



STATE OF MARYLAND
DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Clinic Transmittal No. 62
March 02, 2012

TO: Federally Qualified Health Centers (FQHC), Outpatient Mental Health Clinics (OMHC), and Local Health Departments (LHD)

FROM: Susan J. Tucker, Executive Director *Susan J. Tucker*
Maryland Medicaid, Office of Health Services

Charles E. Lehman
Charles E. Lehman, Executive Director
Office of Systems, Operations, and Pharmacy

NOTE: Please ensure that appropriate staff members in your organization are informed of contents of this transmittal.

RE: Instructions for FQHC, OMHC, and LHD provider enrollment in Maryland Medicaid for those providers interested in participating in the Electronic Health Record (EHR) Incentive Program

The Maryland Medicaid Electronic Health Record (EHR) Incentive Program provides incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. This memorandum provides information for Eligible Providers predominantly working¹ in a Federally Qualified Health Center (FQHC), Outpatient Mental Health Clinic (OMHC), or a Local Health Department (LHD) who would like to participate in Maryland's EHR Incentive Program and direct their incentive payments to the clinic for which they work.

¹ According to the Final Rule (CMS-0033-F), only an Eligible Provider (EP) that “practices predominantly” in an FQHC can use the “needy individual” patient volume scenarios when applying for the EHR Incentive Program. An EP “practices predominantly” at an FQHC when the clinical locations for over 50 percent of his or her total patient encounters over a period of 6 months occurs at an FQHC.



GENERAL EHR PROGRAM ENROLLMENT REQUIREMENTS

In order to participate in Maryland's EHR Incentive Program, all eligible providers must be enrolled with the Centers for Medicare and Medicaid Services (CMS) EHR Registration and Attestation System. Eligible providers include physicians, dentists, certified nurse midwives, and nurse practitioners.

All providers should first enroll with CMS by visiting <https://ehrincentives.cms.gov/hitech/login.action>.

In addition, all eligible providers must also be enrolled in Maryland Medicaid's fee-for-service program and possess a Maryland Medical Assistance provider number that is connected to the individual's National Provider Identifier (NPI) that they have registered with CMS when applying for the EHR Incentive Program.

SPECIFIC EHR PROGRAM ENROLLMENT STEPS FOR CLINIC-BASED PROVIDERS WITHOUT A MEDICAL ASSISTANCE PROVIDER NUMBER

Clinic-based providers **who are not currently individually enrolled with Maryland Medicaid** and wish to direct their incentive funds to their clinic must (1) register with CMS for participation in the EHR Incentive Program, (2) enroll electronically with Maryland Medicaid using eMedicaid and obtain your Medical Assistance (MA) provider number, (3) create an eMedicaid electronic account, and then (4) register and attest for the EHR Incentive Program via the State's online portal, eMIPP. Instructions for completing all three steps are described below.

I. APPLYING WITH CMS FOR PARTICIPATION IN THE EHR INCENTIVE PROGRAM

Enroll with CMS by visiting <https://ehrincentives.cms.gov/hitech/login.action>.

II. APPLYING FOR A MEDICAL ASSISTANCE (MA) PROVIDER NUMBER

To enroll with eMedicaid, direct your internet browser to <https://encrypt.emdhealthchoice.org/emedicaid/>. Follow these instructions.

- a) Direct your cursor to "go!" following "Step 1: Apply to participate in Maryland's Medicaid Program as a Medical Care Provider."
- b) After clicking "go!," the person who is filling out the application should provide their First Name, Last Name, Phone Number, and Job Title.
- c) Choose the appropriate relationship you have to the provider that is applying.

- d) Select the provider's appropriate provider type, such as physician. (**Note: All provider types eligible to participate in the EHR Incentive Program are listed in the drop-down menu.**)
- e) Click "Continue."

STEP 1 OF 6

Electronic Signature Agreement

- a) Read and then agree to the terms of the electronic signature agreement by clicking next to "I agree to the terms of the Electronic Signature Agreement."
- b) Click "Continue."

STEP 2 OF 6

Provider Agreement

- a) Read and then agree to the Provider Agreement by clicking next to the "I agree to the terms of the Provider Agreement."
- b) Click "Continue."

