

# State Level Registration for Medicaid EHR Incentive Program

- Professionals -



## **Medicaid EHR** INCENTIVE PROGRAM

Version 1.2

5/24/11

Providers must register with the CMS registration and attestation system at the federal level to start their registration process. Once registered at the federal level, providers will be invited to complete their registration at the state level. This document describes the state level registration process, for information on the federal level process see [https://www.cms.gov/EHRIncentivePrograms/20\\_RegistrationandAttestation.asp](https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp)

During the federal level registration, providers should note their registration number from the CMS registration and attestation system, it is needed to access the state level registration. This is provided by the CMS registration and attestation system at the completion of registration. It can also be retrieved by logging back into the CMS registration and attestation system with the same username and password that was originally used during federal registration. Providers are encouraged to provide information on the certified EHR technology they are using as well as an email address when registering at the federal level. These are optional at this level but providing them will speed up the state level registration. Any changes to the information in the CMS registration and attestation system, must be done by the provider in the CMS registration and attestation system, they cannot be changed at the state level. Any changes may delay the incentive payment.

Providers have to complete their registration at the state level after the federal registration. Providers will receive a letter inviting them to complete the registration process in the CHAMPS system. EPs who are providing services through managed care entities must individually register as a Medicaid provider and are required to complete a similar process to verify the provider is in good-standing and is eligible to receive an EHR incentive. State level registration will open in late January 2011. Below describes the type of registration that is needed in CHAMPS depending on your current status in CHAMPS:

- Currently Medicaid-Enrolled Provider - Once Medicaid receives a valid EP request from the CMS registration and attestation system, the Medicaid staff will send a welcome letter to the EP with instructions for logging on to CHAMPS to register for the EHR incentive payment on-line. Once the EP submits the registration information, Medicaid staff will start the review/validation process. In order to ensure that only eligible providers receive EHR incentive payments, a series of verifications will take place at registration, and annually thereafter. These verifications are explained below under Monitoring/Validation.
- Not Currently Medicaid-Enrolled Provider - Once Medicaid receives a valid EP request from the CMS registration and attestation system, the Medicaid staff will send a welcome letter to the EP with instructions on enrolling in CHAMPS to register for the EHR incentive payment on-line. Note that this enrollment is for EHR incentive purposes only. To access the CHAMPS system for enrollment, the EP must follow the directions on the website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders), scroll down the middle of the page to Hot Topics, and click on the CHAMPS link. Once on the CHAMPS page, scroll down the page to Accessing the CHAMPS system portion and there are step by step instructions. There is also a toll free number for help in enrolling in CHAMPS. The number is 800-292-2550, option 2 and they will be able to answer any enrollment questions. Once approved, the EP will receive a letter with instructions on completing the EHR portion of the enrollment.

All participating providers will have to re-register with CHAMPS every year. This will ensure the providers report on meaningful use and re-attest to program information. They will also be required to complete an annual survey that will address general EHR issues and concerns.

