

How to Access eMIPP (Medicaid Incentive Payment Program) and Submit Your EHR Incentive Attestation

NOTE: This guide is intended to help you navigate through the PRISM/eMIPP process. Due to software changes and/or changes to CMS requirements, some of the details on the screen may change from time to time. Please defer to current CMS guidance if there is any discrepancy. Please call the Utah Medicaid EHR Incentive Program hotline at 801-538-6929 with any questions.

1. Go to the [PRISM](https://medicaid.utah.gov/accessing-prism) website and click on **Provider Portal**
<https://medicaid.utah.gov/accessing-prism>

Provider Portal Access

Converted Providers Accessing the New PRISM System for the First Time

Use this link if you are a Converted Provider accessing the Provider Portal for the first time and using the temporary credentials that were sent to you in a letter by mail. Once your temporary login credentials are validated, if the user exits the process without completing the validation and submission, the user will need to return to the process through the Provider Portal link (below).

For assistance on how to go through the PRISM validation process, please refer to the [Validating Converted Medicaid Provider Information in PRISM](#) Web-Based Training.

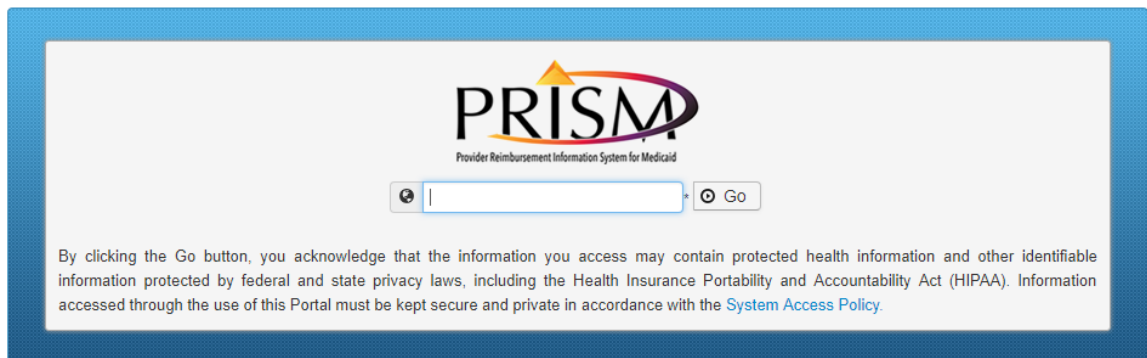
Provider Portal

Use this link if you are an Approved Provider and would like to log in to the Provider Portal. If you are a provider that has been closed in PRISM and would like to re-enroll, use this link to access your provider portal and select the Re-enrollment Request option. If you need to re-enroll but have not yet completed the conversion validation process, you can log in for the first time using the link above for Converted Providers Accessing the New PRISM System for the First Time.

