# Maryland Medicaid Electronic Health Records (EHR) Incentive Program Registration and Attestation

# Electronic Medicaid Incentive Program Payment (eMIPP) Provider User Guide

**Version 7**
**2020**

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# Provider User Guide

## Introduction

To facilitate enrollment in the Maryland Medicaid Electronic Health Record (EHR) Incentive Program, Maryland utilizes the electronic Medicaid Incentive Program Payment (eMIPP) system. eMIPP is our registration and attestation portal. This document outlines the necessary requirements and steps for providers and hospitals to attest to the EHR Incentive Program.

If you are a hospital representative seeking to attest with Maryland, please signal your intent to participate by emailing mdh.MarylandEHR@maryland.gov. Although general information about accessing, registering, and attesting in eMIPP is provided in this document, additional instructions for hospital participation will be provided on an individual basis.

**Hospitals will not be paid by Maryland until they have signaled their intent to register and attest by emailing the State at mdh.MarylandEHR@maryland.gov.**

All other providers please follow the instructions listed below.

## Getting Started

Please note that **Program Year (PY) 2016 was the last year to begin participation** in the Maryland Medicaid Electronic Health Record (EHR) Incentive Program. If you have not participated and received payment in the EHR Incentive Program Year 2016 or prior, you are not eligible to begin receiving payment. If you have participated in PY 2016 or prior, and received an initial payment, you are eligible to continue participation for a total of 6 years or until the program ends in 2021. Be advised that providers are not obligated to participate in consecutive years; however they must have initiated participation no later than 2016.

To qualify to register with the Maryland Medicaid Electronic Health Record (EHR) Registration and Attestation System, providers must complete the following steps:

**Step 1: Verify Eligibility and Register with CMS**

a. Verify eligibility to participate in the EHR Incentive Program – read the information available on the Eligibility Tab on our webpage.

b. Register with the Centers for Medicare and Medicaid Services (CMS) – go to https://ehrincentives.cms.gov/hitech/login.action. For help with registration please use the user guide.

c. **Note:** At the completion of CMS-level registration, providers will receive a CMS registration ID number. Save this number; you will need it to complete eMedicaid enrollment and when logging into eMIPP.

**Step 2: Verify Enrollment in Maryland Medicaid FFS and eMedicaid**

a. To participate in the Maryland Medicaid EHR Incentive Program, all providers must be enrolled with Maryland Medicaid Fee-for-Service. Although all providers must be enrolled in Maryland Medicaid Fee-for-Service, they do not need to participate in the Fee-for-Service program. If you do not know if you are registered as a Maryland Medicaid Fee-for-Service provider, or if you would like to register, visit Maryland Medicaid's new **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal (ePREP). ePREP is a one-stop shop for provider enrollment, re-enrollment, revalidation, and information updates. If providers need assistance with ePREP, they can call ePREP's call center at 1.844.4MD.PROV (1.844.463.7768). The ePREP help line can help providers with general enrollment issues and has limited knowledge about the EHR Incentive Program.

b. Maryland also requires providers enroll in eMedicaid, Maryland Medicaid's provider web service portal. You can verify or create an eMedicaid account by going to https://encrypt.emdhealthchoice.org/emedicaid/. When registering with eMedicaid, you will need your CMS registration ID. It is very important that you remember your username, password and CMS Registration ID used during this step as it will be the same credentials used when logging in to eMIPP. If you have any problems enrolling in eMedicaid, contact Provider Enrollment at (410) 767-5340.

**Step 3: Proceed to the State Registration and Attestation Portal (eMIPP)**

a. Providers can access eMIPP here: https://emipp.health.maryland.gov/.

## Browser Requirement

eMIPP is designed to be accessed through all major browsers including Chrome, Internet Explorer 11 (IE11), and Firefox. The site is best viewed in Google Chrome.

## Register for the EHR Incentive Program

**Log In**

Before logging into eMIPP, providers will need the following information

a. CMS Registration ID # (see Step 1b)
b. Maryland eMedicaid Username AND Password (see Step 2b)

If you do not have this information, you will not be able to successfully log into eMIPP. To log into eMIPP visit https://emipp.health.maryland.gov/.

Keep in mind that the eMedicaid username, password and the CMS Registration ID entered during Step 2b must match what is entered in eMIPP. If the combination does not match, you will receive an error message when trying to attest. If you get an error message, please check to make sure you entered the correct information. If the problem persists, it is likely that your eMedicaid profile is not associated with the individual National Provider Identifier (NPI) that you used to enroll with CMS for participation in the EHR Incentive Program (Step 1b).

## Eligible Professional Registration and Attestation in eMIPP

1. Login with eMedicaid username and password and click **submit**.
2. On the next screen, select **Go**.
3. Under eMIPP Registration, select **Start**.
4. Enter your 10-digit CMS Registration ID; select **Search**. (Figure 1.)
5. On the next screen, you will see a page with multiple tabs. By default, you will begin on the **FEDERAL INFORMATION** tab.

**Figure 1: Eligible Professional CMS Registration ID**

## Federal Information Tab

On this tab, you need to review and confirm this information. The information is available by clicking on the icon that corresponds with the Program Year for which you are attesting.

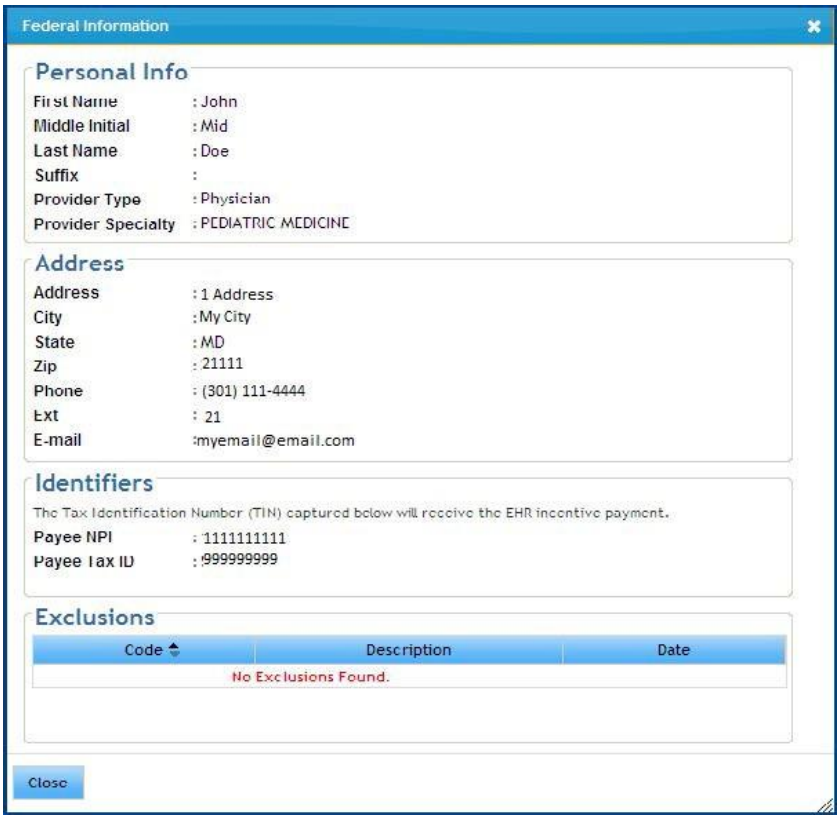
**Figure 2: Eligible Professional Accessing Federal Information Screen**

The information on this tab is the exact information you entered with CMS. If there are any issues with the information that need to be corrected, **STOP** and go back to CMS and correct the issue(s). Please wait approximately 24 hours before accessing eMIPP again. If the updated information is displayed, you can continue. If not, wait one more day and try again. If the new information is still not displayed, call the CMS EHR Incentive Program Information Center. The hours are as follows:

7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays.

1-888-734-6433 (primary number) or 888-734-6563 (TTY number)

**Figure 3: Eligible Professional Federal Information**




**NOTE:** Maryland will use the e-mail address listed in the Federal Information tab (Figure 3) as the primary means of contact with you. Please make sure this is a valid e-mail address and that the inbox it is associated with is frequently monitored.

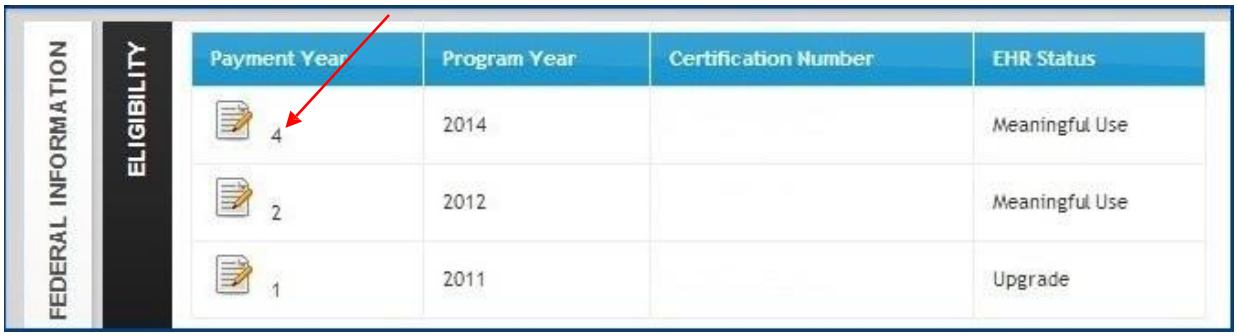
After reviewing the information on Tab 1, click on Tab 2, **ELIGIBILITY** tab.

## Eligibility Tab

All providers must attest to meeting eligibility criteria for participation in Medicaid EHR Incentive Program. This must be completed every year of participation.

