

UTAH MEDICAID REGISTRATION AND ATTESTATION CHECKLIST FOR ELIGIBLE PROFESSIONALS (EPs) (Group Methodology)

Below are the step by step instructions on how to complete the registration process. [Print Step by Step Instructions](#) or [Print Provider User Manual](#)

Contact a Utah Medicaid EHR Incentive Program Manager at (801) 538-6929 if you have questions or would like to set up a meeting to discuss the Utah Medicaid EHR Incentive Program registration and attestation process.

EPs in Group – Payment Year 1 – Adopt, Implement or Upgrade

If this is your first year with the Utah EHR Incentive Program you are required to begin by registering at the national level with the CMS registration and attestation system. Though you are attesting as a group, you must register and attest for each provider in the group individually.

Under the rules of the program, Groups and Clinics can use group volumes to determine eligibility for all providers associated with the group/clinic. In order to use the group volumes, all practitioners within the group must agree to use the group volumes to determine Medicaid patient volumes and eligibility to participate in the program. If one provider in the group/clinic chooses to use individual patient volumes rather than the group volumes, all other providers in the group must also use individual patient volumes. Before starting the entry process, you should work with the providers in your group to get agreement to use the group Medicaid volumes before you start the process of entering information in the system. This will help make the process of entering information for your group go more smoothly.

Groups must demonstrate 30% Medicaid patient volumes (Pediatricians must meet 20%) for a representative 90-day period in the previous calendar year. Patient volumes are based on unique patient encounters per day for the 90-day period. Federally Qualified Health Centers (FQHC) & Rural Health Centers (RHC) are able to count Medically Needy patient volumes to help them meet the eligibility requirements. You can also count patients seen in different states if you practice in multiple states.

Clinics or group practices will be permitted to calculate patient volume at the group practice/clinic level, but only in accordance with all of the following limitations:

- *. The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP;
- *. All EPs in the group practice or clinic must use the same methodology for the payment year;
- *. The clinic or group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way; and
- *. If an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP's outside encounters.

Your patient volume information must come from an auditable data source, so you must be able to provide documentation that supports your volumes if requested.

1. Identify applicant NPI and Tax ID numbers. Need an [NPI](#)? Need a [Tax ID](#)?
2. Identify payee NPI and Tax ID.
3. Contact representatives at the State level (SLR) that you wish to attest as a group in order for the group to be set up in the SLR. (801) 538-6929
4. Register at the [CMS level](#).
5. Verify EHR is on ONC list and [obtain CHPL certification ID](#) number.

6. You must have an active Utah Medicaid contract number and current provider enrollment forms ([Provider Agreement](#) and [Disclosure of Ownership](#)) on file. To enroll or check the status of your enrollment, visit the provider enrollment website.
7. Identify provider eligibility details including; demographics, contact information, and *Medicaid patient volume for specific 90 days.* (When using group methodology, the numbers attested for the Medicaid Pt. Volume will be the same for everyone in the group.)
8. For best results, we recommend using Google Chrome to access the system
9. Attest at the [State level](#).

Please refer to the Utah Provider User Manual for information regarding EPs in Group – Payment Year 2 and 3 - Stage 1 - Meaningful Use

Submit the following public health measure to the Utah Department of Health in preparation for Stage 1 MU:

[Public Health Reporting for Meaningful Use](#)

Important Notes:

When the Stage 2 Meaningful Use regulations are put in place (10/1/2013 for eligible hospitals, 1/1/2014 for eligible providers) some other changes will accompany this:

- When a provider has met 90 days of Stage 1 MU, the next participation year is also considered Stage 1 MU. Two Stage 1 attestations must be submitted prior to moving to Stage 2.
- Some Stage 2 regulations affect Stage 1 MU. **YOUR SYSTEM MUST BE CERTIFIED TO THE 2014 STANDARD TO RECEIVE A 2014 PROGRAM YEAR INCENTIVE, even for Stage 1 payments.** (This does not affect providers or hospitals whose program year 2013 incentives are paid in calendar year 2014.) Please consult your vendor or use the [ONC's website](#) to determine if your system is ready for the 2014 changes. For further clarification regarding Stage 1 changes that will be in effect in 2014, click [HERE](#).
- 90 days of 2014 MU data must be achieved before a provider may submit a MU attestation for 2014. The earliest date a provider is able to attest is 4/1/2014.
- EHR reporting period change **for program year 2014 only**: regardless of what stage of meaningful use, in 2014 all providers and hospitals will report on 90 days of meaningful use. The state of Utah has decided to allow reporting on any 90 days, and will not restrict participants to reporting on the calendar quarters.

Please Note: This information is provided for Medicaid practitioners interested in applying for the Medicaid EHR Incentive Program. If you are a Medicare practitioner looking for information on the Medicare EHR Incentive Program, please visit www.cms.gov/EHRIncentivePrograms for more information.