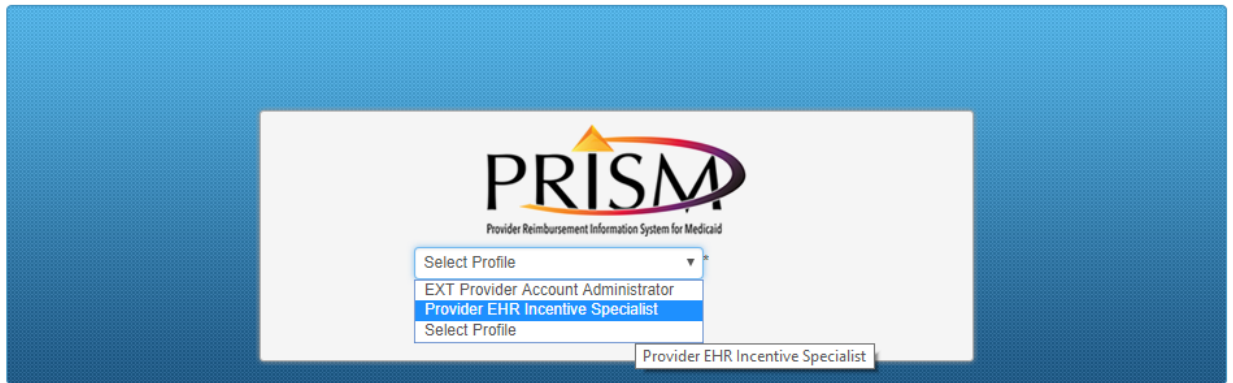
2. Enter your Utah ID and **Log In**



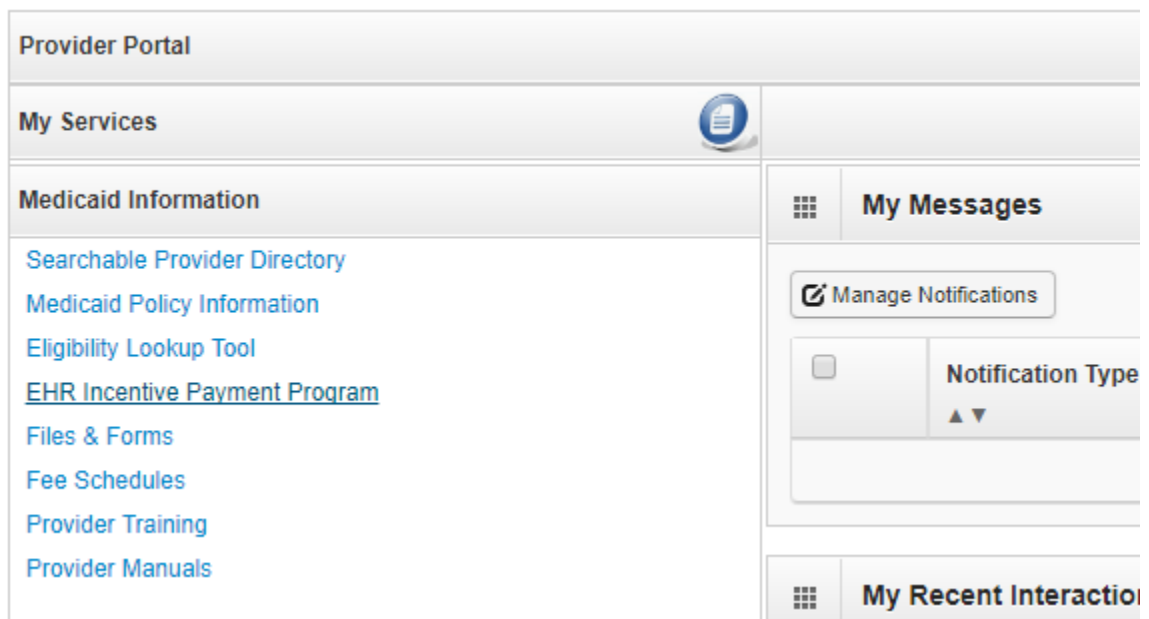
3. Enter your Domain and hit **Go**



4. Select **Provider EHR Incentive Specialist** and press **Go**



5. Select **EHR Incentive Payment Program** on the left panel



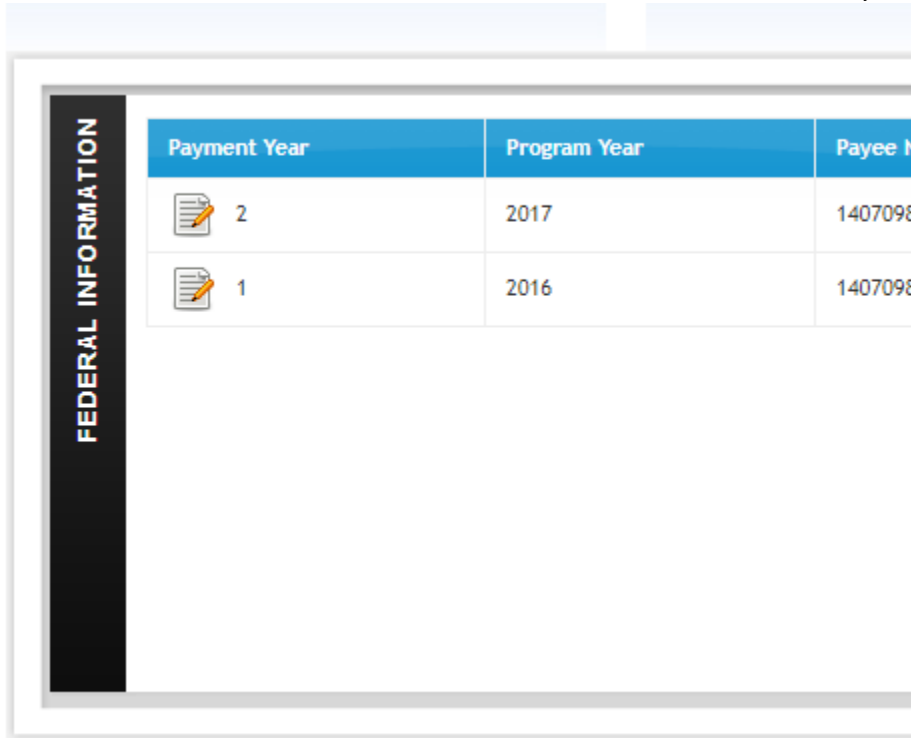
6. Click **Start** under MIPP Registration





