State Level Registration for Eligible Professionals (EP)

Medicaid Promoting Interoperability (PI) Program

March, 2021 (Version 14.0)

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Revision History

Version	Release Date	Notes
10.0	July 2019	Updated screen shots. Changes to upload document tab. Increase file limit from 5MB to 10MB
11.0	December 2019	Updated screen shots. Removed prior program year references/requirements. Added Stage 3 and/or 2015 CEHRT requirements.
12.0	March 2020	Total encounter requirement for 2020 & 2021. Updated guide to include program year 2020 references.
13.0	August 2020	Addition of MAPS to the drop down under public health.
14.0	March 2021	Updated text and screen shots for 2021. Updated information for selection of MAPS.

Federal Level Registration

Providers should currently be registered with the CMS Registration and Attestation System (CMS RAS) at the federal level as this was required for the first year of participation.

For more information on the federal level process, see:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/ehrmedicaidep_registrationuserguide.pdf

Providers are issued a confirmation ID number after registering at the federal level. This confirmation ID should be retained as it is needed to access state level registration. If this number is unknown, it can be retrieved by logging back into the CMS RAS with the original username and password used during federal registration.

Any changes to the information entered at the CMS registration and attestation system, cannot be changed at the State level. Should this information need to be changed, the provider will need to log back in at the CMS RAS and make the necessary changes. Those changes will then get updated at the State during the daily run batch process.

An individual registration needs to be completed for each provider applying for an incentive payment regardless of whether they will be qualifying under the organizational proxy or not.

Providers will need to assure that their information in the CHAMPS system is current and up to date. Expired or incomplete information in CHAMPS will prevent a provider from completing and submitting a Medicaid registration.

Below describes the type of registration that is required in CHAMPS depending on your current CHAMPS status:

- **Currently a Medicaid-Enrolled Provider**: Once Medicaid receives a valid Eligible Provider request from the RAS, a welcome letter will be mailed to the EP with instructions for logging on to CHAMPS to register for the program on-line. Once the EP submits the registration information, Medicaid staff will start the review/validation process. To ensure that only eligible providers receive incentive payments, a series of verifications will take place at registration and annually thereafter.

- **Not Currently a Medicaid-Enrolled Provider**: Once Medicaid receives a valid Eligible Provider request from the RAS, a welcome letter will be sent to the EP with instructions on enrolling in CHAMPS to register for the program on-line. Note that this enrollment is for incentive purposes only. To access the CHAMPS system for enrollment, the EP must follow the directions on the website at https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html. You can also call toll free at **(800)-292-2550** for help enrolling in CHAMPS. Choose option 2 when calling and they will be able to answer any enrollment questions you may have. Once approved, the EP will receive a letter with instructions on completing the EHR portion of the enrollment.

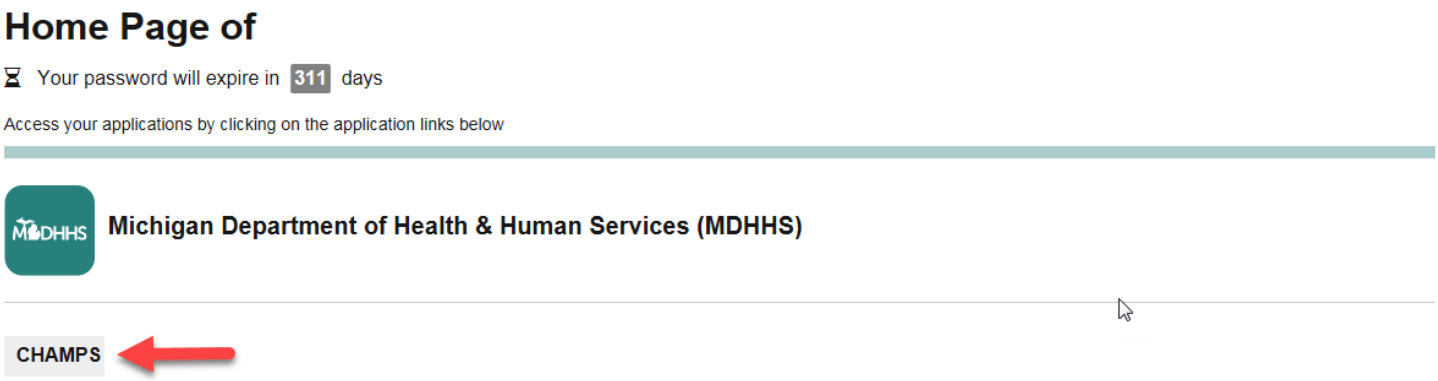
All participating providers will have to complete a new state level registration each year they apply for an incentive payment. This will ensure that providers report eligibility numbers and MU requirements, and re- attest to program information. They will also be required to complete an annual survey that will address general EHR issues and concerns before registration is complete. There is no need to return to CMS RAS each year **unless updates need to be made** like demographic information or payee information.

State Level Registration

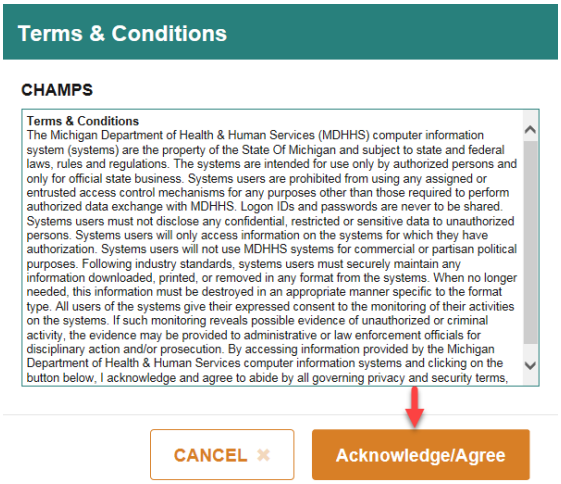
You should download and review the **EP's Guide to the Medicaid Promoting Interoperability (PI) Program** before completing the state level registration which can be found at http://www.michiganhealthit.org/.

To access the state level registration, you must sign on to the State of Michigan "MILogin" available at https://milogintp.michigan.gov.

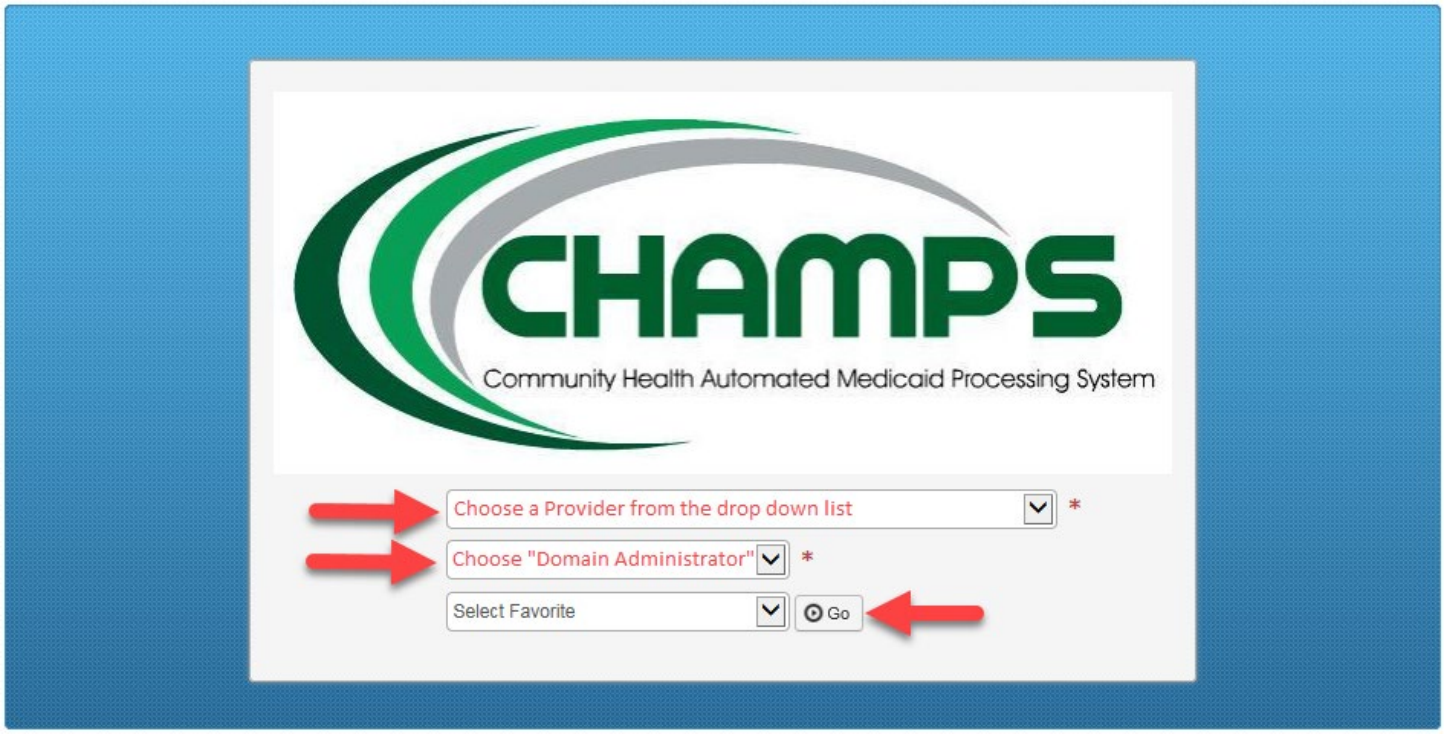
After signing on to MILogin, you will need to enter CHAMPS.



Read the information contained in the Terms & Conditions pop-up window, and if you "Acknowledge/Agree", click the corresponding button.

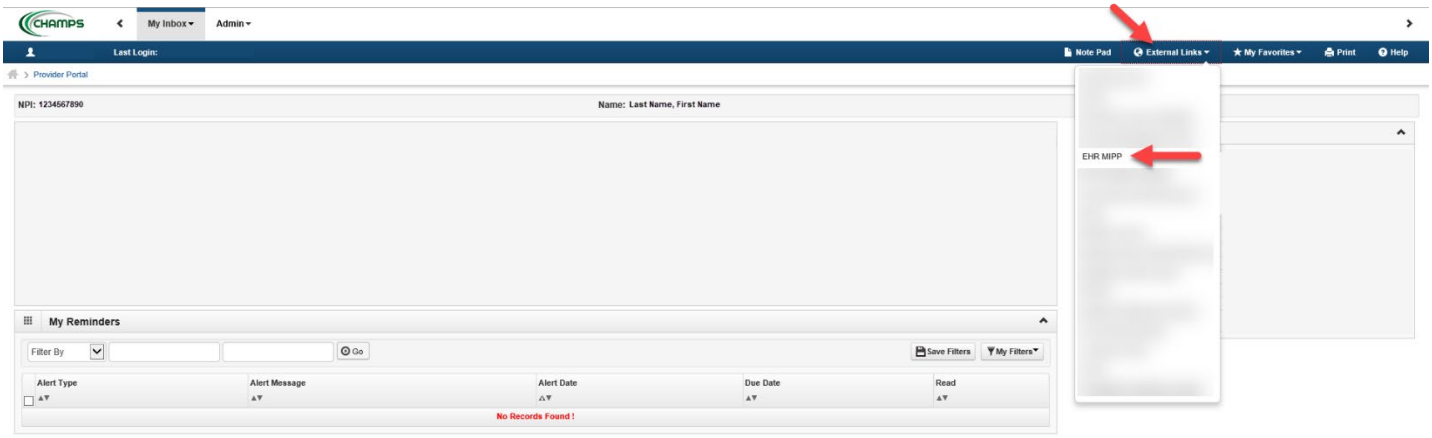


In the first box: from the drop-down list, choose the provider you would like to register. In the second box: from the drop-down list, choose “Domain Administrator”. Click the “Go” button.



NOTE: You must have domain administrator access for the provider you are registering.

Once logged in, you will see the main CHAMPS screen. Click on the “External 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, then your federal level registration has not been processed yet or you are not logged in as domain administrator.

Once you click the “EHR MIPP” link, a new window will open.

Please read the information in "Red Font" (highlighted in the screen shot below).

Click on either **Register** or **Start** to move on to the next screen and begin the registration process.

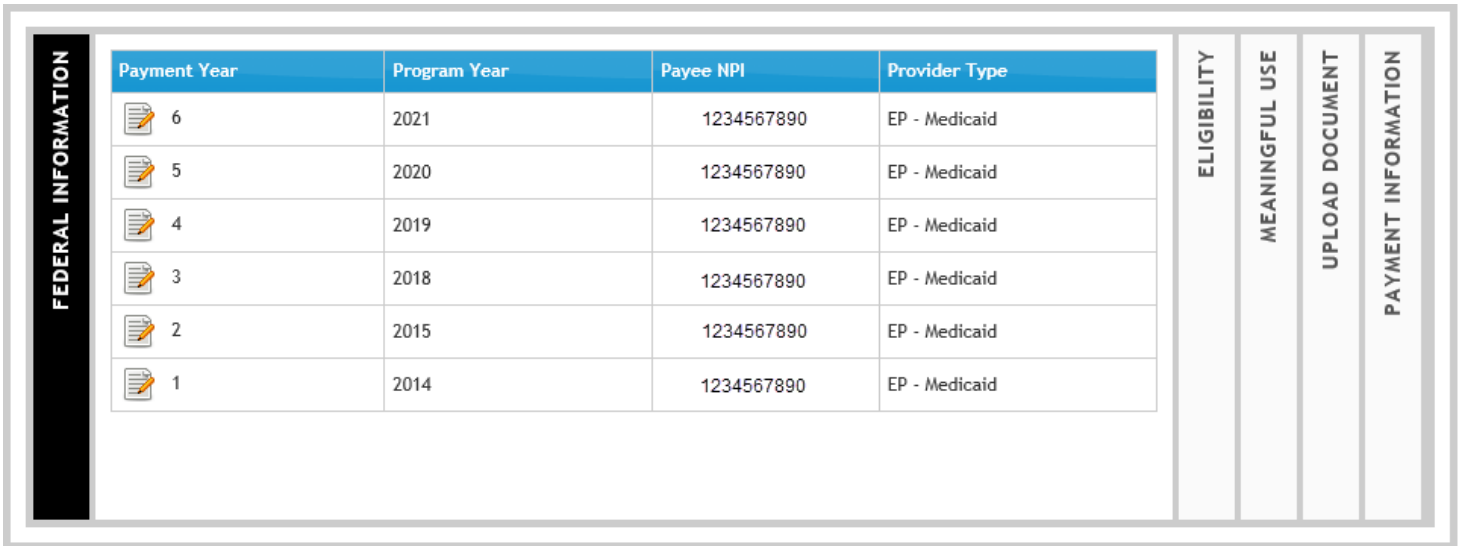
NOTE: You may need to allow pop-ups, to get to this page.

You will need to enter the CMS Confirmation ID number that you received from the CMS RAS site. The

Confirmation ID must match the NPI of the provider domain you used to log into CHAMPS.

Federal Information Tab:

Once logged in you will see a screen with five tabs – Federal Information, Eligibility, Meaningful Use, Upload Document, and Attestation. By default, you will start on tab – Federal Information.

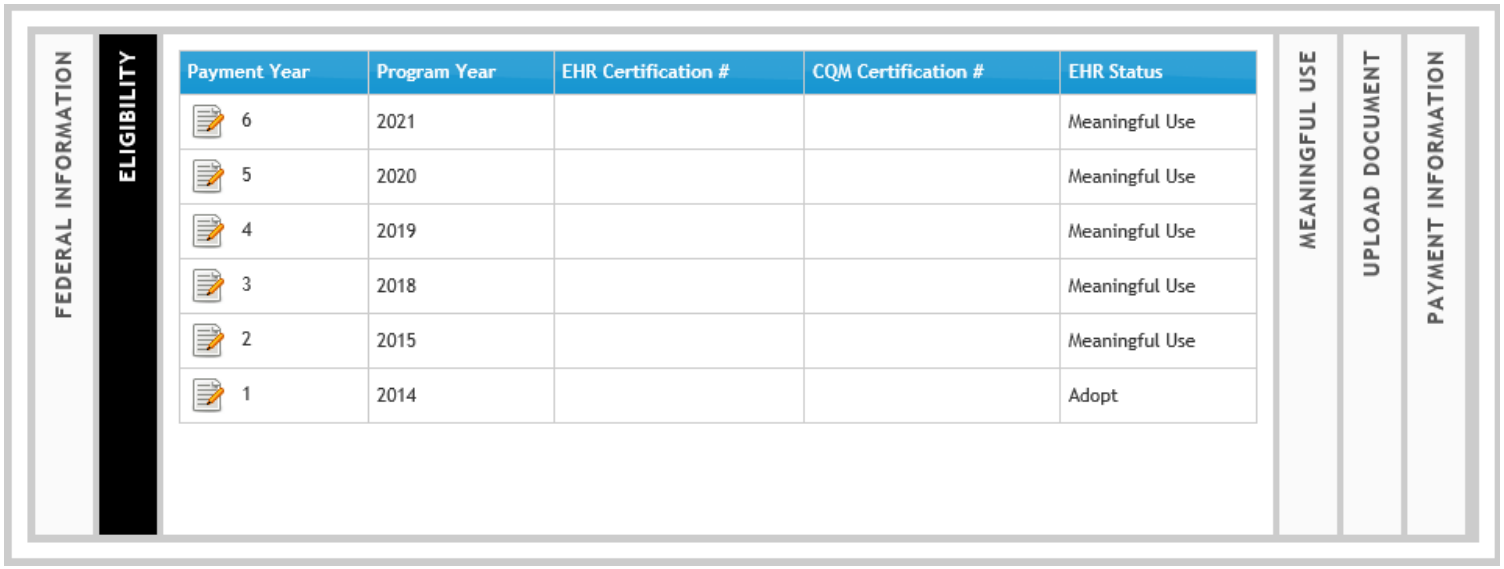


Payment Year	Program Year	Payee NPI	Provider Type
6	2021	1234567890	EP - Medicaid
5	2020	1234567890	EP - Medicaid
4	2019	1234567890	EP - Medicaid
3	2018	1234567890	EP - Medicaid
2	2015	1234567890	EP - Medicaid
1	2014	1234567890	EP - Medicaid

On this tab you need to review and confirm that your federal information is correct. Click the  icon to review your records for the program year you are attesting for. If there are any errors with your information, you should stop, go back to the CMS registration and attestation system, and correct the issue(s). You will need to wait at least one full business day to re-enter CHAMPS. Once the updated information is displayed, you can continue. If the new information is not displayed, wait one more day and try again. If it is still not displayed, please email at MDHHS-EHR@michigan.gov.