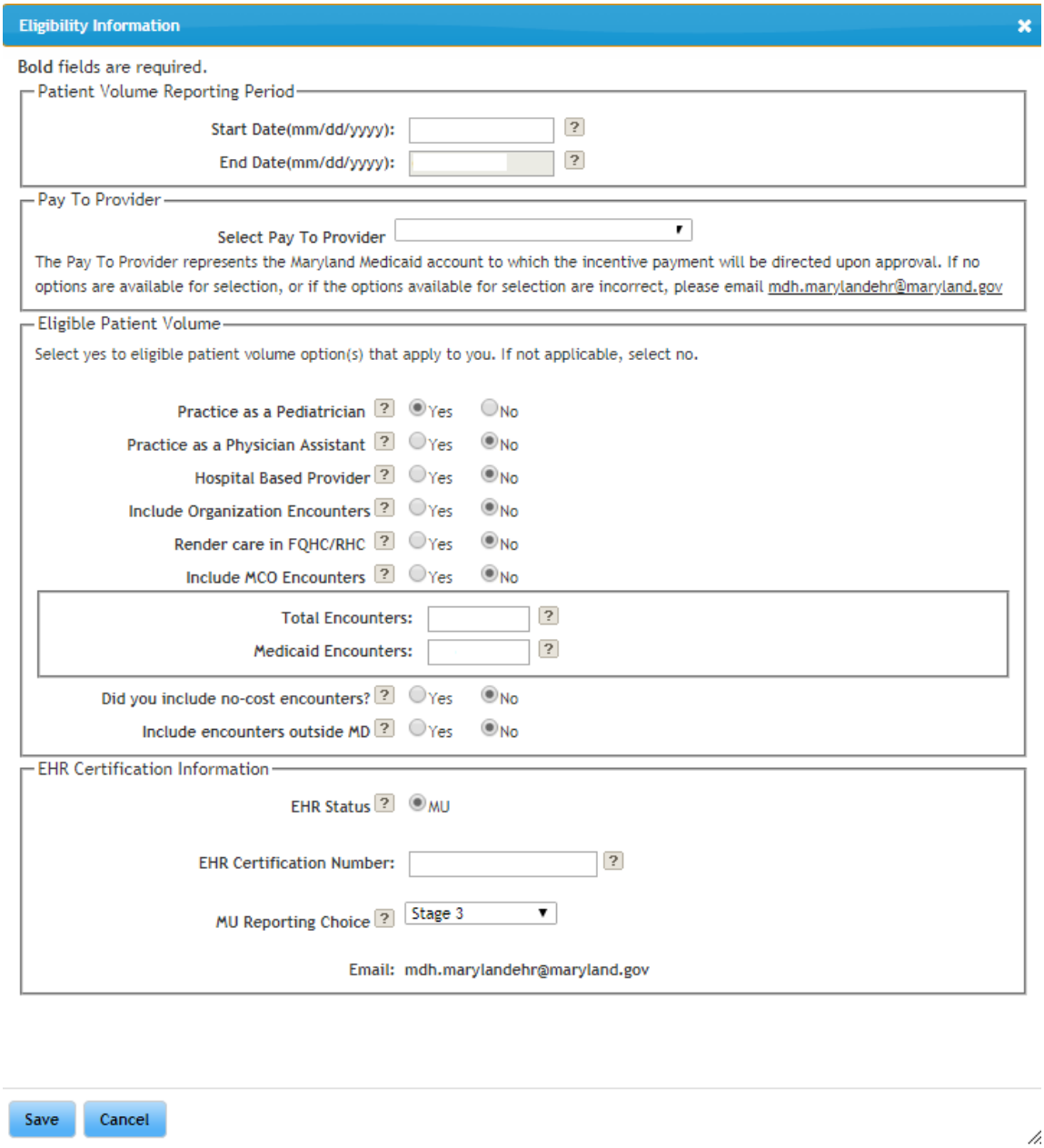
1. In Tab 2: **Eligibility**, click on the **Payment Year Icon** for the most-recent program year to add your EHR eligibility details.

**Figure 4: Eligible Professional Accessing Eligibility Information Screen**




2. **Enter Eligibility Information.** (Refer to the six scenarios on pages 13 - 18 for more information on filling out this section.

**Figure 5: Eligible Professional Entering Eligibility Information**




**Note:** Throughout this screen, any of the "?" icons can provide a pop-up tip for that item. Place your mouse over the icon and a pop-up tip will display.

**Patient Volume 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**; 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. Both the start and end date must be in the prior calendar year —it cannot span multiple years. Your reporting period can be any consecutive 90-day period within the prior calendar year.

**Select Pay To Provider:** Providers may assign their incentive payment to themselves or reassign it to a Tax Identification Number (TIN) associated with an employer or entity with

which they are affiliated with in the Medicaid Management and Information System (MMIS). Relationships established in MMIS during Medicaid provider enrollment in ePREP are valid pay-to entities that an attesting provider may select in eMIPP. If you do not see the entity you want to reassign the payment to in the drop down list, please log in to ePREP to see which groups you are affiliated with. If you are not affiliated with your desired pay-to entity, you will have to add an affiliation with the group in ePREP. Providers can call 1.844.4MD.PROV (1.844.463.7768) for assistance with enrollment issues and their ePREP account. If you need further assistance resolving your pay-to entity issue, please contact mdh.marylandehr@maryland.gov with your NPI, your individual pay-to Medical Assistance (MA) number, and your group pay-to MA number.

**Eligible Patient Volume:** All providers must also complete this section; however, depending on how you answer the questions you will be prompted for slightly different information.

If yes, check all the boxes that apply. You must check at least one of the first three to be considered eligible.

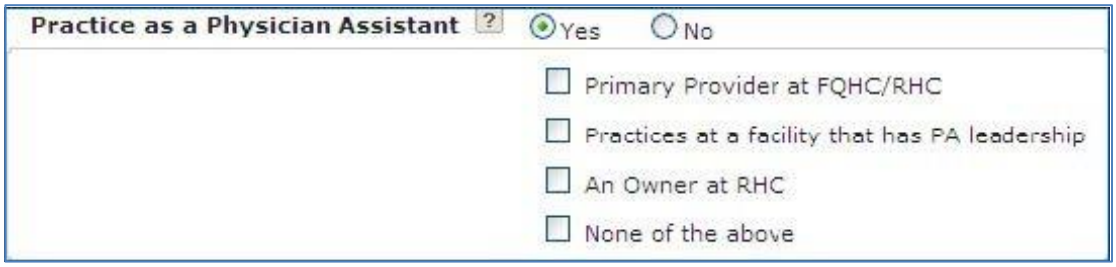
**Practice as a Pediatrician:** Only select this option if you are a Pediatrician.

**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." In Maryland, "PA-led" has the following meanings:

1. When a PA is the primary provider in a clinic (for example, when there is a part-time physician or full-time PA); or
2. When a PA is a clinical or medical director at a clinical site of practice.

If you think you are a PA that meets one of these requirements, you must contact Maryland Medicaid at mdh.MarylandEHR@maryland.gov before continuing with registration.

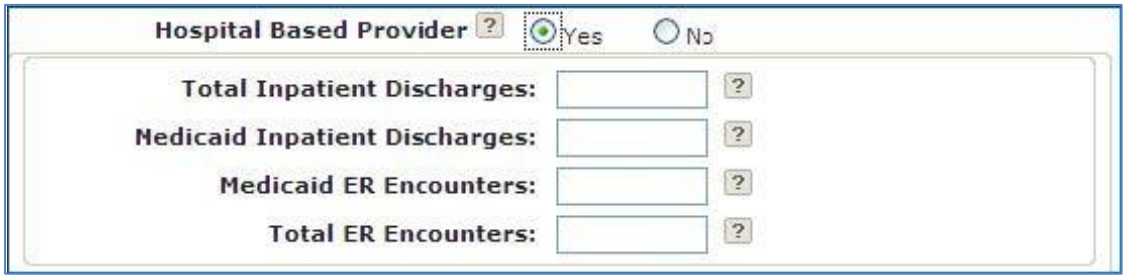
**Figure 6: Eligibility Information for Physician Assistant**




**Hospital Based Provider:** Only select this box if you rendered any care in a hospital setting during the reporting period. MDH defines hospital-based providers as a provider who furnishes 90 percent or more of covered professional services in either the inpatient (Place of Service 21) or emergency department (Place of Service 23) of a hospital. The percentage determination is made based on the total number of Medicaid encounters during the provider's reporting period.

When you select "yes," an additional question will appear asking for the numbers of encounters in the hospital setting. In order to be eligible to participate in the Medicaid EHR Incentive Program, you must have less than 90 percent of your covered professional services in either the inpatient (Place of Service 21) or emergency department (Place of Service 23) of a hospital. The only exception is for providers practicing predominantly in an FQHC or RHC.

**Figure 7: Eligibility Information for Hospital-Based Provider Determination**

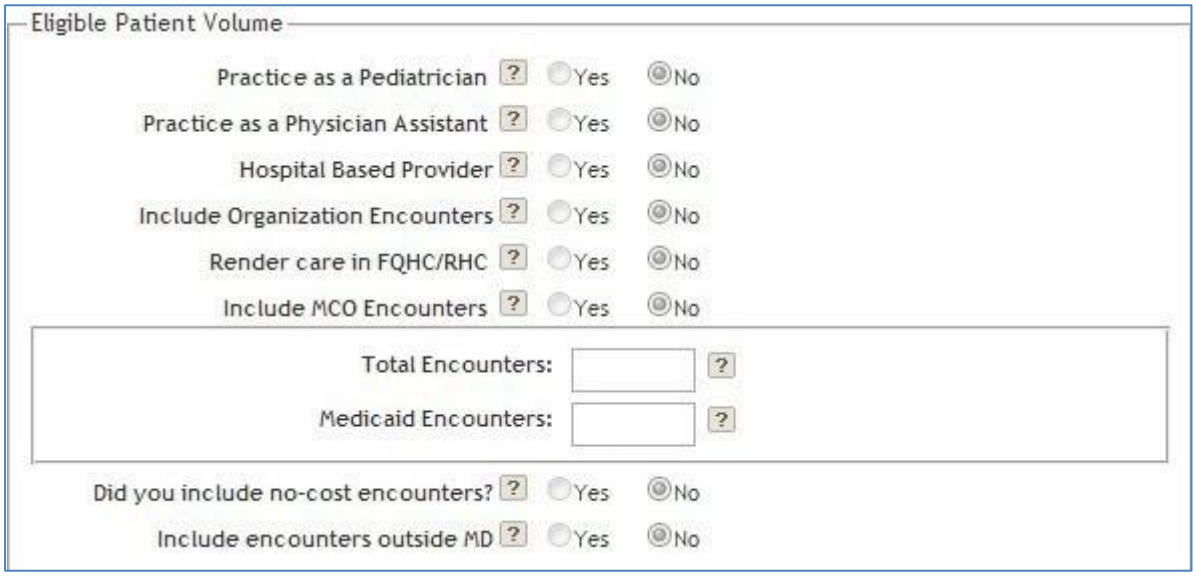



Depending on how you answer **Include Organization Encounters**, **Render Care in FQHC/RHC**, and **Include Managed Care Encounters**, you will be asked for different encounter volume items. Each of the scenarios is explained below.

