

State Level Registration for
Eligible Professionals (EP)
2015 - All Program Years

Medicaid Electronic Health Record (EHR) Incentive Program



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First Year Providers: Federal Level Registration

First Year Providers must register with the CMS Registration and Attestation System (RAS) at the federal level to begin their registration process. Once registered at the federal level, providers will be invited to complete their registration at the state level. For more information on the federal level process see:

<https://www.michiganhealthit.org/wp-content/uploads/CMS-RAS-EP-Guide.pdf>

Upon completion of the federal level registration, providers should note the registration ID number they receive as it is needed to access state level registration. It can be retrieved by logging back into the RAS with the original username and password used during federal registration. Providers are encouraged to provide information on the certified EHR technology they are using, and a contact email address when registering at the federal level. Both are optional, but providing them here will speed up state level registration. Any changes to the information in the CMS registration and attestation system must be done by the provider in the CMS system and cannot be changed at the state level. Any changes may delay the incentive payment. 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 must individually complete their registration at the state level after completing the federal registration. Providers will receive a letter inviting them to complete the registration process in the CHAMPS system. Assure that your license or certification is valid and up to date in the CHAMPS system, as well as your W-9 before continuing on with registration.

Below describes the type of registration that is needed 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 EHR incentive payment program on-line. Once the EP submits the registration information, Medicaid staff will start the review/validation process. In order to ensure that only eligible providers receive EHR incentive payments, a series of verifications will take place at registration and annually thereafter.
- **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 EHR incentive payment program on-line. Note that this enrollment is for EHR incentive purposes only. To access the CHAMPS system for enrollment, the EP must follow the directions on the website at http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546-153200--,00.html. Scroll down to the middle of the page to “Hot Topics” and click on the CHAMPS link. Once on the CHAMPS page, scroll down the page to

“Accessing the CHAMPS System” portion where there are step by step instructions. 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 the RAS each year unless updates need to be made.

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

Adopt, Implement or Upgrade: State Level Registration

You should download and review the **EP’s Guide to the Medicaid EHR Incentive Program** before completing the state level registration which can be found at <http://www.michiganhealthit.org/>.

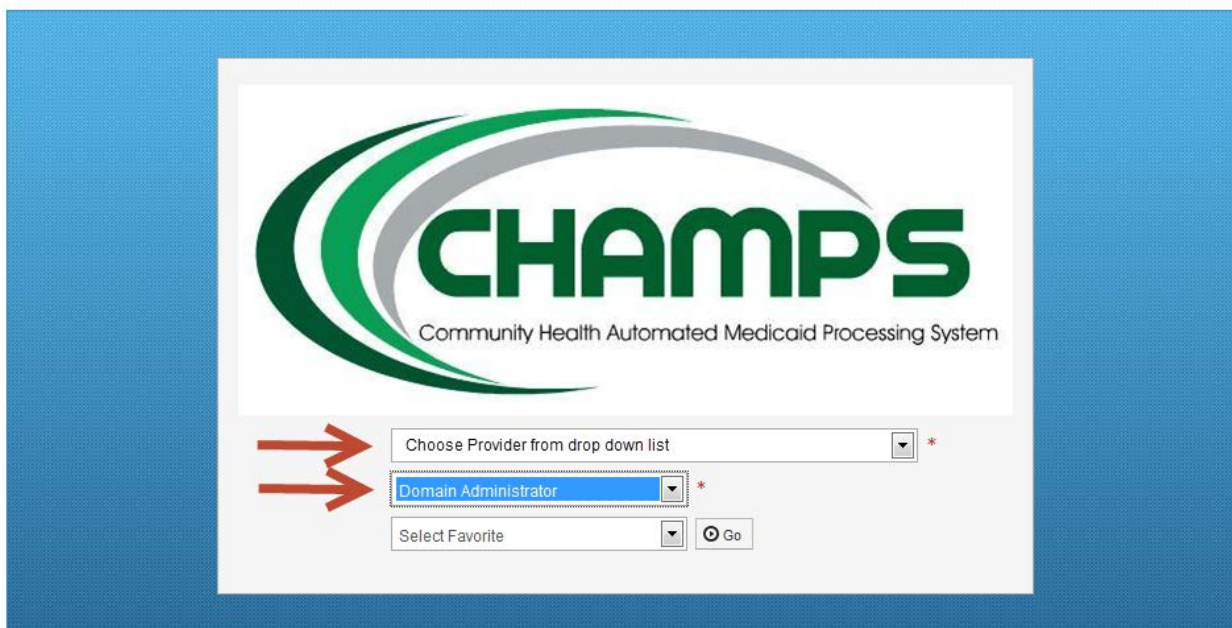
You may also want to complete an **EP Eligibility Worksheet** which can be found at <https://www.michiganhealthit.org/wp-content/uploads/Annual-Worksheet-for-the-Medicaid-EHR-Incentive-Program.pdf>. The worksheet closely mirrors state level online registration and can help collect required eligibility items.

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

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

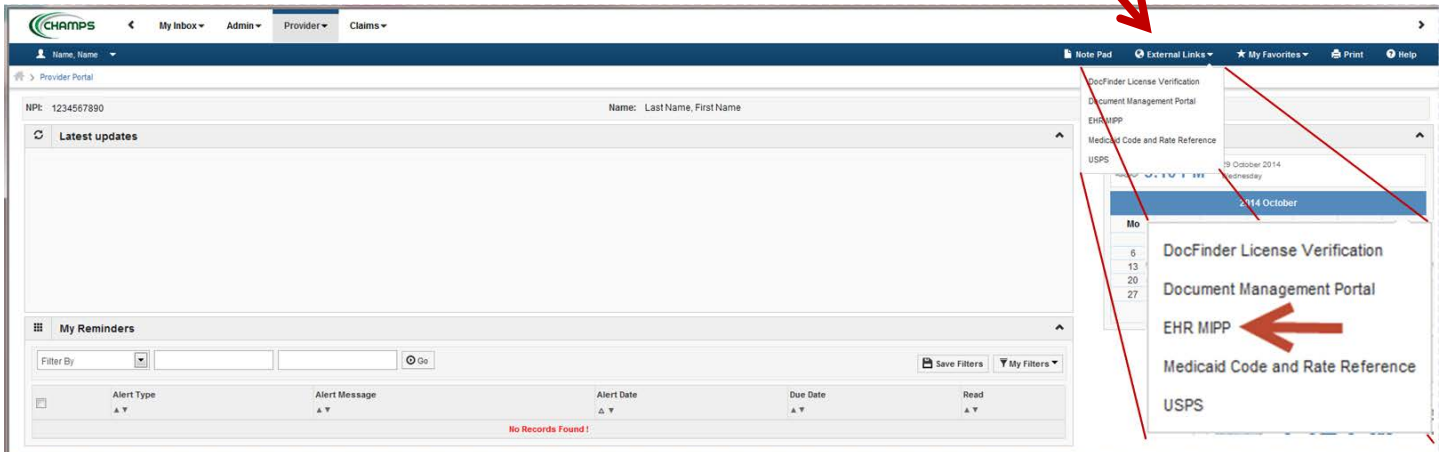
After signing on the SSO and agreeing to the “MDCH Systems Use Notification”, you will need to enter into CHAMPS.