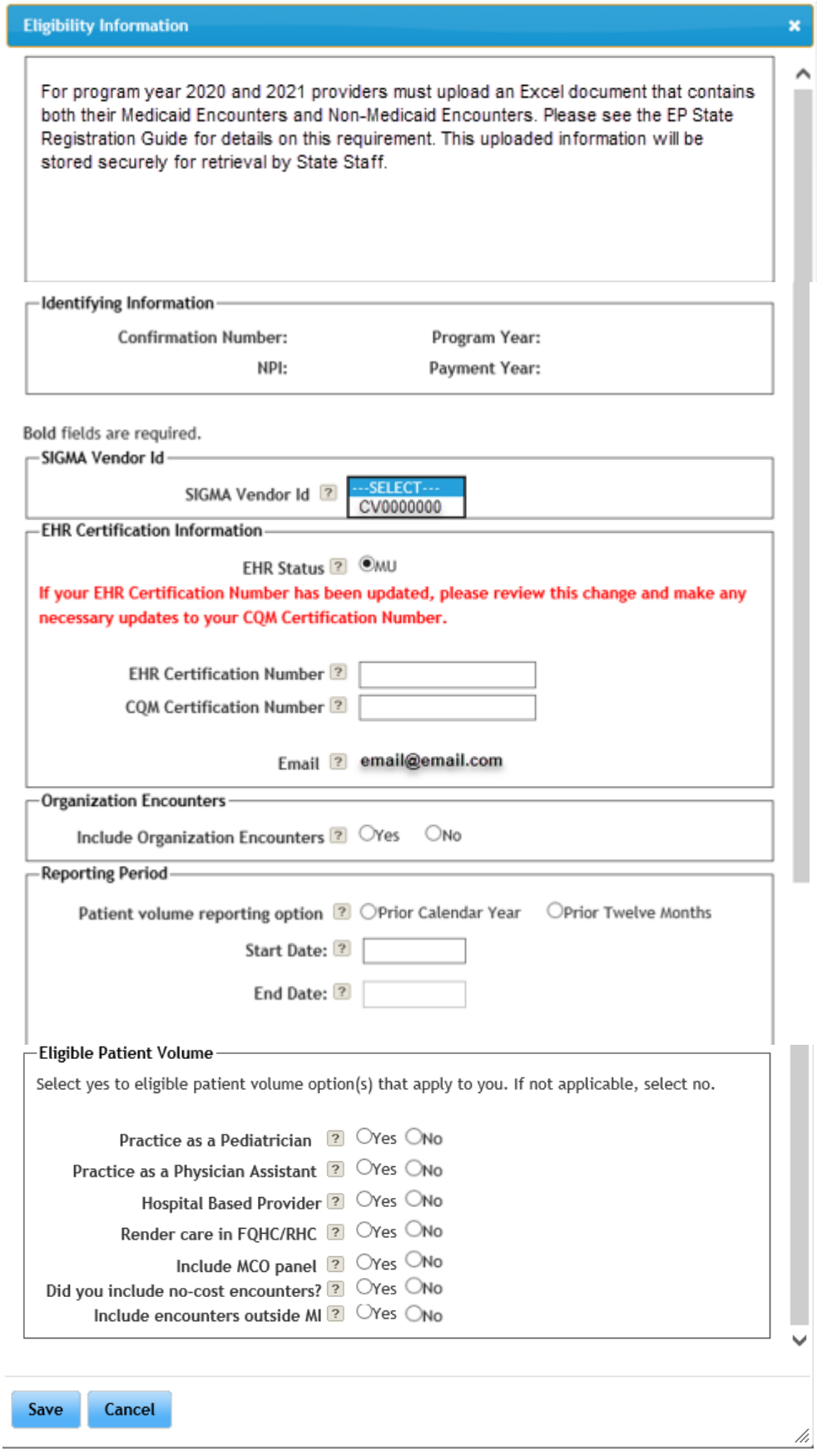
Eligibility Tab:

After reviewing the Federal Information tab, click on the tab – Eligibility.

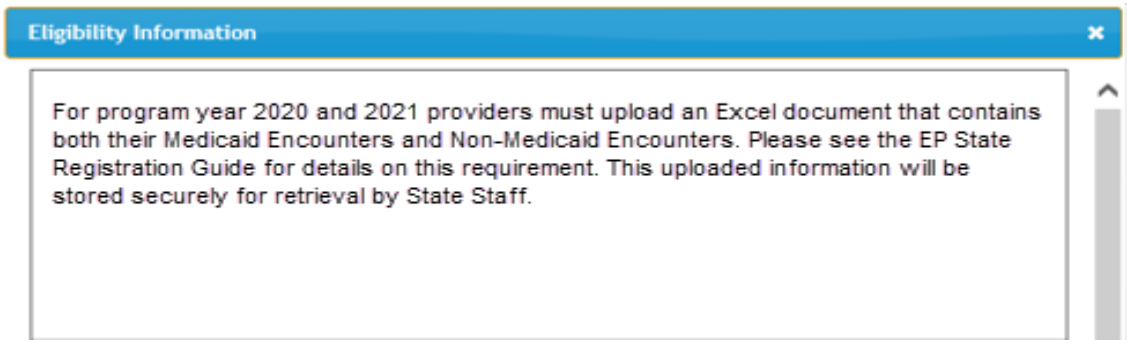


Payment Year	Program Year	EHR Certification #	CQM Certification #	EHR Status
6	2021			Meaningful Use
5	2020			Meaningful Use
4	2019			Meaningful Use
3	2018			Meaningful Use
2	2015			Meaningful Use
1	2014			Adopt

On this tab click the  icon under “Payment Year” for the program year you are attesting for.
The screen to enter eligibility data will appear:


Eligibility Information
For program year 2020 and 2021 providers must upload an Excel document that contains both their Medicaid Encounters and Non-Medicaid Encounters. Please see the EP State Registration Guide for details on this requirement. This uploaded information will be stored securely for retrieval by State Staff.
Identifying Information
Confirmation Number:
Program Year:
NPI:
Payment Year:
Bold fields are required.
SIGMA Vendor Id
SIGMA Vendor Id
---SELECT---
CV0000000
EHR Certification Information
EHR Status
MU
If your EHR Certification Number has been updated, please review this change and make any necessary updates to your CQM Certification Number.
EHR Certification Number
CQM Certification Number
Email
email@email.com
Organization Encounters
Include Organization Encounters
Yes
No
Reporting Period
Patient volume reporting option
Prior Calendar Year
Prior Twelve Months
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
Practice as a Physician Assistant
Hospital Based Provider
Render care in FQHC/RHC
Include MCO panel
Did you include no-cost encounters?
Include encounters outside MI
Yes
No
Save
Cancel

At the top of the Eligibility Information screen, additional information is displayed noting that providers will need to upload an Excel spreadsheet containing both their Medicaid Encounters and Non-Medicaid Encounters.



Providers will be required to upload **both** their Medicaid Encounters and Total Encounters for program year 2020 and 2021.

The spreadsheet should contain two tabs at the bottom, one tab containing the details of their Medicaid Encounters, and a second tab containing the details of their Non-Medicaid encounters. Requesting this during the attestation process should improve the auditing of this information during both the prepayment review and post payment audits (if selected).

Medicaid Encounters: Each encounter **must include** the Date of Service (DOS), associated Provider NPI(s), Medicaid/Beneficiary ID, Date of Birth (DOB) (if the Medicaid/Beneficiary ID is unknown), First Name, Last Name, Payer, and Place of Service (POS) code. Please see the screen shot below to get a better understanding of how this information should be submitted.

	A	B	C	D	E	F	G	H	I
1	Date of Service (DOS)	Provider NPI -1	Provider NPI -2	Medicaid/Beneficiary ID	Date of Birth (DOB)	First Name	Last Name	Payer	POS
2	1/1/2019	9876543210	8765432100	1234567890	1/1/2005	First Name	Last Name	Medicaid	11
3	1/12/2019	9876543210	8765432100	1234567890	11/26/1995	First Name	Last Name	Medicaid	11
4	2/13/2019	9876543210	8765432100	1234567890	5/30/1999	First Name	Last Name	Medicaid	11
5	3/4/2019	9876543210	8765432100	1234567890	3/12/2015	First Name	Last Name	Medicaid	21
6	3/18/2019	9876543210	8765432100	1234567890	1/5/1978	First Name	Last Name	Medicaid	23
7									

Medicaid Encounters | Non-Medicaid Encounters

Non-Medicaid Encounters: Each encounter **must include** the Date of Service, associated Provider NPI(s), Date of Birth (DOB), First Name, Last Name, Payer, and Place of Service (POS) code. Please see the screen shot below to get a better understanding of how this information should be submitted

	A	B	C	D	E	F	G	H
1	Date of Service (DOS)	Provider NPI -1	Provider NPI -2	Date of Birth (DOB)	First Name	Last Name	Payer	POS
2	1/1/2019	9876543210	8765432100	1/11/2004	First Name	Last Name	BCBS	21
3	1/12/2019	9876543210	8765432100	10/22/1936	First Name	Last Name	Medicare	21
4	2/13/2019	9876543210	8765432100	1/3/1999	First Name	Last Name	McLaren	11
5	3/4/2019	9876543210	8765432100	12/23/2005	First Name	Last Name	McLaren	11
6	3/18/2019	9876543210	8765432100	4/5/1953	First Name	Last Name	Medicare	11
7								

Medicaid Encounters | Non-Medicaid Encounters

Providers attesting with individual eligibility data are required to upload their eligibility encounter data prior to attesting.

Providers attesting with group eligibility data, requires only the Group Administrator (the first provider from the group to attest) to upload the eligibility encounter data prior to attesting.

Please see the section within this document titled “Upload Documents Tab” for additional/clarifying information.

SIGMA Vendor Id

All providers must choose a SIGMA Vendor Id from the drop down. There may be one, or multiple options. If it is unclear as to which Id should be chosen, it is strongly recommended that providers visit the link below to become familiar with SIGMA Ids and everything that can be done within the SIGMA Vendor Self Service (VSS) site.

Please follow the link below to access the SIGMA Vendor Self Service (VSS) site. This site has user guides for both “New Vendors” and “Existing Vendors”. Providers who had an active account in Contract and Payment Express (C&PE) system on June 30, 2017 were converted to the user-friendly SIGMA VSS and should reference the “Existing Vendor” link. Those providers not active in the C&PE system on June 30, 2017 should reference the “New Vendor” link.

SIGMA Vendor Self Service (VSS) site: https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService

EHR Certification Information

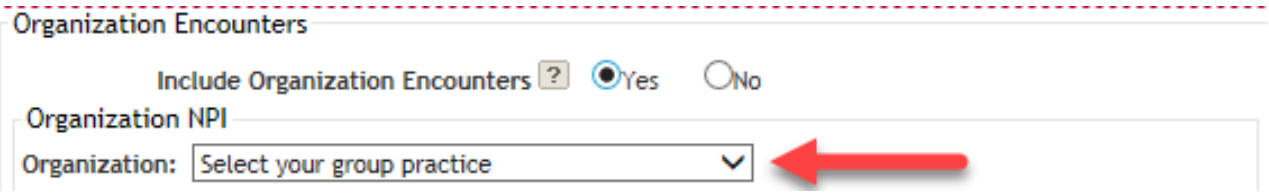
All providers must complete the “EHR Certification Information” section.

All providers will default to an EHR status of “MU” (**1**). Pay close attention to the text in red (**2**). For program years 2019-2021 the EHR Certification Number must be to the 2015 standards. If the CEHRT listed is not to the 2015 standards or is not correct, the number can be edited here, but should also be updated at CMS RAS prior to completion of the Meaningful Use Tab. **Not** updating the CEHRT at CMS RAS may cause issues in the future (**3**). Providers now have the option to use a different CEHRT for their Clinical Quality Measures (CQMs). Please verify that the correct CEHRT is being displayed. If a correction is needed, please correct it here, within the eMIPP program (**4**). Verify that the Email address is correct and up to date. If it is not correct, **you must return** to the CMS RAS site to update the information. It will take approximately one business day for the information to be sent to the State and updated (**5**).

Organization Encounters

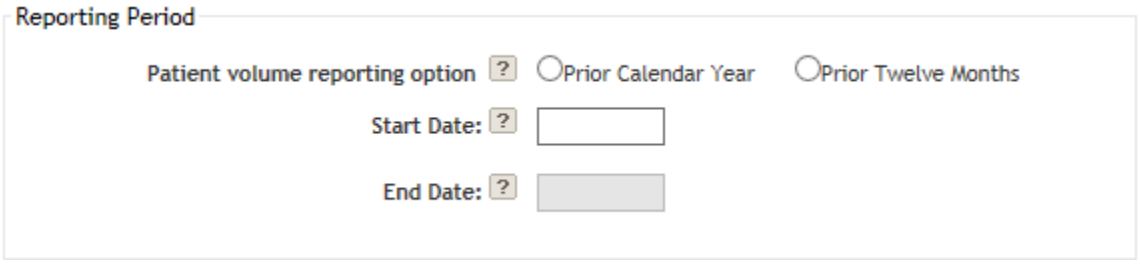
Providers have the option to attest using Individual Encounters or by including Organization Encounters.

Include Organization Encounters: Select this option if you are attesting as part of an organization to use the group proxy option. You will then be prompted to select an organization NPI from the drop-down options. Only those groups the provider is associated to in CHAMPS will be displayed.



Reporting Period

All providers must complete the "Eligibility Reporting Period" section.



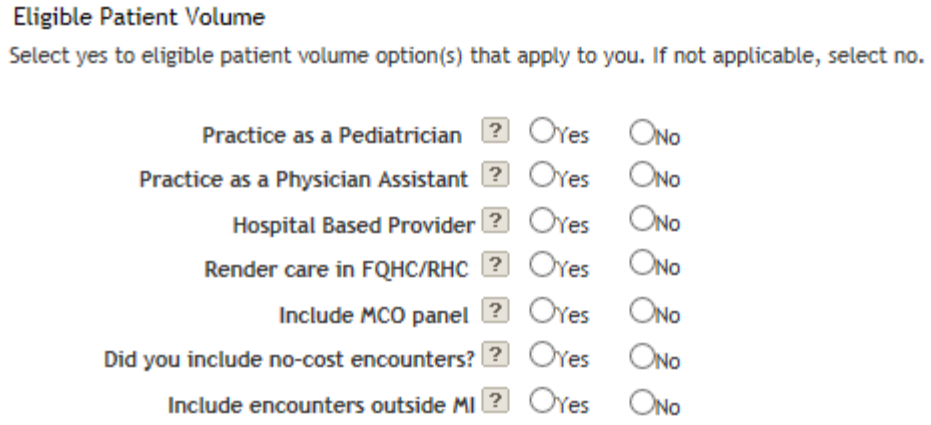
For the Reporting Period, enter the start date you chose for your eligibility reporting period. This is the consecutive 90-day period during the prior calendar year or the prior twelve months from the date of EP registration/attestation for which you are reporting your eligible Medicaid patient volume. Once you fill in the start date, click within the end date box and the date will automatically populate.

NOTE: Your reporting period can be any consecutive 90-day period. If you choose the prior calendar year option, both the start and end date must be in the prior calendar year; using this option, you cannot span years.

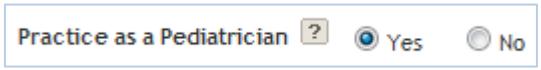
Eligible Patient Volume

All providers must also complete the "Eligible Patient Volume" section. Depending on your provider type and your answers, you will be prompted to complete slightly different fields.

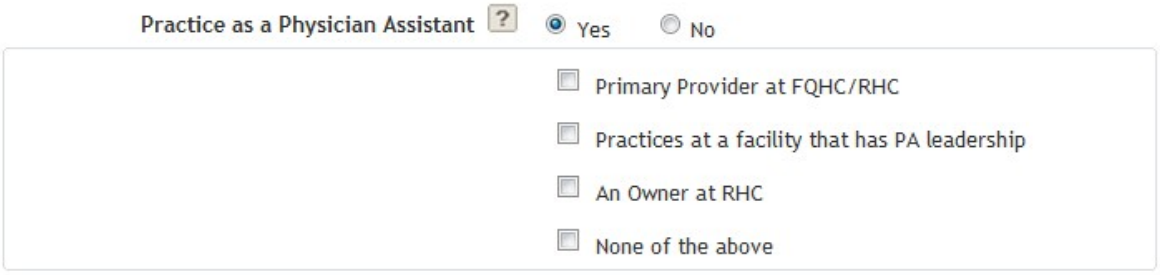
Helpful Hint: Hover your mouse over any of the ? icons throughout eMIPP for a pop-up description.



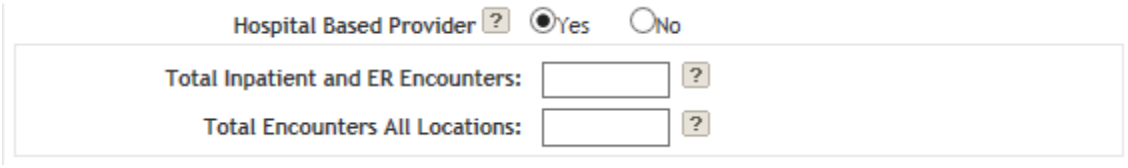
Practice as a Pediatrician: Only select this option if you meet the definition in the Eligible Professional's Guide to the Medicaid PI Program.



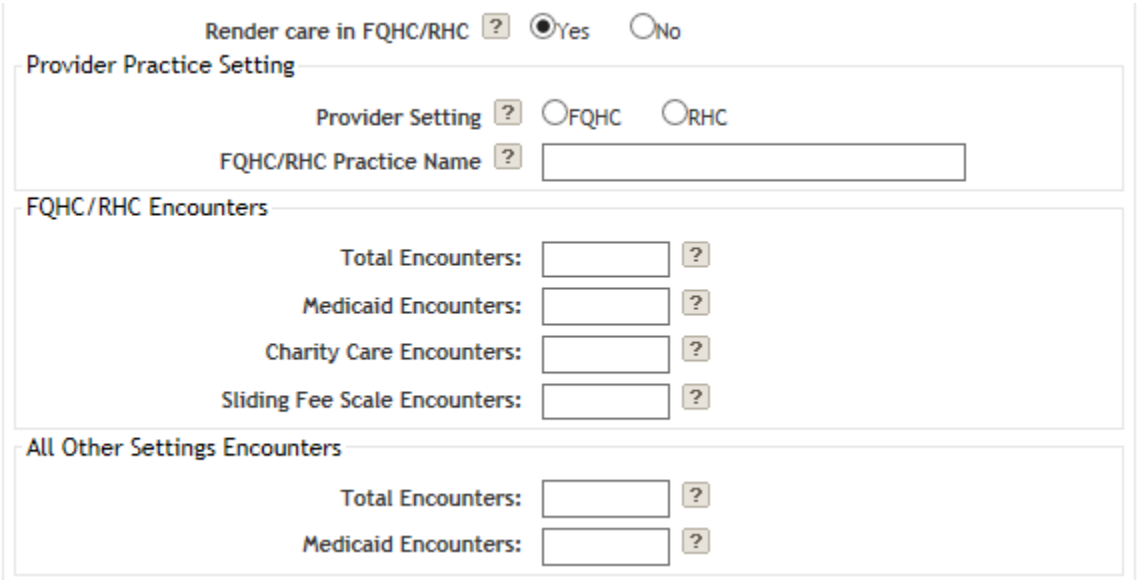
Practice as a Physician Assistant: Only select this option if you are a Physician Assistant (PA) who practices predominantly in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) and meet the definition in the Eligible Professional's Guide to the Medicaid Promoting Interoperability Program. When you select "Yes", additional questions will appear. Choose the most appropriate choice from the following questions that appeared for the PA registering. You must check at least one of the first three boxes to be considered eligible.