**Scenario 1:**

Include Organization Encounters = **No**
Render Care in FQHC/RHC = **No**
Include MCO Encounters = **No**

**Figure 8: eMIPP Default Eligibility Scenario**




This is the simplest scenario. Enter your total encounters (all payers, all locations) and your Medicaid encounters in the provided fields.

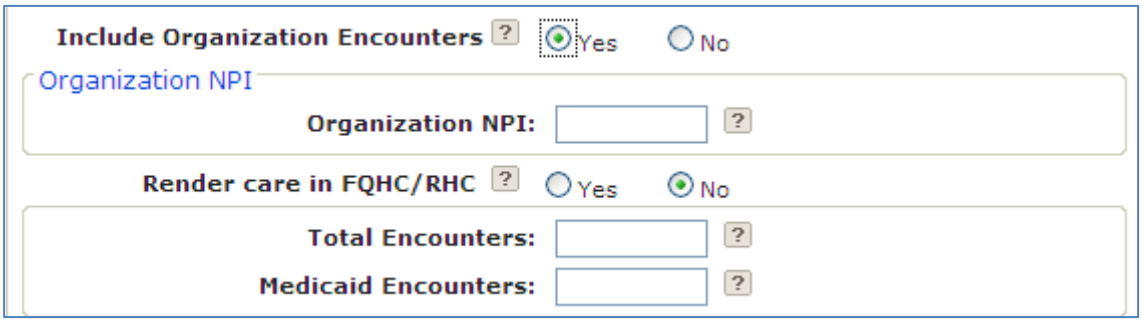
**Scenario 2:**

Include Organization Encounters = **Yes**

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

Include MCO Encounters = **N/A**

**Figure 9: Selection Criteria for Choosing "Group Proxy"**




Under this scenario, you are electing to use your Practice/Organization's encounter numbers as a proxy. This is optional. You will need to provide the group or organization NPI that you are using as a proxy and the Practice/Organization's encounter numbers. If you are choosing to use the "group proxy" approach to determine patient volume, you need to pool all the encounters for the entire group, including those who are not eligible provider types for participation in the EHR Incentive Program. Further, if you choose the "group proxy," no individual group member can apply for an EHR Incentive using their individual patient volume. Either the whole group participates using the group proxy or no one does.

To ensure that Medicaid has collected all group members before reviewing your attestation, you should upload your group roster for the patient volume period (see page 10). If you do not upload your roster, Medicaid will contact you via the email address available under the "Federal Information" tab (see page 8).

In some cases, Maryland Medicaid may instruct you to enter your group NPI, even if you are not choosing to use the "group proxy" approach. This is to ensure that Medicaid collects all available Medicaid encounters for a particular provider under the group.

**Note**: "Include MCO Encounters" is not a viable option in this scenario; however, you can still calculate your patient volume with your Managed Care Organization (MCO) encounters. You should include MCO encounters when calculating total and Medicaid encounters.

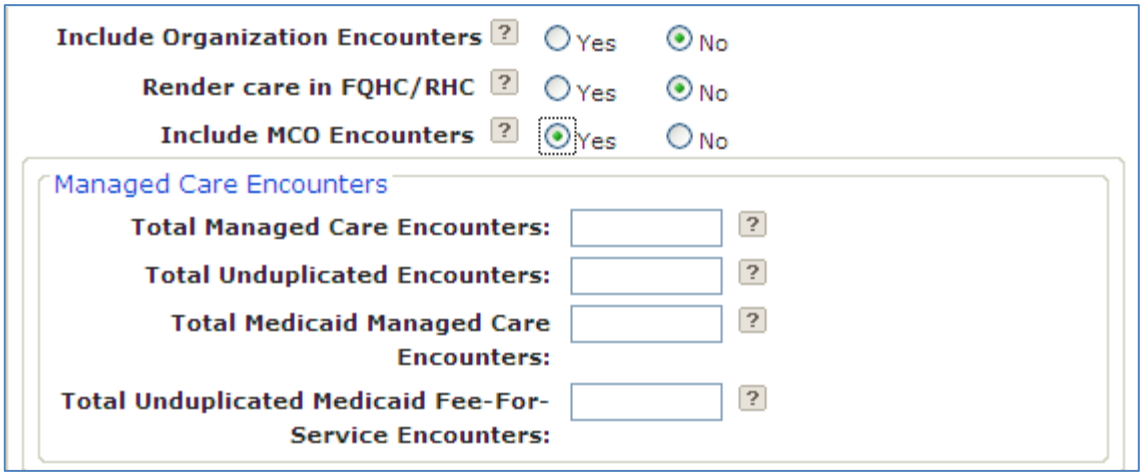
**Scenario 3:**

Include Organization Encounters = **No**

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

Include MCO Encounters = **Yes**

**Figure 10: Selection Criteria for Choosing to Include Managed Care Organization (MCO) Encounters**




Under this scenario, you are electing to include your managed care encounters. You must provide managed care encounters for both Medicaid and total (all payers including Medicaid).

**Total Managed Care Encounters** (1): These are all your managed care encounters, including private and Medicaid. You may not have any private managed care encounters.

**Total Unduplicated Encounters** (2): All non-managed care based encounters. This includes Fee-For-Service Medicaid, private insurance, etc.

**Total Medicaid Managed Care Encounters** (3): All Maryland Medicaid MCO encounters.

**Total Unduplicated Medicaid Fee-For-Service Encounters** (4): All Maryland Medicaid Fee-For-Service encounters.

To get your Medicaid patient volume do the following: (3+4) / (1+2) = percent of total encounters that are Medicaid.

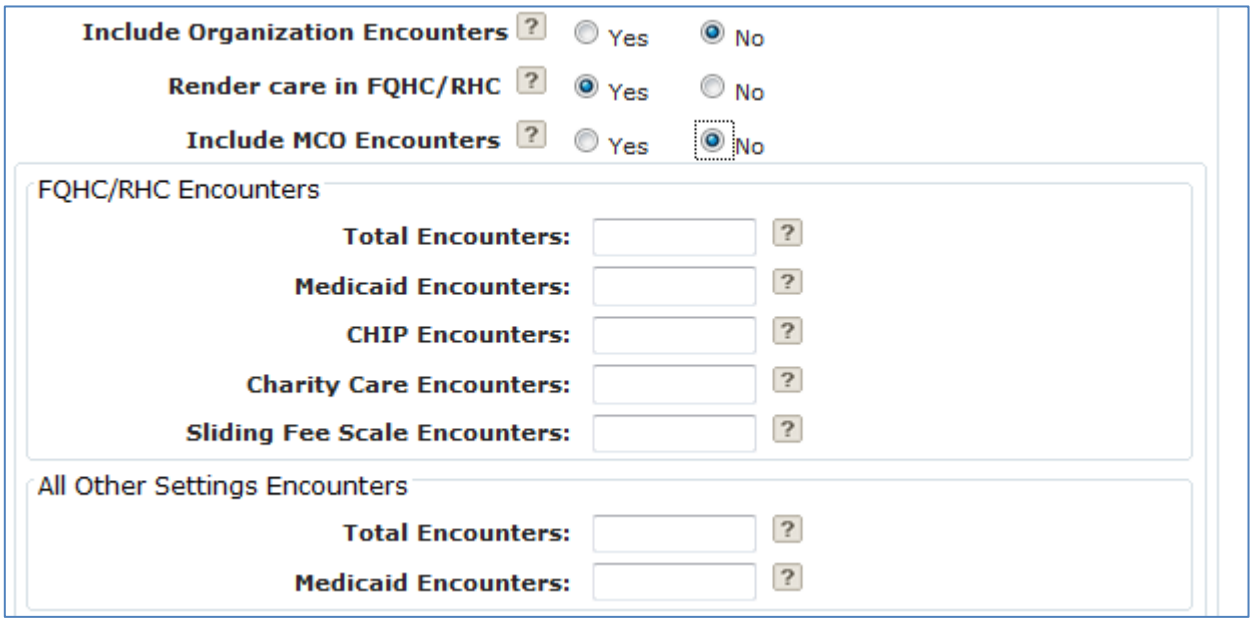
**Scenario 4:**

Include Organization Encounters = **No**

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

Include MCO Encounters = **No**

**Figure 11: Selection Criteria for Choosing Rendering Care in an FQHC**




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 an FQHC or RHC, you can enter zeros in the "All Other Settings Encounters" section.

An EP "practices predominantly" at an FQHC or an RHC when the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months occurs at an FQHC or RHC. Providers can only use these additional types of encounters, i.e. charity care and sliding fee scale encounters, if they meet this requirement.

