select the Enrollment tab.

Enrollment Home Page



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Kyle Kay Arrington (NPI-100000136)

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
Kyle Kay Arrington	100000136	****0136	*****2786	2012	1	Not Started	Enroll

On the Enrollment Home Page, select the Enrollment link.

Enrollment Step 1

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Kyle Kay Arrington (NPI-100000136)

Current Enrollment Status

Program Year: 2012 Payment Year: 1

Step 1 - Registration Verification Status: **Not Completed** ⓘ Step 3 - Adopt, Implement, Upgrade Status: **Not Completed** ⓘ
Step 2 - Volume Determination Status: **Not Completed** ⓘ Step 4 - Payment Determination Status: **Not Completed** ⓘ

Step 1 - Provider Registration Verification

(*) Red asterisk indicates a required field.

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

National Provider Information

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

Name: Kyle Kay Arrington
Provider Type: Physician
Provider Specialty: FAMILY PRACTICE
Address: 2845 Bell Street
Minneapolis, MN 55199-1720
Phone #: (651) 123-4567 Ext:
Tax ID: *****0136 (SSN)
NPI: 100000136
CMS Registration ID: *****2786

The first part of the enrollment page shows the Current Enrollment Status and the Provider Registration Verification.

Enrollment Group Selection Step 1

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:
Group Name:

Payment Assignment

Select your payee by clicking the button below.

Payee Name:
* Payee ID:  

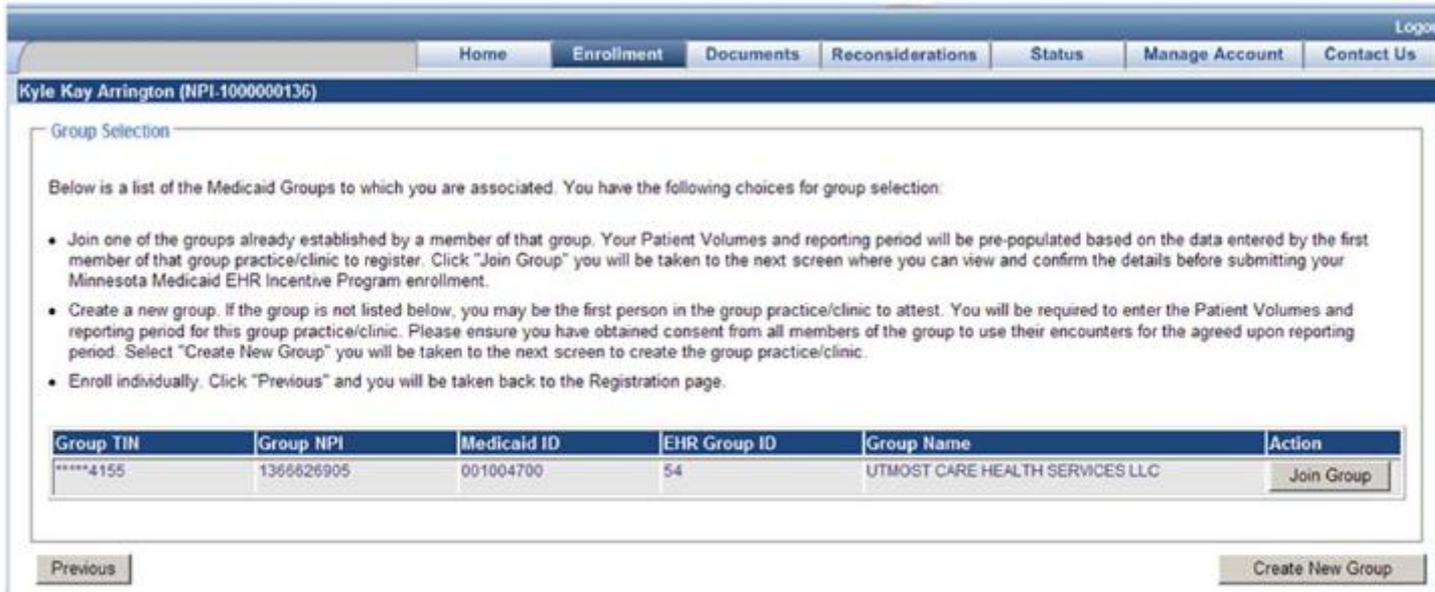
Payee Address:
Payee TIN:
Payee NPI:

Exclusions

Federal Exclusions Exist: No
State Exclusions Exist: No

Scrolling down to the bottom half of the page, we see the Group Practice, Payment, and Exclusions sections. On this page, the Group Member must enter the Group TIN and then click on the Select Group command button.