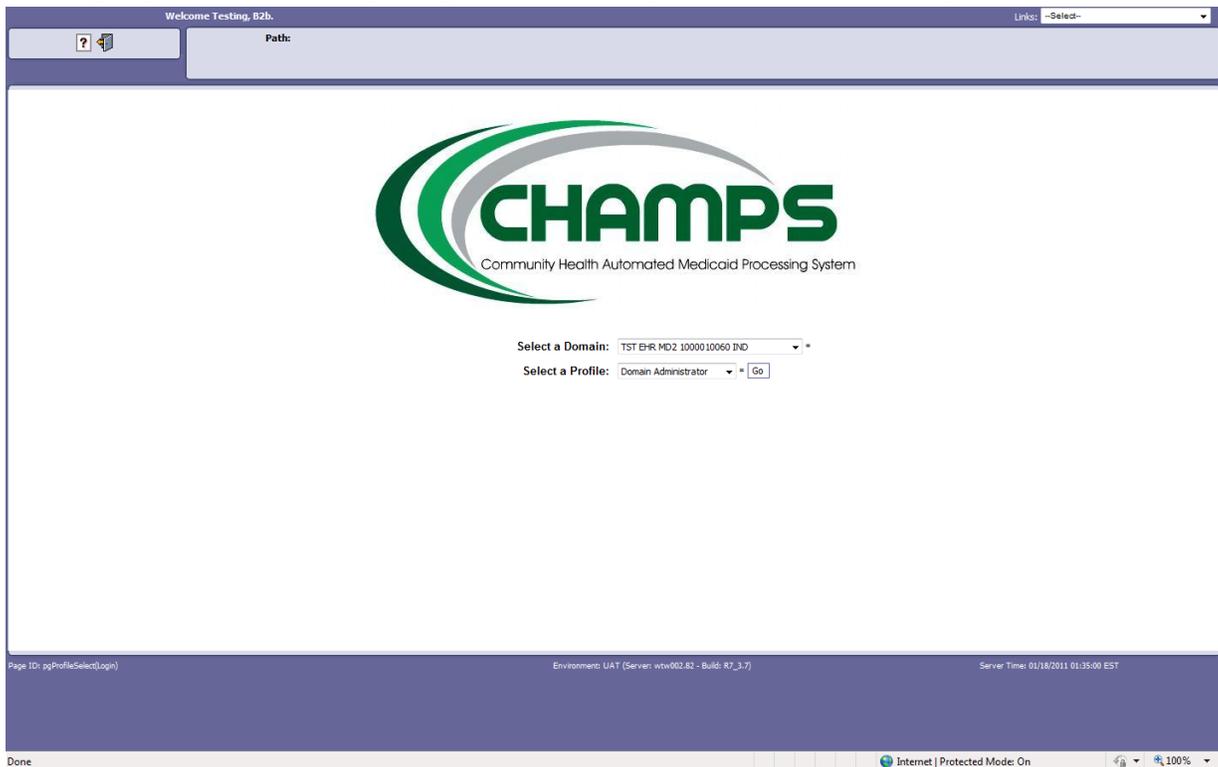
**YOU MUST HAVE SUCCESSFULLY COMPLETED THE FEDERAL LEVEL REGISTRATION AND RECEIVED THE INVITATION LETTER FOR THE STATE LEVEL REGISTRATION FROM MDCH BEFORE CONTINUING PAST THIS POINT.**

You should review the [Eligible Professional's Guide to the Medicaid EHR Incentive Program](#) in detail before completing the state level registration. You may also want to complete an [EP Eligibility Work Sheet](#). The worksheet closely mirrors the state level online registration and can help collect the needed eligibility items. Both are available at <http://www.michiganhealthit.org/ehr/>.

To access the state level registration you must sign into the State of Michigan Single Sign On (SSO), available at <https://sso.state.mi.us/>.

It is recommended that you use Microsoft Internet Explorer (IE) 8 to access the EHR registration system. If you have trouble with using the EHR registration system, review the web browser troubleshooting guide at the end of this document.

After signing on the SSO and agreeing to the "MDCH Systems Use Notification" you will need to enter into CHAMPS.

