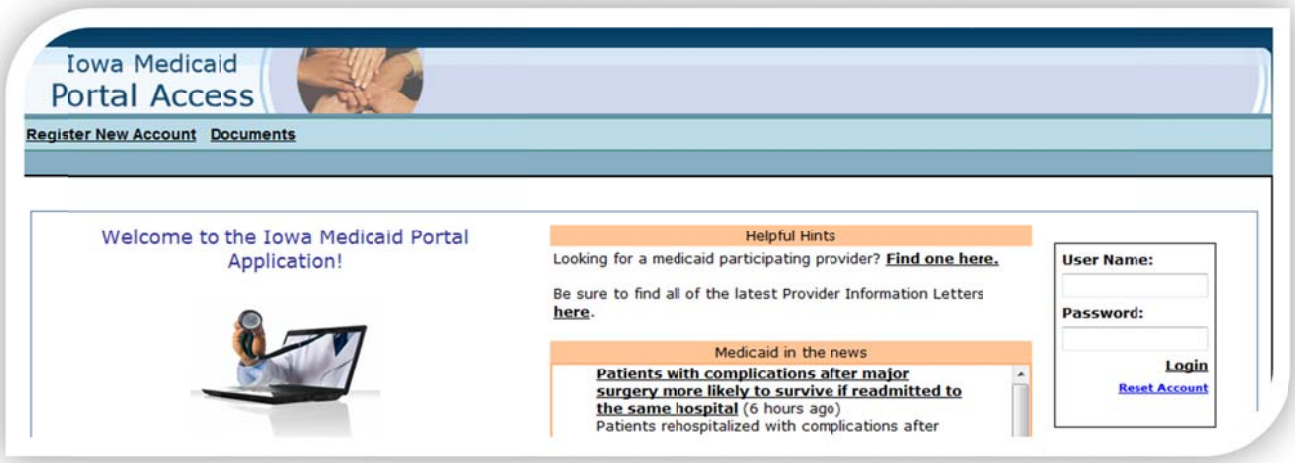
Iowa Medicaid Portal Access

(IMPA)

Provider-User Guide



Reenrollment Application

Ownership and Control Disclosure (OCD) Application

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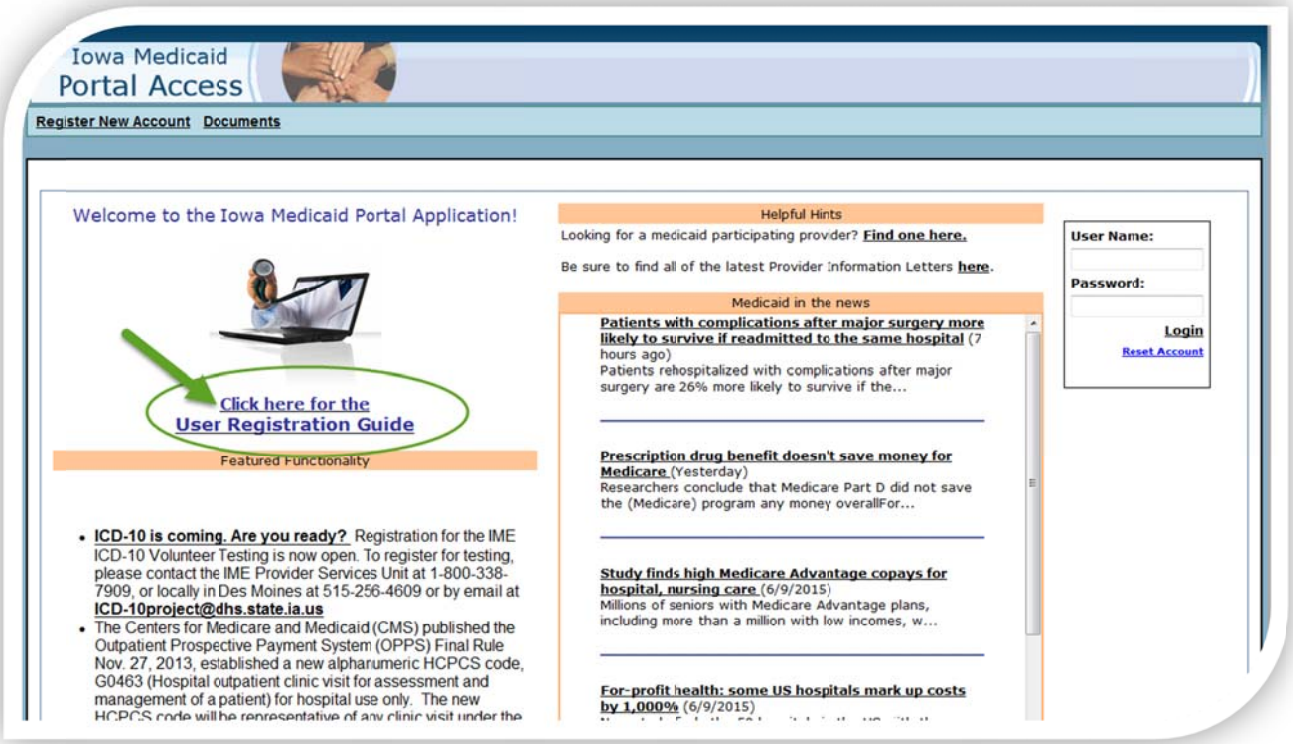
Note: When completing the OCD application in IMPA refer to Section 4 instructions.