Enrollment Group Selection



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Kyle Kay Arrington (NPI-1000000136)

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
*****4155	1366626905	001004700	54	UTMOST CARE HEALTH SERVICES LLC	Join Group

Previous Create New Group

We are now on the Group Selection page. Here we can see that this provider has one group that he or she can join. The Group Member will select the Join Group command button.

Enrollment Group Confirmation

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Kyle Kay Arrington (NPI-100000135)

Group Confirmation

Please review the data below and click 'Continue' if you agree with all of the information. You will be returned to Registration page to continue your enrollment.

Corrections can only be made by the EP that enrolled the group practice/clinic. If you do not agree with this information you can:

- Click 'Cancel' to the Registration page, then select 'No' for reporting as a group and continue enrollment as an individual. **In this instance, CMS Final Rule precludes you from using your encounters included in the group practice/clinic toward your individual Patient Volumes or for any other group practice/clinic.**
- Click 'Previous' to return to the Group Selection page and select a different group Medicaid ID, if you think you selected the wrong group Medicaid ID.
- Exit the system without confirming group enrollment and contact your group practice/clinic members to gain agreement on the correct Patient Volumes and reporting period. If you discover the Patient Volumes and reporting period are incorrect. You must contact a program specialist to make any changes to the group practice/clinic information.

Three-Month Reporting Start Date: 07/01/2011 Group Medicaid Encounters: 1,000 Medicaid Panel Assignments:

Three-Month Reporting End Date: 09/30/2011 Group Total Encounters: 4,500 Total Panel Assignments:

EHR Group Name: UTMOST CARE HEALTH SERVICES LLC Number of Group Members: 5 Group Medicaid Volume: 22

Out Of State Encounters:

Group TIN	NPI	Medicaid ID	Group Name
*****4155	1365626905	001004700	UTMOST CARE HEALTH SERVICES LLC

Previous Cancel Continue

We are now on the Group Confirmation page. Here you can see the details of the group and the patient volume information to which you will be attesting.

For the group member, the patient volume data was attested to by the Group Lead and is read-only to the Group Member. Select Continue.

Enrollment Group

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

Payment Assignment
Select your payee by clicking the button below.

Payee Name:

*** Payee ID:**

Payee Address:

Payee TIN:
Payee NPI:

Exclusions
Federal Exclusions Exist: No
State Exclusions Exist: No

The Group Practice section now shows the Group Name, UTMOST CARE HEALTH SERVICES, in which the provider is a member. Moving down to the Payment Assignment section, click the Select Payee command button.

Enrollment Group Payee Selector

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"/>	2408557	SIX COUNTY INC	Billing	3000000001	2845 BELL ST ZANESVILLE, MN 55454	

On the Payee Selector page, the provider will select the payee to receive their Medicaid incentive payments by selecting the radio button on the left, and then clicking on Select & Continue.

This will bring you back to the Enrollment Step 1 page.

Enrollment Group Payee Selected

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

Payment Assignment

Select your payee by clicking the button below.

Payee Name: SIX COUNTY INC

* Payee ID:

Payee Address: 2845 BELL ST
ZANESVILLE, MN 55454

Payee TIN: *****0001
Payee NPI: 3000000001

Exclusions

Federal Exclusions Exist: No
State Exclusions Exist: No

You are now back on the Enrollment Step 1 page with the Payee selected. Click **Select & Continue**.

Enrollment Group Step 1 Complete

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: **Not Completed** ⚠

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

We are now on the top of Enrollment Step 2 page. We can see that Enrollment Step 1 has been successfully Completed.

Enrollment Group Step 2

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:

The Patient Volume Reporting Period section and the Out-of-State Encounters section are now read-only, since the Group Lead attested this data when establishing the group. Each group member will attest to the same data and cannot edit it. If there is an error in the group data, a Business Services Portal Program Specialist will disband the group and reset the Group Lead and all Group Members back to Enrollment Step 1, with a status of In-Progress.