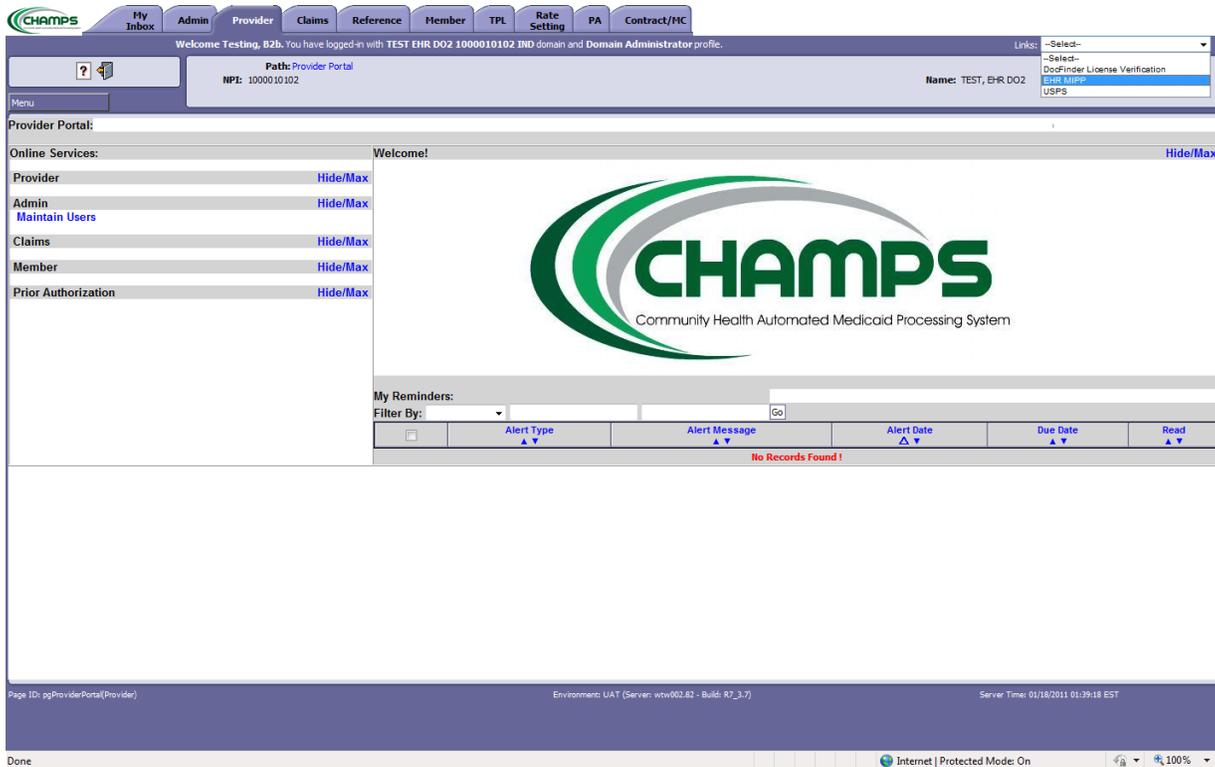


You need to select the provider you want to register in the "Select a Domain:" drop-down list and select "Domain Administrator" in the "Select a Profile:" drop-down list. Then click the Go button.

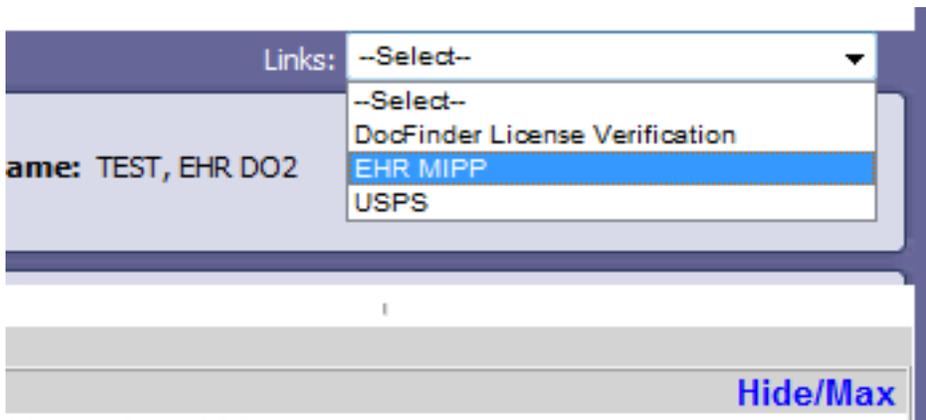
You MUST have domain administrator access for the provider you are registering.

**Select a Domain:**  \*  
**Select a Profile:**  \*

Once logged in you will see the main CHAMPS screen.