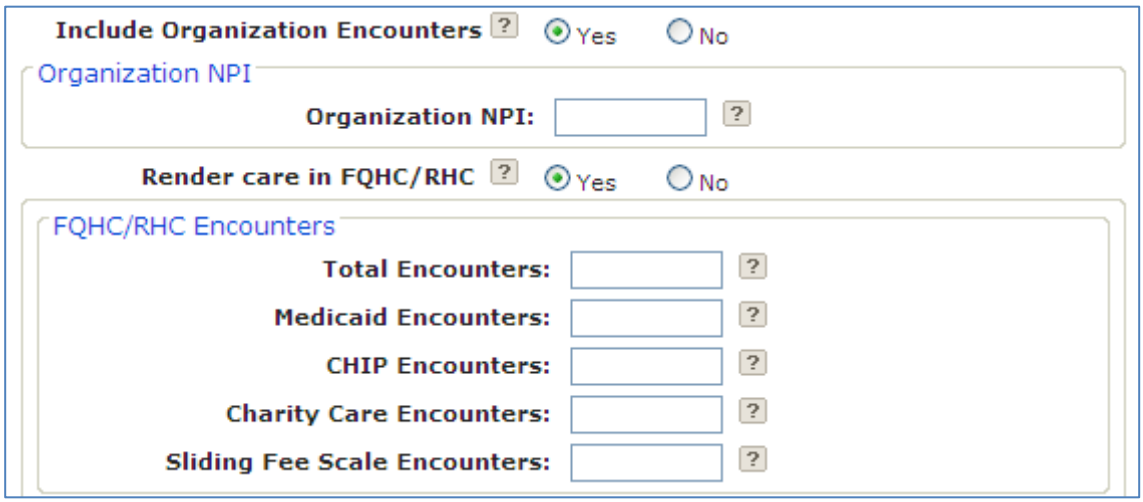
**Scenario 5:**

Include Organization Encounters = **Yes**

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

Include MCO Encounters = **N/A**

**Figure 12: Selection Criteria for Choosing Rendering Care in an FQHC and Participating Using "Group Proxy"**




Under this scenario, you are electing to use your Practice/Organization's encounter numbers as a proxy. You will need to provide the group or organization NPI that you are using as a proxy and the Practice/Organization's encounter numbers.

To ensure that Medicaid has collected all group members before reviewing your attestation, you should upload your group roster for the patient volume period (see page 10). If you do not upload your roster, Medicaid will contact you via the email address available under the "Federal Information" tab (see page 8).

**Note**: You should include MCO Encounters when calculating total and Medicaid encounters. If you select this option, you are also attesting to meeting the requirement for practicing predominantly in an FQHC or RHC in order to use the FQHC or RHC organization's volume as proxy. Also, please review the criteria described in Scenarios 2 and 4.

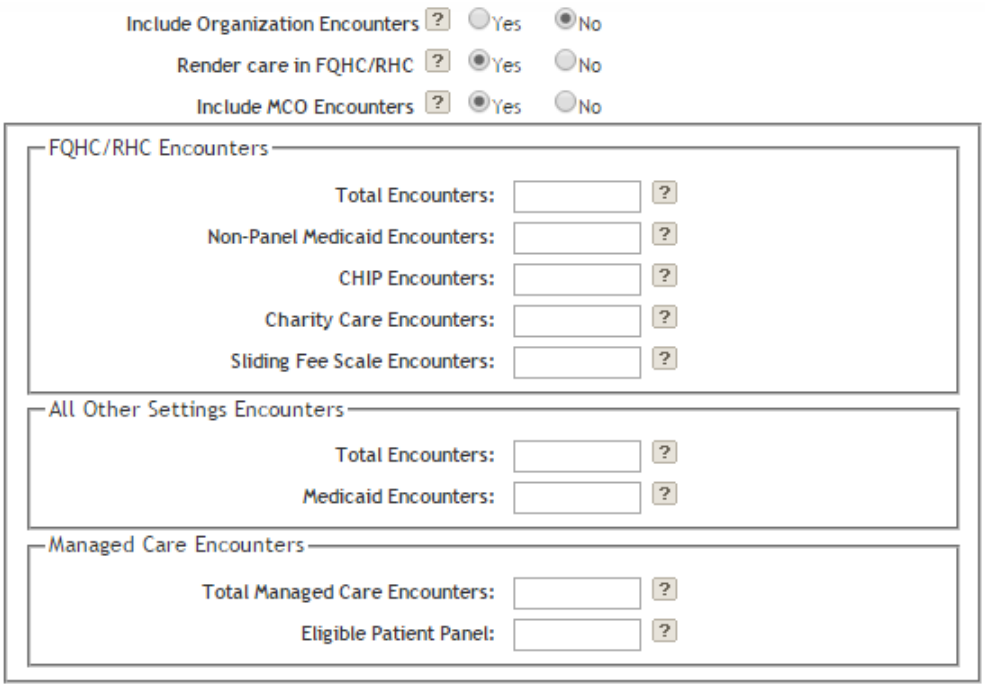
**Scenario 6:**

Include Organization Encounters = **No**

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

Include MCO Encounters = **Yes**

**Figure 13: Selection Criteria for Choosing Rendering Care in an FQHC and Including MCO Encounters**




In this scenario, you are selecting that you are practicing in an FQHC or RHC, have additional encounters in another setting, and also see Medicaid Managed Care patients.

**Note**: Please review the criteria described in Scenario 4.

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. Medicaid staff will contact you for additional information and may contact the other state(s) to confirm encounter data; this will likely delay payment.

## About the EHR Certification ID Number

During attestation, CMS requires each eligible professional to provide a CMS EHR Certification ID that identifies the certified EHR technology being used to demonstrate Meaningful Use. This unique CMS EHR Certification ID or Number can be obtained by entering the certified EHR technology product information at the Certified Health IT Product List (CHPL) on the ONC Website.

**Note**: The ONC CHPL Product Number issued to your vendor for each certified technology is different than the CMS EHR Certification ID. Only a CMS EHR Certification ID obtained through CHPL will be accepted at attestation.

Eligible professionals can obtain a CMS EHR Certification ID by following these steps:

1. Go to the ONC CHPL website: https://chpl.healthit.gov
2. In the search box, you can choose to search by Product Name, Vendor Name, or CHPL Product Number.
3. Filter the search results according to the following filtering criteria: Certification Edition, Practice Type, Classification, Certified Criteria, and Certified CQMs.
4. Click on the check box next to the product desired to finalize the selection.
5. Select 'See Progress' to view the Progress page and view current status in relation to meeting necessary requirements to obtain a CMS EHR Certification ID.
6. Click on the 'Get Certification ID' button and the CHPL will generate and display a CMS EHR Certification ID which is representative of the combination of products selected.

Note: The "Get CMS EHR Certification ID" button will NOT be activated until the products selected meet 100% of the CMS required criteria. If the EHR products do not meet 100% of the CMS required criteria to demonstrate Meaningful Use, a CMS EHR Certification ID will not be issued. You may use this link to access a walk through document to generate a CMS EHR Certification ID using the CHPL website.

## MU Reporting Choice

To receive an EHR Incentive Program payment, providers have to show that they are 'meaningfully using' their certified Electronic Health Record technology by meeting certain measurement thresholds that range from recording patient information as structured data to exchanging summary records.

CMS has established these thresholds for eligible professionals, eligible hospitals, and critical access hospitals.

View information about Stage 3 Program Requirements

The only MU Reporting Choice for Program Year 2019 is Stage 3 of Meaningful Use.

## Meaningful Use for Eligible Professional

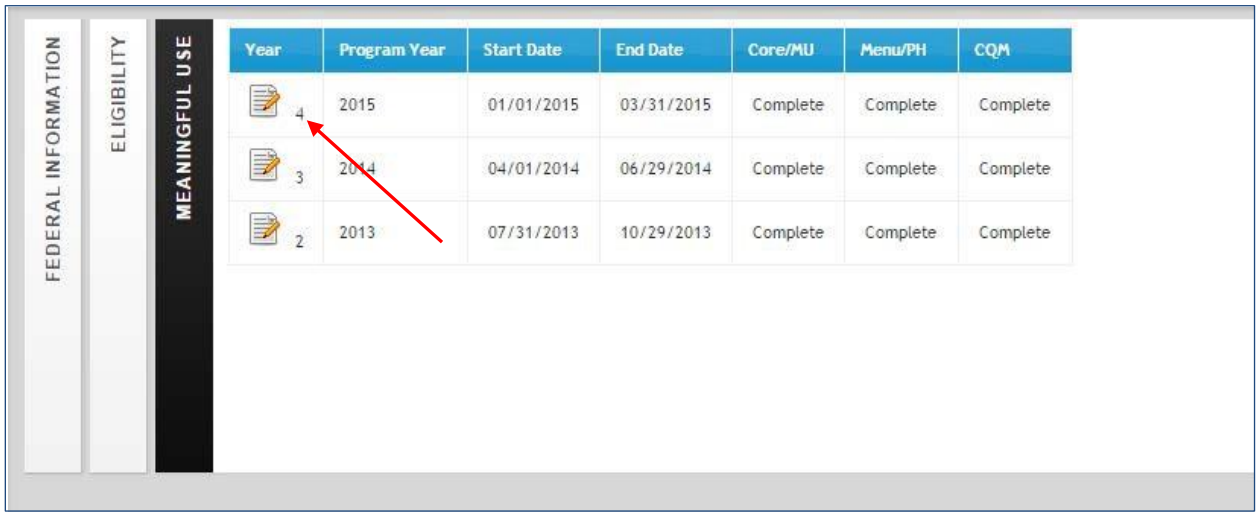
If you are participating in at least your second year with the Medicaid EHR Incentive Program, you will be able to click on the tab "Meaningful Use." This tab shows a summary of your Meaningful Use information with the state.

The icon shows the year of participation with the EHR Incentive Programs followed by the start and end date for your Meaningful Use period. Your Meaningful Use period is either: (1) any continuous 90-day period in the calendar year or (2) a full 365-days.

This tab also shows the status of your Meaningful Use measures. If you have entered a valid value or selected exclusion for the number of Core/MU, Menu/PH, and Clinical Quality Measures (CQM) required under Meaningful Use for your year of participation, you will see the word "Complete" under the appropriate heading. If not, you will see the word "Incomplete."

Click on the icon to enter Meaningful Use information.