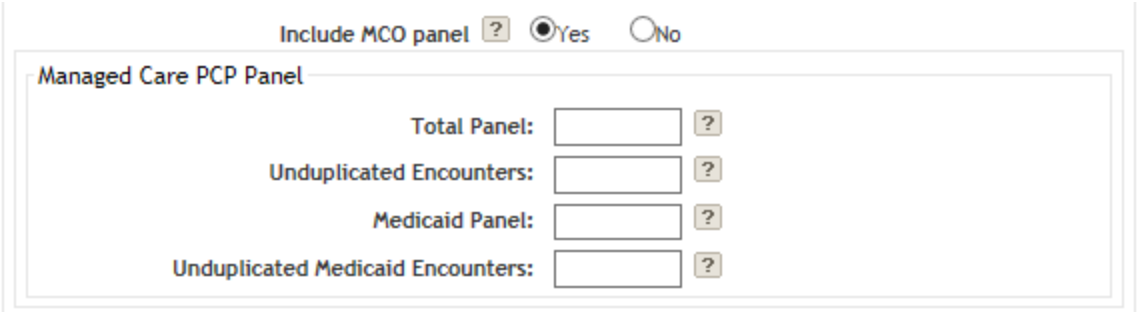
Hospital Based Provider: Only select this box if you rendered any care in a hospital setting during the reporting period. This would include hospital inpatient and emergency room settings. This is based on the Place of Service Code (POS Code). Only POS Codes 21 (Inpatient Hospital) and 23 (Emergency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



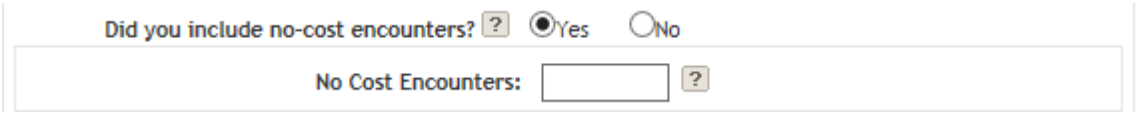
Render care in FQHC/RHC: If you practice predominantly in either a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC), select yes to this question. Choose whether you practice in a FQHC or RHC and enter the Practice Name in the text box. Providers practicing in a FQHC or RHC can include 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 the "All Other Settings Encounters" can be entered as zeroes. See the Eligible Professional's Guide to the Medicaid PI Program for more details.



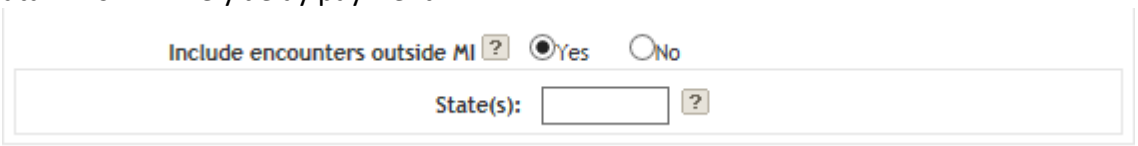
Include MCO Panel: By selecting "Yes" to including MCO panel you are electing to include encounters under the Primary Care Provider (PCP) Panel. This is optional and must follow the criteria outlined in the Eligible Professional's Guide to the Medicaid Promoting Interoperability Program. You must provide PCP panel encounters for both Medicaid and total (all payers including Medicaid) as well as any other "unduplicated" encounters with patients not assigned to your panel for both Medicaid and total. This option is not available when attesting as part of a group using organization encounters.



Include No-Cost Encounters: Providers have the option to include no-cost encounter. This is optional and must follow the criteria outlined in the Eligible Professional's Guide to the Medicaid PI Program. If you choose to include no-cost encounters, please include these in; total encounters, Medicaid encounters, and record the number in the No-Cost Encounters field.



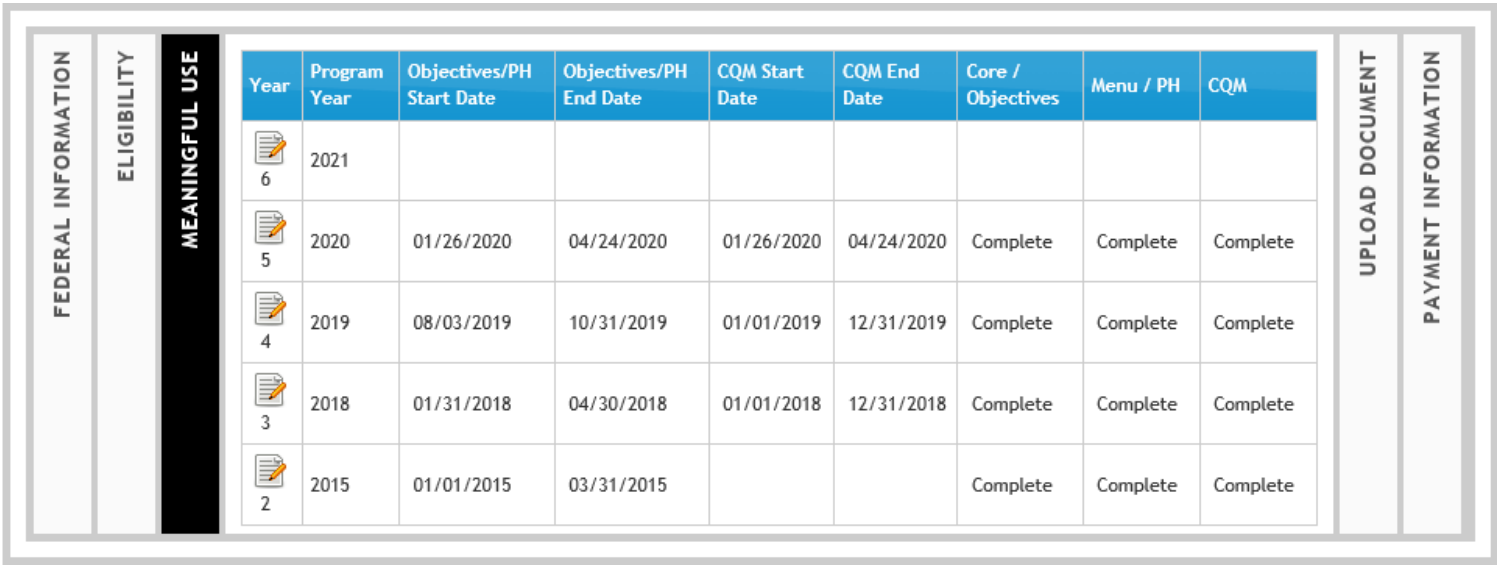
Include Encounters Outside MI: All providers have the option to include encounters from other states. If you select this option, you will be asked what other states were included. The inclusion of out-of-state encounters is optional and will initiate an eligibility verification audit, so Medicaid staff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



Meaningful Use Tab:

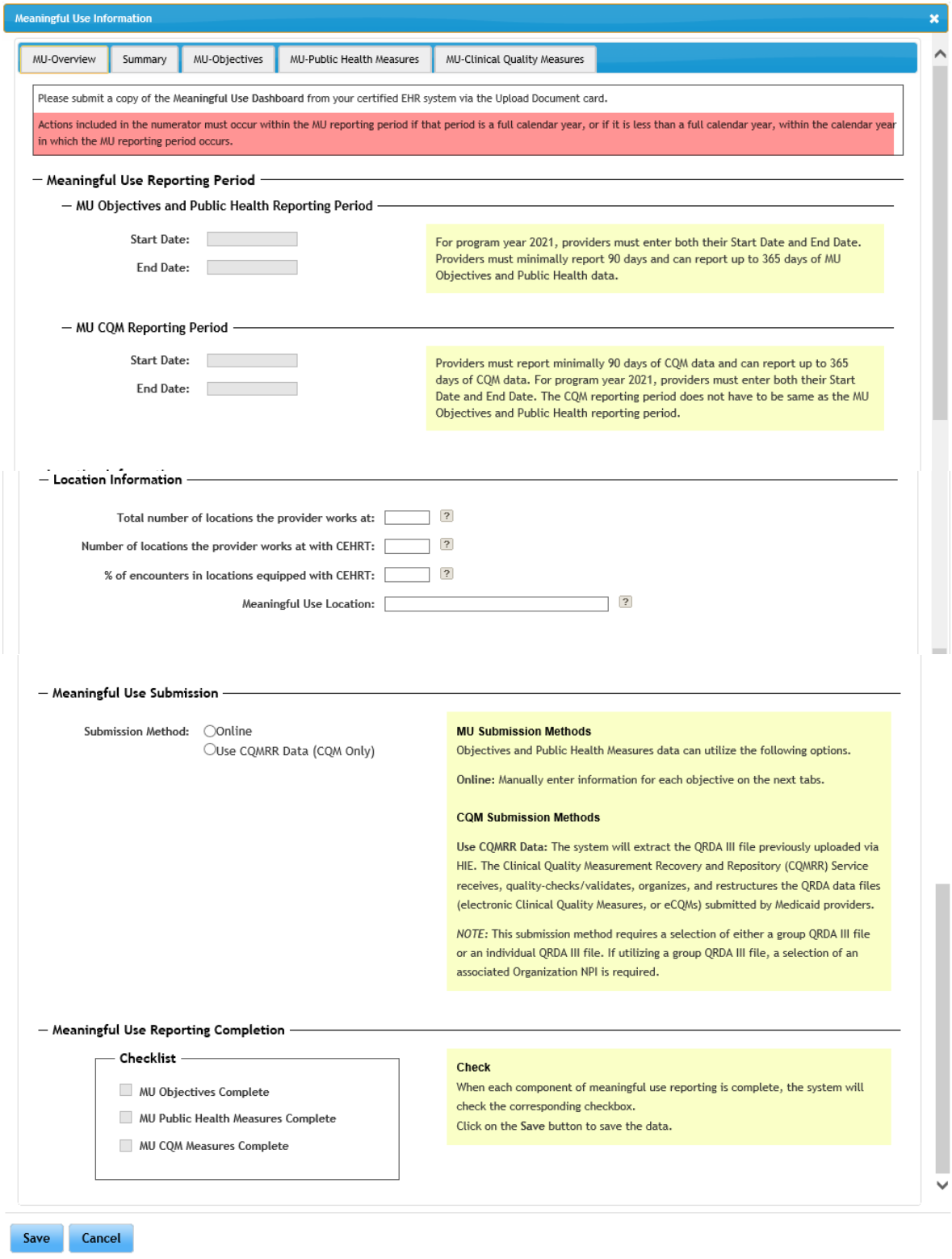
After completing the Eligibility tab, click on tab – Meaningful Use.

On the Meaningful Use tab, click the  icon under "Payment Year" for the program year you are attesting to, and a home screen will pop up for entering Meaningful Use data.

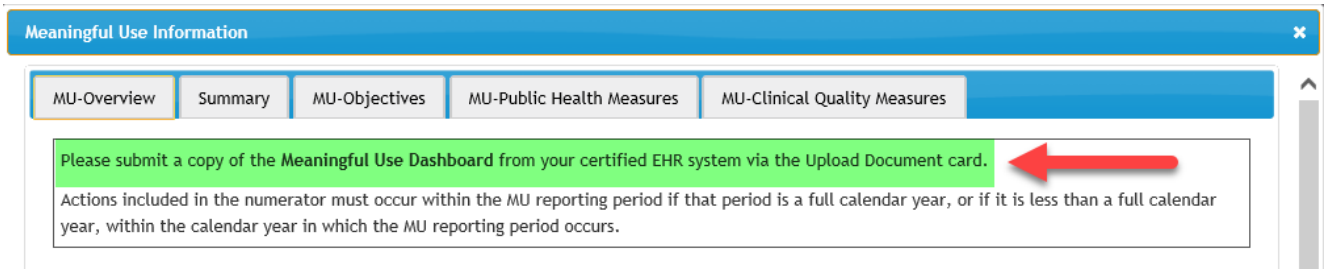


Year	Program Year	Objectives/PH Start Date	Objectives/PH End Date	CQM Start Date	CQM End Date	Core / Objectives	Menu / PH	CQM
6	2021							
5	2020	01/26/2020	04/24/2020	01/26/2020	04/24/2020	Complete	Complete	Complete
4	2019	08/03/2019	10/31/2019	01/01/2019	12/31/2019	Complete	Complete	Complete
3	2018	01/31/2018	04/30/2018	01/01/2018	12/31/2018	Complete	Complete	Complete
2	2015	01/01/2015	03/31/2015			Complete	Complete	Complete

The screen to enter meaningful use data will appear:



When arriving on the Meaningful Use home screen, please take note of the box at the top of the screen. All registrations will require the upload of a copy of your Meaningful Use dashboard from your certified EHR system prior to submission. Please see the section titled “Uploaded Documents Tab” for additional instructions.



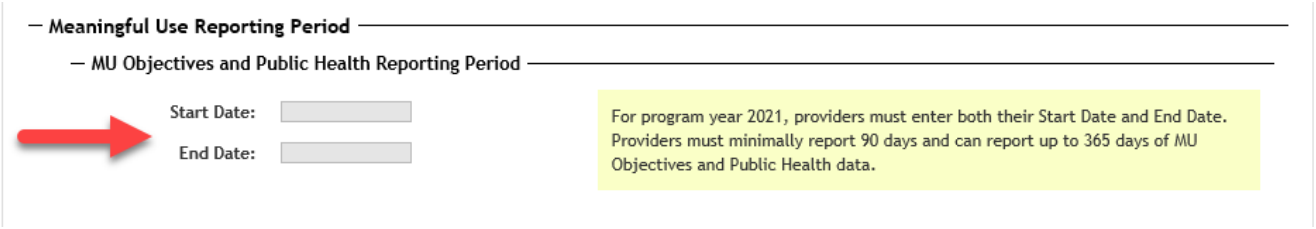
Meaningful Use Reporting Period

Providers will have to enter a reporting period for the MU Objectives and Public Health Measures, and a reporting period for the MU CQM measures.

MU Objective and Public Health Reporting Period

For program year 2021, the MU Objective and Public Health Reporting Period will need to be a minimum of 90 days. Please note that on the screen shots, the text should read, “For program year 2021, providers must enter both their Start Date and End Date. Providers must minimally report 90 days of MU Objectives and Public Health data”. With the shorter reporting period and tighter timelines for attestation, there is no possibility of attesting to 365 days of data for program year 2021.

Providers will need to enter both the Start and End Date under the MU Objectives and Public Health Reporting Period. **It is important that the dates entered match the dates on the MU dashboard obtained from the certified EHR technology.**

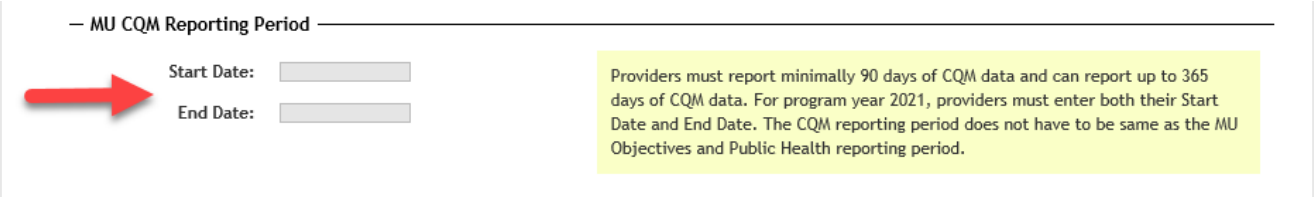


MU CQM Reporting Period

For program year 2021, the MU CQM Reporting Period will need to be a minimum of 90 days.

Providers will have to enter both the Start and End Dates into the system. The MU CQM reporting period does not have to be the same reporting period used for the MU Objectives and Public Health

Reporting Period. Please note that on the screen shots the text should read, “Providers must report minimally 90 days of CQM data. For program year 2021, providers must enter both their Start Date and End Date. The CQM reporting period does not have to be the same as the MU Objectives and Public Health reporting period”. With the shorter reporting period and tighter timelines for attestation, there is no possibility of attesting to 365 days of data for program year 2021.

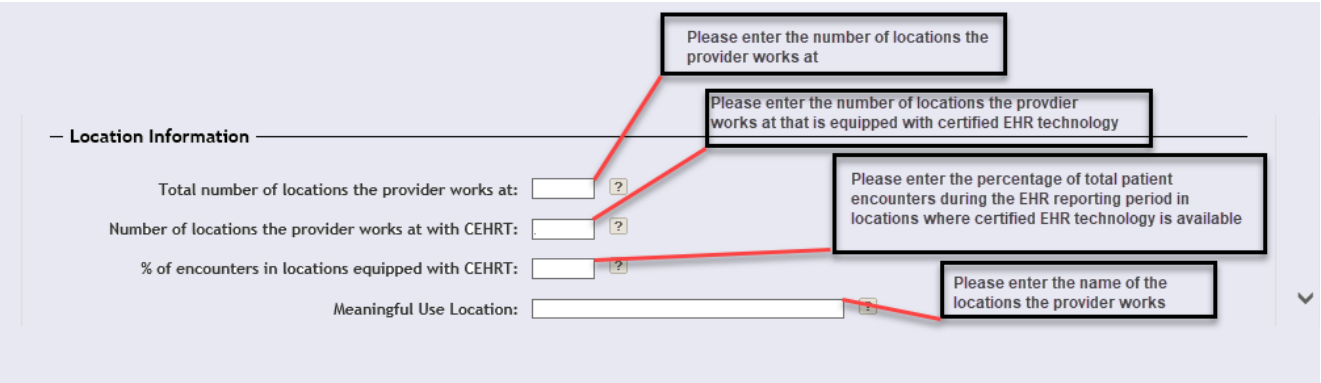


Reminder: The MU CQM Reporting Period Start and End Dates contained on the QRDA III file, submitted to CQMRR must match the MU CQM Reporting Period Start and End Dates in eMIPP. If the dates do not match, an error message will be generated during the attestation process.

Location Information

Next you will be prompted to enter data for the number of locations the provider works at, the number of locations the provider works at that is equipped with certified EHR technology, and the percentage of total patient encounters during the EHR reporting period in locations where certified EHR technology is available.