In the “Select a Domain” drop-down list choose the provider you would like to register, then choose “Domain Administrator” in the “Select a Profile” drop-down list. 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. If you just completed the federal level registration wait one business day to access the link. If you are still unable to register, call the support line at **(877) 338-7106**.

Once you click the “EHR MIPP” link, a new window will open. Click the “Start” button to move on to the next screen and begin the registration process.

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



Welcome

MIPP Registration

Start Medicaid Incentive Payment (MIPP) Registration



Start

View Status of MIPP registration

View status of Medicaid Incentive Payment Registration




Track

You will need to enter the federal 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.


The image shows the "Find Registration" section of the website. It includes the same header and navigation bar as the previous screenshot. Below the navigation bar is a "Find Registration" box with a magnifying glass icon and the text: "Enter your CMS Registration ID to begin your EHR Medicaid Incentive Payment Program (EHR MIPP) registration process." To the right of this box is a form field labeled "Enter CMS Registration ID:" with an asterisk, and a "Search" button below it.

Federal Information

Once logged in you will see a screen with four tabs – Federal Information, Eligibility, Upload Documentation and Attestation. Providers desiring to attest to Meaningful Use in the first year will need to make that designation on the Eligibility tab and a fifth tab (Meaningful Use) will appear. The Upload Documentation tab is only needed in the event that supporting documentation is requested by the State. By default, you will start on tab – Federal Information.

Payment Year	Program Year	Payee NPI	Provider Type
 1	2014	0123456789	EP - Medicaid


ELIGIBILITY
MEANINGFUL USE
UPLOAD DOCUMENT
ATTESTATION

On this tab you need to review and confirm that your federal information is correct. Click the  button to review your records. 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, call the support line at **(877) 338-7106**.

Eligibility Information:

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

The screenshot shows a software interface with a sidebar on the left containing two tabs: 'FEDERAL INFORMATION' and 'ELIGIBILITY'. The 'ELIGIBILITY' tab is active. The main content area features a table with four columns: 'Payment Year', 'Program Year', 'Certification Number', and 'EHR Status'. The 'Payment Year' column contains a document icon and the number '1'. To the right of the table are three vertical buttons labeled 'MEANINGFUL USE', 'UPLOAD DOCUMENT', and 'ATTESTATION'.

On this tab click the  button under “Payment Year.” The screen to enter eligibility data will appear:

The screenshot shows the 'Eligibility Information' form. It includes the following sections:

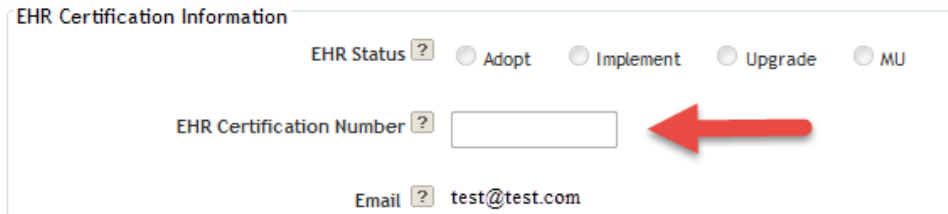
- EHR Certification Information:** EHR Status (radio buttons for Adopt, Implement, Upgrade, MU), EHR Certification Number (text input), a checkbox for 'unable to fully implement' (with explanatory text), MU Reporting Choice (dropdown menu), a checkbox for 'utilizing the highest level' (with explanatory text), and an Email field (test@test.com).
- Reporting Period:** Patient volume reporting option (radio buttons for Prior Calendar Year, Prior Twelve Months), Start Date (text input), and End Date (text input).
- Eligible Patient Volume:** A list of checkboxes for 'Include Organization Encounters', 'Practice as a Pediatrician', 'Practice as a Physician Assistant', 'Hospital Based Provider', 'Render care in FQHC/RHC', and 'Include MCO panel'. Below these are text inputs for 'Total Encounters' and 'Medicaid Encounters', and two more checkboxes: 'Did you include no-cost encounters?' and 'Include encounters outside MI'.

At the bottom of the form are 'Save' and 'Cancel' buttons.

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


Providers must select their EHR status. For year one, providers must select and attest to; adopting, implementing, or upgrading to certified EHR technology or to Meaningful Use. Years two through 6, EPs will only have the option to select MU. See the Eligible Professional’s Guide to the Medicaid EHR Incentive Program for more details.

Verify that the EHR Certification Number is correct. If it is not correct, the number can be edited at this point.



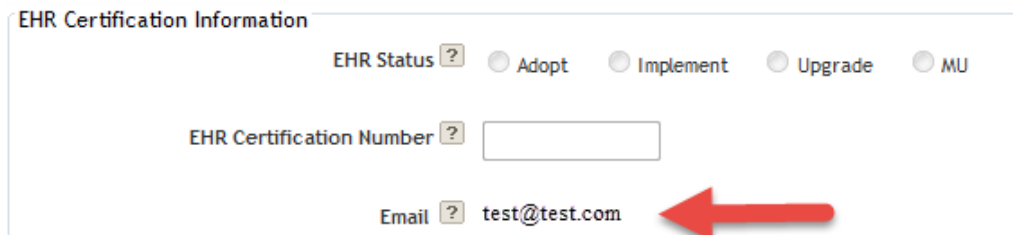
EHR Certification Information

EHR Status ? Adopt Implement Upgrade MU

EHR Certification Number ? 