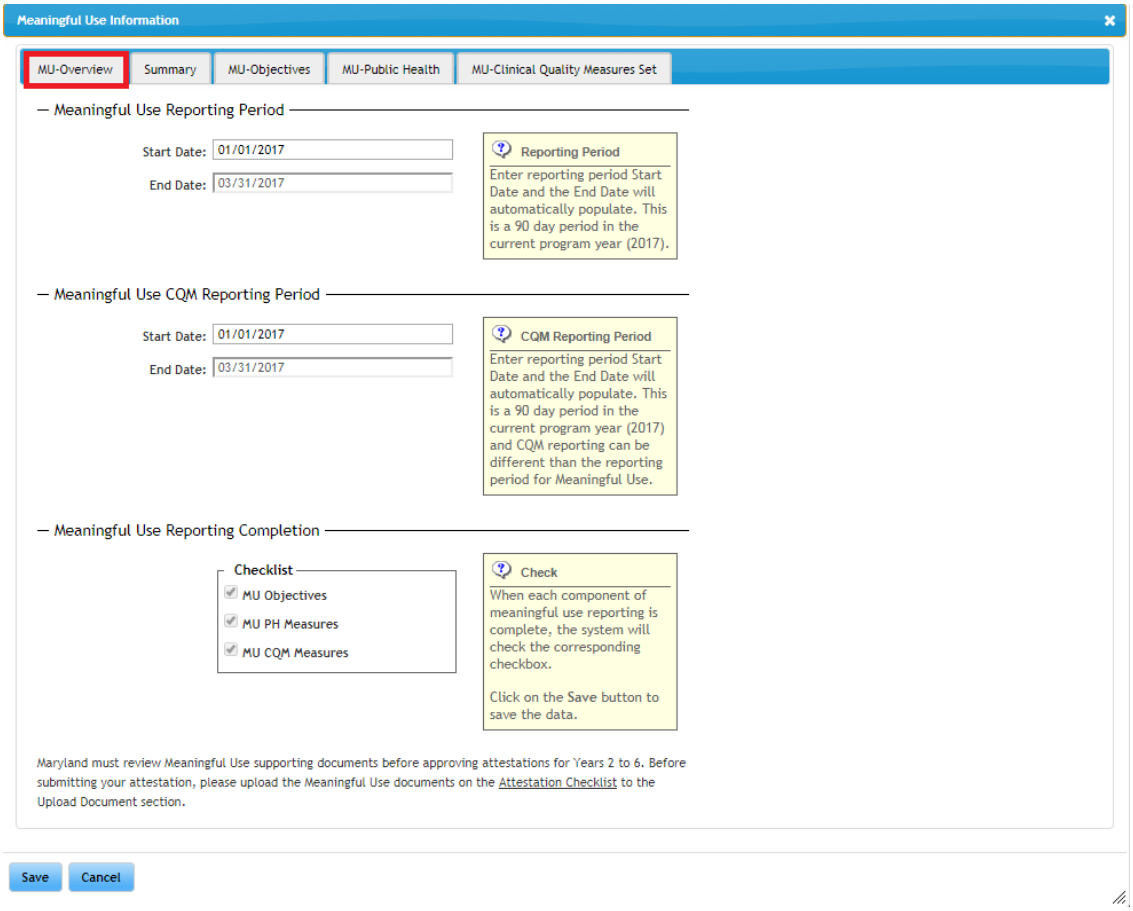
**Figure 14: Eligible Professional Meaningful Use Attestation Icon**




### Meaningful Use Overview

When you click on the icon, you will be shown a page containing: (1) information about choosing your Meaningful Use period; (2) information about choosing your Meaningful Use CQM period; and (3) a system-generated check list showing your Meaningful Use status. Throughout the Meaningful Use web tool, you will see yellow notes providing helpful information.

**Figure 15: Eligible Professional Meaningful Use Overview Screen**




### Step 1: Enter Meaningful Use Reporting Period

Select a reporting period that encompasses any continuous 90-day reporting period within the calendar year 2019  Enter your begin date. Once you enter the begin date, the system will automatically end date your Meaningful Use period.

### Step 2: Enter Meaningful Use CQM Reporting Period

Select a reporting period that encompasses any continuous 90-day or greater reporting period within the calendar year 2019.  In 2019, you are able to select a 90-day or greater reporting period in the current calendar year for CQMs that differs from your reporting period for Meaningful Use.

### Step 3: Save

**Please save your information by clicking the Save button at the bottom left of the screen.**

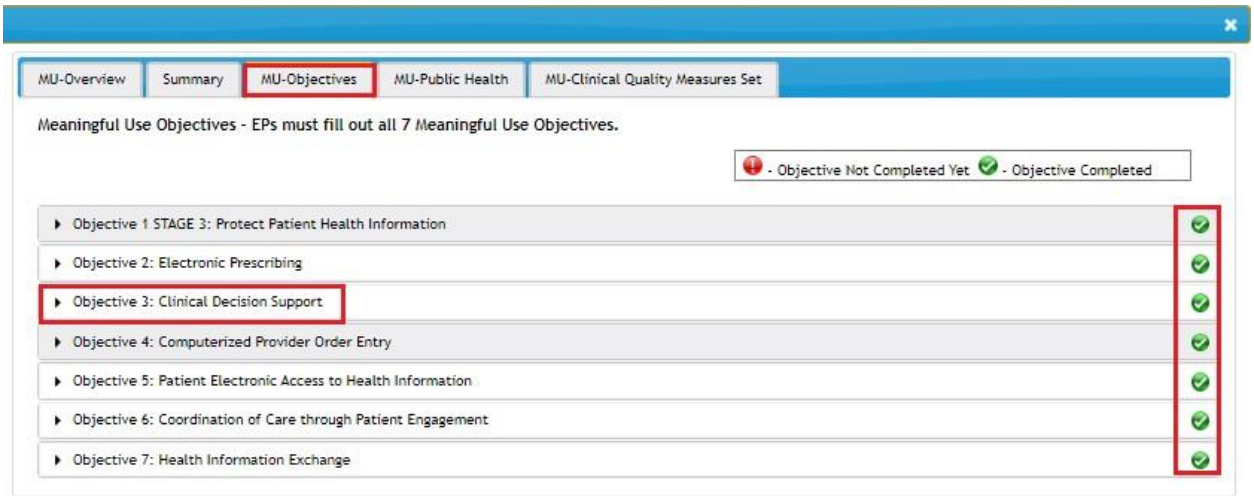
**If you would like to fill out your Meaningful Use Information online, select the third tab at the top of this page, "MU-Objectives".**

## Meaningful Use Objectives

The page in Figure 16 below shows an example of the Meaningful Use Objectives required by CMS for Eligible Professionals. Providers can only attest to one stage for program year 2019. Eligible Professionals must meet or claim a valid exclusion for all objectives listed in the Meaningful Use set. On the right- hand side of this page, the system summarizes your status meeting the requirements. For example, this particular provider has filled out Meaningful Use information for 7 out of the required 7 Meaningful Use objectives.

To see the details on any objective, just move your cursor over the objective and click. See Figure 17 for details.

**Figure 16: Eligible Professional Meaningful Use Objectives Set Screen**




**Note:** The system accepts any mathematically valid entry. A completed objective, as signified by the icon, does not necessarily mean that you have passed the measure. It means you have completed the objective by entering information.

**Note:** You can learn about the Centers for Medicare and Medicaid Services' (CMS) Final Rule that changes the Meaningful Use requirements for providers and hospitals in 2018 by reviewing Maryland Medicaid's newsletter, E-Connect.

**Figure 17: Eligible Professional Meaningful Use Objective Selection**

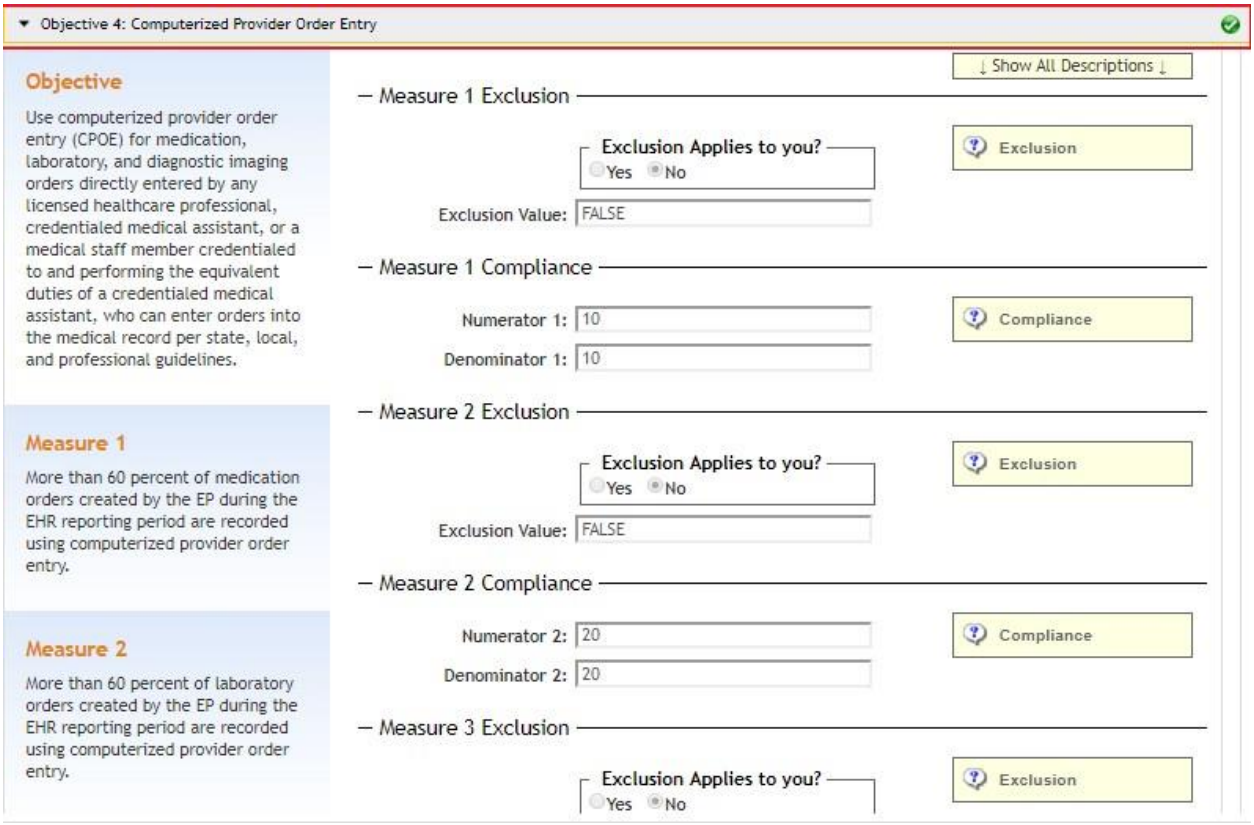



Figure 17 shows an example of the detail page for **Objective 4: CPOE for Medication, Laboratory, and Radiology Orders**. All of the objectives have similar pages. In this example, a provider may claim a valid exclusion or submit an appropriate numerator and denominator to meet the threshold for this objective. Information on the objective, how it is measured (*i.e.*, what patients are counted to arrive at the percentage and the required threshold) are listed on the left-hand side of the page. The exclusion criteria can be viewed by clicking on the (?) Exclusion on the right-hand side of the page. The appropriate information will be available for every objective.