7. Enter your CMS Confirmation Number and select **Start**



8. In the Federal Information Tab click on the **icon** next to the current Payment Year



Payment Year	Program Year	Payee N
 2	2017	1407098
 1	2016	1407098

9. Verify your Federal Information. If anything is incorrect, please make the corrections at the CMS website [here](https://ehrincentives.cms.gov/hitech/loginCredentials.action). If everything is correct, click on **Close**.
<https://ehrincentives.cms.gov/hitech/loginCredentials.action>

Federal Information

Please validate your Federal information. If the information is incorrect, please make the corrections at the CMS registration website. Click [here](#) to go to CMS registrations website.

Personal Information

First Name : 10 EMIPP
Middle Initial :
Last Name : 1.2
Suffix :
Provider Type : Dentist
Provider Specialty :

Address

Address :
City :
State :
Zip :
Phone :
Ext :
E-mail :

Identifiers

The Tax Identification Number (TIN) captured below will receive the EHR incentive payment.



Payee NPI :
Payee Tax ID :
Payee Organization Name :
Payee Suffix :
Payee First Name :
Payee Middle Name :
Payee Last Name :

Exclusions

Code	Description	Date
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Close

10. The system will automatically proceed to the Eligibility tab. Select the **icon** next to the correct Payment Year

ELIGIBILITY	Payment Year	Program Year	EHR Certification #	CQM Certification
	 2	2017	A014E01IFD9HEAF	A014E01IFD9HEAF
 1	2016	A014E01IFD9HEAF		

11. Verify your EHR Status then enter your **EHR Certification Number** and **CQM Certification Number**. Most, but not all, providers will have the same Certification Number for both products. Please confirm with your vendor(s). Depending on your Certification Number you may have the option to select an **MU Reporting Choice**. Please verify you have selected the correct choice.

EHR Certification Information

EHR Status ? MU *

EHR Certification Number ? *

CQM Certification Number ? *

MU Reporting Choice ? ▼

12. Select your **Patient volume reporting option**. For more information about calculating your patient volume see [here](#) . Enter the start date of your reporting period in the **Start Date** note field. The system will automatically generate the end date.

Reporting Period

Patient volume reporting option ? Prior Calendar Year Prior Twelve Months *

Start Date ?

End Date ?

Eligible Patient Volume

13. Answer the patient volume options provided. Any options that apply to you may require additional information such as sliding scale volume for FQHC/RHCs or the home states of any out-of-state Medicaid patients seen during the reporting period. Please call 801-538-6929 with any questions on these fields. Enter **Total Encounters** and **Medicaid Encounters** in the note fields provided. Then click **Save**.

Eligible Patient Volume

Select yes to eligible patient volume option(s) that apply to you. If not applicable, select no.

Include Organization Encounters ? 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 ?

Did you include no-cost encounters? ? Yes No *

Include encounters outside UT ? Yes No *

14. The system will automatically proceed to the Meaningful Use tab. Select the **icon** next to the current Program Year

MEANINGFUL USE	Year	Program Year	Start Date	End Date	Core / Objectives	
	 2	2017	01/01/2017	03/31/2017	Complete	
	 1	2016	09/01/2016	12/31/2016	Complete	

15. In the MU-Overview tab, enter the **Start Date** and **End Date** in the MU Objectives and Public Health Reporting Period and the MU CQM Reporting Period if applicable. Your Meaningful Use and CQM Reporting Period do not have to be the same continuous 90-days as your Patient Volume Reporting Period. Please be sure to use the same Meaningful Use reporting period as the report from your Certified EHR.

MU-Overview
Summary
MU-Objectives
MU-Public Health Measures
MU-Clinical Quality Measures

Actions included in the numerator must occur within the MU reporting period if that period is a full calendar year, or if it is less than a full calendar year, with calendar year in which the MU reporting period occurs.

— **Meaningful Use Reporting Period** —

— MU Objectives and Public Health Reporting Period —

Start Date:

End Date:

For program year 2017, providers must enter both their Start Date and End Date. Providers must minimally report 90 days and can report up to 365 days of MU Objectives and Public Health data. The Start Date can be no earlier than January 1, 2017 and the End Date can be no later than December 31, 2017.