For the “Meaningful Use Location” field, please enter the name of the location(s) the provider works at. This could be the name of the City, or the whole physical address. For those organizations that have several locations, sometimes within the same city, please include enough information that will help differentiate one location from another.



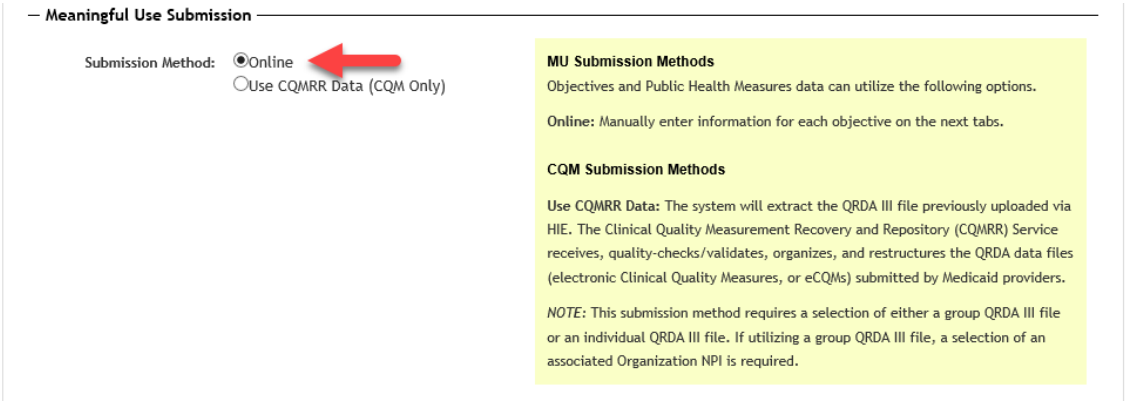
Meaningful Use (MU) Submission

Meaningful Use and Public Health data must be entered via the Online Submission Method. CQM data is required to be submitted via CQMRR. Both submission methods are described in detail below.

MU Submission Method: Online

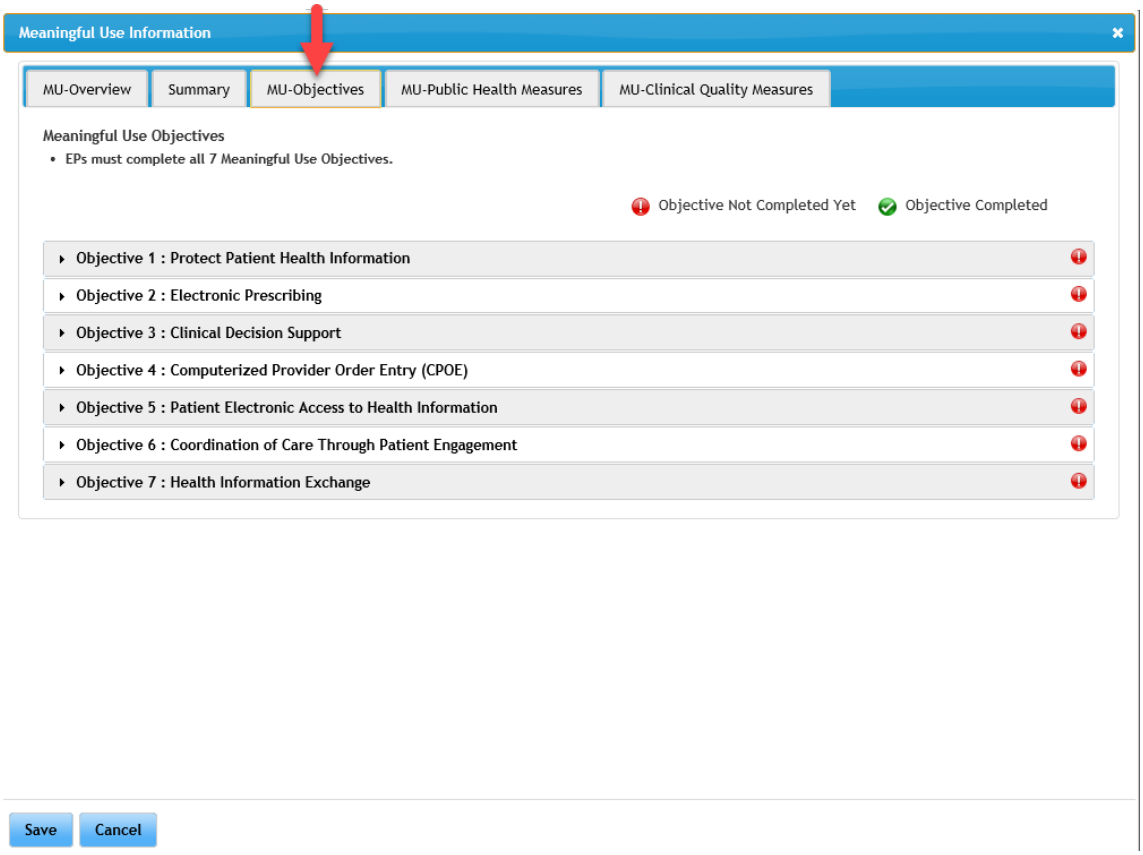
MU-Objectives and MU-Public Health Measures are completed by entering the required information online. MU-Clinical Quality Measures will need to be submitted via the second radio button, Use CQMRR Data (CQM Only).

Everyone will by default, start with the "Online" radio button being selected.

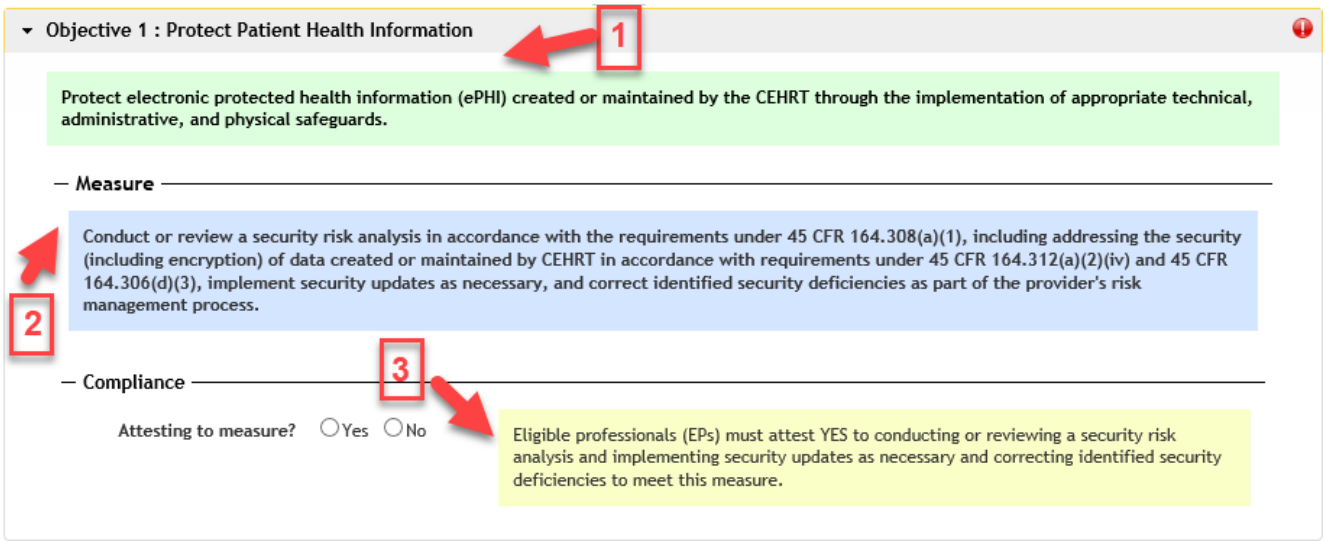


MU-Objectives – Submission Method: Online

EPs must complete all the Meaningful Use Objectives available. Click the MU-Objectives tab at the top of the MU home screen.

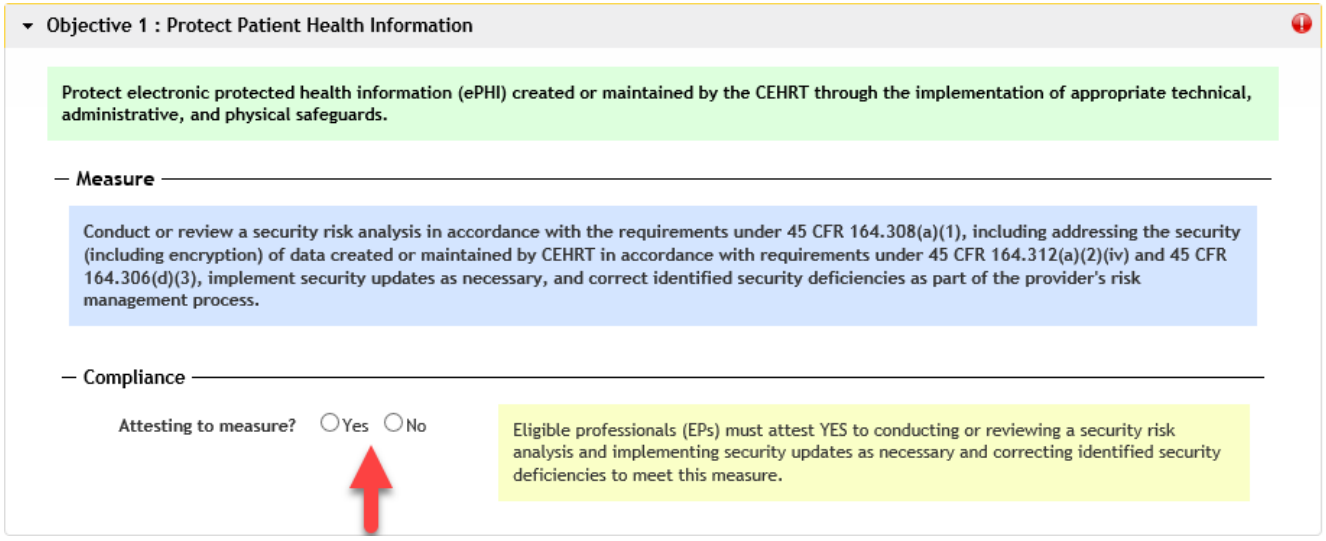


In the MU-Objectives tab, you will see a list of Objectives. You must fill out all the Objectives to continue to the next tab. Each requirement will have an Objective (**1**), a Measure (**2**), and an explanation of Compliance (**3**). Some objectives may include an option to exclude, if the provider meets the exclusion criteria.

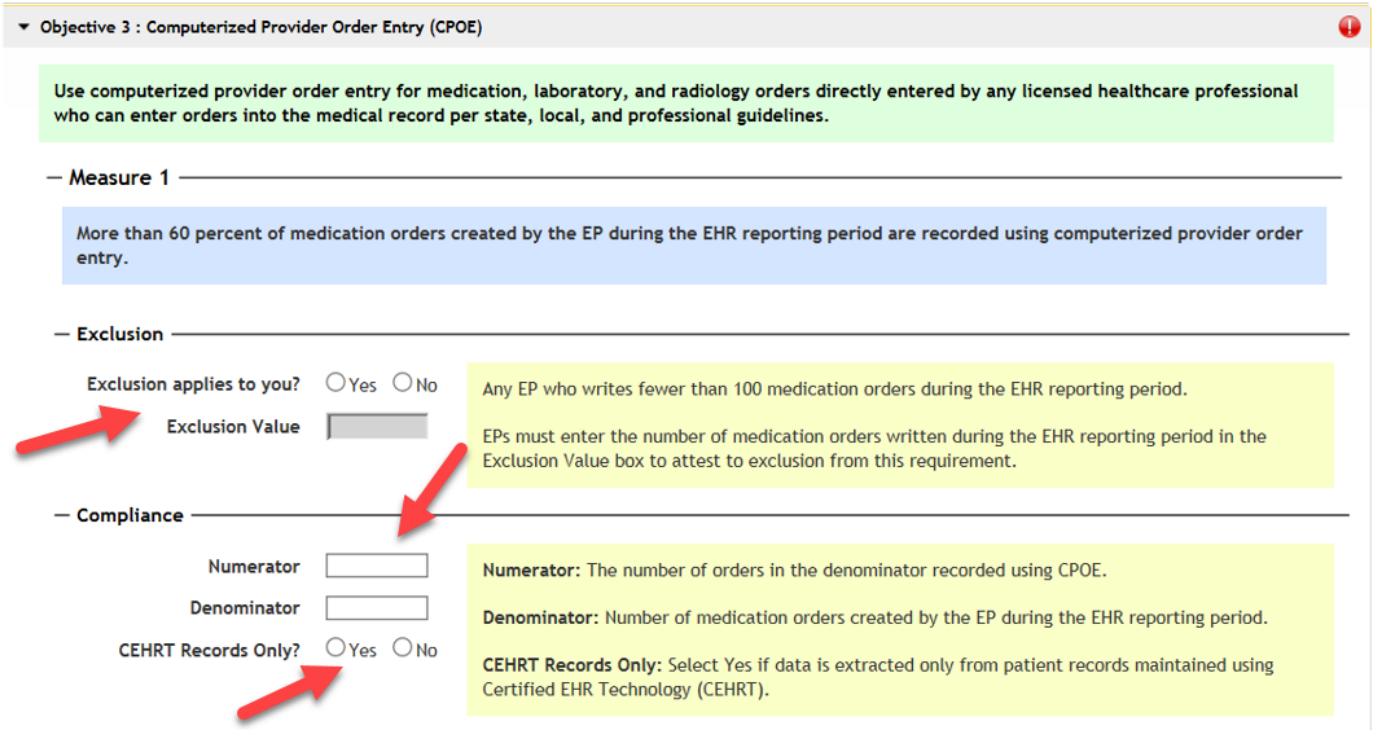


Helpful Hints

There are varying degrees of required information on each objective within Meaningful Use. Some objectives will have only a yes/no question.



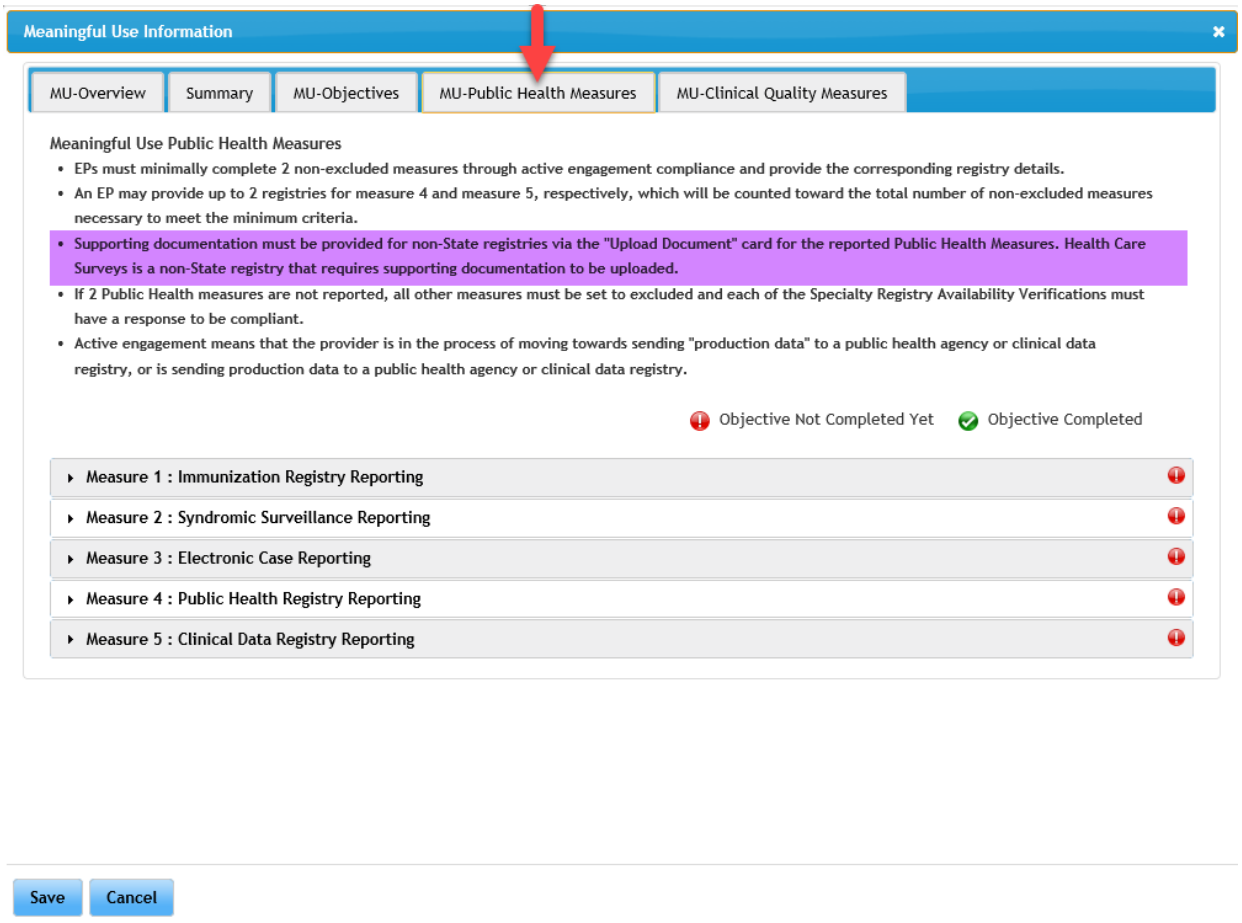
Other Objectives may require multiple areas of data entry such as Measures, Exclusions, or other required data.



It is highly recommended that you familiarize yourself with the required objectives before data entry begins. Please visit the "Meaningful Use" link under "Healthcare Professionals" at http://www.michiganhealthit.org/.

MU-Public Health Measures – Submission Method: Online

To begin entering your Public Health Measures data using the online method, click the MU-Public Health Measures tab at the top of the MU home screen. Providers need to pay attention to the highlighted information.



Changes in Public Health reporting under Stage 3, that didn't apply in earlier stages, are explained below.

Providers attesting to Measure 1: Immunization Registry Reporting for Stage 3 **MUST** be in active engagement with a PHA to **submit immunization data AND receive immunization forecasts and histories (also known as Query by Parameter (QBP))** from the public health immunization registry/immunization information system (IIS).

Specialized Registry Reporting Measure (Measure 3) that was available in Modified Stage 2, is not available in Stage 3.

The registries that were used in prior program years, and attested to under the Specialized Registry Measure, may still be attested to in Stage 3, under either Public Health Registry Reporting (Measure 4), or Clinical Data Registry Reporting (Measure 5) if all of the requirements are met as outlined in the Specifications Sheets, and Final Rules, issued by CMS.