Email ? test@test.com


Verify that the Email address is correct and up to date. If it is not correct, you must return to the CMS Registration & Attestation System to update the information. It will take approximately one business day for the information to be sent to the State and updated.



EHR Certification Information

EHR Status ? Adopt Implement Upgrade MU

EHR Certification Number ?

Email ? test@test.com 

Reporting Period:

All providers must complete the “Reporting Period” section.



Reporting Period

Start Date: ?

End Date: ?

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 365 days from the date of EP attestation/registration for which you are reporting your eligible Medicaid patient volume. Once you fill in the start date, click within the end date field 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; you cannot span years.

Eligible Patient Volume:

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

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

Practice as a Pediatrician ? Yes No

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

Practice as a Physician Assistant ? Yes No

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

Check all the boxes that apply. You must check at least one of the first three 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 numbers of encounters in the hospital settings.

Hospital Based Provider ? Yes No

Total Inpatient Discharges: ?

Total ER Encounters: ?

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

Depending on how you answer the next three questions (“**Include Organization Encounters**”, “**Render care in**

FQHC/RHC”, and “Include MCO panel”) you will be asked for different encounter volume items. Each scenario is explained below.

Scenario 1:

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

Include Organization Encounters Yes No

Practice as a Pediatrician Yes No

Practice as a Physician Assistant Yes No

Hospital Based Provider Yes No

Render care in FQHC/RHC Yes No

Include MCO panel Yes No

Total Encounters: ?

Medicaid Encounters: ?

This is the simplest scenario. From here you will only need to enter your total encounters (all payers, all locations) and your Medicaid encounters (as defined in the Eligible Professional’s Guide to the Medicaid EHR Incentive Program).

Scenario 2:

Include Organization Encounter = **Yes**
Render Care in FQHC/RHC = **No**
Include MCO panel = **N/A**

Include Organization Encounters Yes No

Organization NPI

Organization: ?

Practice as a Pediatrician Yes No

Practice as a Physician Assistant Yes No

Hospital Based Provider Yes No

Render care in FQHC/RHC Yes No

Total Encounters: ?

Medicaid Encounters: ?

Under this scenario you are electing to use your practice or organization’s encounter numbers as a proxy. This is optional and must follow the criteria outlined in the Eligible Professional’s Guide to the Medicaid EHR Incentive Program. You will need to provide the organization’s NPI and encounter numbers.

NOTE: "Include MCO panel" is not a viable option in this scenario and MCO panel encounters cannot be included in a practice or organization's volume.

Scenario 3:

Include Organization Encounter = **No**

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

Include MCO panel = **Yes**

Include MCO panel ? Yes No

Managed Care PCP Panel

Total Panel: ?

Unduplicated Encounters: ?

Medicaid Panel: ?

Unduplicated Medicaid Encounters: ?

Under this scenario, you are electing to include encounters under the Primary Care Provider (PCP) Panel. This is optional and must follow the criteria outlined in the Eligible Professional's Guide to the Medicaid EHR Incentive Program. You must provide PCP panel encounters 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.

Scenario 4:

Include Organization Encounter = **No**

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

Include MCO panel = **No**

- Include Organization Encounters Yes No
- Practice as a Pediatrician Yes No
- Practice as a Physician Assistant Yes No
- Hospital Based Provider Yes No
- Render care in FQHC/RHC Yes No
- Include MCO panel Yes No

FQHC/RHC Encounters	
Total Encounters:	<input type="text"/> ?
Medicaid Encounters:	<input type="text"/> ?
MiChild Encounters:	<input type="text"/> ?
Charity Care Encounters:	<input type="text"/> ?
Sliding Fee Scale Encounters:	<input type="text"/> ?
All Other Settings Encounters	
Total Encounters:	<input type="text"/> ?
Medicaid Encounters:	<input type="text"/> ?

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

Scenario 5:

Include Organization Encounter = **Yes**

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

Include MCO panel = **N/A**

Include Organization Encounters ? Yes No

Organization NPI

Organization:

Practice as a Pediatrician ? Yes No

Practice as a Physician Assistant ? Yes No

Hospital Based Provider ? Yes No

Render care in FQHC/RHC ? Yes No

FQHC/RHC Encounters

Total Encounters: ?

Medicaid Encounters: ?

MiChild Encounters: ?

Charity Care Encounters: ?

Sliding Fee Scale Encounters: ?

Under this scenario, you are electing to use your practice or organization’s encounter numbers as a proxy. This is optional and must follow the criteria outlined in the Eligible Professional’s Guide to the Medicaid EHR Incentive Program. You will need to provide the group or organization’s NPI you are using as a proxy and organization encounter numbers.

NOTE: “Include MCO panel” is not a viable option in this scenario, and MCO panel encounters cannot be included in an organization’s volume. If you select this option, you are also attesting to meeting the “practices predominantly” requirement in order to use a FQHC or RHC organization’s volume as a proxy.

Scenario 6:

Include Organization Encounter = **No**

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

Include MCO panel = **Yes**

- Include Organization Encounters Yes No
- Practice as a Pediatrician Yes No
- Practice as a Physician Assistant Yes No
- Hospital Based Provider Yes No
- Render care in FQHC/RHC Yes No
- Include MCO panel Yes No

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

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

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 EHR Incentive Program. If you choose to include no-cost encounters, please include these in; total encounters, Medicaid encounters, and also record the number in the No-Cost Encounters field.

Did you include no-cost encounters? Yes No

No Cost Encounters:

Include Encounters Outside MI: All providers also 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.

Include encounters outside MI Yes No

State(s):

Survey:

You will be required to fill out a short survey before continuing with registration. A preview of this mandatory survey is available at: www.MichiganHealthIT.org. The survey will be used internally by the Department of Community Health 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. Click on the orange Survey button to continue.

FEDERAL INFORMATION	ELIGIBILITY	UPLOAD DOCUMENT	ATTESTATION
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NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature

I certify that the foregoing information is true, accurate and complete. I understand that the HITECH incentive payment I requested will be paid from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws. I hereby agree to keep such records as are necessary to demonstrate that I met all HITECH requirements and to furnish those records to the Michigan Department of Community Health. No HITECH payment may be paid unless this

I accept the terms and conditions

[Register](#)



Helpful Hints:

1. Use the “Continue” and “Previous” buttons to work through the survey.

Previous

Continue

2. 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.