On the right-hand side of the page, the system provides more detailed information about how to fill out the text boxes. If invalid information is entered, the system will return an error message with a description of the error. **The system does not validate whether the numbers entered meet the threshold value. They only ensure that the denominator is greater than or equal to the numerator.**

Providers can fill out all required information for the Objective at once, or they can save their progress and return at a later time.

**Note:** If at any time you change information on any objective, please save your information by clicking on the Save button at the bottom left-hand side of the screen.

## Meaningful Use Public Health Reporting

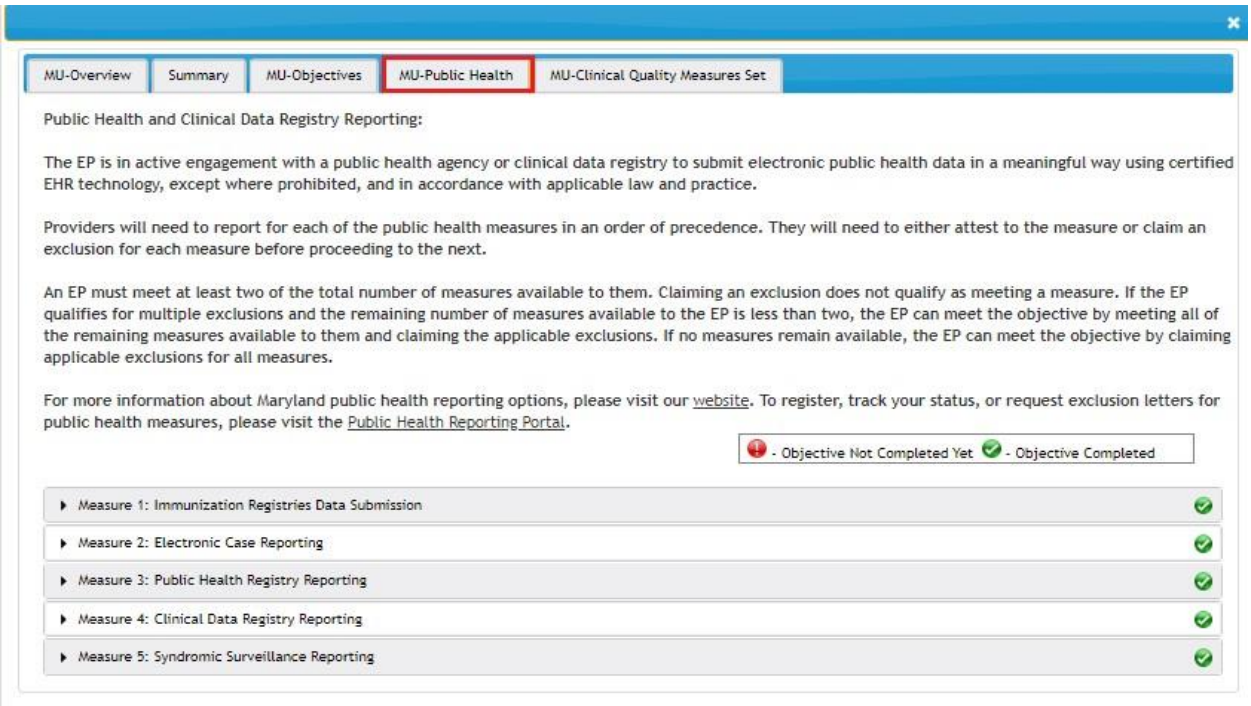
The requirements for meeting the Meaningful Use Public Health Objective are listed under the “MU-Public Health” tab. The consolidated public health objective has three measure options: Immunization Data Registries Submission, Syndromic Surveillance Reporting and Specialized Registry Reporting. The options for the Specialized Registry Reporting include Cancer, Prescription Drug Monitoring Program, or case reporting via Consolidated Clinical Document Architecture (CCDA). More information about these options can be obtained by emailing mdh.mu_ph@maryland.gov.

To increase the likelihood that providers submit data to the State's public health registries, Maryland has modified the public health requirement by establishing an order or precedence for public health reporting. If providers engage with Maryland Medicaid and the State's Health Information Exchange ("HIE"), CRISP, to submit cases to public health via CCDA, Maryland will count this action towards meeting "active engagement".

Examples of the public health reporting measures you will see are available in Figure 18. In Stage 3, EPs will need to meet at least two measures to be compliant. On the right-hand side of this page, the system summarizes your status with meeting the reporting options.

To see the details on any measure option, just move your cursor over the measure and click. Each Public Health Measure’s page is similar to each Meaningful Use Objective’s page. See page 23 for an example of a Meaningful Use Objective page.

**Figure 18: Eligible Professional Meaningful Use Public Health Objective**



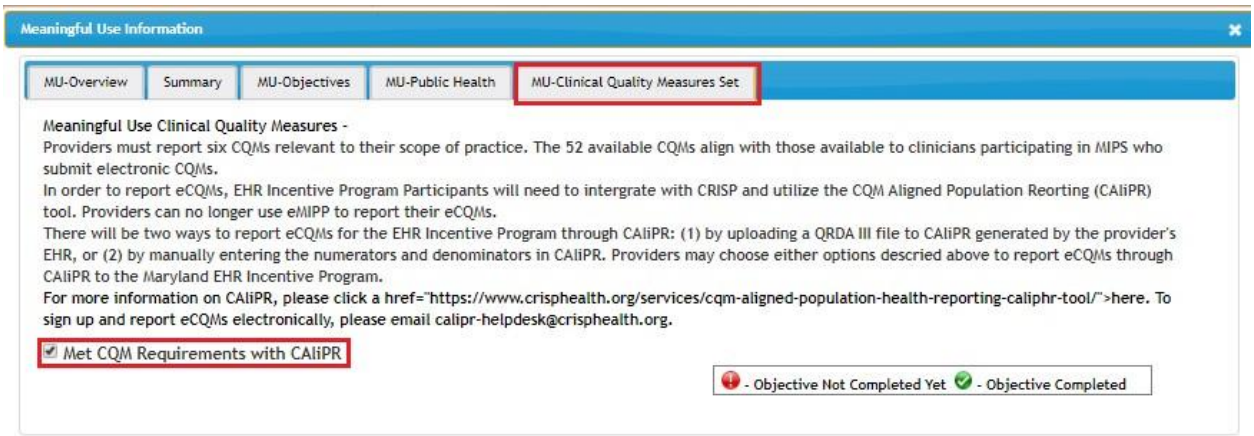

**Note:** If at any time you change information on any objective, please save your information by clicking on the Save button at the bottom left-hand side of the screen.

## Meaningful Use Clinical Quality Measures Set

Requirements for meeting the Meaningful Use Clinical Quality Measures Set (CQMs) are listed under the Meaningful Use tabs. On the right-hand side of this page, the system summarizes your status meeting the requirements.

Providers will need to refer to the latest eConnect with CQM updates for 2019 change in reporting options. A user guide for submitting CQMs is available here.

**Figure 19: Eligible Professional Meaningful Use Clinical Quality Measures Screen**




**Note:** If at any time you change information on any objective, please save your information by clicking on the Save button at the bottom left-hand side of the screen.

## Upload Supporting Documentation

eMIPP allows providers to upload supporting documentation at any time of the attestation review process. Once you have selected the "Upload Document" tab, you can move your cursor to the upload icon to upload information concerning your attestation.

Because every provider could be potentially selected for a post-payment audit, providers should have auditable proof that they meet patient volume qualifications. Medicaid recommends that you have an electronic, searchable file, such as Excel, that provides the following information:

- Provider name or identification number;
- Recipient name or identification number;
- Date of service;
- Place of service
- Payment status (paid or not paid)
- Payer type (Medicaid, private, Medicare, self-pay, etc.); and
- Payer name (Blue Cross Blue Shield, Medical Assistance, Priority Partners, etc)

To reduce the need for any post-payment audit, Medicaid recommends that you submit this information (or some auditable record proving that you meet patient volume requirements) at this stage in your registration.

