

State Level Registry for Provider Incentive Payments



Group Administrators — Let's Get Started!

(A representative for a group or clinic who will enter data for the group and enter data on behalf of individual providers associated with the group/clinic.)

To the right are the step by step instructions on how to complete the registration process.

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 <http://www.cms.gov/EHRIncentivePrograms> for more information.



©2010 Xerox Corporation. All rights reserved. ACS[®] and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX[®] and XEROX and Design[®] are trademarks of Xerox Corporation in the United States and/or other countries.

🔹 Entering Group Volumes

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.

Things You'll Need

1. Locate the National Provider Identified (NPI) and Tax Identification Number (TIN) you'll need to register at CMS's EHR Incentive Program Registration site. You'll also need this to create an SLR account.
[If you don't have an NPI, visit CMS's site to apply for one. Need a TIN? Visit IRS.gov.](#)
2. [Register at CMS's EHR Incentive Program Registration site.](#)
3. You must have an active Medicaid Provider Number. To enroll or check the status of your enrollment, visit the enrollment site.
4. Determine if the providers in your group will use the group Medicaid patient volumes. If one practitioner in the group opts out then all practitioners must use individual patient volume.
5. Identify the NPI and TIN for each provider in your practice.
6. Create or locate an electronic copy of your signed contract with a vendor for the purchase, implementation or upgrade of a certified EHR system.
7. Locate information related to your medical license such as your license number and effective dates.
8. Identify an individual who will be the contact for your application - you'll need their name, phone and email.
9. 📍 Determine the Medicaid Patient volume you'll be reporting.
10. Determine which method of Certified EHR technology you will be attesting to — adopt, implement, or upgrade.
11. Certified EHR info — [verify that your system is on the list from ONC.](#)
12. [Create an SLR account](#) to register for the Alaska Medicaid EHR Incentive Program.
13. Ensure that you have access to a scanner or electronic faxing technology such as RightFax[™].
14. [Contact the Alaska Medicaid EHR Incentive Program Office](#) if you have questions or would like to set up a meeting to discuss the Alaska Medicaid EHR Incentive Program registration and attestation process.
15. Mail signed original Alaska Medicaid EHR Incentive Program Attestation Form, [Substitute Form - W9](#) and [EDI Payment Agreement Form](#) (if applicable) to:

State of Alaska
Department of Health and Social Services
Division of Health Care Services
EHR Incentive Program Office
3601 C Street, Suite 902
Anchorage, AK 99503

📍 Medicaid Patient Volumes

Groups may demonstrate 30% Medicaid patient volumes for a representative 90-day period in the previous calendar year. Group volumes must include all practitioners in the group to determine eligibility.

Patient volumes are based on unique patient encounters per day for the 90-day period. In certain circumstances, you may also be able to count Medically Needy patient volumes to help you meet the eligibility requirements. You can also count patients seen in different states if you practice in multiple states.

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.