Save

Cancel

3. You must answer all questions and click “Submit” on the last question to complete the survey successfully.

26 . Please provide additional comments about EHR Medicaid Incentive Payment program.

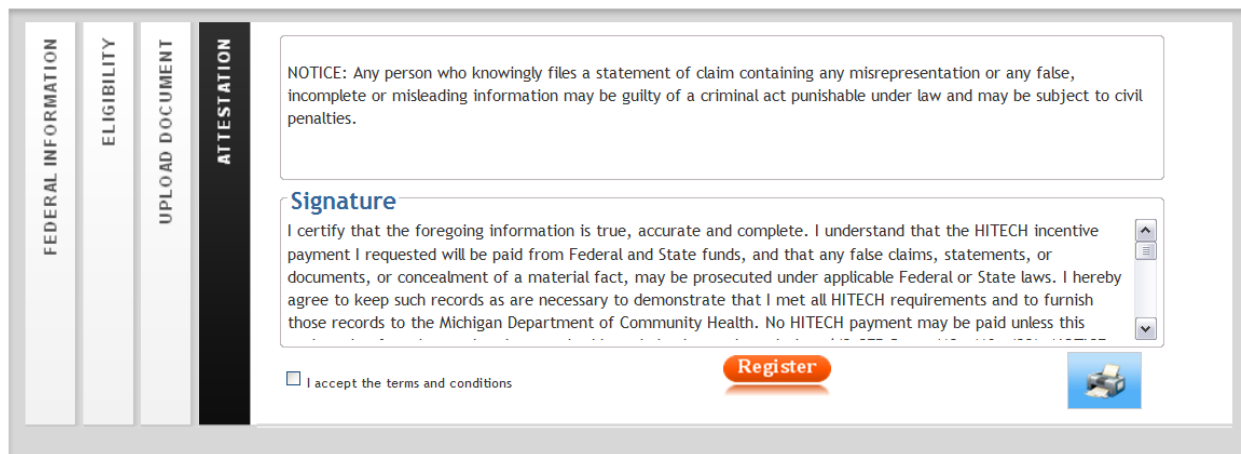
Previous

Submit




Register:

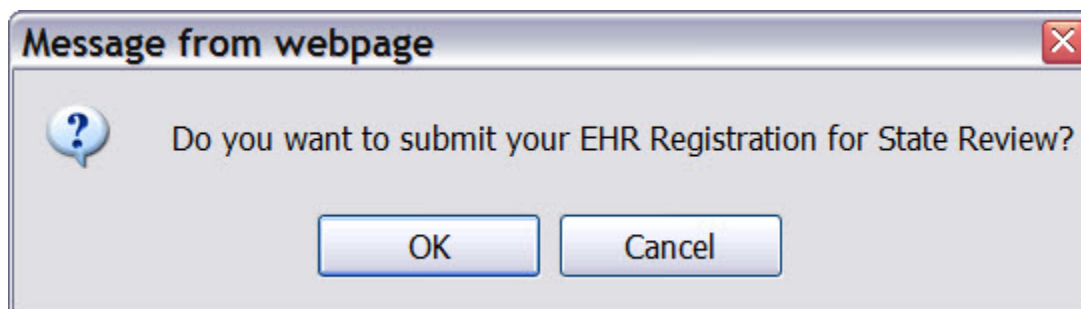
Once you've completed the survey, a registration button will appear where the survey button once was. You will need to read and accept the Terms and Conditions before you can continue with registration.



The screenshot shows a web form with a vertical navigation bar on the left containing the following tabs: FEDERAL INFORMATION, ELIGIBILITY, UPLOAD DOCUMENT, and ATTESTATION. The ATTESTATION tab is selected and highlighted in black. The main content area contains a text box with the following text: "NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties." Below this is a section titled "Signature" with a text area containing the text: "I certify that the foregoing information is true, accurate and complete. I understand that the HITECH incentive payment I requested will be paid from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws. I hereby agree to keep such records as are necessary to demonstrate that I met all HITECH requirements and to furnish those records to the Michigan Department of Community Health. No HITECH payment may be paid unless this". Below the text area is a checkbox labeled "I accept the terms and conditions" and a red "Register" button. To the right of the "Register" button is a printer icon.

NOTE: You can print off a copy of the Terms and Conditions by clicking on the  button.

Click on the "Register" button. You will be prompted to confirm the submission of your registration with a pop-up dialog box. Click "OK" to submit the registration.



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

Registration Confirmation:

This completes the registration process for first year EPs. You will be returned to the main screen and a confirmation e-mail will be sent to the address provided.

NOTE: You should print this screen for your records.



The screenshot shows a web application interface for the Medicaid EHR Incentive Program. At the top left is the logo for Medicaid EHR Incentive Program, and at the top right is a circular logo for EHR MIPP. Below these is a navigation bar with buttons for Home, Register, Track, and Logout. The main content area has two primary actions: 'MIPP Registration' with a 'Start' button and 'View Status of MIPP registration' with a 'Track' button. Below this is a confirmation message: 'EHR Incentive Program Registration Confirmation' followed by 'Your Medicaid EHR Incentive Program registration is successfully submitted for State review.' A list of registration details follows: Registration ID, Name, Payee NPI, and Payee Tax ID, each followed by a colon.

You can return anytime to this 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 EHR Incentive related questions, please call the support line at **(877) 338-7106**, email info@michiganhealthit.org, or visit www.MichiganHealthIT.org.


Second Year Providers:

Second year providers will receive an e-mail when they become eligible to register for the second year of the incentive program. When registering for year two, providers will still need to review their federal information and enter eligibility numbers. Providers will additionally need to assure that their Medicaid registration and certification and/or license is up to date as well. Providers will be unable to complete their registration until this information is up to date within CHAMPS.

Meaningful Use: State Level Registration

After having reviewed the federal information and entered eligibility numbers, continue on to the Meaningful Use tab.

Year	Start Date	End Date	Core	Menu	CQM
 2					

On the MU tab, click the  button under “Payment Year”, and a home screen will pop up for entering Meaningful Use data.

Meaningful Use:

Meaningful Use Information ✕

MU-Overview | Summary | MU-Core Set | MU-Menu Set | MU-Clinical Quality Measures Set

– Meaningful Use Reporting Period

Start Date:

End Date:

Reporting Period

Enter reporting period Start Date and the End date will automatically populate. This is a "typical" 90 day period in the current payment year (2014).