As part of the pre-payment audit process, Medicaid requires that providers upload:

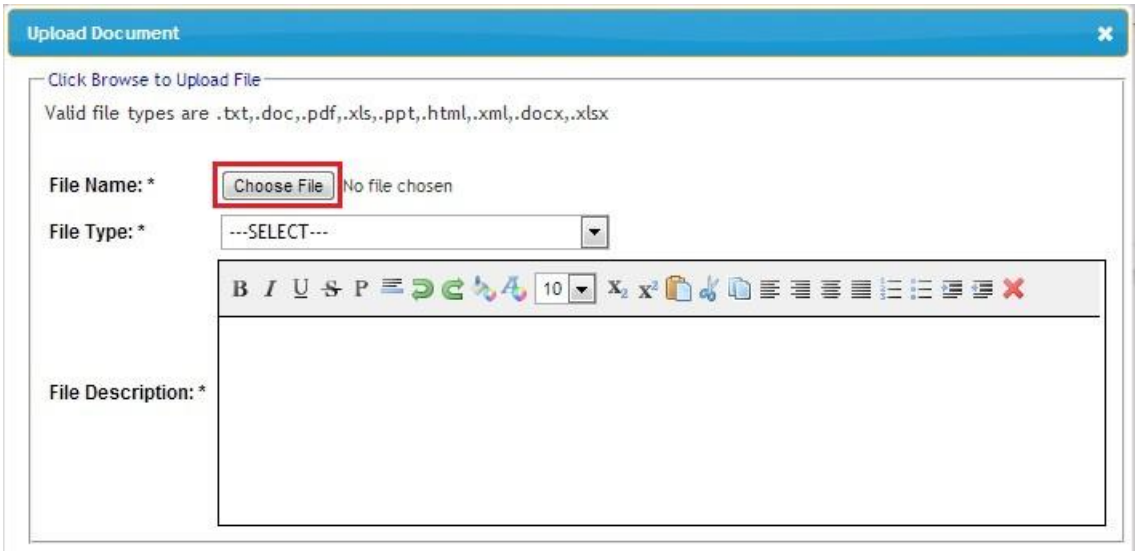
- An EHR-system generated report showing your objects and measures;
- A copy of the Security Risk Assessment;
- Screenshots that show FIVE clinical decision support (CDS)
- Screenshots of drug-drug and drug-allergy interaction checks; and
- Supporting documentation for exclusions.
- Supporting documentation for Public Health

**Figure 20: Upload Supporting Documentation Screen**

When you select the upload icon, you will see the following pop-up screen. The eMIPP system will allow you to upload text files, word documents, Excel spreadsheets, and PDFs, among others. Simply click the "Choose File" button to select your file. Before uploading the document, you will need to provide a description of the file. Please be as specific as possible.

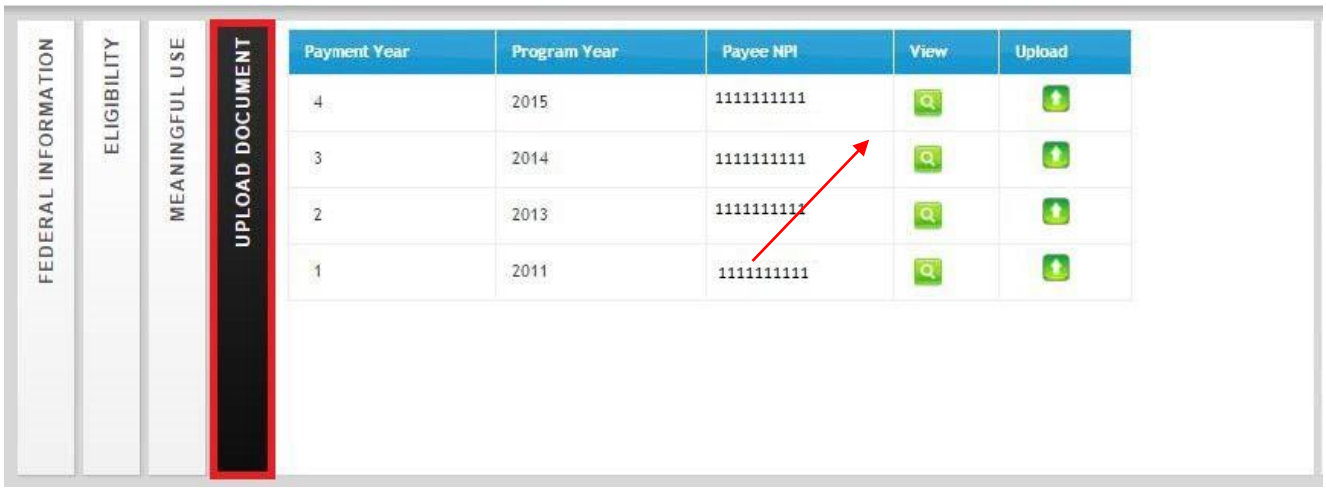
You can upload as many documents as you would like. Once a document is uploaded, it cannot be deleted.

**Figure 21: Selecting Supporting Documentation to Upload**




After uploading your document, you can click the view icon to see a list of all the documents you have uploaded. From the document list, you can view your comments or download the files you have uploaded.

**Figure 22: View Uploaded Supporting Documentation**



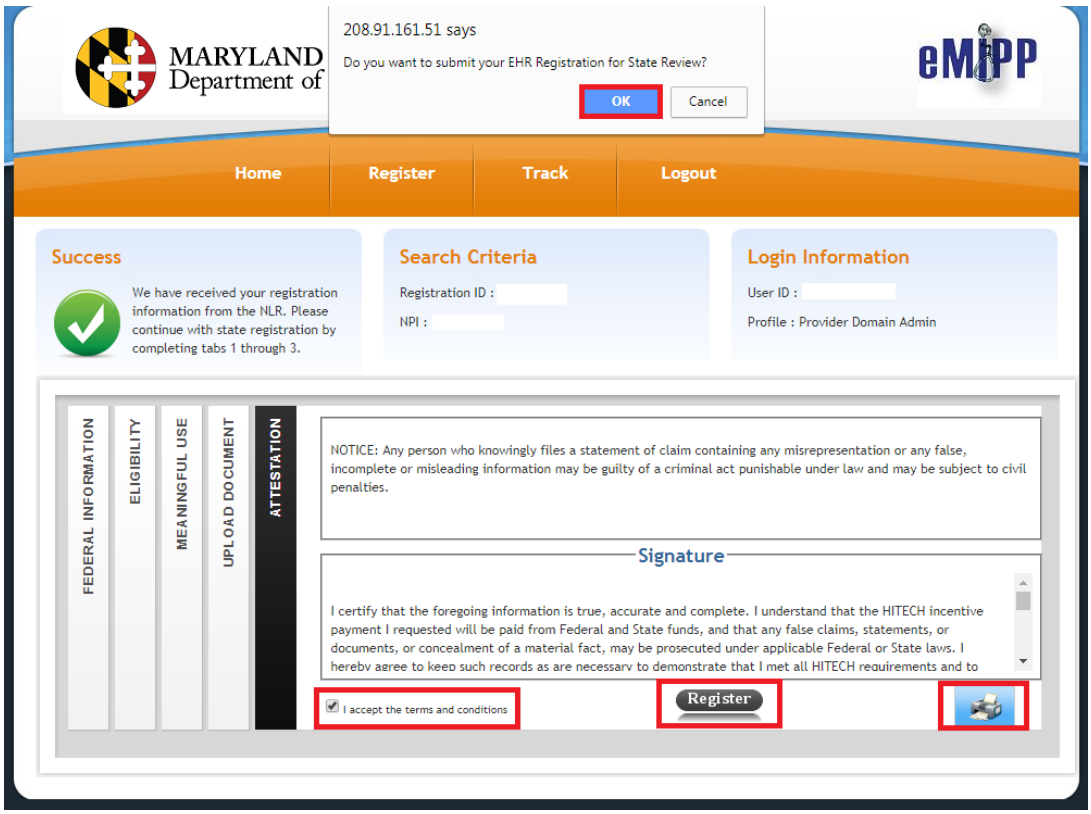
## Submit to State

1. Read the terms and conditions, then do the following:

    a. Select the printer icon to print the agreement if needed.
    b. Click the checkbox to agree.
    c. Click **Register** to submit the application. A pop-up box will ask for verification to submit the application.
    d. Click **OK** to submit or **Cancel** to return to the application and make changes.

**Note:** After submitting the application, you cannot make changes. However, if your attestation is rejected by the State, you may make the necessary changes and reapply. If you have attested in error, please contact Maryland Medicaid at mdh.marylandEHR@maryland.gov

**Figure 23: Eligible Professional Submit Attestation to State Screen**



2. Validate that the payment information you chose for your attestation is correct. Be sure to check that you have entered the correct Tax ID before submitting payment information and to double-check after submission.

**Figure 24: Attestation Complete Confirmation Screen**

3. Click **Logout** to exit the application.

**NOTE:** Once you have submitted with the State, **DO NOT RETURN TO THE CMS WEBSITE UNLESS INSTRUCTED BY THE STATE.** Returning to this website will hinder Maryland's ability to review your attestation. Once you have submitted with the State, you should only be interacting with the State's system, eMIPP.

## Eligible Hospital Registration and Attestation in eMIPP

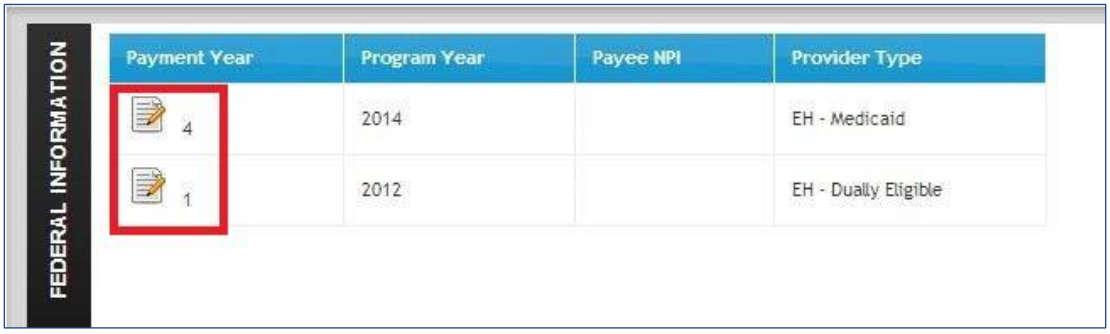
Providers will receive their CMS Registration ID in the CMS registration (Step 1(b) on page 6). You cannot sign in to the site without this number. Log in to the Maryland EHR Registration and Attestation System.

1. Login with eMedicaid username and password and click **Submit**.
2. On the next screen, select **Go**.
3. Under MIPP Registration, select **Start**.
4. Enter your 10-digit CMS Registration ID; select **Search**.

**Figure 25: Hospital CMS Certification Number Submission Screen**

5. On the next screen, you will see a page with three tabs. By default, you will begin on Tab 1, **FEDERAL INFORMATION**. Review the information and select the icon for the year in which you are participating in the program.

**Figure 26: Hospital Federal Information Verification Screen**




On this tab, you need to review and confirm the information from the CMS Registration and Attestation System. If there are any issues with the information that need to be corrected, STOP and go back to the CMS website and correct the issue(s). Wait at least one full business day before accessing eMIPP. If the updated information is displayed, you can continue. If not, wait one more day and try again. If the new information is not displayed, call the EHR Incentive Program Information Center at (888) 734-6433, or TTY (888) 734-6563.