To use a registry in Stage 3, that may have been used when attesting to Modified Stage 2, the registry must use specified standards for data transmission. If it does not, it can't be used; unless it falls under the definition of a Public Health Registry and the provider achieved the Active Engagement Option 3 – Production status in a prior program year attestation. If in the prior program year Active Engagement Option 3 – Production status was not obtained, the registry cannot be used in Stage 3.

Public Health Registry vs. Clinical Data Registry

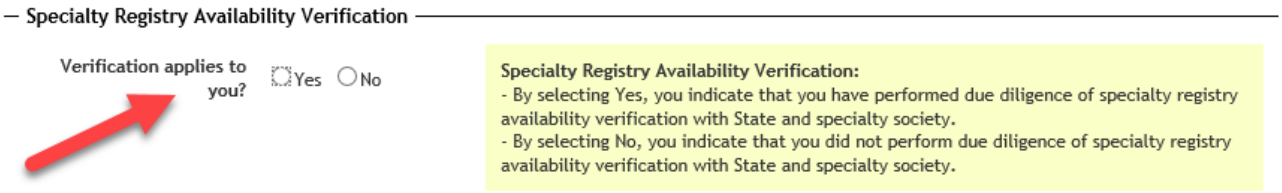
The Final Rule states:

The National Quality Registry Network defines clinical data registries as those that record information about the health status of patients and the health care they receive over varying periods of time. We proposed to further differentiate between clinical data registries and public health registries as follows: For the purposes of meaningful use, "public health registries" are those administered by, or on behalf of, a local, state, territorial, or national public health agencies; and, "clinical data registries" are administered by, or on behalf of, other non-public health agency entities."

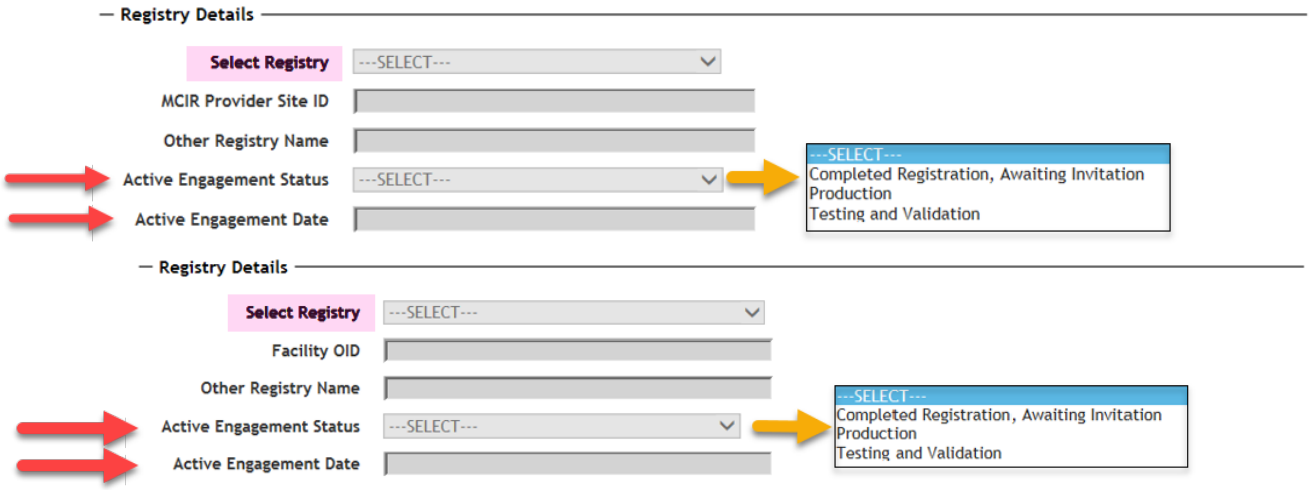
Per the Stage 3 CMS specification sheets:

- For Measure 4 (in Stage 3), a provider may count a specialized registry (such as prescription drug monitoring) if the provider achieved the phase of active engagement defined under Active Engagement Option 3: Production, including production data submission with the specialized registry in a prior year under the applicable requirements for the PI Program for that year.
- For Measure 4 and 5 (in Stage 3), if the PHA or CDR does not use a specified standard, it must use another standard specified in 170.205 to meet the measure. For example, the transmission could be in the form of a Consolidated Clinical Document Architecture (C-CDA) per 170.205(a)(4), or Quality Reporting Document Architecture (QRDA) per 170.205(h)(2). If an EP practices in a jurisdiction where no PHA or CDR for which they are eligible to submit data has declared readiness to receive electronic registry transactions in accordance with the 2015 Edition standards as of six months prior to the start of the EHR reporting period, they may take an exclusion from these measures, as appropriate.

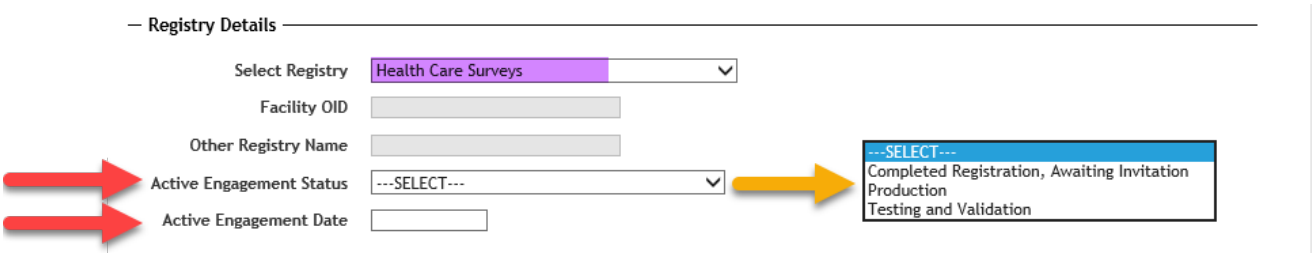
Providers attesting to Public Health Registry Reporting (Stage 3), or Clinical Data Registry Reporting (Stage 3) must also complete the "Specialty Registry Availability Verification" question.



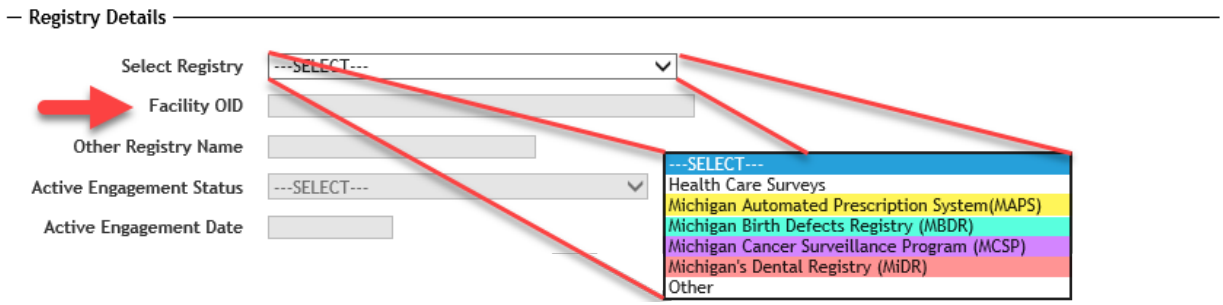
When attesting to any of the 5 Measures under Public Health; if under the "Select Registry" drop down, "Other" is chosen, providers will be required to enter the name of the registry they are attesting to and also select an *Active Engagement Status* and enter an *Active Engagement Date*. Both fields should be supported by a letter from the registry being used.



For Measure 4 – Public Health Registry Reporting. If a provider chooses "Health Care Surveys" for measure 4.1 or 4.2, provider will be required to select an *Active Engagement Status* and enter an *Active Engagement Date.*



For Measure 4 – Public Health Registry Reporting. Selecting Michigan Birth Defects Registry (MBDR) or Michigan Cancer Surveillance Program (MCSP) requires the entry of the Facility OID. No Facility OID is needed when selecting Michigan Automated Prescription System (MAPS). However, the Active Engagement Status and Date will need to be entered for MAPS. As of June 12, 2020, Michigan's Dental Registry (MiDR) can no longer be used for the Promoting Interoperability Program.



Selecting "Other" will require supporting documentation to be uploaded.

NOTE: Click "Save" to continue with the registration process after completing the Public Health tab.

MU Submission Method: Use CQMRR Data (CQM Only)

Providers are now required to submit electronic Clinical Quality Measures (eCQMs) via the Use CQMRR Data (CQM Only) Submission Method. This method allows you to import eCQM data by extracting the eCQMs from the QRDA file previously submitted to the Clinical Quality Measure Reporting and Repository Service (CQMRR, pronounced "Skimmer") at MiHIN.

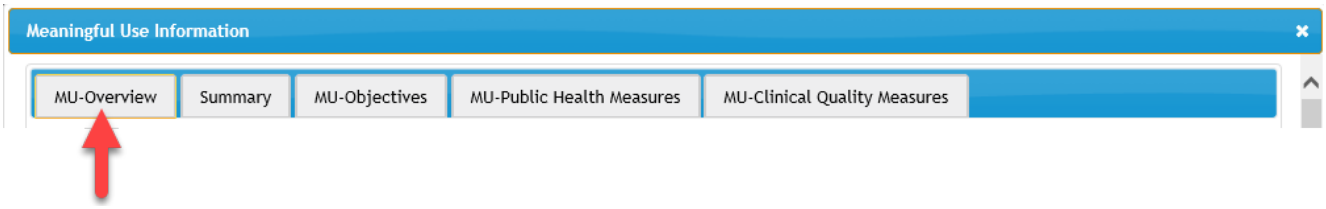
The CQMRR service receives, validates, quality-checks, and organizes clinical quality measures, then routes each quality measure submission to its correct destination(s), including sending measures related to the Medicaid Promoting Interoperability program to the State of Michigan. Those submitted measures can then be populated into the quality portion of the provider's attestation for the Medicaid Promoting Interoperability program.

This process will require providers to first complete the Registering/Onboarding process with CQMRR. If you are not currently set up with MiHIN to submit CQMRR data, please follow the steps outlined in the Registering/Onboarding guide, which can be found here: https://michiganhealthit.org/wp-content/uploads/Registering-Onboarding-with-MiHIN.pdf

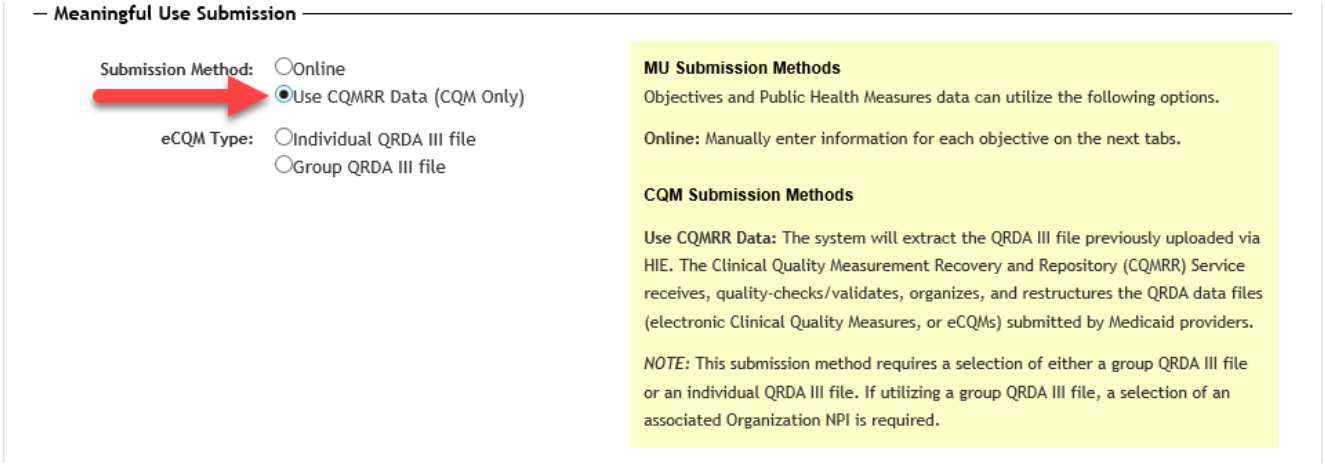
Once you have successfully registered/onboarded and submitted a test file which passed the validation process, you will also need to submit the file that will be used to populate the CQM data of your Meaningful Use (MU) attestation.

NOTE: Once you have submitted the file to be used as part of your MU attestation, and after about 10-15 minutes, you will be able to pull the data that was submitted to CQMRR, into eMIPP by following the steps outlined below.

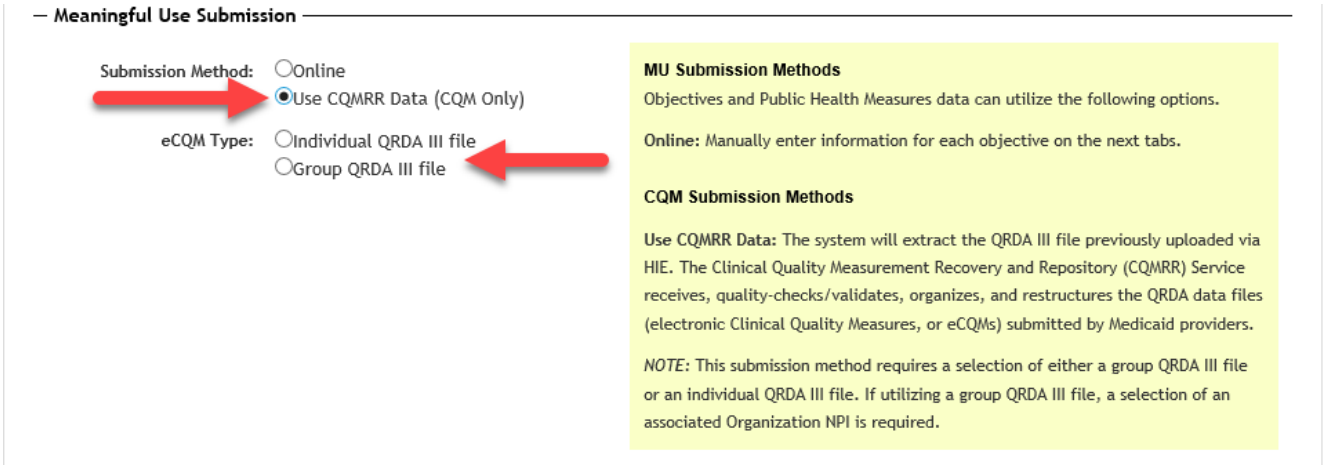
Once you are ready to complete your Clinical Quality Measures entry, navigate back to the MU-Overview tab:



Under the **Meaningful Use Submission** section, click the "Use CQMRR Data (CQM Only)" radio button.



After clicking "Use CQMRR Data (CQM Only)", there is the additional requirement of selecting either an "Individual QRDA III file" (for an individual provider submission) or a "Group QRDA III file" (for a group of providers submission), dependent on the type of file that was submitted via CQMRR.



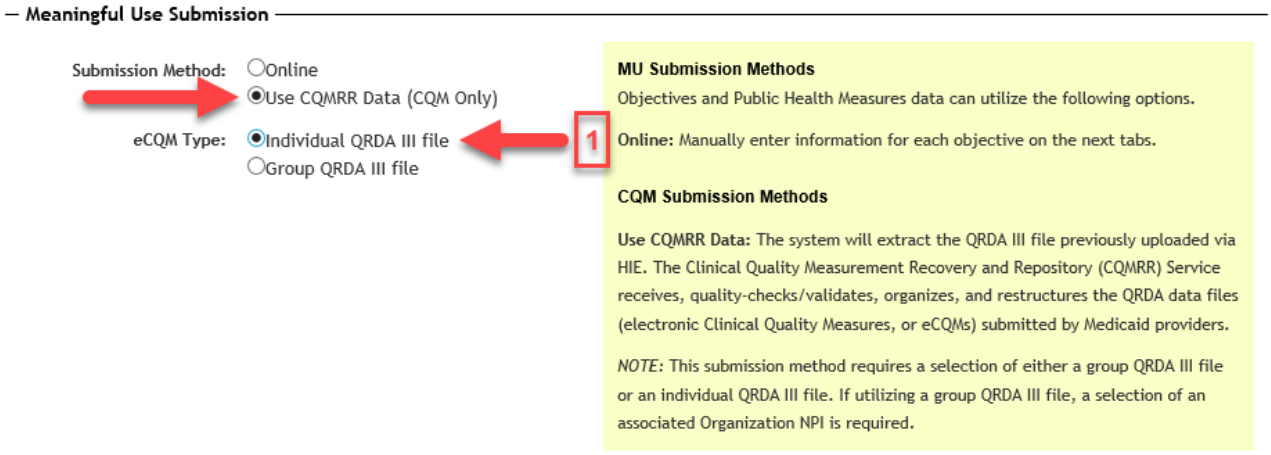
For the MU-Clinical Quality Measures, you will be required to complete the minimum number of required measures, dependent on the program year you are attesting to.

For Program year 2021, providers will need to report on at least 6 CQMs relevant to their scope of practice, regardless of whether they report via attestation or electronically, including at least one outcome measure (or, if an applicable outcome measure is not available, one other high priority measure).

If the QRDA file submitted to CQMRR contains less than the required 6 CQMs, the data on the QRDA will still be incorporated into the eMIPP system, however the system will not allow the registration to be submitted. If this scenario happens, please reach out to MDHHS-EHR@michigan.gov for additional assistance.

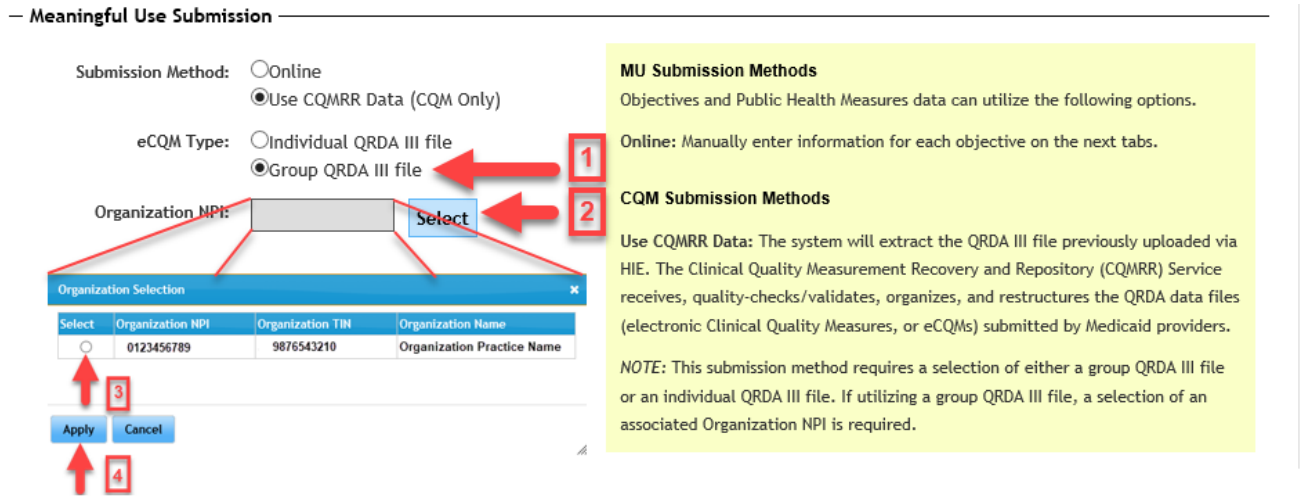
Use CQMRR Data (CQM Only) – Individual QRDA III File

Select "Individual QRDA III file" (**1**). This will pull the CQM data in to eMIPP that was originally submitted via CQMRR. Once this step is completed, finish the registration and submission process.