– Location Information

Total Number of locations the provider works at:

Number of locations the provider works at with CEHRT:

% of patients in locations equipped with CEHRT:

% of encounters in locations equipped with CEHRT:



Location Information

Enter the details of locations equipped with the certified EHR technology and corresponding patient volume.

– Meaningful Use Submission

Submission Method: Online PDF QRDA III

– Upload Meaningful Use Reporting Data (Optional)

Download Template:  

Click above image to download the file, complete the information and then use the below option to upload. Note that pdf upload will overwrite all saved meaningful use information.

Upload Template:

MU Reporting

Option #1: Download the reporting template, complete and upload. The data can be reviewed and edited once uploaded.

Option #2: Manually enter information for each objective on next page.

– Meaningful Use Reporting Completion

Checklist

MU Core Measures

MU Menu Measures

MU CQM Measures

Check

When each component of meaningful use reporting is complete, the system will check the corresponding checkbox.


Click on the Save button to save the data.

When arriving on the Meaningful Use home screen, you will first need to enter the start date for the reporting period for which you have acquired MU data. Providers attesting to MU for the first time will have to report on any 90 day reporting period. After the first year of MU reporting, providers will have a quarterly reporting period. The possible start dates quarterly reporting are: January 1, April 1, July 1 and October 1. The quarterly reporting period must be in the current payment year.

– **Meaningful Use Reporting Period**

Start Date:

End Date:

 **Reporting Period**

Enter reporting period Start Date and the End date will automatically populate. This is a "typical" 90 day period in the current payment year (2014).

Next you will be prompted to enter data for the locations equipped with certified EHR technology (CEHRT) and the corresponding patient volume. You will need to enter the total number of locations where the provider works, and the number of those locations that are equipped with CEHRT. In addition, you must identify the percent of patients and percent of encounters in the locations supported by the CEHRT.


– **Location Information**

Total Number of locations the provider works at:

Number of locations the provider works at with CEHRT:

% of patients in locations equipped with CEHRT:

% of encounters in locations equipped with CEHRT:

 **Location Information**

Enter the details of locations equipped with the certified EHR technology and corresponding patient volume.

You are given the option to enter MU data by one of three different methods. One method allows you to enter and submit your MU data directly into the CHAMPS EHR Module, while another allows you to download a PDF reporting template to complete and upload. The QRDA III option allows you to upload your CQM data electronically. If you chose to upload your CQM data via a QRDA III file, you will still need to enter your MU Core and MU Menu data as well.

– **Meaningful Use Submission**

Submission Method: Online PDF QRDA III

– **Upload Meaningful Use Reporting Data (Optional)**

Download Template:



Click above image to download the file, complete the information and then use the below option to upload. Note that pdf upload will overwrite all saved meaningful use information.

Upload Template:

MU Reporting

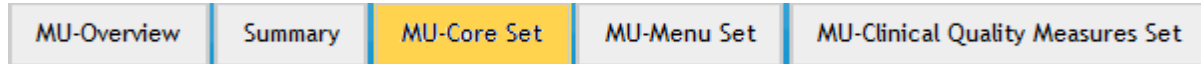
Option #1: Download the reporting template, complete and upload. The data can be reviewed and edited once uploaded.

Option #2: Manually enter information for each objective on next page.

Online Submission

MU-Core Set

To begin entering your Meaningful Use data online, click the MU-Core Set tab at the top of the MU home screen.



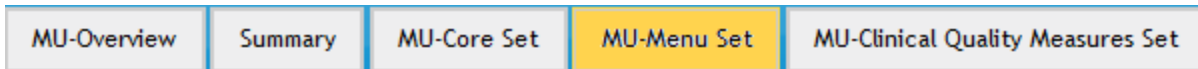
In the MU Core Set section, you will see a list of Meaningful Use Core Objectives. You must fill out all of the Core Objectives to continue on to the next tab. Each question will have an objective (1), a measure (2), and an explanation of compliance (3). Some objectives also include an option to exclude the provider if they meet the Exclusion rule (4).


▼ Objective 1: CPOE for Medication Orders

<p>Objective ←</p> <p>Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.</p>	<p>– Measure Exclusion</p> <p>Exclusion Applies to you? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Exclusion Value: <input type="text"/></p>	<p>Exclusion</p> <p>EPs who write fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. EPs must enter the number of prescriptions written during the EHR reporting period in the Exclusion box to attest to exclusion from this requirement.</p>
<p>Measure ←</p> <p>More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.</p>	<p>– Measure Compliance</p> <p>Numerator: <input type="text"/></p> <p>Denominator: <input type="text"/></p>	<p>Compliance</p> <p>Numerator: The number of patients in the denominator that have at least one medication order entered using CPOE.</p> <p>Denominator: Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.</p>

MU-Menu Set

Upon completion of the objectives in the MU-Core Set, proceed to the MU-Menu Set by clicking on the tab.

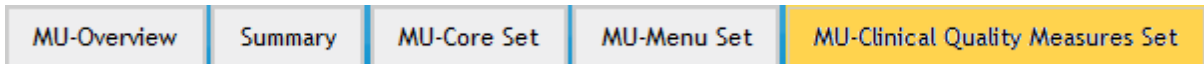


NOTE: Saving will close the MU window and all data entered will be saved. You must click on the  button to re-open the MU page and continue entering data.

On the MU-Menu Set, providers will be required to fill out five of the nine measures, one of which must be a public health measure. For a more detailed look at the MU core and menu sets, please visit the “Meaningful Use Objectives/Measures for Eligible Professionals” at <https://www.michiganhealthit.org/wp-content/uploads/EP-Stage-2-MU-Spec-Sheets-for-EPs.pdf>.

MU-Clinical Core Quality Set

After completing five of the nine objectives on the MU-Menu Set, proceed to the MU-Clinical Quality Measure Set.



On the MU-Clinical Quality Set, you will be required to complete 9 measures across 3 domains.

▶ Domain 1 - Patient and Family Engagement
▶ Domain 2 - Patient Safety
▶ Domain 3 - Care Coordination
▶ Domain 4 - Population and Public Health
▶ Domain 5 - Efficient Use of Healthcare Resources
▶ Domain 6 - Clinical Process/Effectiveness

NOTE: If you are utilizing the group proxy option, all available CQMs must be reported.