— MU CQM Reporting Period —

Start Date:

End Date:

Your Start Date and End Date have been automatically populated as the reporting period must be the entire calendar year in the current program year (2017).

16. Enter **Total number of locations the provider works at**, **Number of locations the provider works at with CEHRT** and **% of encounters in locations equipped with CEHRT**. If your provider works at multiple locations, please see CMS guidance for providers that work at multiple locations [here](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPMultipleLocations.pdf).
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPMultipleLocations.pdf

— **Location Information** —

Total number of locations the provider works at: ?

Number of locations the provider works at with CEHRT: ?

% of encounters in locations equipped with CEHRT: ?

17. Select your Meaningful Use **Submission Method**. You have the option to manually enter your data online, by downloading a PDF file and uploading it after entering your data in the PDF or by using a QRDA III file. The QRDA III file only uploads CQM data so you will still need to enter your Meaningful Use data manually or with the PDF. For the purposes of this guide we will focus on the Online submission method. If you have questions about the other methods, please call the hotline at 801-538-6929.

– Meaningful Use Submission

Submission Method: Online PDF QRDA III *

MU Submission Methods

Option #1: Manually enter information for each objective on the next tabs.

Option #2: Download the reporting template, complete and upload. The data can be reviewed and edited once uploaded.

Option #3: Upload a QRDA III file to electronically report CQMs. The CQM data can only be updated through another QRDA III file. Objectives and Public Health Measures data could be uploaded through a PDF template or saved through the online form.

18. Navigate to the **MU-Objectives** tab.

MU-Overview Summary **MU-Objectives** MU-Public Health Measures MU-Clinical Quality Measures


Meaningful Use Objectives

- EPs must complete all 9 Meaningful Use Objectives.

🚫 Objective Not Completed Yet ✅ Objective Completed

▶ Objective 1 : Protect Patient Health Information	✅
▶ Objective 2 : Clinical Decision Support	✅
▶ Objective 3 : Computerized Provider Order Entry (CPOE)	✅
▶ Objective 4 : Electronic Prescribing	✅
▶ Objective 5 : Health Information Exchange	✅
▶ Objective 6 : Patient-Specific Education	✅
▶ Objective 7 : Medication Reconciliation	✅
▶ Objective 8 : Patient Electronic Access	✅
▶ Objective 9 : Secure Electronic Messaging	✅

19. Click on each **Objective** drop down to answer any applicable questions and/or enter your Meaningful Use data in the numerator and denominator fields. If you are eligible for any exclusions make sure you enter the measure’s denominator in the exclusion value note field. You can find the specific requirements for Meaningful Use by searching “Medicaid EHR Incentive Program EP Specifications” and the program year in question. If you have any specific questions about any of these measures, please call the hotline at 801-538-6929.

▼ Objective 1 : Protect Patient Health Information 

Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

— Measure —

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP’s risk management process.

— Compliance —

Attesting to measure? Yes No

Eligible professionals (EPs) must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies to meet this measure.

More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

— Exclusion —

Exclusion applies to you? Yes No

Exclusion Value

Any EP who writes fewer than 100 medication orders during the EHR reporting period.
EPs must enter the number of medication orders written during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.

— Compliance —

Numerator

Denominator

CEHRT Records Only? Yes No

Numerator: The number of orders in the denominator recorded using CPOE.
Denominator: Number of medication orders created by the EP during the EHR reporting period.
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).

More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

— Exclusion —

Exclusion applies to you? Yes No

Exclusion Value

Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.
EPs must enter the number of laboratory orders written during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.

20. Once you have completed all MU-Objectives, navigate to the **MU-Public Health Measures** tab.

MU-Overview Summary MU-Objectives **MU-Public Health Measures** MU-Clinical Quality Measures

Meaningful Use Public Health Measures

- EPs must minimally complete 2 non-excluded measures through active engagement compliance and provide the corresponding registry details.
- An EP may provide up to 2 registries for measure 3, which will be counted toward the total number of non-excluded measures necessary to meet the minimum criteria.
- Supporting documentation must be provided for non-State registries via the 'Upload Document' card for the reported Public Health Measures. Health Care Surveys is a non-State registry that requires supporting documentation to be uploaded.
- If 2 Public Health measures are not reported, all other measures must be set to excluded to be compliant.
- Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry.