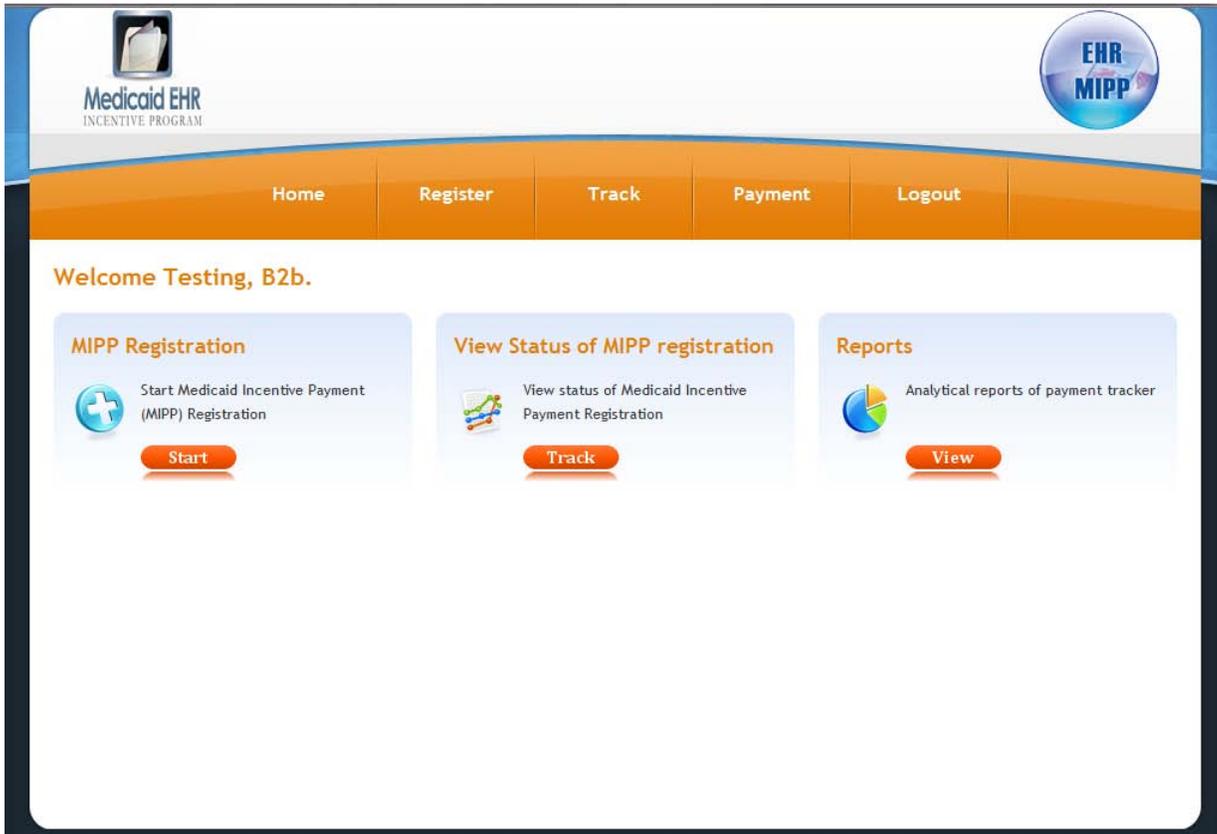


Click on the “Links:” drop-down list at the top right corner on the screen and select “EHR MIPP”.



If you don't see the “EHR MIPP” link, your federal level registration has not processed yet or you are not logged in as domain administrator. If you just recently complete the federal level registration, wait one business day and try to access the link, if that does not work, call the support line at (877) 338-7106.

Once you click on the “EHR MIPP” link, a new window will open. You may have to allow pop-ups to get to the page.



Click the “Start” button to start a new registration and move to the next screen.



You will need to enter your federal registration ID number you received at from the CMS registration and attestation system. The registration ID must match the NPI of the domain you logged into CHAMPS as.

Once into the registration process you will see a screen with three tabs on it. By default you will start on tab 1.

**Success**  
 Received your registration from NLR. Continue with state registration.

**Search Criteria**  
Registration ID: 6000000006  
NPI: 1000010102  
SSN: 100001010

**Login Information**  
User ID: testingb2011  
Profile: Domain Administrator

Please validate your NLR information. If the information is incorrect contact NLR. If the information is correct please proceed.

**NLR INFORMATION**

**1**

**Personal Info**  
First Name : TESTMICJEL      Middle Initial :  
Last Name : JABARA      Suffix :  
Provider Type : Individual Sole/Propreitor (Dentist)  
Provider Specialty : NEUROPSYCHIATRY

**Address**  
Address : 100001010 Millennium Dr 7000000078  
City : Lansing  
State : MI      Zip : 48917  
Phone : (810) 744-1888      Ext :  
E-mail : Tust@test.com

**Identifiers**  
The Tax Identification Number (TIN) captured below will receive the EHR incentive payment.  
Payee NPI : 1000010102  
Payee SSN : 100001010

**Exclusions**

Code	Description	Date
No Exclusions Found.		

**ELIGIBILITY**      **ATTESTATION**

**2**      **3**

On this tab you need to review and confirm the information from the NLR. If there are any issues with the information that need to be corrected, STOP and go back to the NLR and correct the issue(s). Than wait at least one full business day and reenter the system, if the updated information is displayed, you can continue. If not, wait one more day and try again, if the new information is displayed call the support line at (877) 338-7106.

After reviewing the information on tab 1, click on the tab 2 "ELIGIBILITY".

**NLR INFORMATION**

**ELIGIBILITY**

Payment Year	Certification Number	Adopt/Implement/Upgrade
 1		

**ATTESTATION**

**1**      **2**      **3**

On this tab, click on the  1 button under "Payment Year," this will pop-up the "Enter Eligibility Information" Screen.

## Enter Eligibility Information



Bold fields are required.

### Reporting Period

**Start Date:**  ?

**End Date:**  ?

### Eligible Patient Volume

Select yes to eligible patient volume option(s) that apply to you. If not applicable, select no.

**Practice as a Pediatrician** ?  Yes  No

**Practice as a Physician Assistant** ?  Yes  No

**Hospital Based Provider** ?  Yes  No

**Include Organization Encounters** ?  Yes  No

**Render care in FQHC/RHC** ?  Yes  No

**Include encounters outside MI** ?  Yes  No

### EHR Certification Information

**EHR Status** ?  Adopt  Implement  Upgrade

**EHR Certification Number:**  [Add](#) [Remove](#)

**Email:** Tust@test.com

Cancel

Save



Throughout this screen any of the ? icons can provide a pop-up tip for that item, just place you mouse over the ? and a pop-up tip will display.