Getting Started

If you are already a registered user of IMPA, log into IMPA as you normally would.

If you are not a registered user of IMPA, go to https://secureapp.dhs.state.ia.us/impa/

and choose: **Click here for the User Registration Guide:**



Each person logging into an application within IMPA must create their own IMPA account. At the top of the left hand corner under Iowa Medicaid Portal Access is a link to Register New Account.

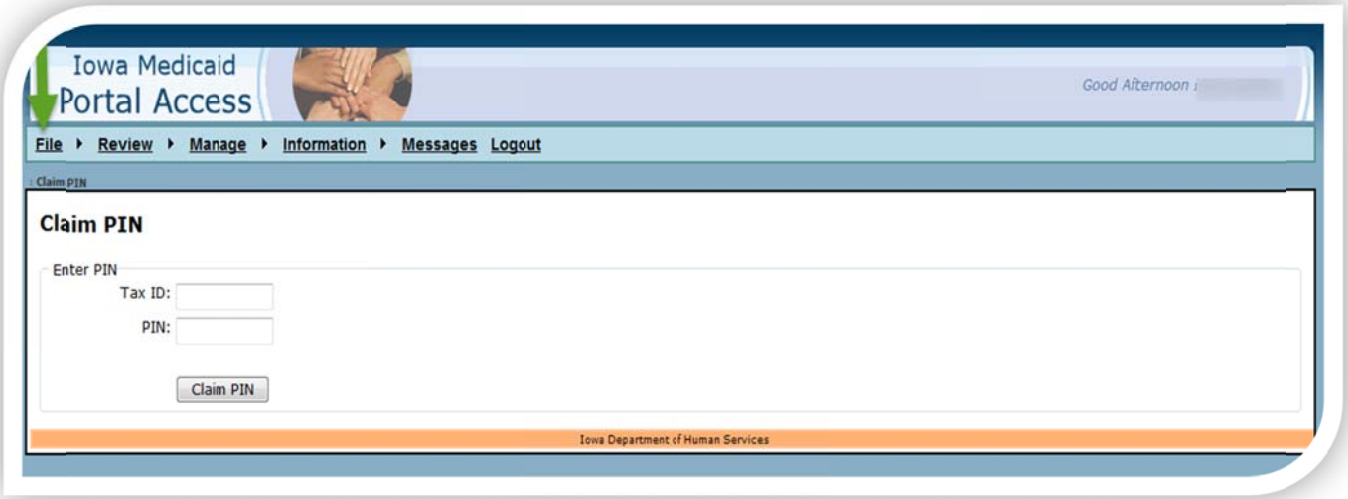
Create a username and password for each user that will complete reenrollment or the OCD application within IMPA. The user name is not case sensitive but the password must be 8 characters (one lowercase letter, one uppercase letter, a symbol and a number).

Log into IMPA with the user name and password created. Click on “I Accept to Enter the System.”

Claim a Personal Identification Number (PIN)

You must claim a security PIN to access your reenrollment application or the OCD application.

Your Designated Contact Person (DCP) will have provided to you a PIN for accessing the appropriate Tax ID (s). The user must “Claim PIN” before they can proceed to the Reenrollment application or OCD application. You only need to claim the PIN once.



