CHECK LIST



DC Medicaid EHR Incentive Program (MEIP) Readiness

This checklist will prepare you for successful attestation with DC MEIP by helping you **gather required documentation** before you begin the attestation process. Eligible Professionals (EPs) can attest for Meaningful Use dollars totaling \$8,500 annually, through program year 2021.

Getting Started:

To register with the District of Columbia Medicaid Electronic Health Record (EHR) Registration and Attestation System, providers must complete federal and state level registration steps:

- 1. Verify eligibility and register at the federal level: CMS Registration and Attestation System.
 - a. Ensure that the CMS registration system reflects your state of attestation as the "District of Columbia". If changes are necessary, wait 48 hours before registering with the DC system.
- 2. Register with DC MEIP at https://dc.arraincentive.com/
 - a. **Program Year 2017 Update:** DHCF is transitioning to a new state level registry (SLR) system to receive Medicaid EHR Incentive Payment attestations. As such, Program Year 2017 will not open until further notice. Each provider will have adequate time to attest to Program Year 2017 requirements. This will allow you to start using the checklist in advance of Program Year 2017 opening up.

In order to attest for the DC MEIP, EPs will need to collect the following four items:

1.	Create a Username and Password with CMS at the national level registry (NLR), or Log in if you already have an account.	•	<u>Click here to create your NLR login and ensure your NPI number is</u> <u>displayed at the National Plan and Provider Enumeration System</u> <u>(NPPES).</u>
2.	EHR vendor contract	•	Acceptable documents are an invoice, receipt, service agreement, contract or verification letter.
		1	This document should be signed by the EHR vendor, the group administrator or EP prior to submission.
		1	Agreement should demonstrate a binding legal or financial commitment to an EHR, and shows that EP purchased (Adopted), Implemented or Upgraded to a Certified EHR system (CEHRT).
3.	Detailed Patient Volume Report	1	Report demonstrates that EP's practice met Medicaid volume threshold (30% or 20% for Pediatricians) for 3 consecutive months in the previous calendar year or 12 months preceding the attestation.
		1	See "Patient Volume Calculation" Tip Sheet for information to determine individual vs. group attestation and what to include for
			this report.
4.	Practice information	1	Practice Tax ID, Group NPI, Medicaid Payee ID Number (if applicable).
			Each provider's NDL and Casial Casurity Number

• Each provider's NPI and Social Security Number.



eHealthDC Tips: Did You Know?



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National Level Registry (NLR) passwords expire after 90 days and are often blocked due to inactivity.

CMS NPPES Username and Password:

- If EP does not have provider username and password, follow the instructions below:
 - Call 1-866-484-8049 and the agent will help with password resets.
 - Select Option 1 (NPPES, EHR I&A...);
 - Select Option 1 (For resetting user id and password...);
 - Select Option 2 (You are unable to access your account and need assistance from one of the agents...); or
 - Select Option 4 (Assistance with Identity Account Management System I&A...).
- Please make sure you try to log in while you are on the phone with the agent

A practice's busiest consecutive 3-month period during the year is more likely to meet the 30% Medicaid patient volume threshold than any other 90-day reporting period.