All providers must complete the "Reporting Period."

In the "Reporting Period" enter the start date (in MM/DD/YYYY format) that you want to start your eligibility reporting period. This is not your meaningful use reporting period in year 1, it is the consecutive 90-day period in the prior calendar year that you are reporting your eligible/Medicaid patient volume. Once you fill in the start date, click in the end date field and the system will automatically fill in the end date. NOTE, both the start and end date must be in the prior calendar year, you cannot span years. Your reporting period can be any consecutive 90-day period in the prior calendar year that you want.

All providers must also complete the “Eligible Patient Volume” section however, depending on how you answer the questions you will be prompted for slightly different fields.

**Practice as a Pediatrician:** Only select this option if you meet the definition in the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#).

**Practice as a Physician Assistant:** Only select this option if you are a Physician Assistant (PA) who practices predominantly in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) that is “PA-led.” When you select yes, an additional question will appear to determine if the site is “PA-led” see the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#) for more details.

**Practice as a Physician Assistant**  ?  Yes  No

- Primary Provider at FQHC/RHC
- Practices at a facility that has PA leadership
- An Owner at RHC
- None of the above

Check all the boxes that apply, you must check at least one of the first three to be considered eligible.

**Hospital Based Provider:** Only select this box if you rendered any care in a hospital setting during the reporting period. This would include hospital inpatient and emergency room settings. This is based on the Place of Service Code (POS Code). Only POS Codes 21 (Inpatient Hospital), and 23 (Emergency Department) are included. When you select yes, an additional question will appear asking for the numbers of encounters in the hospital settings.

**Hospital Based Provider**  ?  Yes  No

**Total Inpatient Discharges:**   ?

**Total ER Encounters:**   ?

**Medicaid Inpatient Discharges:**   ?

**Medicaid ER Encounters:**   ?

Depending on how you answer “Include Organization Encounter,” “Render Care in FQHC/RHC” and “Include MCO panel” you will be asked for different encounter volume items. Each of the scenarios are explained below.

**Scenario 1:**

Include Organization Encounters = **No**

Render Care in FQHC/RHC = **No**

Include MCO panel = **No**

**Eligible Patient Volume**  
Select yes to eligible patient volume option(s) that apply to you. If not applicable, select no.

<b>Practice as a Pediatrician</b> ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Practice as a Physician Assistant</b> ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Hospital Based Provider</b> ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Include Organization Encounters</b> ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Render care in FQHC/RHC</b> ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Include MCO panel</b> ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

**Total Encounters:**  ?

**Medicaid Encounters:**  ?

This is the simplest scenario. Just enter your total encounters (all payers, all locations) and your Medicaid (as defined in the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#)) encounters in the fields.

**Scenario 2:**

Include Organization Encounter = **Yes**

Render Care in FQHC/RHC = **No**

Include MCO panel = **N/A**

**Include Organization Encounters**  ?  Yes  No

Organization NPI

**Organization NPI:**  ?

**Render care in FQHC/RHC**  ?  Yes  No

**Total Encounters:**  ?

**Medicaid Encounters:**  ?

Under this scenario, you are electing to use your Practice/Organization’s encounter numbers as a proxy. This is optional and must follow the criteria outlined in the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#). You will need to provide the group or organization NPI that you are using as a proxy and Practice/Organization’s encounter numbers. Note: “Include MCO panel” is not a viable option in this scenario and MCO panel encounters cannot be included in a Practice/Organization’s volume.

**Scenario 3:**

Include Organization Encounter = **No**

Render Care in FQHC/RHC = **No**

Include MCO panel = **Yes**

**Include Organization Encounters**  ?  Yes  No

**Render care in FQHC/RHC**  ?  Yes  No

**Include MCO panel**  ?  Yes  No

**Managed Care PCP Panel**

<b>Total Panel:</b>	<input type="text"/>	<input type="checkbox"/> ?
<b>Unduplicated Encounters:</b>	<input type="text"/>	<input type="checkbox"/> ?
<b>Medicaid Panel:</b>	<input type="text"/>	<input type="checkbox"/> ?
<b>Unduplicated Medicaid Encounters:</b>	<input type="text"/>	<input type="checkbox"/> ?