🚫 Objective Not Completed Yet ✅ Objective Completed

- ▶ Measure 1 : Immunization Registry Reporting ✅
- ▶ Measure 2 : Syndromic Surveillance Reporting ✅
- ▶ Measure 3 : Specialized Registry Reporting ✅

21. Enter data for the Public Health Registries you are in active engagement with. If you participate with the state Immunization and Syndromic Surveillance Registries the **Registry** name is available in a drop down menu for your convenience.

▼ Measure 1 : Immunization Registry Reporting ✅

The EP is in active engagement with a public health agency to submit immunization data.

— Exclusion —

Exclusion applies to you? Yes No

Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:

- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

— Compliance —

Active engagement with Immunization Registry? Yes No

EPs must attest YES to being in active engagement with a public health agency to submit immunization data.

— Registry Details —

Select Registry: Utah Statewide Immunization Information System (USIIS) ▼

Other Registry Name:

Active Engagement Status: ---SELECT---

Active Engagement Date:

If you participate with a Specialized Registry other than the Utah Cancer Registry, please select “**Other**” and type the name of the registry in the **Other Registry Name** field. Also provide your **Active Engagement Status** and the **Active Engagement Date**.

The EP is in active engagement to submit data to a specialized registry. Selecting any exclusion below will exclude the whole measure.

— Measure 3.1 —

— Exclusion —

Exclusion applies to you? Yes No

Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP:

- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

— Compliance —

Active engagement with Specialized Registry? Yes No

EPs must attest YES to being in active engagement to submit data to a specialized registry.

— Registry Details —

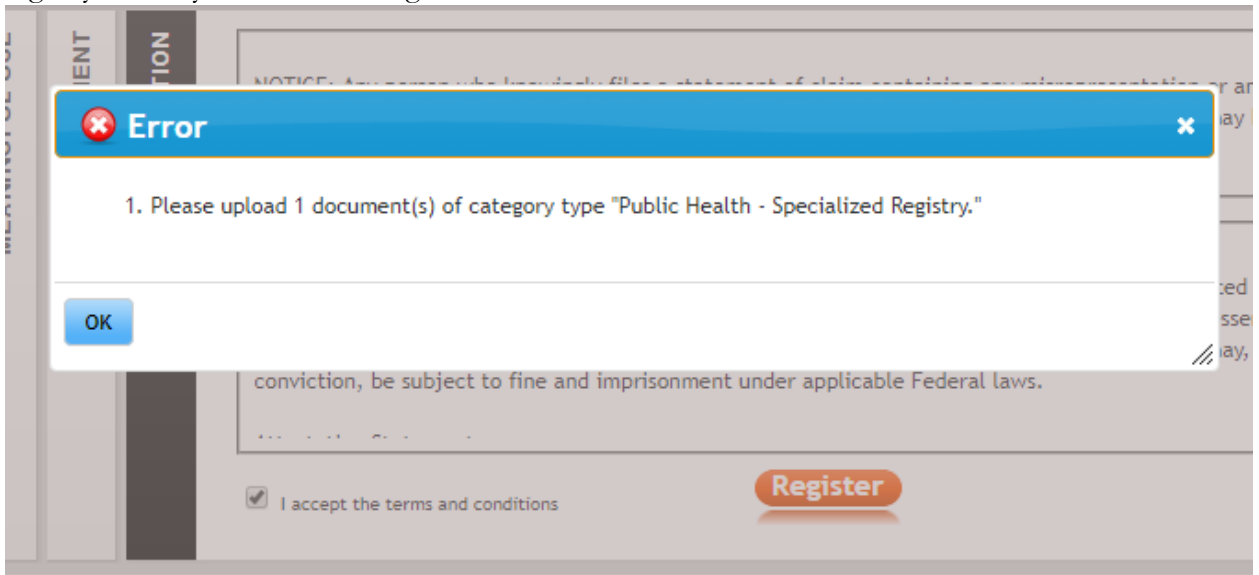
Select Registry

Other Registry Name

Active Engagement Status

Active Engagement Date

NOTE: Be prepared to upload a document that verifies your participation with a specialized registry before you are able to register.



22. Navigate to the **MU-Clinical Quality Measures** tab.

MU-Overview Summary MU-Objectives MU-Public Health Measures MU-Clinical Quality Measures

Meaningful Use Clinical Quality Measures

- Providers must respond to 9 measures across 3 domains.
- When reporting as a group practice, EPs must report all available CQMs.
- After utilizing a QRDA III file, you will not be able to enter CQM information via online entry. Only MU Objectives and Public Health data can be updated via online entry. To update the CQM information, please upload a new QRDA III file via eMIPP.

