



## **Participation in Meaningful Use/EHR Incentive Program**

The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals and hospitals as they adopt, implement, upgrade or demonstrate **meaningful use** of certified Electronic Health Record (EHR) technology.

As part of the American Recovery and Reinvestment Act of 2009 (ARRA), Congress mandated payment adjustments and penalties to be applied to eligible professionals who are **not** meaningful users of Certified Electronic Health Record (EHR) Technology. In an effort to assist eligible professionals in avoiding any payment adjustments or penalties, UMMC needs information regarding participation in these programs.

CMS defines an eligible professional as a provider who provides more than 10% of his/her services in an ambulatory setting. If you are an **Emergency Department** provider or **Hospitalist** (based on the above criteria) at your former organization, then you did not qualify for the EHR Incentive Program. Therefore, much of the information requested on the next page will not apply to you. Also, due to the nature of your practice if you are registered with PECOS as an **Anesthesiologist, Pathologist** or **Radiologist**, then you may have qualified for a hardship exception. We request that you check with the appropriate person(s) at your prior organization to determine this information. **If you do not qualify for the EHR Incentive Program, please just provide us with your name, credential(s), department, and answer questions 1 & 2 on the next page.**

The UMMC Quality Improvement department will be happy to assist you with completing the attached form and answer any additional questions you may have. **Once the form is complete, please return it to your UMMC Department Business Administrator.** Thank you for your cooperation and support.

### **Representatives from Quality Improvement:**

Matt Duckworth, 601-815-9874 ([dduckworth@umc.edu](mailto:dduckworth@umc.edu))

Keith Hodges, 601-815-3250 ([jkhodges@umc.edu](mailto:jkhodges@umc.edu))

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**Medicare/Medicaid Enrollment  
and  
EHR Incentive Program Registration**

Provider Name: \_\_\_\_\_ Credential: \_\_\_\_\_

Department: \_\_\_\_\_

1. In an effort for us to enroll and/or register you for the EHR Incentive Program through your employment with UMMC, we will need the following information:
  - a. **NPI Login ID** \_\_\_\_\_
  - b. **NPI Password** \_\_\_\_\_
  - c. Please **print clearly** and note case-sensitive words.
  
2. Have you previously registered for the Medicare/Medicaid EHR Incentive Program (Meaningful Use) with CMS?  YES  NO
  
3. If you previously registered for any of the EHR Incentive Programs, please provide the following:
  - a. Please circle the program with which you are currently registered
    - i. Medicare
    - ii. Medicaid
  - b. Have you ever switched from one program to the other?  
 YES  NO
  - c. First year you submitted and attested to EHR Incentive Program data: \_\_\_\_\_
  - d. Most recent year your received EHR Incentive payments: \_\_\_\_\_
  - e. Please circle the stage in which you are currently reporting:
    - i. Stage 1 (AIU<sub>1</sub> + MU<sub>2</sub> + MU<sub>3</sub>)
    - ii. Stage 2 (MU<sub>3</sub> + MU<sub>4</sub>)
  - f. How many years have you been reporting in this stage? \_\_\_\_\_

\*If you are uncertain or do not have direct knowledge of the above requested information, please provide the contact information for the person at your previous place of employment who would have direct knowledge of this information.

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

**Please return this form to your UMMC Department Business Administrator upon completion.**