6. After reviewing the information on Tab 1, click on Tab 2, **ELIGIBILITY.**

**Figure 27: Hospital Eligibility Determination Selection Screen**

ELIGIBILITY

| Payment Year | Program Year | Certification Number | EHR Status |
|---|---|---|---|
| 3 | 2018 | | Meaningful Use |
| 2 | 2014 | | Meaningful Use |
| 1 | 2013 | | Meaningful Use |

To expedite the review of your attestation, please upload documentation that supports the patient encounters you report. More information is available on the Attestation Checklist

7. Enter **Eligibility Information.**

**Figure 28a: Hospital Eligibility Determination Submission Screen**

Eligibility Information

**Bold** fields are required.

Eligibility Information

Patient Volume Reporting Period

**Start Date :**

**End Date :**

Encounter Information

**Medicaid Encounters :**

**Total Encounters :**

Pay To Provider

Select Pay To Provider ---SELECT---

The Pay To Provider represents the Maryland Medicaid account to which the incentive payment will be directed upon approval. If no options are available for selection, or if the options available for selection are incorrect, please email mdh.marylandehr@maryland.gov

EHR Certification Information

EHR Status MU

EHR Certification Number: A014E01GYWC2EAB

Email: mdh.marylandehr@maryland.gov

Save Cancel

**Figure 28b: Hospital Eligibility Determination Submission Screen**

EHR Certification Information

EHR Status ? MU

EHR Certification Number: ?

Email: mdh.marylandehr@maryland.gov

**Reporting Period:** The default start date is today's date. 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 2019; it is the continuous 90-day period in the prior federal fiscal year (between October 1, 2018 and September 30, 2019) 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 federal fiscal year—it cannot span multiple years. Your reporting period can be any consecutive 90-day period within the prior fiscal year. To ensure your hospital's eligibility, each hospital should contact MDH to obtain patient volume information before attesting. Hospitals can receive their patient volume information by emailing MDH at mdh.MarylandEHR@maryland.gov.

**EHR Status**: Select the appropriate EHR Status for your hospital. If you are a dually-eligible hospital and have already attested for the Medicare EHR Incentive Program, you will have the option to select "MU" (Meaningful Use). If you are participating in your second year with Medicaid or if you selected Meaningful Use in your first year, the only option you will have is to select "MU."

**EHR Certification Number**: The CMS EHR Certification ID is made up of 15 alphanumeric, case sensitive characters and should be entered in ALL UPPER CASE.

8. Click **Save**.

9. Submit Meaningful Use.

   **NOTE:** You will need to re-submit the Meaningful Use measures you originally submitted to Medicare to Maryland Medicaid. Please email MDH at mdh.MarylandEHR@maryland.gov for more information on submitting Meaningful Use information for a hospital.

10. Upload supporting documentation.

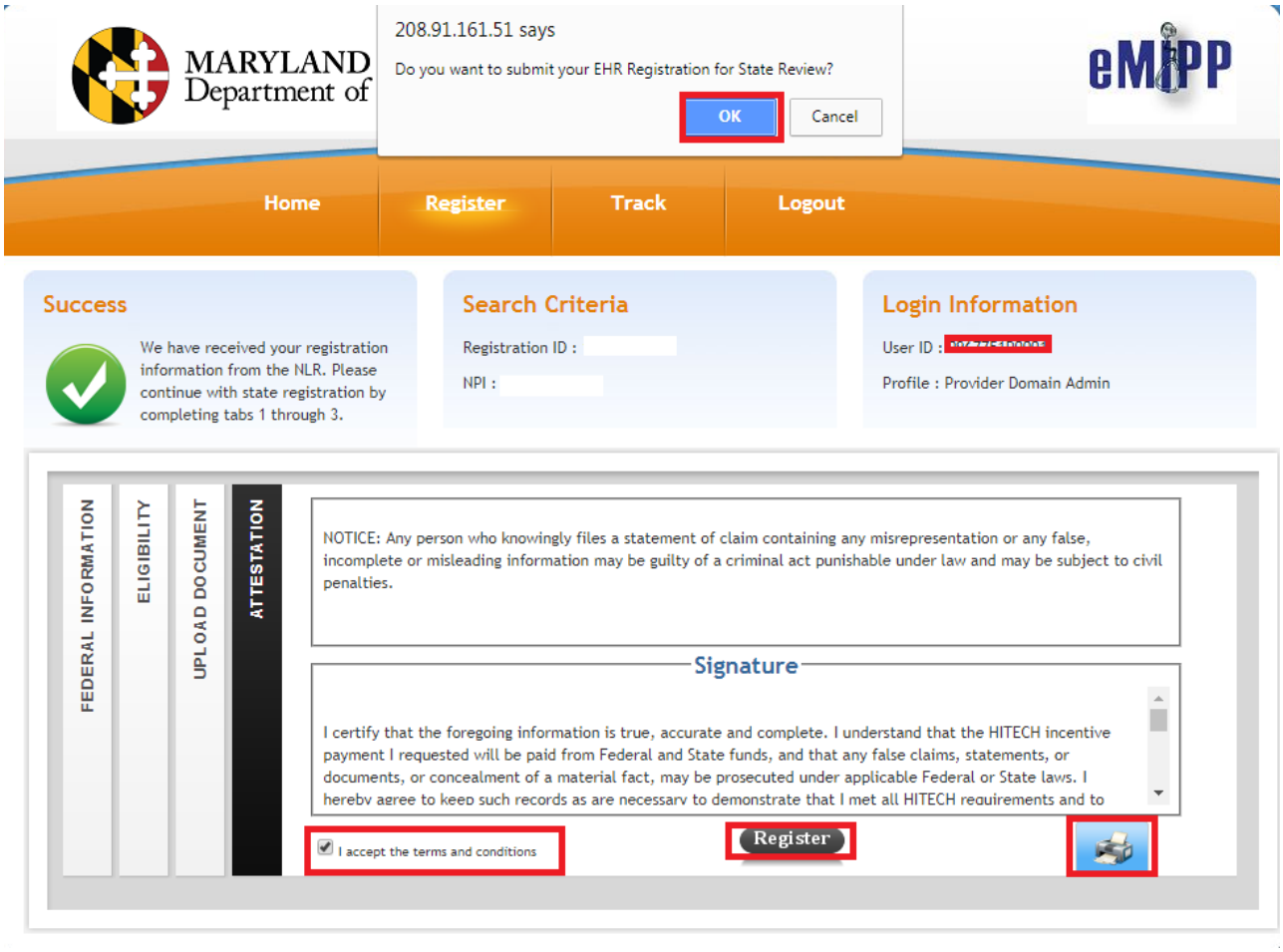
    All hospitals should upload any documentation as indicated in communication with MDH to eMIPP prior to submitting their attestation. See page 27 for details on uploading supporting documentation.

11. Attestation.
    Read the terms and conditions, then do the following:

(1) Select the printer icon to print the agreement, if needed.
(2) Click the checkbox to agree.
(3) Click **Register** to submit the application. A pop-up box will ask for verification to submit the application.
(4) Click **OK** to submit or **Cancel** to return to the application and make changes.

**Note:** After submitting the application, you cannot make changes. However, if your attestation is rejected by the State, you may make the necessary changes and reapply. If you have attested in error, please contact Maryland Medicaid at mdh.MarylandEHR@maryland.gov.

**Figure 29: Hospital Attestation Submission Screen**




12. Review confirmation.

After attesting with the State, please validate that the payment information you chose during attestation is correct.

**Figure 30: Hospital Attestation Complete Confirmation Screen**

13. Click **Logout** to exit the application.

    **NOTE:** Once you have submitted with the State, **DO NOT RETURN TO THE CMS WEBSITE UNLESS INSTRUCTED BY THE STATE.** Returning to this website will hinder Maryland's ability to review your attestation. Once you have submitted with the State, you should only be interacting with the State's system, eMIPP.

## Track Registration Submission

1. Login with eMedicaid username and password and click **Submit**.
2. On the next screen, select **Go**.
3. Under eMIPP Registration, select **Track**.
4. Enter your 10-digit CMS Registration and Attestation ID; select **Search**
5. View the status of the submission. The green check marks indicate a completed step. The gears and green arrow indicate the current status.

**Figure 31: Track Application Status Bar**

Generally, submitted attestations will stay in the "State Review" status for an average of 45 days. During this time, the State is validating your information. If, after 45 days you have not received a follow up e-mail from the State, please contact us at mdh.MarylandEHR@maryland.gov. Please include your CMS Registration ID in either the subject line or body of your e-mail.

## Troubleshooting Issues

**Error**: Invalid Sign In

**Action**: You have not used the correct username and password. The username and password is the same as the eMedicaid login. If you have not registered at the eMedicaid portal, please do so first, then try logging in again.

**Error**: Error Communicating to the Web Service for Authentication.

**Action**: The application is having trouble communicating with the State Web service to authenticate your username and password. Wait and try again.

**Error**: Invalid Registration Details – The Maryland domain you are using does not match the CMS Registration ID.

**Action**: There is a mismatch between the NPI that you used to register in eMedicaid and the NPI that you used to register with CMS. You will need to contact Provider Enrollment at 410-767-5503 to make necessary corrections and try again.

**Error**: Invalid Registration Details – CMS Registration ID not found. Please check your ID and enter again. If this issue persists upon re-entering, contact CMS to verify your Registration ID.

**Action**: You have not entered the correct CMS registration ID, please check your welcome letter for the correct CMS registration ID and try again.

**Error**: Invalid Registration Details – You are currently either not an active Maryland Medicaid Fee- For- Service (FFS) provider or you are not an eligible provider type for the EHR Incentive Program. You may not begin your Maryland EHR registration unless you meet both of these criteria. If you do not address the issue within 30 days, your Maryland EHR registration will be denied.

**Action**: Visit ePREP to view or amend your enrollment status. For assistance, call 1.844.4MD.PROV (1.844.463.7768)