Objective Not Completed Yet Objective Completed

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

23. Navigate through each domain to find the CQMs you wish to attest to. Be sure to enter numerators, denominators as well as any exception or exclusion data. Once you have entered a minimum of 9 CQMs, select **Save**.

MU-Overview Summary MU-Objectives MU-Public Health Measures MU-Clinical Quality Measures

Objective Not Completed Yet Objective Completed

Domain 1 - Patient and Family Engagement

Domain 2 - Patient Safety

CQM Domain 2 - Patient Safety: These are CQMs that reflect the safe delivery of clinical services in both hospital and ambulatory settings and include processes that would reduce harm to patients and reduce burden of illness. These measures should enable longitudinal assessment of condition specific, patient-focused episodes of care.

CMS68 / NQF0419 : Documentation of Current Medications in the Medical Record

CMS132 / NQF0564 : Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

CMS139 / NQF0101 : Falls: Screening for Future Fall Risk

Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period

Compliance

Numerator 10

Denominator 10

Exception

Numerator: Patients who were screened for future fall risk at least once within the measurement period

Denominator: Patients aged 65 years and older with a visit during the measurement period

Exception: Documentation of medical reason(s) for not screening for fall risk (e.g., patient is not ambulatory)

CMS156 / NQF0022 : Use of High-Risk Medications in the Elderly

Save Cancel

24. The system will automatically navigate to the **Attestation** tab. You may be required to upload additional documentation such as confirmation of participation with a specialized registry. We recommend uploading the Meaningful Use and CQM report used to complete your attestation as we will need it to complete the review of your attestation. To upload a document, navigate to the **Upload Document** tab.

Payment Year	Program Year	Payee NPI	View	Upload
2	2017	1407098668		
1	2016	1407098668		

25. Click on the **arrow** under upload. Click on **Choose File** to upload the document. Select a **File Category** and then enter a **File Description**. Then press **Upload**. The system accepts PDFs and excel files. NOTE: Make sure you select **Public Health – Specialized Registry Reporting** as the category for your registry memo if you participate in a specialized registry or you will be unable to register your attestation.