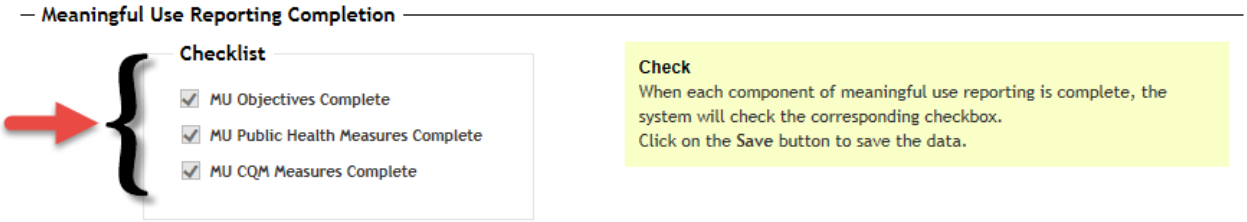


Use CQMRR Data (CQM Only) – Group QRDA III File

After selecting "Group QRDA III file" (**1**), click the Select button (**2**) to display those groups the provider is associated to in CHAMPS. There may be one or more groups displayed. Click the radio button (**3**) next to the group for which the QRDA III file contains the data to be used. Click Apply (**4**). This will pull the CQM data in to eMIPP that was originally submitted via CQMRR. Once this step is completed, finish the registration and submission process.



Once you have finished entering your MU-Objectives and MU-Public Health Measures and completed importing your CQM data using CQMRR, make sure to check the Meaningful Use Reporting Completion section at the bottom of the MU-Overview Tab to assure that the checklist boxes are all checked.



NOTE: Click "Save" to continue with the registration process.

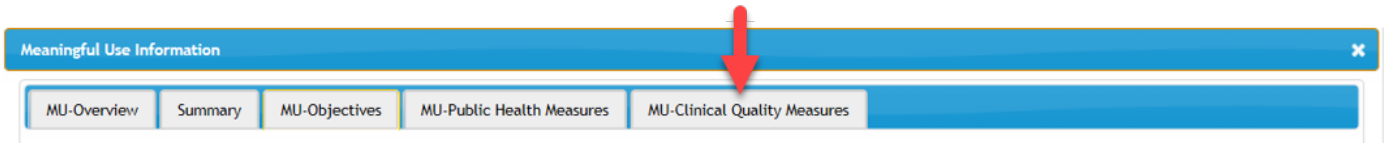
If during the "Use CQMRR Data (CQM Only)" process, it was determined that the data was not able to be incorporated into your MU attestation, please see the MU-Clinical Quality Measures – Online Submission Method immediately below.

MU-Clinical Quality Measures – Submission Method: Online

This option will **ONLY** be made available to providers on an individual/case-by-case bases by the State of Michigan (SOM) if a provider has completed the necessary registering/onboarding requirements with MiHIN and is unable to submit their measures via the CQMRR method.

The below instructions assume the above is applicable, the SOM has been informed of submission issue(s), and the "allow web" entry option has been enabled by the SOM, allowing for the submission of Clinical Quality Measures via the Online Submission Method.

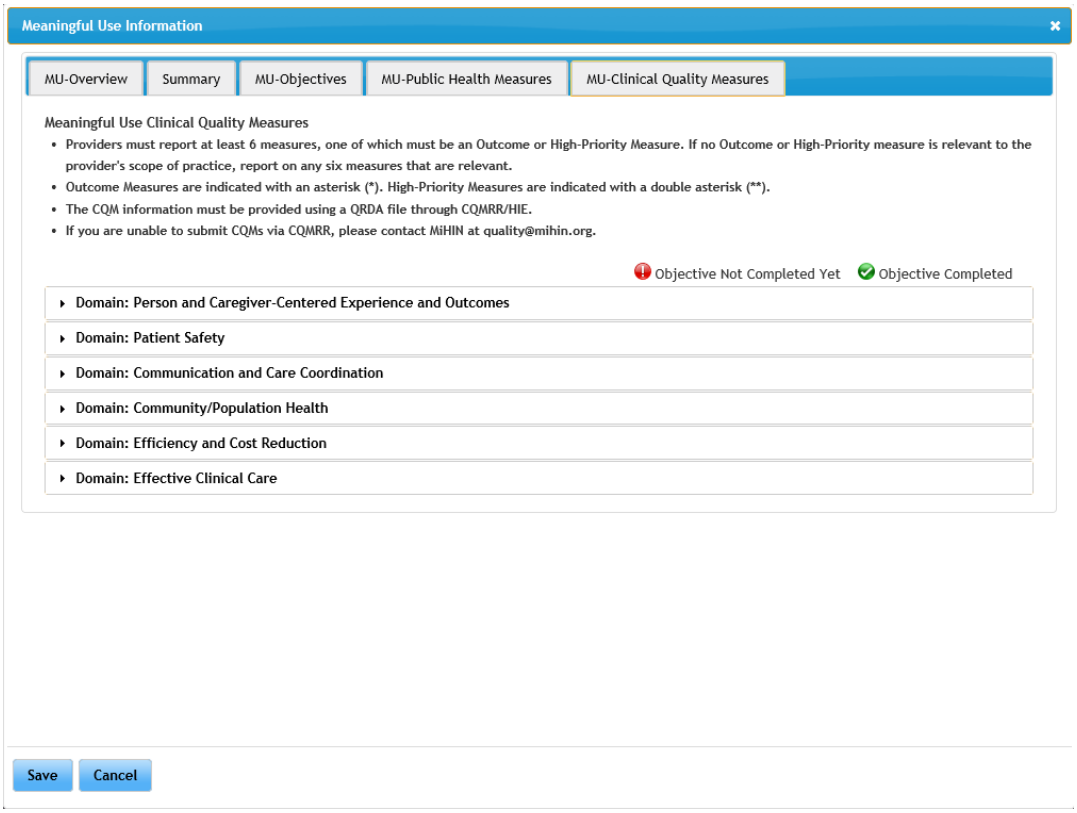
To begin entering your Clinical Quality Measure data using the online method, click the MU-Clinical Quality Measures tab at the top of the MU home screen.



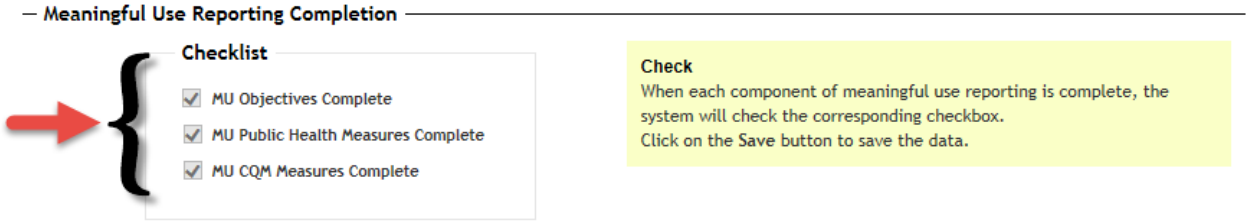
For the MU-Clinical Quality Measures, you will be required to complete the minimum number of required measures, dependent on the program year you are attesting to.

For Program year 2021, providers will need to report on at least 6 CQMs relevant to their scope of practice, regardless of whether they report via attestation or electronically, including at least one outcome measure (or, if an applicable outcome measure is not available, one other high priority measure).

The minimum domain requirement is no longer required, however CQMs are still displayed within their assigned domain.



Once you have finished entering your MU-Objectives and MU-Public Health Measures and MU-CQM Measures, make sure to check the Meaningful Use Reporting Completion section at the bottom of the MU-Overview Tab to assure that the checklist boxes are all checked.



NOTE: Click "Save" to continue with the registration process.

Upload Documents Tab:

As mentioned earlier in this guide, you will need to upload various documents. The upload documents tab may be used at any point during the attestation process, or during the review process should MDHHS staff request additional information/documentation.

If you have already attested, documents can still be upload. After logging in, simply select "Track" as opposed to "Register" or "Start". Then navigate to the "Upload Document" tab. There is a file size limit of 10MB per file upload. The acceptable file types that can be uploaded include:

.txt	.html	.bmp	.htm	.ps	.zip
.doc	.xml	.dat	.jpe	.rtf	.msg
.pdf	.docx	.eps	.jpeg	.tif	.odt
.xls	.xlsx	.gif	.jpg	.tiff	.wps
.ppt	.bm	.gzip	.prd	.tst	.wpd

Providers who attested using Individual Eligibility Data.

Each provider will need to upload their Medicaid Eligibility Encounter spreadsheet.

Each provider will need to upload their individual Meaningful Use Dashboard and CQM Dashboard from their Certified EHR system. If the CQMs were submitted via CQMRR, a CQM Dashboard does not have to be submitted.

Providers who attested under the MU-Public Health Measures to a "Non-State Sponsored" Registry, will need to upload supporting documentation for each registry. This document should include the registry name, active engagement status, and the date the active engagement status was obtained.

Each provider will need to upload any additional information requested by MDHHS staff.

Providers who attested using Group Eligibility Data.

Only the Group Administrator (the first provider to attest) will be required to upload the Medicaid Eligibility Encounter spreadsheet for the group. Subsequent members of the group will not be required to upload the same document since the Group Administrator has already done so.

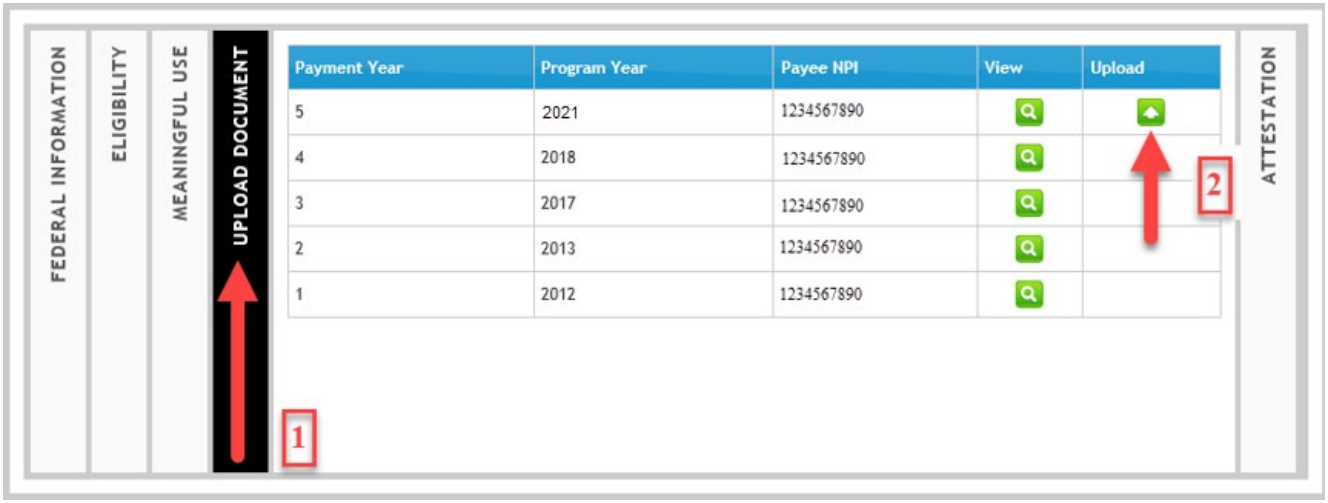
Each provider, attesting with group eligibility, will need to upload their individual Meaningful Use Dashboard and CQM Dashboard from their Certified EHR system. If the CQMs were submitted via CQMRR, a CQM Dashboard does not have to be submitted.

The Group Administrator (the first provider to attest) may upload the supporting documentation for "Non-State Sponsored" registries that were attested to under the MU-Public Health Measures and that pertain to all members of the group. Subsequent members of the group will NOT be required to upload the same document, **IF** the Group Administrator has already done so. All provider will still have the option to upload additional documents that may pertain to only themselves, during the attestation process.

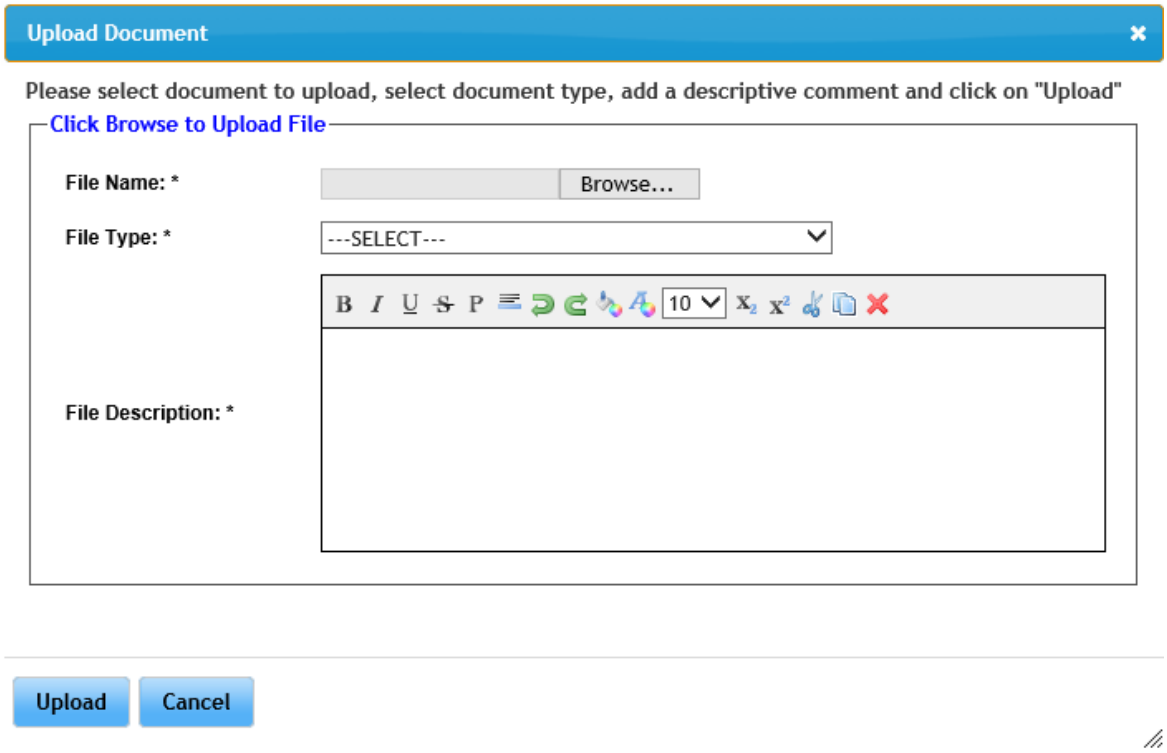
Each provider will need to upload additional information requested by MDHHS staff.

Upload Document - Steps.

Click the "Upload Document" tab (**1**), and then click the "upload icon" (**2**) associated to the program year in question.

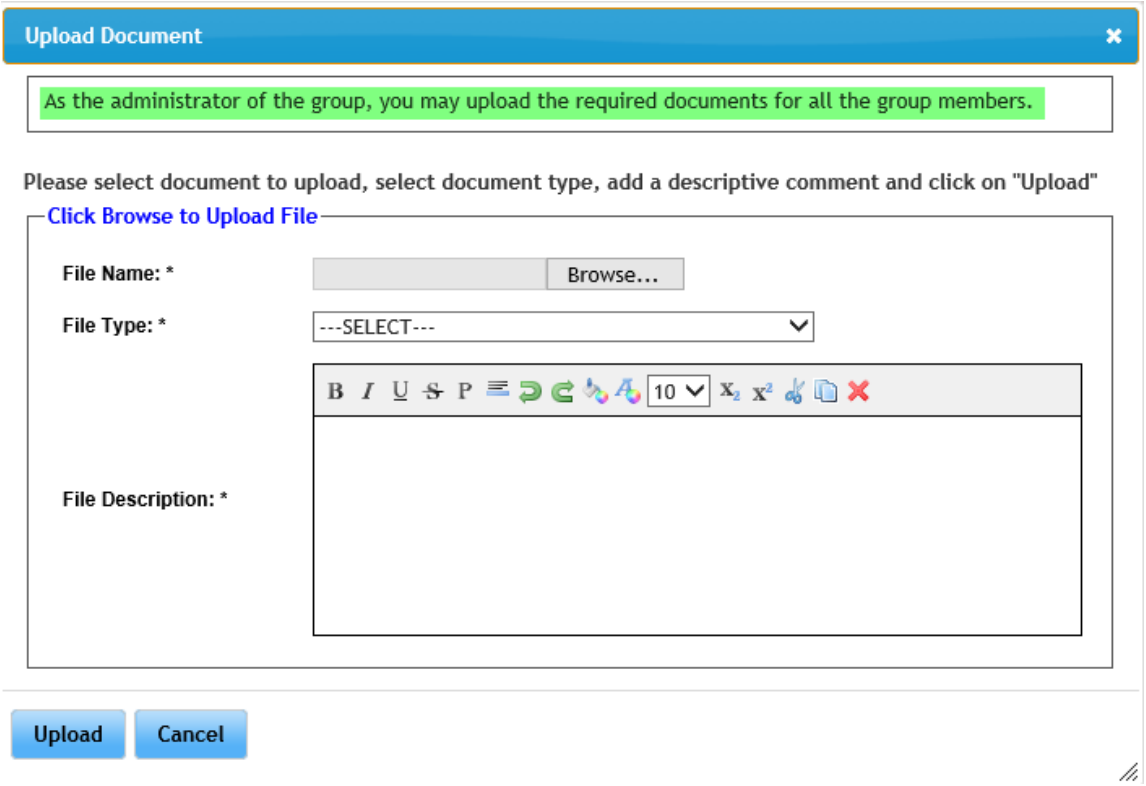


Providers attesting as individuals will not see any additional guidance at the top of the Pop-Up.