Enrollment Group Step 2

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.

Previous

Upload Volume Document

Save & Continue

Here we can see the Patient Volume Attestation data is also read-only. The percentage reported in this example is 22%. The minimum required to qualify is 30%, except in the case of a pediatrician group, in which case the minimum to qualify for a reduced incentive payment is 20%.

And finally, at the bottom of Enrollment Step 2, we can select Save & Continue to attest to the volume data the Group Lead has entered.

Enrollment Group Step 2 Complete

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** ⚠

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.

This screen shows the top of the Enrollment Step 3 page.

Enrollment Steps 1 and 2 are showing as Completed, and Steps 3 and 4 are Not Completed.

Enrollment Group Step 3

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.

Here we can see the bottom half of the Enrollment Step 3 page. The Group Member selects the Adopt, Implement, or Upgrade option, enters the CMS EHR Certification ID, and then selects none, one, or more items of the financially and legally binding forms of documentation available to support this attestation.

In this example, we have selected the Implement radio button, then checked Contract and Other supporting documentation. We will click on Save & Continue.

Enrollment Group Step 3 Complete

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** ⚠

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
Total:	\$63,750	\$42,500

Previous

Save & Continue

We are now on the Enrollment Step 4 page showing the EHR Payment Determination table. Enrollment Steps 1-3 show Completed and only Step 4 is Not Completed. Further down we see that the Group Member can qualify for the reduced amount of Medicaid incentive payment (right-hand column) since the patient volume percentage was 22% (greater than the minimum to qualify as a pediatrician group). If the Group Lead had established the group as a non-pediatrician group, and if the group patient volume was greater than or equal to 30%, then the Group Member would qualify for the amounts shown in the middle column.



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:	2408657
Payee Name:	SIX COUNTY INC
Payee Address:	2845 BELL ST ZANESVILLE, MN 55454
Payee TIN:	****0001
Payee NPI:	3000000001

Review the Group Practice and Payee Assignment sections and verify these are both correct. Now select the View Member command button in the Group Practice section.

Enrollment Summary

Attested Group Information

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	1000000108	Payment Pending
Kyle Kay Arrington	1000000136	Payment Pending

Previous

We see the two members of the group who have attested so far. First, of course, the Group Lead created and established the group (provider name Carpepper). Next, the Group Member is now in the process of enrolling and attesting (provider name Arrington).

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: 30000004W5IDEAY

Supporting Documentation: Contract, Other

Scrolling down the Enrollment Summary page we can see Step 2, Patient Volume Determination, and Step 3, Adopt, Implement, Update Certified EHR Software.

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
Total:	\$63,750	\$42,500

Previous

Continue

The bottom of the Enrollment Summary page shows the Step 4 EHR Payment Determination table.

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.

We are now at the top of the Legal Notice. Since we discussed the Legal Notice in earlier training, we will only mention it here. The provider, as a Group Member, must electronically sign the Legal Notice, attest to the CMS Registration ID, and then select Confirm & Submit at the bottom.

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.

Name: Kyle Kay Arrington
Provider Type: Physician
Provider Specialty: FAMILY PRACTICE
Address: 2845 Bell Street
Minneapolis, MN 55199 -1720
Tax ID: *****0136(SSN)
NPI: 1000000136
Program Year: 2012
Payment Year: 1

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

The provider will then land on the Submit Enrollment page. At the bottom, select 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-2012-1000000136
Enrollment Submission Date:	09/12/2012
Name:	Kyle Kay Arrington
Provider Type:	Physician
Provider Specialty:	FAMILY PRACTICE
Address:	2845 Bell Street Minneapolis, MN 55199 -1720
Tax ID:	****0136 (SSN)
NPI:	1000000136
Program Year:	2012
Payment Year:	1

[Enrollment Home](#)

Congratulations! This Group Member has successfully completed enrollment for the payment year. This page is displayed for the provider to have enrollment confirmation and enrollment tracking information.

Print or record this information, and then select Enrollment Home at the bottom of the page.

Objectives

- Defined key terminology
- Identified the enrollment process for group members
- Established a foundation for eligibility standards

Questions or Concerns

MEIP Portal Assistance

Phone: 855-673-0366

Email: MN.Support@MN-MEIP.com

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