Under this scenario, you are electing to include encounters under the Primary Care Provider (PCP) Panel. This is optional and must follow the criteria outlined in the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#). You must provide PCP panel encounters (as defined in the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#)) for both Medicaid and total (all payers including Medicaid) and any other “unduplicated” encounters with patients not assigned to your panel for both Medicaid and total (all payers including Medicaid).

**Scenario 4:**

Include Organization Encounter = **No**

Render Care in FQHC/RHC = **Yes**

Include MCO panel = **No**

**Include Organization Encounters**  ?  Yes  No

**Render care in FQHC/RHC**  ?  Yes  No

**Include MCO panel**  ?  Yes  No

FQHC/RHC Encounters	
<b>Medicaid Encounters:</b>	<input type="text"/> ?
<b>MIChild Encounters:</b>	<input type="text"/> ?
<b>Charity Care Encounters:</b>	<input type="text"/> ?
<b>Sliding Fee Scale Encounters:</b>	<input type="text"/> ?
<b>Total Encounters:</b>	<input type="text"/> ?

All Other Settings Encounters	
<b>Total Encounters:</b>	<input type="text"/> ?
<b>Medicaid Encounters:</b>	<input type="text"/> ?

Providers who practice predominantly in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) are allowed to include some additional types of encounters in their eligible patient volume. In this scenario, providers must supply encounter numbers both in the FQHC or RHC and outside the FQHC or RHC (in the “All Other Settings Encounters” section). If a provider only practices in a FQHC or RHC, these “All Other Settings Encounters” can be entered as zeros. See the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#) for more details.

**Scenario 5:**

Include Organization Encounter = **Yes**

Render Care in FQHC/RHC = **Yes**

Include MCO panel = **N/A**

**Include Organization Encounters**  ?  Yes  No

Organization NPI

**Organization NPI:**  ?

**Render care in FQHC/RHC**  ?  Yes  No

**FQHC/RHC Encounters**

**Total Encounters:**  ?

**Medicaid Encounters:**  ?

**MICChild Encounters:**  ?

**Charity Care Encounters:**  ?

**Sliding Fee Scale Encounters:**  ?

Under this scenario, you are electing to use your Practice/Organization’s encounter numbers as a proxy. This is optional and must follow the criteria outlined in the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#). You will need to provide the group or organization NPI that you are using as a proxy and Practice/Organization’s encounter numbers. Note: “Include MCO panel” is not a viable option in this scenario and MCO panel encounters cannot be included in a Practice/Organization’s volume. If you select this option you are also attesting to meeting the practices predominantly requirement in order to use a FQHC or RHC’s organization’s volume as a proxy.

**Scenario 6:**

Include Organization Encounter = **No**

Render Care in FQHC/RHC = **Yes**

Include MCO panel = **Yes**

**Include Organization Encounters**  Yes  No

**Render care in FQHC/RHC**  Yes  No

**Include MCO panel**  Yes  No

<b>FQHC/RHC Encounters</b>	
<b>Non-Panel Medicaid Encounters:</b>	<input type="text"/> ?
<b>MiChild Encounters:</b>	<input type="text"/> ?
<b>Charity Care Encounters:</b>	<input type="text"/> ?
<b>Sliding Fee Scale Encounters:</b>	<input type="text"/> ?
<b>Total Encounters:</b>	<input type="text"/> ?
<b>All Other Settings Encounters</b>	
<b>Total Encounters:</b>	<input type="text"/> ?
<b>Medicaid Encounters:</b>	<input type="text"/> ?
<b>Managed Care PCP Panel</b>	
<b>Total Panel:</b>	<input type="text"/> ?
<b>Eligible Patient Panel:</b>	<input type="text"/> ?

Under this scenario, you are electing to include encounters under the Primary Care Provider (PCP) Panel. This is optional and must follow the criteria outlined in the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#). You must provide Panel encounters (as defined in the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#)) for all eligible patient types (since this is an FQHC/RHC, that includes Medicaid MiChild, charity care and sliding fees scale) and total (all payers including eligible patient types) in the “Managed Care PCP Panel section. And any other “unduplicated” encounters with patients not assigned to your panel for both eligible patient types and total (all payers including eligible patient types) both inside and outside the FQHC/RHC.

All providers also have the option of including encounters from other states. If you select this option, you will be asked what other states were included. The inclusion of out-of-state encounters is optional and will initiate an eligibility verification audit so Medicaid staff can contact the other state(s) to confirm encounter data; this will likely delay payment.

**Include encounters outside MI**   Yes  No

**State(s):**

All providers must complete “EHR Certification Information” section.