Helpful Hints

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

▼ Objective 2: Drug Interaction Checks

Objective Implement drug-drug and drug-allergy interaction checks.	– Measure Attestation	Enabled Functionality? <input type="radio"/> Yes <input type="radio"/> No	Compliance Eligible professionals (EPs) must attest YES to having enabled drug-drug and drug-allergy interaction checks for the length of the reporting period to meet this measure.
Measure The EP has enabled this functionality for the entire EHR reporting period.			

While others will require multiple areas of data entry:

▼ NQF 0036: Use of Appropriate Medications for Asthma

Objective Percentage of patients 5-50 years of age with persistent asthma and prescribed medication during the measurement year and no contraindications.	– Measure Compliance	Compliance Numerator 1: Patients in the 5 to 50 group who were prescribed medication. Denominator 1: Patients in the 5 to 50 group. Numerator 2: Patients in the group aged 5 to 11 who were prescribed medication. Denominator 2: Patients in the group aged 5 to 11 Numerator 3: Patients in the group aged 12 to 50 who were prescribed medication. Denominator 3: Patients in the group 12 to 50.
Exclusion Exclusion 1: Various Diagnoses. Exclusion 2: Various Diagnoses. Exclusion 3: Various Diagnoses.	Numerator 1: <input type="text"/> Denominator 1: <input type="text"/> Exclusion 1: <input type="text"/> Numerator 2: <input type="text"/> Denominator 2: <input type="text"/> Exclusion 2: <input type="text"/> Numerator 3: <input type="text"/> Denominator 3: <input type="text"/> Exclusion 3: <input type="text"/>	

It is highly recommended that you familiarize yourself with the required objectives before data entry begins. Please visit the “Meaningful Use Overview” at <http://www.michiganhealthit.org/>.

Once you have completed all the required MU data, make sure to check the Meaningful Use Reporting Completion section at the bottom of the Overview Tab to assure that the checklist boxes are all checked.

— Meaningful Use Reporting Completion


Checklist	Check
<input checked="" type="checkbox"/> MU Core Measures	When each component of meaningful use reporting is complete the system will check the corresponding checkbox. Click on the Save button to save the data.
<input checked="" type="checkbox"/> MU Menu Measures	
<input checked="" type="checkbox"/> MU CQM Measures	

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

PDF Upload Template Submission

You may submit MU data by downloading the PDF template directly to your computer. This method allows you to enter data off-line and at your convenience. Providers can simply upload the document on the MU Overview Tab when finished.

– Upload Meaningful Use Reporting Data (Optional)

Download Template:  Click above image to download the file, complete the information and then use the below option to upload. Note that pdf upload will overwrite all saved meaningful use information.

Upload Template: Upload PDF and click save.

MU Reporting

Option #1: Download the reporting template, complete and upload. The data can be reviewed and edited once uploaded.


Option #2: Manually enter information for each objective on next page.

The system will automatically populate the online version with all of the data entered in the PDF. You will now be able to review and make any changes to your data from the online form.

QRDA III File Submission

CQM data can be submitted by uploading the .xml file from your computer that contains the required information. This method allows you to upload data obtained directly from your CEHRT without entering the CQM data manually or into a PDF.

– Upload Meaningful Use Reporting Data (Optional)

Download Template:  Click above image to download the file, complete the information and then use the below option to upload. Note that pdf upload will overwrite all saved meaningful use information.

Upload Template: Upload QRDA xml and click save.

MU Reporting

Option #1: Download the reporting template, complete and upload. The data can be reviewed and edited once uploaded.

Option #2: Manually enter information for each objective on next page.

NOTE: QRDA III files will overwrite any CQM data previously entered via PDF upload or manual online entry. When utilizing the group proxy option, providers must be in their second year of Meaningful Use to use the QRDA III Upload functionality.

Survey and Registration

After all of the required information is saved, you must complete a survey before attestation is finished. A preview of this mandatory survey is available at: www.MichiganHealthIT.org. The survey will be used internally by the Department of Community Health 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 registration.

NOTE: Additional steps for the survey are outlined on page 18.

Upload Documents:

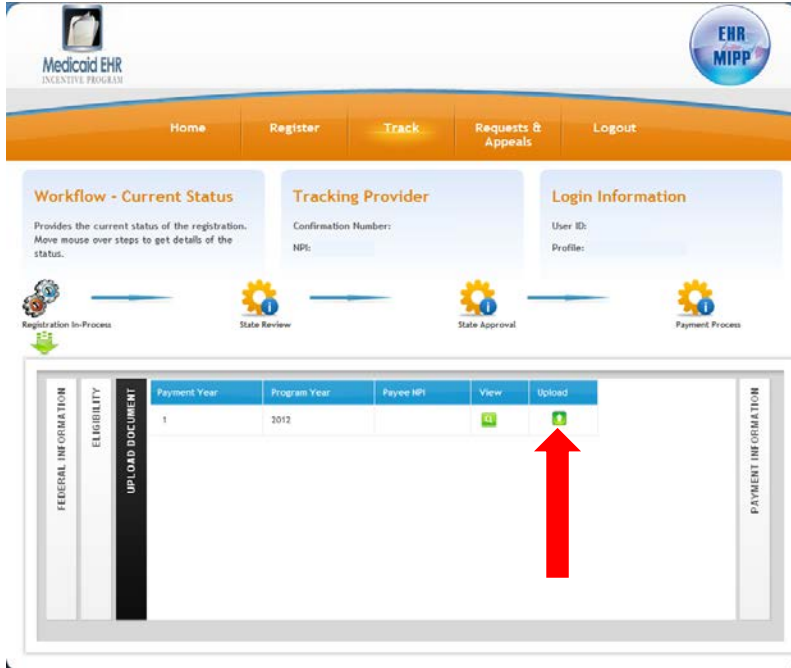

The “Upload Documents” tab is available for later use, should MDCH review staff contact you for additional information. No documentation is required unless requested.



