

Annual Eligibility Worksheet for Michigan Medicaid EHR Incentive Program for Eligible Professionals

This worksheet is provided as a guide to help Eligible Professionals (EPs) prepare for reporting annual eligibility requirements required for participation in the Michigan Medicaid EHR Incentive Program. It closely mirrors the official online registration form that an EP must complete to be considered for the program.

This worksheet, along with the Eligible Professional's Guide to the Michigan Medicaid EHR Incentive Program (available at <http://www.michiganhealthit.org/ehr/registration.aspx>), is designed to assist professionals in gathering all the required registration items before officially registering.

Providers should review the following items:

- Eligible Professional's Guide to the Michigan Medicaid EHR Incentive Program (available at http://www.michiganhealthit.org/docs/EP_Guide_v3.0_02062013.pdf)
- Related MDCH policies (available at http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42553-87513--,00.html)
- The EHR Incentive Program web site (available at <http://www.michiganhealthit.org/default.aspx>)
- The CMS final rule for the Medicare and Medicaid Programs Electronic Health Record Incentive Program (available at <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>) for full details.

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1) What option are you selecting to report patient volume?

Prior Calendar Year: _____ Prior 12 months: _____

2) For which 90 day reporting period are you seeking the incentive payment?

From: _____ To: _____

3) Are you a Pediatrician?

Yes: _____ No: _____

4) Are you a Physician Assistant?

Yes: _____ No: _____

If Yes, which of the below statement(s) is true:

- The PA is the primary provider in the qualifying FQHC/RHC.
- A PA is a clinical or medical director at the qualifying FQHC/RHC.
- A PA is an owner of the qualifying RHC.

5) During the above reporting period, did you render care in a hospital inpatient or emergency room setting?

Yes: _____ No: _____

If Yes, please include the following that apply:

Emergency Room All Encounters:

Inpatient All Encounters:

6) During the above reporting period, did you render care in an FQHC/RHC?

Yes: _____ No: _____

7) During the above reporting period, do you want to use organization(s) encounters as your encounter proxy?

Yes: _____ No: _____

If Yes, and Question # 6 is Yes, enter the organization NPI below and then proceed to question # 9.

If Yes, and Question # 6 is No, enter the organization NPI below and then proceed to question # 12.

If No, proceed to question # 8.

- Enter the NPI for the organization for which you will use proxy:

8) During the above reporting period, did you have any Medicaid Managed Care beneficiaries assigned to you as a Primary Care Provider that you want to include in your encounter eligibility information?

Yes: _____ No: _____

If No, and Question # 6 is No, please proceed to question # 12.

If No, and Question # 6 is Yes, please proceed to question # 9.

If Yes, and Question # 6 is Yes, please proceed to question # 10.

If Yes, and Question # 6 is No, please proceed to question # 11.

9) Encounters in a FQHC/RHC setting (non-MCO):

1. **Total Patient Encounters** during the above qualifying period in a FQHC/RHC?

2. Total Number of **Medicaid Patient Encounters** during the above reporting period in a FQHC/RHC?

3. Total Number of **MiChild Patient Encounters** during the above reporting period in a FQHC/RHC?

4. Total Number of **Charity Care Patient Encounters** during the above reporting period in a FQHC/RHC?

5. Total Number of **Sliding Fee Scale Patient Encounters** during the above reporting period in a FQHC/RHC?

If you answered Yes to question # 7, Proceed to question #13; otherwise Proceed to question #12.

10) Encounters in a FQHC/RHC setting (MCO):

1. **Total Patient Encounters** during the above qualifying period in a FQHC/RHC

2. Total **Unduplicated Medicaid, MiChild, Charity Care and Sliding Fee Scale Patient Encounters** during the above qualifying period at a FQHC or RHC
3. Total **Patients** assigned to the provider as a PCP during the above qualifying period with at least 1 encounter in the previous 24 months
4. Total **Medicaid Patients** assigned to the provider as a PCP during the above qualifying period with at least 1 encounter in the previous 24 months at a FQHC or RHC

Proceed to question #12.

11) Encounters in a non FQHC/RHC setting (MCO):

1. Total **Patients** assigned to the provider as a PCP during the above qualifying period with at least 1 encounter in the previous 24 months
2. Total **Unduplicated Patient Encounters** during the qualifying period
3. Total **Medicaid Patients** assigned to the provider as a PCP/ home during the above qualifying period with at least 1 encounter in the previous 24 months
4. Total **Unduplicated Medicaid Patient Encounters** during the above qualifying period

Proceed to question #13.

12) Encounters in an all other settings (Not in FQHC, RHC, or hospital; non-MCO):

1. Total Number of **All Patient Encounters** during the reporting period in this setting

2. Total Number of **Medicaid Patient Encounters** during the reporting period in this setting

Proceed to question #13.

13) Do you intend to include any no cost encounters during the above reporting period?

Yes: _____ No: _____

If Yes, please report the number of no cost encounters you are including:

No Cost Encounters:

14) Did you include encounters from any state(s) other than Michigan?

Yes: _____ No: _____

If Yes, which additional state(s) were involved?

15) Which of the following is applicable for your EHR system?

- Adopt
- Implement
- Upgrade

16) Provide the following information regarding your EHR system.

1. ONC Certification Number(s)