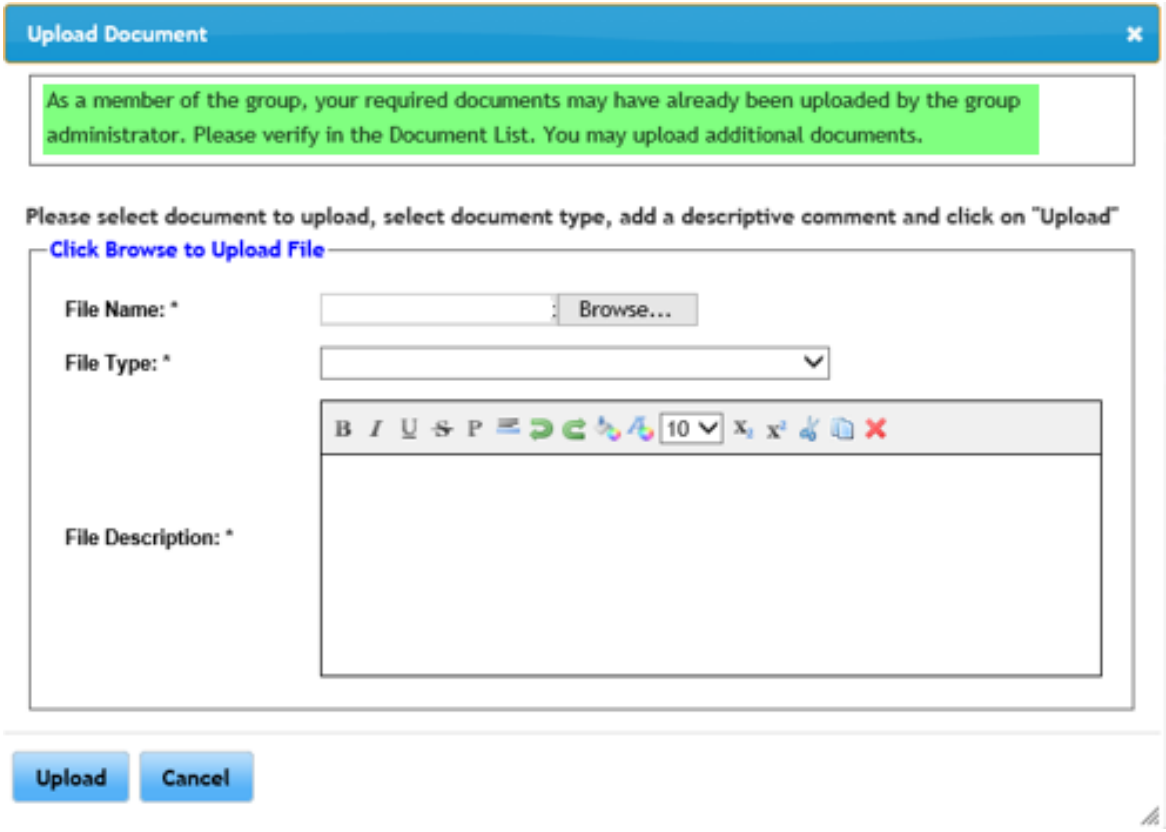


Both the Group Administrator (first person to attest using Group Eligibility Data) and subsequent providers attesting as part of a group, will have clarifying guidance at the top of the Pop-Up.

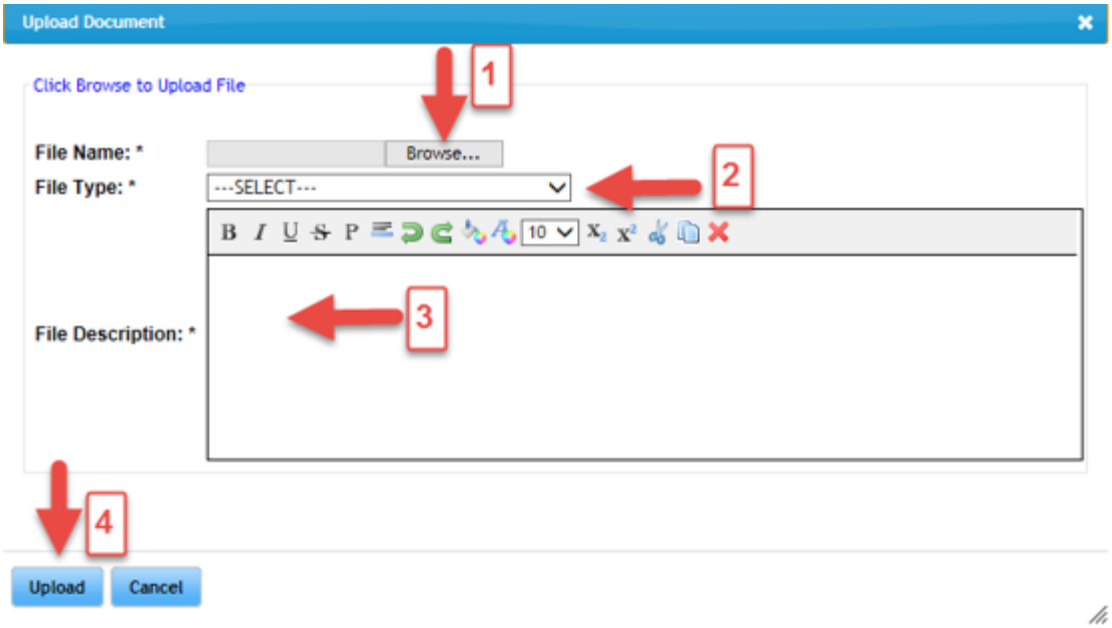
Group Administrator Upload Document Pop-Up:



Eligibility Group Member Upload Document Pop-Up:



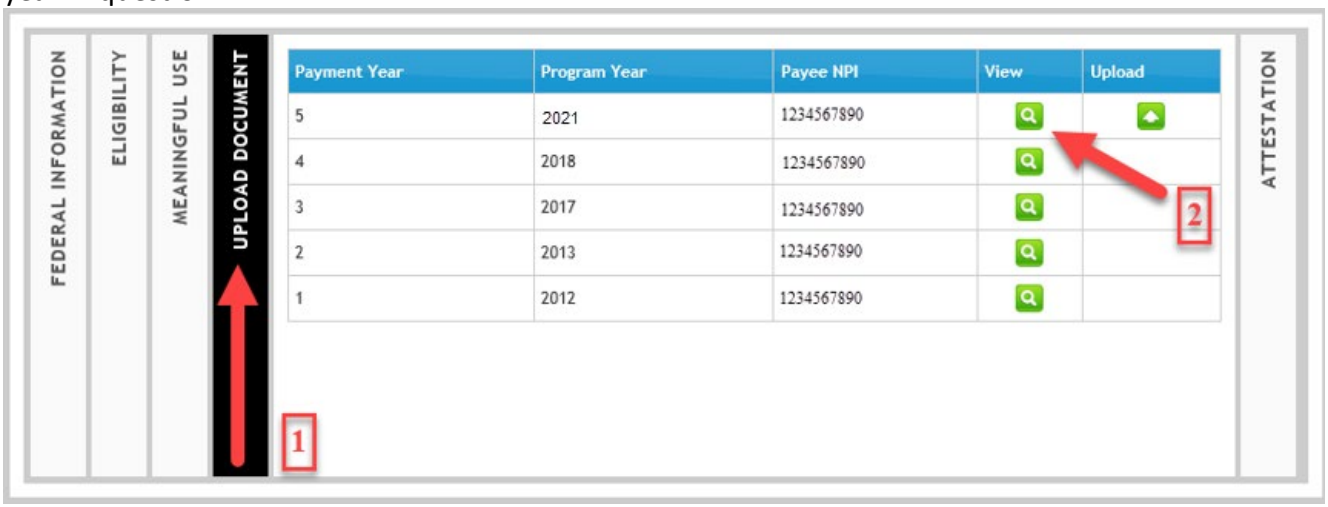
To upload, click on the “Browse” tab (**1**) and locate the document that you wish to upload. Choose a “File Type” from the drop down (**2**). Enter information in the “File Description” box (**3**). Finally, click the “Upload” icon (**4**) to complete the upload.



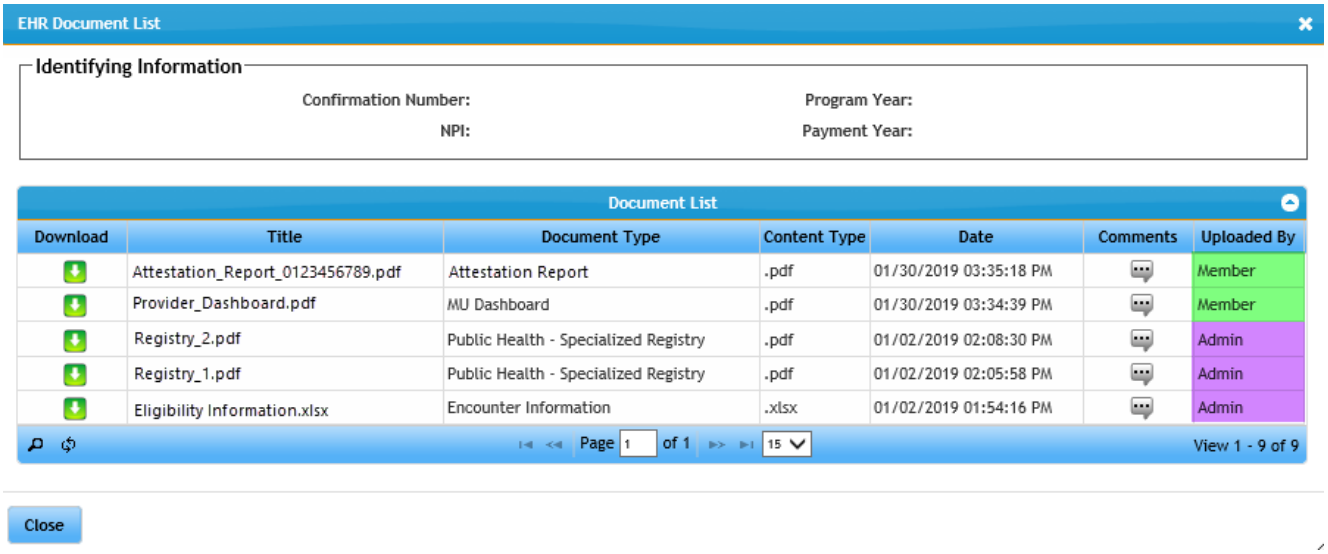
View Uploaded Documents.

It is strongly suggested that providers view the documents uploaded to make sure that all required documents have been provided.

Click the “Upload Document” tab (**1**), and then click the “view icon” (**2**) associated to the program year in question.



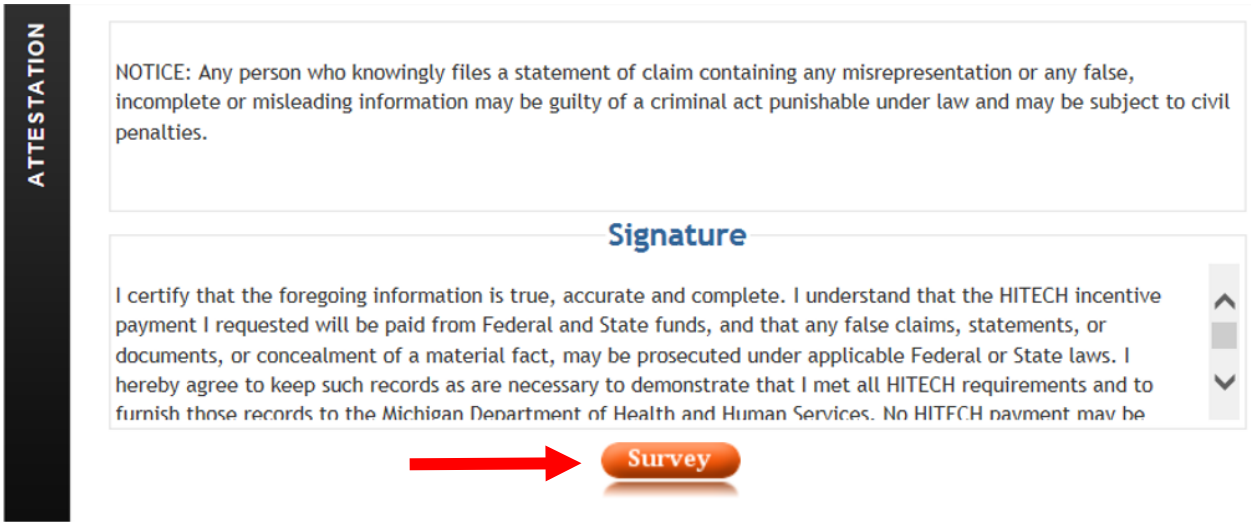
The last column, “Uploaded By” will only be visible to those providers who attested using Group Eligibility. This column will display those documents that have been uploaded by the Group Administrator (Admin) and those that have been uploaded by the Member. This can assist groups in minimizing the number of times a document is uploaded, by seeing if the Group Administrator has already uploaded it.



Attestation Tab:

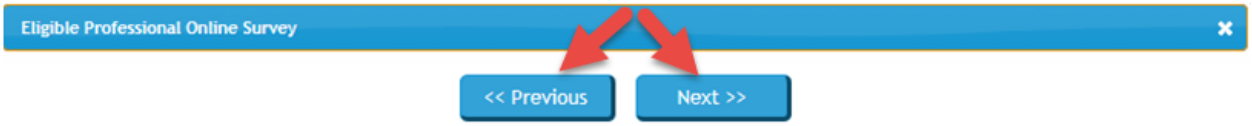
Survey

After all the required information is saved, you must complete a survey before the registration process is finished. The survey will be used internally by the Department of Health and Human Services to evaluate the program and highlight areas of concern. If a provider is utilizing the organizational proxy for eligibility, only one survey needs to be completed for the individuals utilizing that proxy. The first individual attesting under an organizational proxy will have the responsibility of completing the survey. All subsequent professionals utilizing the same organizational proxy will not be given the option to complete the survey. Once the survey has been completed, you can submit the registration. The survey results for the prior program year can be found on the michiganhealthit.org website.



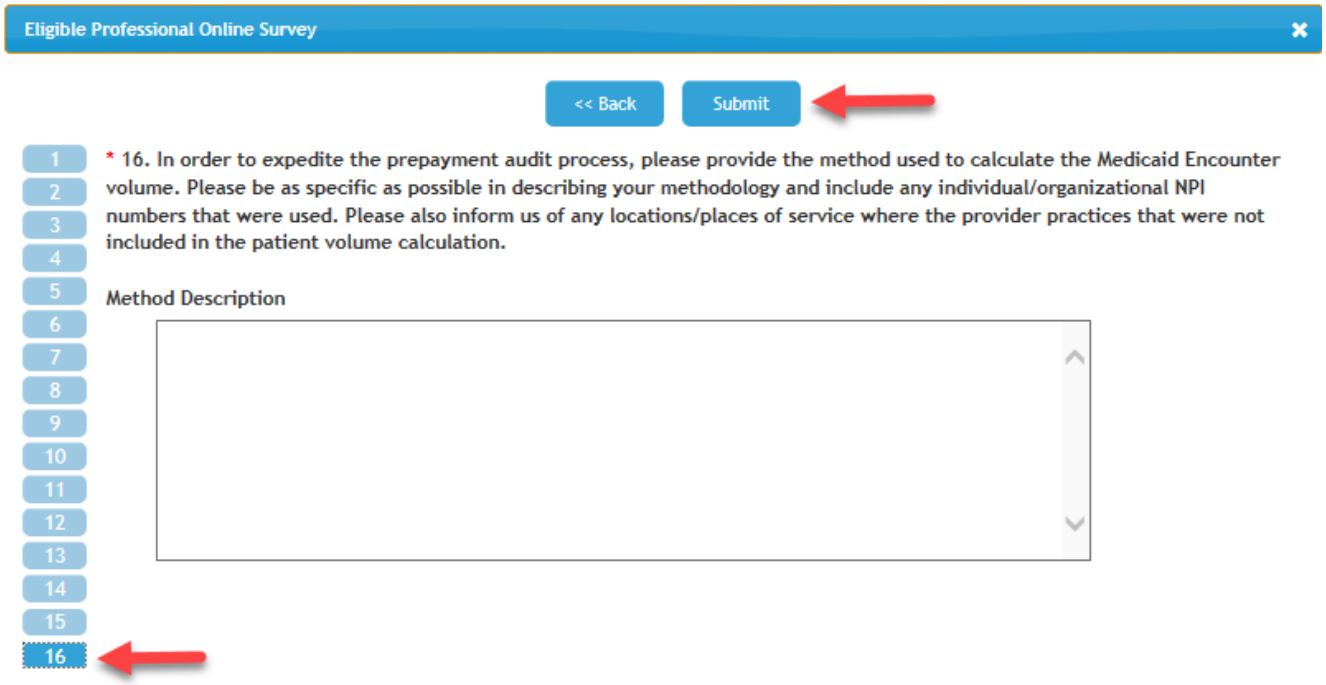
Helpful Hints:

Use the "Previous" and "Next" buttons to work through the survey.



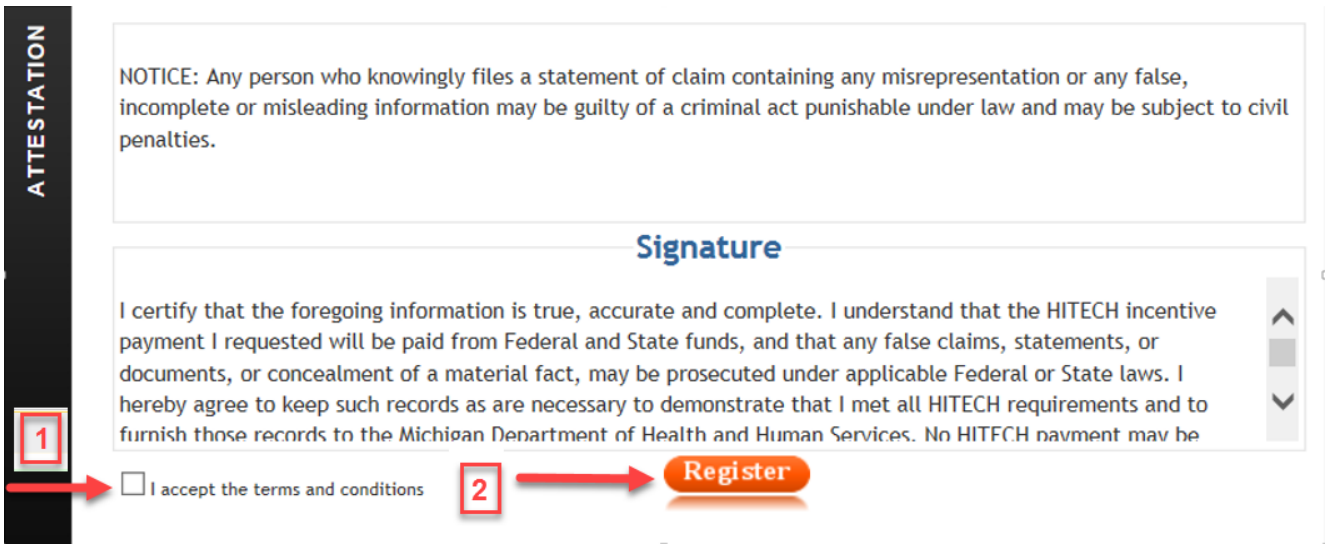
1. You must answer all of the survey questions. Clicking "Save" will close you out of the survey, but all answers until that point will be saved. Clicking "Cancel" will close you out of the survey and erase everything entered until that point.

