



DMAP – Promoting Interoperability Program, formerly the EHR Incentive Program

Path to Payment

This checklist will help guide you through the steps necessary to receive your EHR incentive payment.

1. Make sure you are eligible for the Medicaid Promoting Interoperability Program, formerly the EHR Incentive Program. View eligibility guidelines at our [Provider Eligibility](#) page.
2. Enroll as a Delaware Medical Assistance Program (DMAP) provider. Contact the Provider Incentive Team at dexix-pipteam@dxc.com
3. Make sure you are set-up for Electronic Fund Transfer (EFT) with DMAP: Please contact Provider Services at (800) 999-3371 for assistance.
4. Obtain your Certified EHR number at <https://chpl.healthit.gov/#/search>
5. Register for the program through the CMS website: <https://ehrincentives.cms.gov/hitech/login.action>

System Announcements Effective April 22, 2019:

- EHR Program Announcement - As of March 14, 2018 the EHR Information Center will close. Medicare eligible professionals (EPs) may contact the QPP help desk for assistance for participation years 2016 and earlier and choose the EHR Incentive Program legacy call option. (866) 288-8292 or qpp@cms.hhs.gov.

- EHR Program Announcement - EPs transitioning to the Merit-based Incentive Payment System (MIPS) for the 2017 performance period may contact the QPP help desk at 1 (866) 288-8292 or qpp@cms.hhs.gov and may submit data through March 31, 2018.

Medicaid EPs and hospitals participating with the Medicaid EHR Incentive Program with inquiries about their participation should contact their state Medicaid agencies.

- EHR Program Announcement - Medicare & dually eligible hospitals participating in the Medicare & Medicaid EHR Incentive Programs may contact the QNet help desk for assistance qnetsupport@hcqis.org or 1 (866) 288-8912.



Professionals will need:

- National Provider Identifier (NPI)
- National Plan and Provider Enumeration System (NPPES) User ID and Password
- Payee Tax Identification Number (if you are reassigning your benefits)
- Payee National Provider Identifier (NPI)(if you are reassigning your benefits)
- Phone, Business Address, Email

Hospitals will need:

- CMS Identity and Access Management (I&A) User ID and Password
 - CMS Certification Number (CCN)
 - National Provider Identifier (NPI)
 - Hospital Tax Identification Number
 - Phone, Business Address, Email
6. Receive email from DMAP notifying you that we received your registration from CMS. This should occur 1 – 2 days after successful registration with CMS.
7. Log on to the DMAP Interactive Services website: <https://medicaid.dhss.delaware.gov/provider/>
Complete the DMAP EHR Incentive Program Application.

Professionals will need:

- Patient Encounter Report which must include:
 - A Patient Identifier
 - Dates of Service
 - Insurance/Payer Name
- EHR Contract/Vendor Agreement:
 - Providers changing vendors/certified EMR systems must upload a full contract
 - Providers upgrading to a current version of their existing EMR must upload proof of upgrade via vendor letter/contract
- Proof of Service Location where certified EMR is used (e.g. vendor letter)
- Report used to compile Meaningful Use and Clinical Quality Measures



- Public Health Reporting:
 - Level of Engagement – Registered: Documentation/Email Confirmation from Registry required
 - Level of Engagement – Testing and Validation: Documentation/Statistical report from Registry required
 - Level of Engagement – Production: Statistical report/Documentation report from Registry required
- Documentation supporting the completion of a Security Risk Analysis (SRA)

Note: Professionals will be required to upload the purchase order and/or contract signature page for the certified EHR technology. Also, professionals are required to upload a copy of the report used to calculate patient volumes. All documents must be in PDF format. File size is limited to 10MB per document.

Hospitals will need:

- CMS EHR Certification ID
- Volume reporting period
- Total discharge volume for each service location
- Total Medicaid discharge volume for each service location
- Total DMAP Medicaid discharge volume for each service location
- Last full fiscal year begin and end dates
- Hospital Cost Report Data:
 - Discharge amounts for previous three years to last full year
 - Medicaid patient bed days
 - Medicaid managed care inpatient bed days
 - Total inpatient bed days
 - Total hospital charges
 - Total charity care charges
- Attestation of Adoption, Implementation, and Upgrade in 2011
- Attestation of Meaningful Use if selected by hospitals in 2011
- Meaningful use measure information and numerator/denominator values (for applications in 2012 and beyond)



- Application certification and electronic signature

Note: There is no Medicaid patient volume for Children's Hospitals

Hospitals will be required to upload the purchase order and/or contract signature page for the certified EHR technology. Also, Hospitals are required to upload a copy of the report used to calculate patient volumes. All documents must be in PDF format. File size is limited to 10MB per document.

8. Provide clarifying information to the Provider Incentive Program Team: Your application information will be validated against existing Medicaid information. Additional information may be required to process your application. A member from the Provider Incentive Team may need to contact you.
9. Maintain supporting information for all data and volume amounts provided during registration and application for 6 years. DMAP will perform audits to validate application information and provider activities necessary to be eligible for this incentive program.
10. Notification of approval and incentive payment processing status will be sent to the email address you provided during registration and application. Your incentive payment will be issued within 60 days.

If you would like more information on the Delaware Medicaid Promoting Interoperability Program for Electronic Health Records please direct your inquiries to dexix-pipteam@dxc.com