Hoover over File, from the drop down click on “Claim PIN”.

Enter your “Tax ID” number and “PIN” and click on the button Claim PIN.

Once the PIN has been successfully claimed proceed to the application (reenrollment or OCD application).

Reenrollment application:

Hover over File, and click on Reenrollment in the drop down.

OCD application:

Hover over Review, and click on OCD in the drop down.

Roles

Reenrollment:

The reenrollment application may be entered by either the enrollment user or the signatory. The enrollment user is not allowed to accept the provider agreement. Only the signatory is allowed to accept the provider agreement. The user is required to have a PIN prior to starting the reenrollment application.

There are two roles defined for users for the reenrollment application:

- **Enrollment User**- this role can update all sections except the agreement and acceptance.
- **Signatory User**- this role can update all sections including the agreement and acceptance.

The Tax ID and the application status will appear on each section.

OCD:

The OCD user role allows the creation of or update to an already completed OCD application.

Each Tax ID enrolled into the Medicaid Program is required to complete the OCD application prior to enrollment.

Other Roles:

- Health Information Technology (HIT) - this user role allows the completion of the HIT survey after reenrollment has been completed.

Reenrollment Application

Providers are required to complete the reenrollment application process every five years, unless otherwise required by applicable state and federal law. Reenrollment includes, but is not limited to: legally accept the provider agreement, verify a listing that identifies each professional and institutional component of your organization and structure, complete the OCD and collect individual Social Security Numbers (SSN). The SSN is required in order for the IME to check against the Office of Inspector General's (OIG) list of Excluded Individuals and Entities (LEIE) and the Centers for Medicare and Medicaid Services (CMS) Medicare Exclusions Database (MED). The individual SSN is required for screening purposes only. It does not pertain to claims processing or payment.

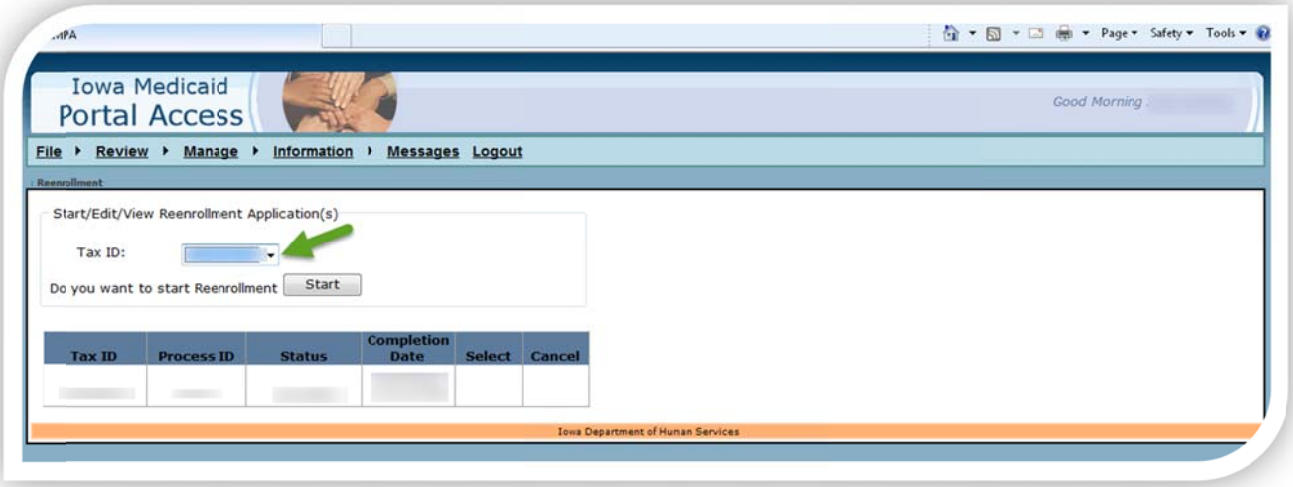
To start the reenrollment process, simply complete and return the DCP form. A contact person must be designated for the coordination of the provider reenrollment process (Form number 470-5112, can be found on the DHS website at: http://dhs.iowa.gov/ime/providers/forms).

Upon receipt of the DCP form, a unique PIN associated with the Tax Identification (ID) will be assigned. The DCP will receive and email containing the PIN number (s).

Once you have logged into IMPA and have claimed PIN you are ready to get started.