Providers can upload supporting documents directly into EHR MIPP. There is a file limit size of 5MB per file upload. The acceptable file types that can be uploaded include:

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

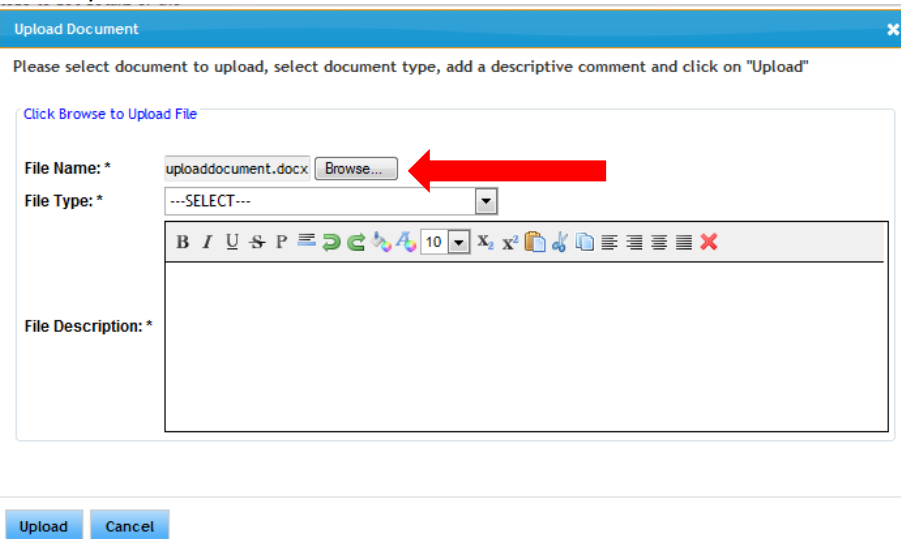
To upload a document, click on the “upload document” tab:

The screenshot displays the Medicaid EHR MIPP web application interface. At the top, there is a navigation bar with links for Home, Register, Track, Requests & Appeals, and Logout. Below this, there are three main sections: 'Workflow - Current Status', 'Tracking Provider', and 'Login Information'. The 'Workflow - Current Status' section includes a progress bar with four steps: Registration In-Process, State Review, State Approval, and Payment Process. The 'Tracking Provider' section shows fields for Confirmation Number and NPI. The 'Login Information' section shows fields for User ID and Profile. At the bottom, there is a table with columns for Payment Year, Program Year, Payee NPI, and Provider Type. A red arrow points to the 'UPLOAD DOCUMENT' tab in the bottom right corner of the interface.

For the program year in question, click on the “Upload Icon, 

Payment Year	Program Year	Payee NPI	View	Upload
1	2012			


This will open the “pop-up” below. You will need to click on  and locate the document that you wish to upload to the system.



Upload Document

Please select document to upload, select document type, add a descriptive comment and click on "Upload"

[Click Browse to Upload File](#)

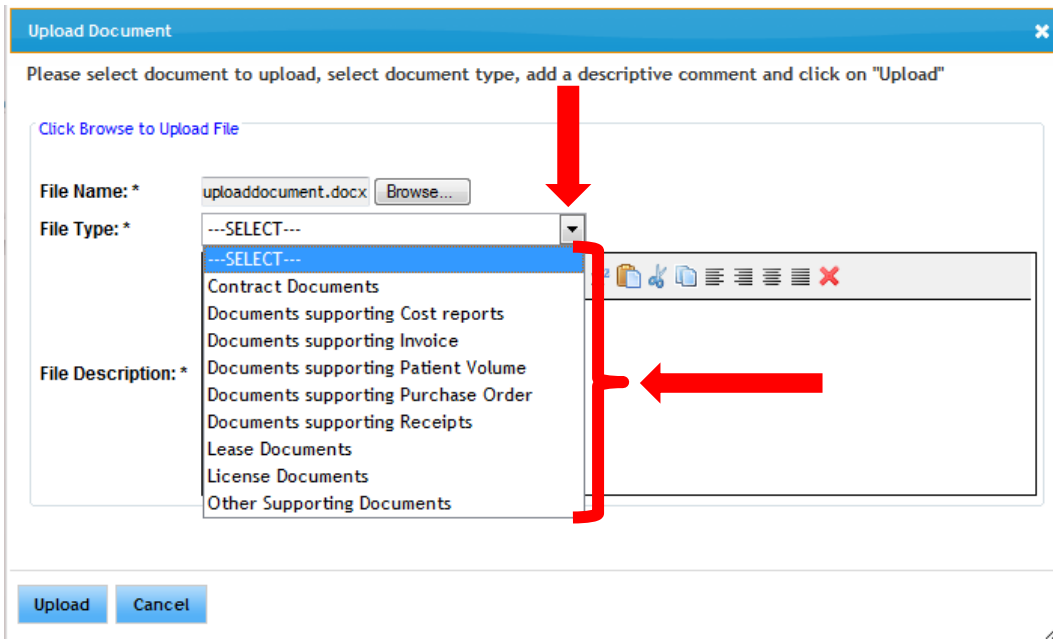
File Name: * uploaddocument.docx 

File Type: * ---SELECT---

File Description: *

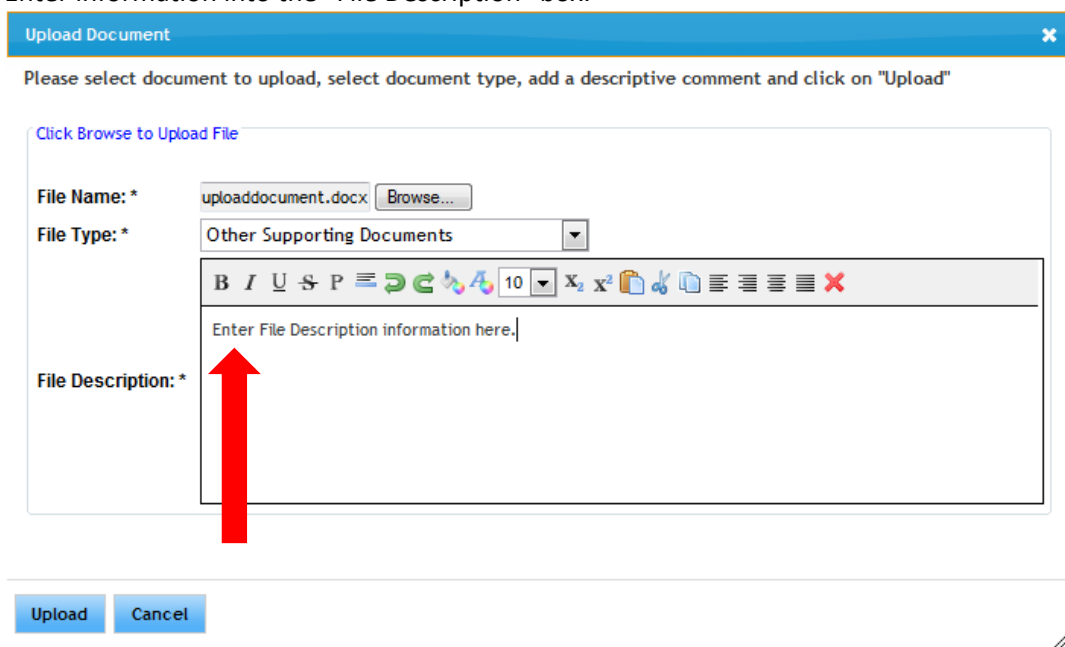
Upload Cancel

Once you have located the file you wish to upload, and have uploaded the file. Chose the appropriate option from the drop down that best relates to the “file type”