2. Question #16 has been added to the survey to assist the review staff at MDHHS-EHR in determining the Medicaid Encounter volume. The more complete and detailed the response is, the better it will assist in validating the eligibility data entered in eMIPP. Once you have answered this last question, click "Submit" to complete the survey successfully.



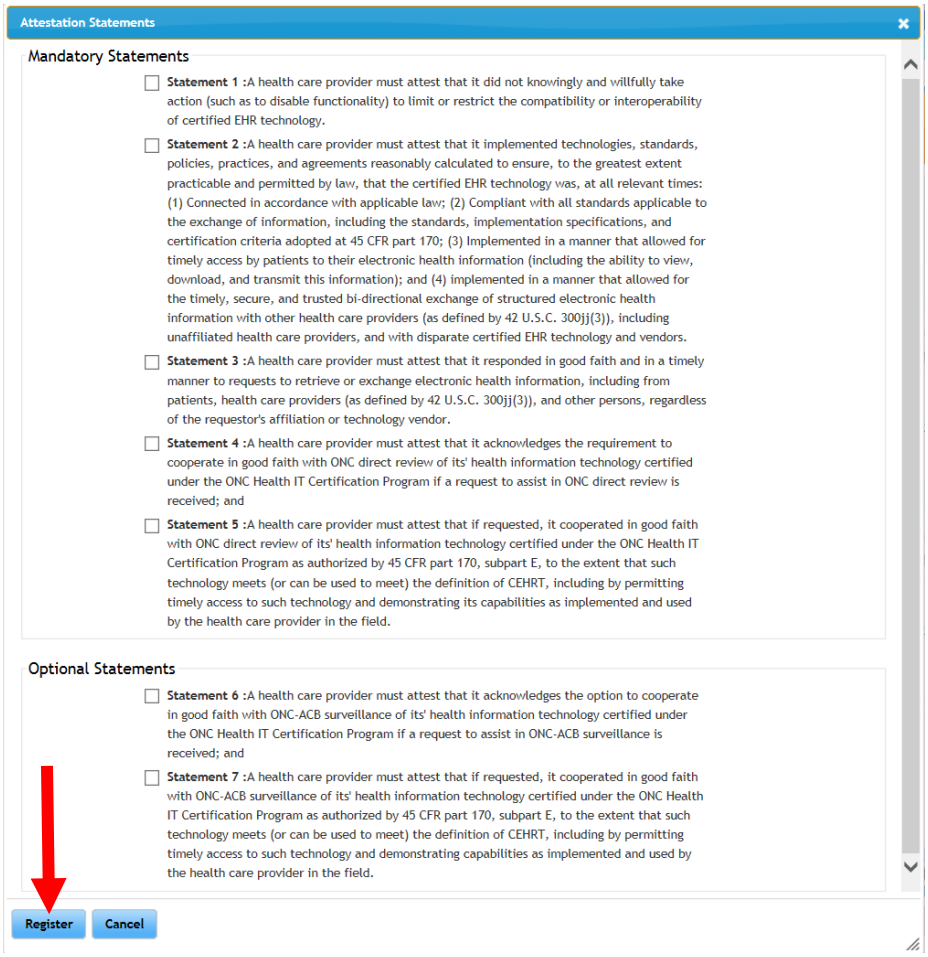
Register

Once you've completed the survey, a "Register" button will appear where the survey button once was. Prior to being able to submit the registration, providers will need to read the terms and conditions. If they accept the terms and conditions, the "I accept the terms and conditions" box (**1**) will need to be checked. At this point, the "Register" tab (**2**) can be clicked and the system will ensure all other criteria have been met (documents uploaded, MU is complete, etc)

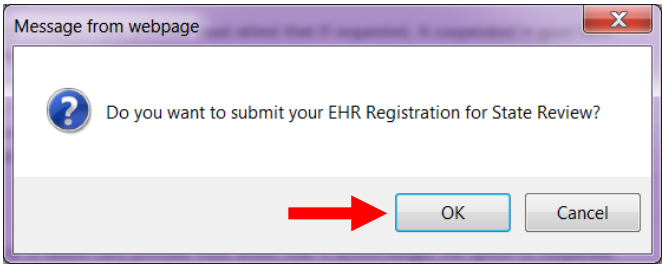


Attestation Statements

Once the "Register" button has been clicked an "Attestation Statements" box will be generated that contains 5 mandatory statements and 2 optional statements. After completing this form, the "Register" button will need to be clicked:



After clicking the “Register” button, a pop-up will appear. To complete the registration process, the “OK” button needs to be clicked.

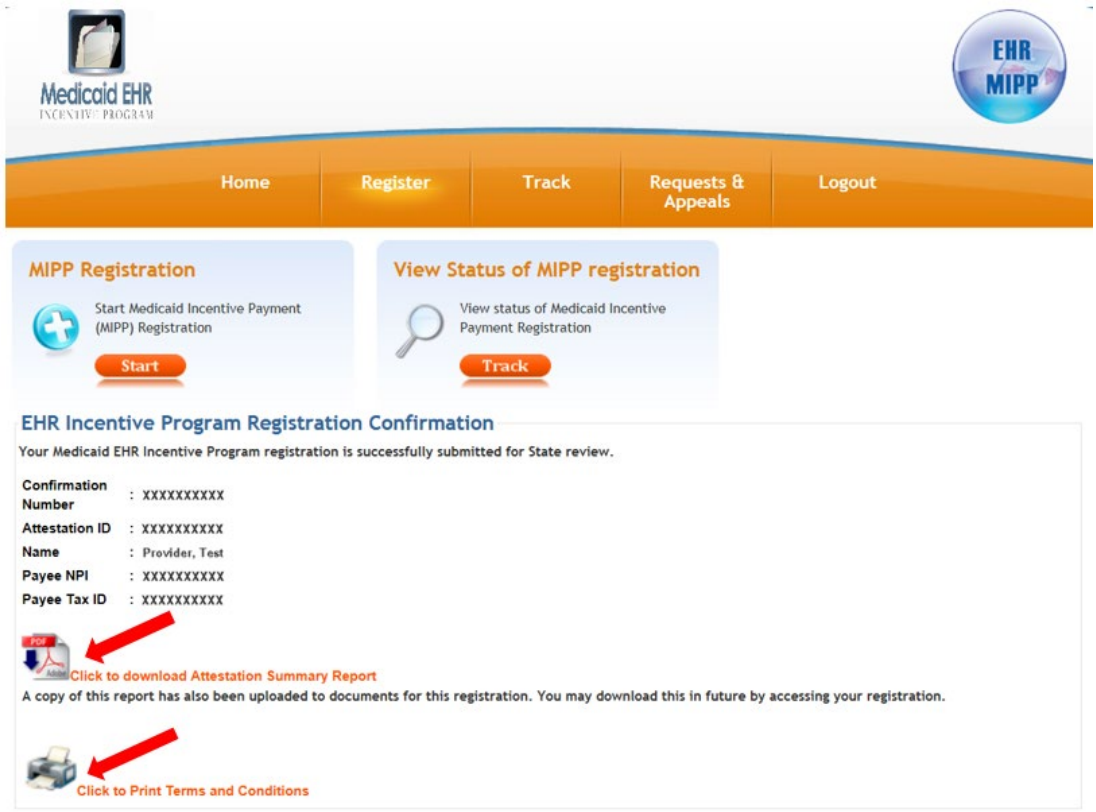


NOTE: If someone other than the provider is completing the registration, make sure there is an Electronic Signature Agreement (MDCH Form 1401) on file at your organization. It is available at http://www.michigan.gov/documents/mdch/DCH-1401-Electronic-Signature-2-2008_226769_7.doc.

Attestation Confirmation:

This completes the attestation process. You will be returned to the main screen and a confirmation e-mail will be sent to the address provided.

NOTE: You can print off a copy of the Terms and Conditions and/or download an Attestation Summary Report by clicking the appropriate icon.



You can return anytime to the above screen to check on the progress of the registration by clicking the "Track" button.

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 program related questions, please call the support line at **(877) 338-7106**, email info@michiganhealthit.org, or visit www.MichiganHealthIT.org.

Request & Appeals Tab:

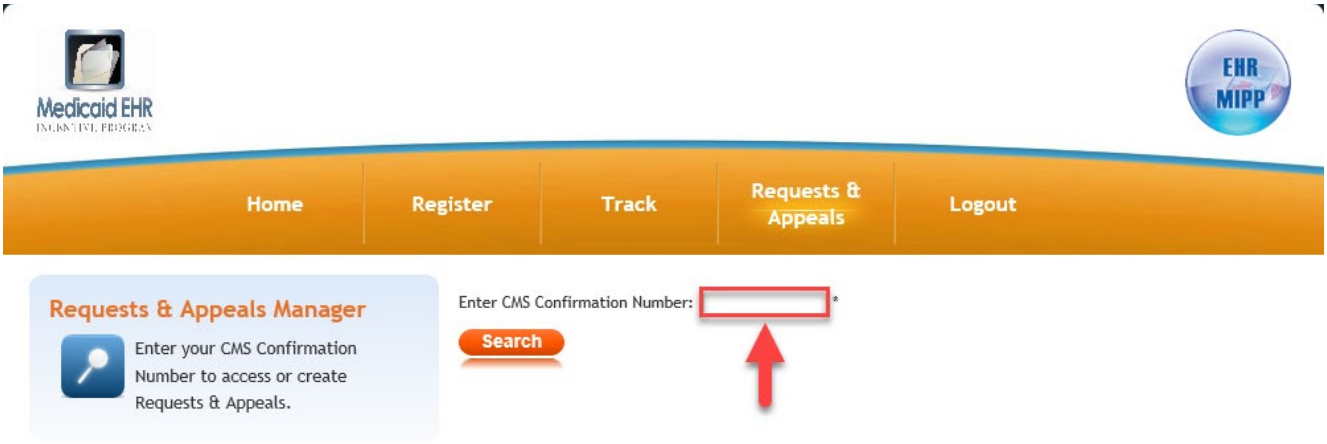
Providers who would like to file a request or who would like to appeal the State's decision on either a prepayment review or post payment audit, may do so by filing a request or appeal.

A request or appeal can be created for any of the following reasons:

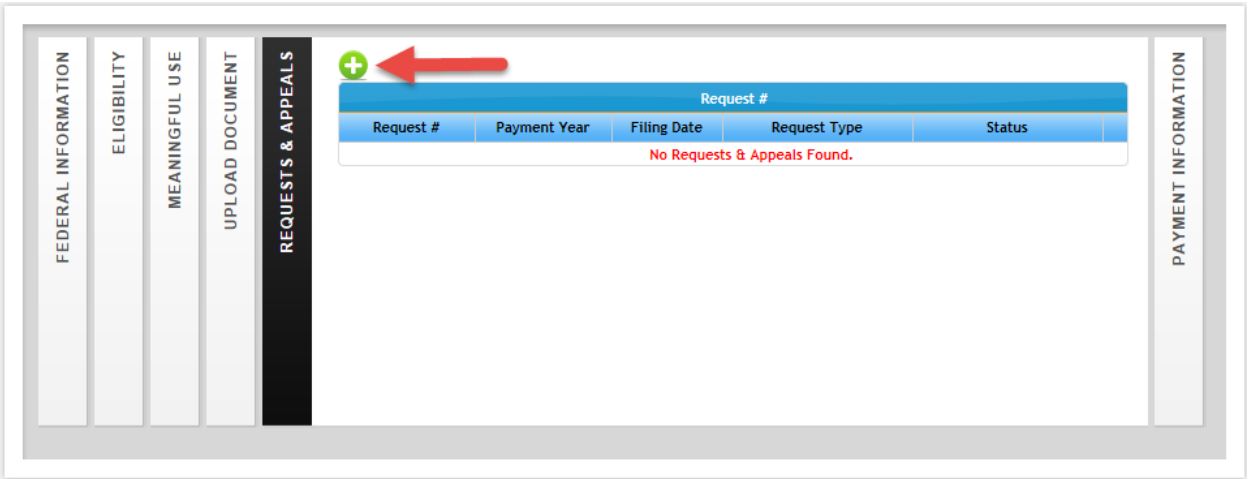
- Appeal of an Audit Finding - this must be done within 30 days of an Audit determination
- Appeal – Other (Rejection or Denial) - this must be done within 30 days of a Rejection or Denial
- Information Request
- Dispute

To create a request or appeal, login to the EHR MIPP module as directed in the State Level Registration section of this guide. Once you click the "EHR MIPP" link, a new window will open. Click on either of the "Requests & Appeals" options.

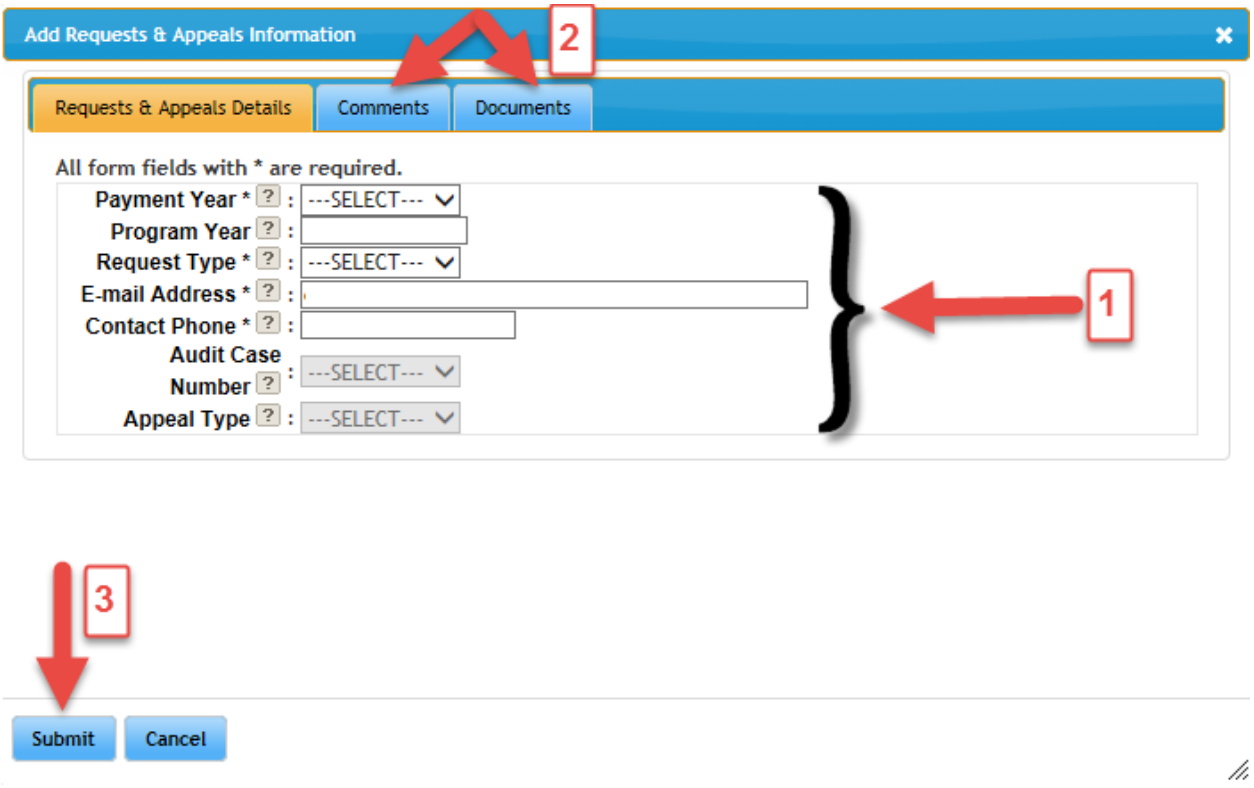
You will then need to enter the CMS Registration ID number that you received from the RAS. The registration ID must match the NPI of the provider domain you used to log into CHAMPS.



Once logged in, you will see a screen with several tabs. By default, you will start on the tab – Request & Appeals. To add a request or appeal, click on the icon.



A pop-up screen will appear. Enter all required information (**1**), including comments or related documents (**2**), and click "Submit" (**3**).



Please note the request and appeals process is for appealing a decision made by the State. If you have general questions about your registration or the review process, email info@michiganhealthit.org, or visit http://www.michiganhealthit.org/.

Troubleshooting

If you are experiencing any issues during the state level registration process, the easiest tip to try first would be to clear/reset your browser by holding Ctrl + F5. If that didn't work, try Ctrl + R, then press F5.

If you receive a "Stack Trace" error: first, try the steps outlined immediately above. If this does not correct the problem and you receive a "Stack Trace" error again, click "click to view stack trace", then copy and paste the entire text into a word document. Contact the State by sending an email to the MDHHS-EHR@michigan.gov. Include some background information, your NPI and attach the word document with the Stack Trace error to the email. By capturing this information, it will help the developers determine what the issue is and find a solution.

The table below lists some of the more common errors providers experience during registration. If you come across any of these errors, please follow the steps outlined in the table below to remedy the issue.

Type of Error / Error Message	Reason for the error	Steps you should take to correct the problem(s)
Registration ID not found	You have entered the wrong registration ID.	Re-enter the registration ID. If this issue persists, contact CMS to verify your Registration ID.
Inactive enrollment status	Your current CHAMPS provider enrollment status is inactive.	Contact Provider Enrollment at 1-800-292-2550 to verify your enrollment status.
Inactive License	Your license is inactive in CHAMPS.	Contact Provider Enrollment at 1-800-292-2550 to update your license.
No Associated payee tax ID	You have no payee Tax ID (or SSN) in CHAMPS.	Contact Provider Enrollment at 1-800-292-2550 and provide a payee tax ID.
Payee Tax ID address missing	You have not established a pay to address for this tax ID (or SSN).	Contact Provider Enrollment at 1-800-292-2550 and provide an address for this tax ID (or SSN).
No W-9 on file	You have not provided an updated W-9.	Contact Provider Enrollment at 1-800-292-2550 and provide an updated W-9.
Registration is currently in progress	You have updated information at CMS, but have not submitted the updated information.	Go to the CMS website and verify the accuracy of the information. Be sure to submit the changes completely. Upon submission, wait 24 hours and then try to login to the EHR module again.
Your Registration has already been submitted for State review	You have already completed and submitted a registration for the current program year.	Your registration is under review by the State. No further action is required. If more information is needed, you will be contacted.
No group associations found	The EP is not associated within CHAMPS to the group NPI.	Contact Provider Enrollment at 1-800-292-2550 and request to have the association created prior to attestation.