STEP 3 OF 6

Provider Information

Request Enrollment Begin Date

- a) Enter the date that you are filling out the eMedicaid enrollment application.
- b) Enter the First, Last, Professional Title, Social Security Number, Date of Birth, Federal Employer Identification Number (FEIN) *or* Social Security Number, and email address for the provider. (**Note: You may enter a website address, but this is not required.**)
- c) Choose whether or not you would like to receive electronic correspondences.
- d) Read and agree to the statement on billing and salaried professionals.
- e) Click "Continue."

STEP 4 OF 6

This is a summary of the information you have provided thus far.

Click "Continue."

STEP 5 OF 6

Practice Location Information

Answer the following questions as instructed.

Do you provide services as a General Practitioner at this Practice Location? Check “yes.”

Do you provide services as a Specialist at this Practice Location? Check “no.”

Please select the Practice Type for this location

Select “Individual/Rendering Practice”

Please select the Ownership Type for this location

Choose the appropriate ownership type from the drop-down menu.

PRACTICE ADDRESS

Fill out the address for the clinic, including phone and fax number.

MEDICAL LICENSE INFORMATION FOR SERVICES RENDERED AT THIS PRACTICE LOCATION

The fields under this subheading relate to the INDIVIDUAL provider. Complete all applicable information. If a required field is left blank, you will be prompted to fill in that field when you leave the page.

LABORATORY LICENSE AND PERMIT INFORMATION FOR SERVICES RENDERED AT THIS PRACTICE LOCATION

Skip this section and continue to Group Information.

GROUP INFORMATION

At this Practice Location, do you provide care to Maryland recipients as a member of a Group practice? Click “yes.”

At this Practice Location do you also provide care to Maryland recipients through your private practice and wish to be reimbursed directly by the State? Click “no.”

Provide the clinic’s 9-digit Medical Assistance (MA) number.

Click “Continue.”

STEP 6 of 6

This is a summary of the information you have provided.

Click on “electronic signature.”

You will receive a confirmation number and will be told to fax in the provider’s license if necessary. If additional information is required, you will see the statement, "Your application is

pending." If there is no additional information required, you will receive a Medical Assistance (MA) provider number for this provider.

III. CREATING AN eMEDICAID ELECTRONIC ACCOUNT

You can only create an eMedicaid account once you have received your MA provider number.

1. Direct your internet browser to <https://encrypt.emdhealthchoice.org/emedicaid/>.
2. Review the Web Services User's guide for information about eMedicaid and the eMedicaid enrollment process. The Web Services User's guide is located on the eMedicaid homepage and is also available here: https://encrypt.emdhealthchoice.org/emedicaid/eDocs/eMedicaid_web.pdf.
3. Direct your cursor to "go!" following "**Step 2:** If you already have a Medicaid Provider Number, Register to use this site."
4. Follow the instructions for creating an eMedicaid account for the individual provider's MA provider number.

IV. REGISTERING AND ATTESTING WITH MARYLAND MEDICAD FOR THE EHR INCENTIVE PROGRAM

After registering with CMS for the EHR Incentive Program by visiting <https://ehrincentives.cms.gov/hitech/login.action>, providers should review the user guides for registering and attesting with the State. Both user guides are hosted at the bottom of the Maryland EHR Incentive Program homepage, <http://mmcp.dhmf.maryland.gov/ehr/SitePages/Home.aspx>.

After reviewing these documents, providers can direct their internet browsers to Maryland's Registration and Attestation System, eMIPP, at <https://emipp.dhmf.maryland.gov/>.

ADDITIONAL INFORMATION

Provider information and billing instructions can be located on our website at <http://mmcp.dhmf.maryland.gov/SitePages/Provider%20Information.aspx>. And, Maryland regulations for Maryland Medical Care Programs can be found at http://www.dsd.state.md.us/comar/subtitle_chapters/10_Chapters.aspx#Subtitle09.

If you have any questions about the provider enrollment process, please contact:

Margaret Stagg
Provider Enrollment
(410)767-5872

If you have questions about the Medicaid EHR Incentive Program, please contact:

Paul Messino
Office of Planning
(410) 767-8719