1. Who should I call if I have questions about my PRISM validation?
   Provider Enrollment can be reached toll-free at 1-800-662-9651 (select option 3, wait for the prompt and select option 4). Once you are validated in PRISM, we are happy to help you navigate the EHR Incentive module, eMIPP.

2. How do I select a 90-day patient volume reporting period?
   You have the choice to select a 90-day patient volume (PV) period that is either in the calendar year prior to the attestation program year OR within the previous 12 months of your attestation date.

   For example, if you are attesting for your 2017 program year on April 15th, 2018 you can either select a 90-day PV period that starts and ends between 01/01/2016 and 12/31/2016 OR a 90-day period that starts and ends between 04/16/2017 and 04/14/2018. You can elect to run a patient volume report per provider or for the entire organization.

   Other considerations:
   a. The patient volume threshold for full payment is 30% Medicaid-eligible patients. Pediatricians may qualify for reduced payment if they can meet the 20% Medicaid-eligible threshold. Documentation of your Medicaid PV may be requested for eligibility verification. Patients with an Out-of-State Medicaid product can be used towards your PV but we may request additional documentation to verify eligibility.
   b. CMS allows the state to round providers' PV of 29.5% to 30% and 19.5% to 20% to meet the minimum thresholds.
   c. Unfortunately we can only accept patient volume for a 90-day period. Volume for an entire year will not be accepted.
   d. If you select the "previous 12 months" PV option, your 90-day period can span two calendar years. For example, a period of 12/15/2017-03/15/2018 is acceptable. However, in subsequent years you will not be able to select a PV period that overlaps this reporting period.
   e. Your provider must have a valid Utah Medicaid contract during the entire patient volume period.

3. What is the difference between organizational and individual patient volume?
   You may choose to use your entire organization's patient volume instead of each individual provider's volume. To use group patient volume, you must calculate the volume based on all of the providers in your organization and you cannot exclude any encounters. Please see this CMS FAQ for additional information.
   (https://questions.cms.gov/faq.php?id=5005&faqId=2993)

   Other considerations:

   a. If you elect to use organization volume, then all of your providers must be linked to the organization NPI in PRISM and your organization NPI must be revalidated by Provider Enrollment before you can submit your attestation. Provider Enrollment can help walk you through this process and they can be reached toll-free at 1-800-662-9651 (select option 3, wait for the prompt and select option 4).

      b.   Individual providers must have a valid Utah Medicaid contract during the entire patient volume period but this is not required for organization volume.

4. What should I do if my provider practices in multiple locations?

   At least 50% of a provider's encounters during the Meaningful Use reporting period must occur within CEHRT (Certified Electronic Health Record Technology). If a provider cannot meet the 50% threshold at one location s/he must meet the 50% threshold by combining practices and locations. Please see the CMS guidance on this issue here (https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPMultipleLocations.pdf)

5. What should I do to prepare for an audit?

   Please keep all reports, documentation and screenshots on file for a minimum of six years. Please see the CMS guidance on this issue here (https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_AuditGuidance.pdf)