**EHR Certification Information**

**EHR Status**  Adopt  Implement  Upgrade

**EHR Certification Number:**  **Add Remove**

**Email:** Tust@test.com

In the “EHR Certification Information” section, providers must enter the CMS EHR Certification ID EHR technology you are using. This is not the ONC Certification Number. See the “Using the Certified Health IT Product List to Find Your CMS EHR Certification ID for Registering for the EHR Incentive Program” guide at [www.MichiganHealthIT.org/ehr/](http://www.MichiganHealthIT.org/ehr/) for more details on obtaining these numbers. You should only enter one “EHR Certification Number.” If you mistakenly add an unneeded field, just click the “Remove” link to delete it. Note the CMS EHR Certification ID is case sensitive and should be entered in ALL UPPER CASE. Provider must also select their EHR status. For year 1, providers must select and attest to be adopting, implementing or upgrading to certified EHR technology. Select only one and select the most appropriate option. See the [Eligible Professional’s Guide to the Medicaid EHR Incentive Program](#) for more details.

This is also the section that includes an email address. If you provided one to the NLR at the federal level, it will be listed here. If not you must enter one in the space provided. The email address should be of the person completing the registration and who wants to be notified of its status.

Please review all information and “Save” button in the bottom right. This will return you to the screen with three tabs. Click on tab 3 “ATTESTATION”.

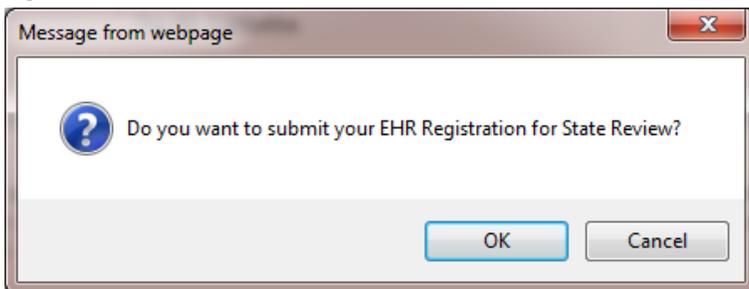
The screenshot shows a registration interface with three main panels at the top: **Success** (with a green checkmark icon and text: "Received your registration from NLR. Continue with state registration."), **Search Criteria** (with fields for Registration ID: 3110000010, NPI: 1013992536, and Tax ID: 328924954), and **Login Information** (with fields for User ID: testingb2011 and Profile: Domain Administrator). Below these is a navigation bar with three tabs: **NLR INFORMATION** (tab 1), **ELIGIBILITY** (tab 2), and **ATTESTATION** (tab 3, which is active). The **ATTESTATION** section contains a **NOTICE** box with text about criminal penalties for false information, a **Signature** section with a long paragraph of terms and conditions, a checkbox labeled "I accept the terms and conditions" (which is checked), a **Register** button, and a printer icon.

After

reviewing the attestation items, check the “I accept the terms and conditions.”

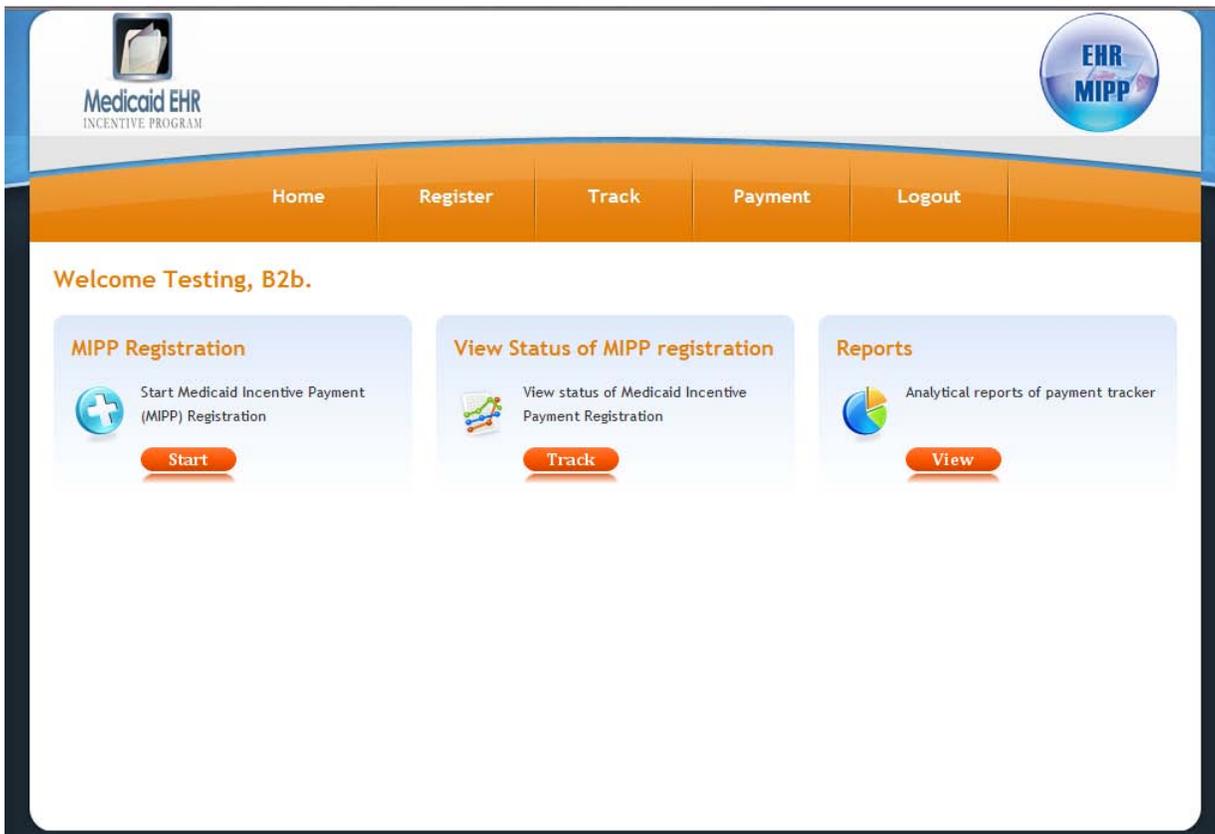
You can print off a copy of the attestation items by clicking on the  button.

