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

<table>
<thead>
<tr>
<th>Payment Year</th>
<th>Program Year</th>
<th>EHR Certification #</th>
<th>CQM Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2017</td>
<td>A014E011FD9HEAF</td>
<td>A014E011FD9HEAF</td>
</tr>
<tr>
<td>1</td>
<td>2016</td>
<td>A014E011FD9HEAF</td>
<td></td>
</tr>
</tbody>
</table>

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.

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.
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](image)

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

![Meaningful Use](image)
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.

<table>
<thead>
<tr>
<th>MU-Overview</th>
<th>Summary</th>
<th>MU-Objectives</th>
<th>MU-Public Health Measures</th>
<th>MU-Clinical Quality Measures</th>
</tr>
</thead>
</table>

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, within calendar year in which the MU reporting period occurs.

--- Meaningful Use Reporting Period ---

--- MU Objectives and Public Health Reporting Period ---

Start Date: 01/01/2017
End Date: 03/31/2017

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: 01/01/2017
End Date: 12/31/2017

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.


--- Location Information ---

Total number of locations the provider works at: 1
Number of locations the provider works at with CEHRT: 1
% of encounters in locations equipped with CEHRT: 100
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.

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

<table>
<thead>
<tr>
<th>Objective 1: Protect Patient Health Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure</strong></td>
</tr>
<tr>
<td>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(h)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP’s risk management process.</td>
</tr>
<tr>
<td><strong>Compliance</strong></td>
</tr>
<tr>
<td>Attesting to measure?</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Exclusion</strong></td>
</tr>
<tr>
<td>Exclusion applies to you?</td>
</tr>
<tr>
<td>Exclusion Value</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Compliance</strong></td>
</tr>
<tr>
<td>Numerator</td>
</tr>
<tr>
<td>Denominator</td>
</tr>
<tr>
<td>CEHRT Records Only?</td>
</tr>
<tr>
<td>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).</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Measure 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</td>
</tr>
<tr>
<td><strong>Exclusion</strong></td>
</tr>
<tr>
<td>Exclusion applies to you?</td>
</tr>
<tr>
<td>Exclusion Value</td>
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20. Once you have completed all MU-Objectives, navigate to the **MU-Public Health Measures** tab.

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.

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 CENRT 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
Other Registry Name: IRS
Active Engagement Status: Completed Registration, Awaiting Invitation
Active Engagement Date: 01/01/2016

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-Clinical Quality Measures tab]

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**.

![CQM example with numerators, denominators, and compliance details]
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.

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.
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.

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.

Enter your Confirmation Number and hit Start.
You can check the current workflow status here.

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.