Upload Document

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

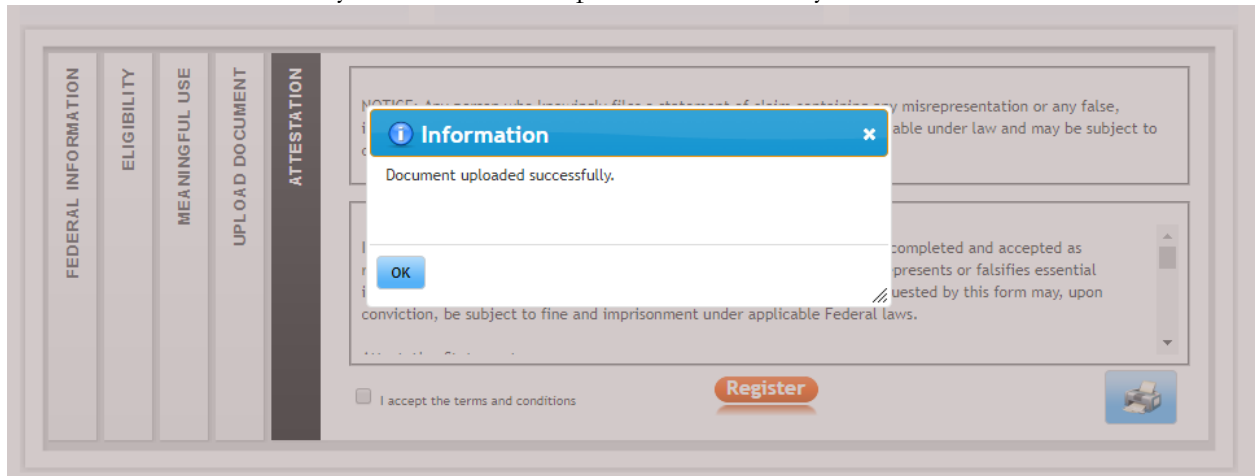
Click Browse to Upload File

File Name: * IMG_1086.pdf *

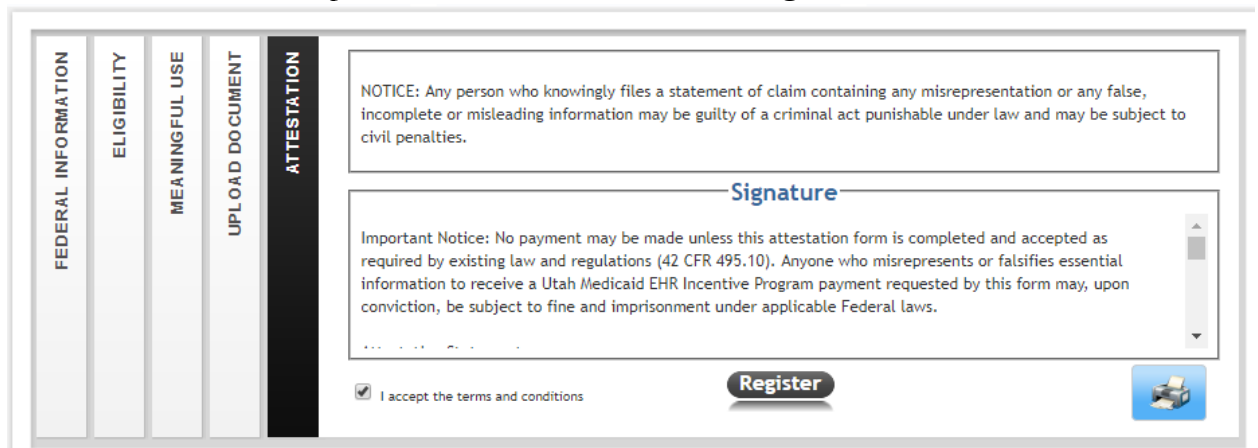
File Category: * Public Health - Specialized Registry Reporting *

File Description: * test

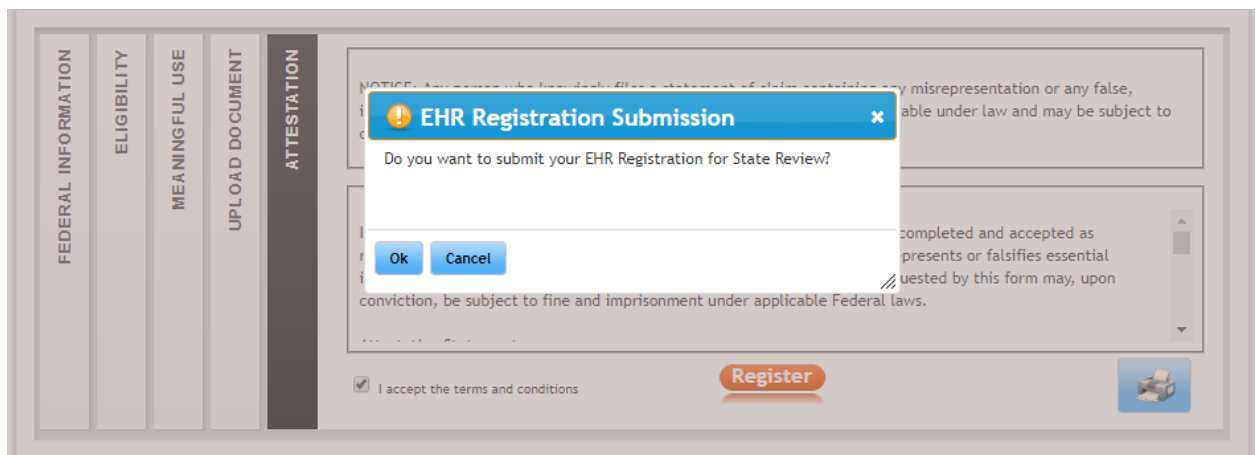
26. You will be notified when your document is uploaded successfully. Click **OK**.



27. The system will automatically navigate to the **Attestation** tab. At this point, feel free to navigate back through the tabs to double check your data entry. Once you are confident in your attestation, go ahead and read the signature notice (please scroll down). If you accept the terms and conditions, press the **checkbox** and then hit **Register**.




28. The system will ask you to verify that you want to submit your EHR Registration for State Review. Press **Ok**.



29. The system will provide a confirmation number and Attestation ID. You can **download Attestation Summary Report** if you choose.

The screenshot shows two main buttons at the top: "MIPP Registration" with a plus icon and "Start" button, and "View Status of MIPP registration" with a magnifying glass icon and "Track" button. Below these is a confirmation box titled "EHR Incentive Program Registration Confirmation" containing registration details and a PDF download link.