The screenshot shows the 'Upload Document' dialog box. The title bar is blue with a close button. Below the title bar, there is a blue bar with the text 'Upload Document' and a close button. The main area contains the instruction: 'Please select document to upload, select document type, add a descriptive comment and click on "Upload"'. Below this, there is a section titled 'Click Browse to Upload File'. This section contains three fields: 'File Name: *' with the text 'uploaddocument.docx' and a 'Browse...' button; 'File Type: *' with a dropdown menu showing '---SELECT---' and a list of options including 'Contract Documents', 'Documents supporting Cost reports', 'Documents supporting Invoice', 'Documents supporting Patient Volume', 'Documents supporting Purchase Order', 'Documents supporting Receipts', 'Lease Documents', 'License Documents', and 'Other Supporting Documents'; and 'File Description: *' with an empty text area. A red arrow points to the 'File Type' dropdown menu, and another red arrow points to the 'Other Supporting Documents' option. At the bottom, there are 'Upload' and 'Cancel' buttons.

Enter information into the “File Description” box.



The screenshot shows the 'Upload Document' dialog box. The title bar is blue with a close button. Below the title bar, there is a blue bar with the text 'Upload Document' and a close button. The main area contains the instruction: 'Please select document to upload, select document type, add a descriptive comment and click on "Upload"'. Below this, there is a section titled 'Click Browse to Upload File'. This section contains three fields: 'File Name: *' with the text 'uploaddocument.docx' and a 'Browse...' button; 'File Type: *' with a dropdown menu showing 'Other Supporting Documents'; and 'File Description: *' with a text area containing the text 'Enter File Description information here.'. A red arrow points to the 'File Description' text area. At the bottom, there are 'Upload' and 'Cancel' buttons.

Once you have entered all of the information needed, click the “upload” button.

Upload Document

Please select document to upload, select document type, add a descriptive comment and click on "Upload"

Click Browse to Upload File

File Name: * uploaddocument.docx Browse...

File Type: * Other Supporting Documents

File Description: *

Enter File Description information here.

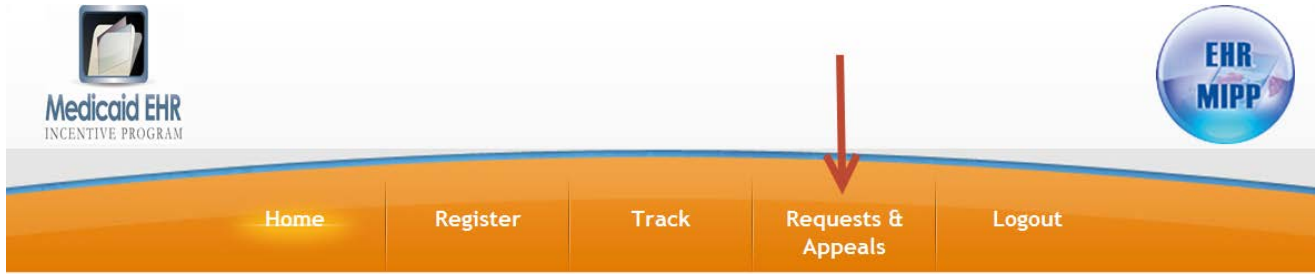
Upload Cancel

Request & Appeals:

Providers who would like to file a complaint or who would like to appeal the State’s decision on eligibility 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
- Appeal – Other (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 the “Requests & Appeals” option along the top of the page.



Welcome

MIPP Registration

Start Medicaid Incentive Payment (MIPP) Registration

Start


View Status of MIPP registration

View status of Medicaid Incentive Payment Registration

Track

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 – Requests & Appeals. To add a request or appeal, click on the  icon.

A pop-up screen will appear. Enter all required information, including comments or related documents, and click “Submit.”

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, please call the support line at **(877) 338-7106**, email info@michiganhealthit.org, or visit <http://www.michiganhealthit.org/>.

Web Browser Troubleshooting:

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

From the desktop icon for IE 8:

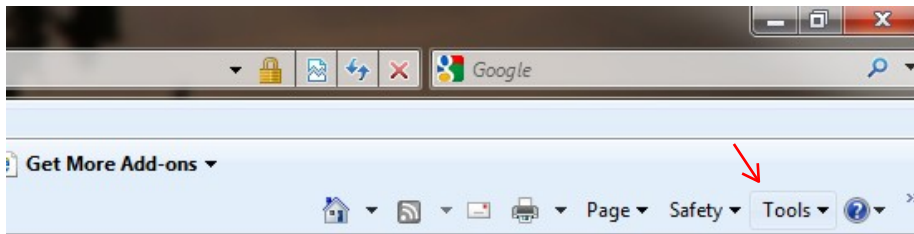
Right Click on Internet Explorer Icon



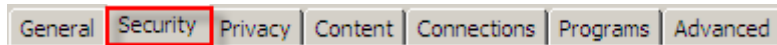
and click on **Properties**.

OR from inside IE 8:

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



1) Select the **Security** tab.



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

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

Prompted: In the “ActiveX controls and plug-ins” section:

Binary and script behaviors

- Administrator approved
- Disable
- Enable

Download signed ActiveX controls

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

Only allow approved domains to use ActiveX without prompt

- Disable
- Enable

Run ActiveX controls and plug-ins

- Administrator approved
- Disable
- Enable
- Prompt

Script ActiveX controls marked safe for scripting*

- Disable
- Enable
- Prompt

In the “**Downloads**” section:

Font download

- Disable
- Enable
- Prompt

If you have Internet Explorer 9, you will have to make it compatible for use with earlier versions.

State Level Registration Troubleshooting:

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.