Next click the “Register” button. You will be prompted to confirm with a pop-up dialog box, click “OK” to submit the registration.



If someone other than the provider is completing the registration and attestation, make sure there is an Electronic Signature Agreement (MDCH Form 1401) on file at your organization. It is available at [http://www.michigan.gov/documents/mdch/DCH-1401-Electronic-Signature-2-2008\\_226769\\_7.doc](http://www.michigan.gov/documents/mdch/DCH-1401-Electronic-Signature-2-2008_226769_7.doc)

This completes the registration process. You will be returned to the main screen.



You can return to this screen to check on the progress of the registration, just use the “Track” button in the “View Status of MIPP registration”

When you are done, click the Logout button in the top right of the screen. This will return you to the main CHAMPS page.

For any EHR Incentive related questions, please call the support line at (877) 338-7106, email [info@michiganhealthit.org](mailto:info@michiganhealthit.org) or visit [www.MichiganHealthIT.org](http://www.MichiganHealthIT.org).

## Web Browser Troubleshooting

It is recommended that you use Microsoft Internet Explorer (IE) 8 to access the EHR registration system. If you have trouble with using the EHR registration system, review these settings in IE 8.

### From the desktop icon for IE 8:

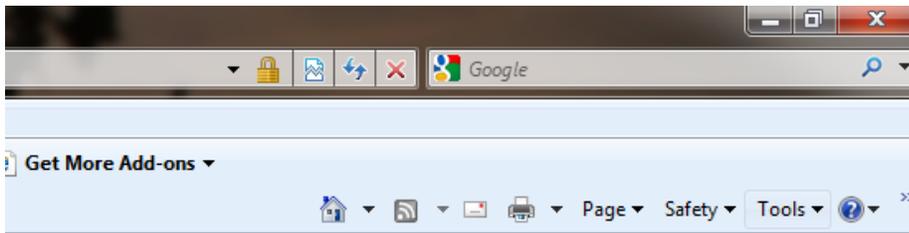
Right Click on Internet Explorer Icon



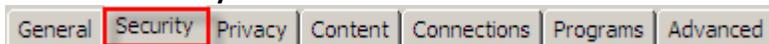
and click on **Properties**.

### OR from inside IE 8:

Click on the **Tools** menu and go to **Internet Options**.



1) Select the **Security** tab.



2) Next click on **Custom level...**



3) Verify that the following settings have either been **Enabled** or **Prompted**:

In the "ActiveX controls and plug-ins" section

Binary and script behaviors

- Administrator approved
- Disable
- Enable

Download signed ActiveX controls

- Disable
- Enable (not secure)
- Prompt (recommended)

Only allow approved domains to use ActiveX without prompt

- Disable
- Enable

Run ActiveX controls and plug-ins

- Administrator approved
- Disable
- Enable
- Prompt

Script ActiveX controls marked safe for scripting\*

- Disable
- Enable
- Prompt

In the "Downloads" section:

Font download

- Disable
- Enable
- Prompt

- END OF DOCUMENT -