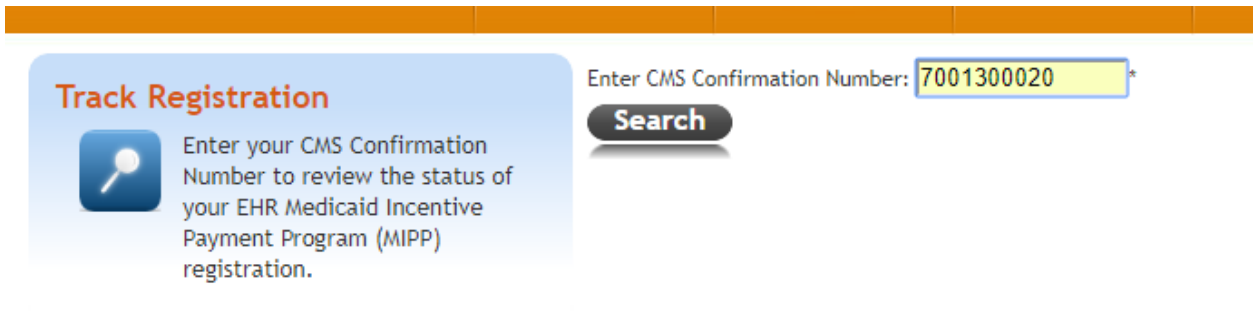
EHR Incentive Program Registration Confirmation	
Your Medicaid EHR Incentive Program registration is successfully submitted for State review.	
Confirmation Number	: 7001300020
Attestation ID	: UT13000202
Name	: 1.2, 10 EMIPP
Payee NPI	: 1407098668

 [Click to download Attestation Summary Report](#)
A copy of this report has also been uploaded to documents for this registration. You may download this in future by accessing your registration.

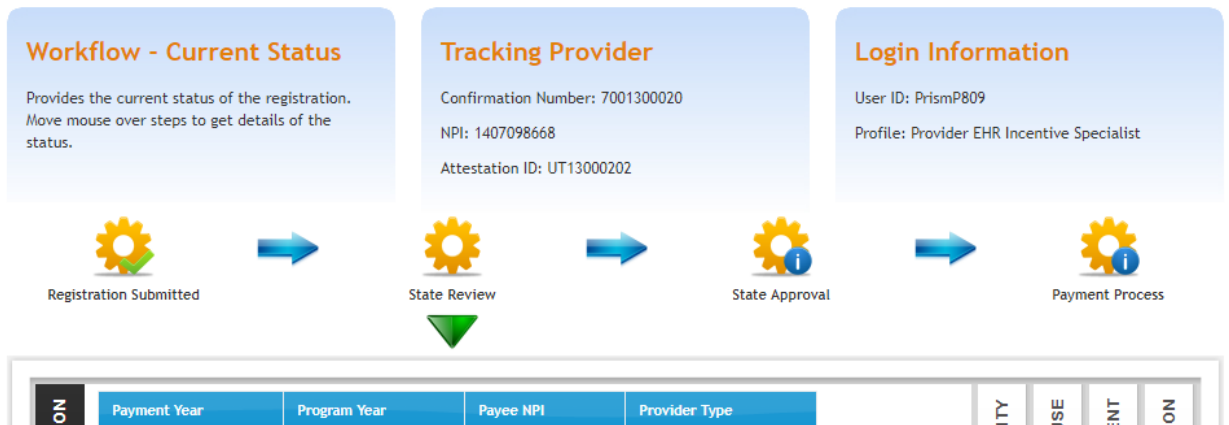
30. If you would like to check on the status of your registration in the future, follow steps 1-5 above but select **Track** on the home page.

The screenshot shows a navigation bar with four buttons: "Home", "Register", "Track", and "Requests & Appeals". Below the navigation bar is a "Welcome Prism, Prov6" message and two main buttons: "MIPP Registration" with a plus icon and "Start" button, and "View Status of MIPP registration" with a magnifying glass icon and "Track" button.

Enter your **Confirmation Number** and hit **Start**.



You can check the current workflow status here.



ON	Payment Year	Program Year	Payee NPI	Provider Type	ITY	ISE	INT	ION
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31. Sometimes data entry errors are discovered during the State Review process. The Reviewer will contact you by phone to notify you of the error and will Reject the attestation. This is not a Denial. A Rejection gives the provider the opportunity to correct their mistakes and resubmit the attestation for payment. An email will be sent to the address on file with notification of the rejection and instructions to correct your specific data entry errors. If your attestation is sent back to you for correction, please follow steps 1-7 above (select **Start** on the homepage) and then navigate to the tab with the error. Then complete the Attestation process described in steps 27-29. Please call the hotline at 801-538-6929 with any questions.