Start Reenrollment Application

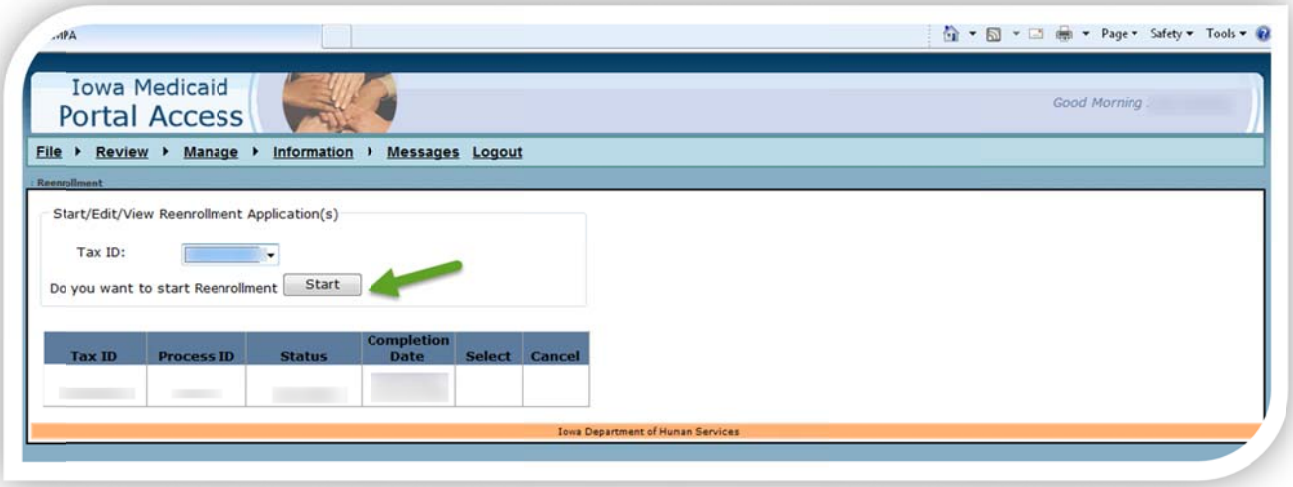
Hover over File and select “Reenrollment.”



Select the Tax ID from the drop down list.

The lists of Tax ID’s are based on the PIN (s) you have claimed.

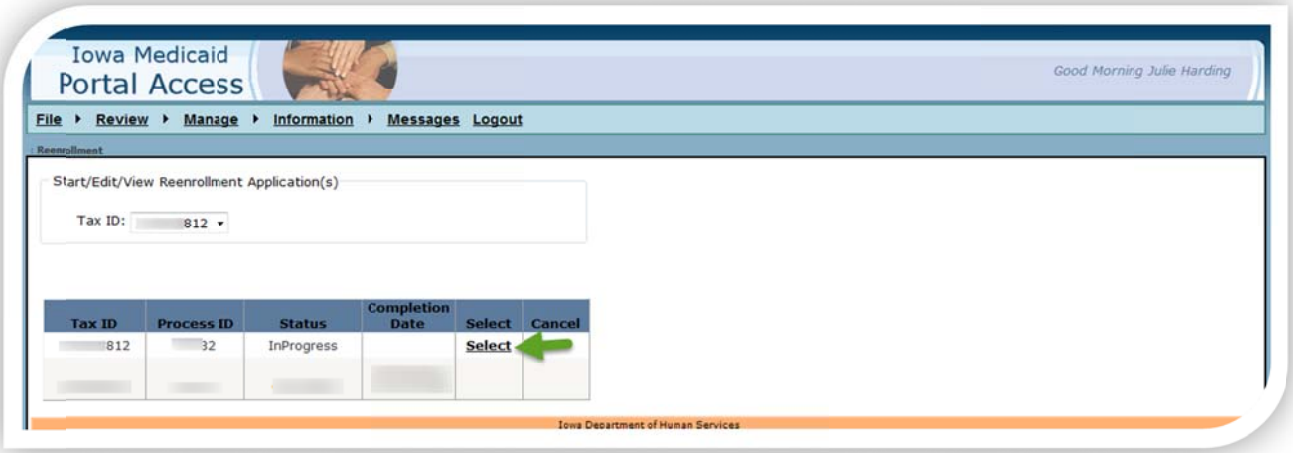
If you do not see the appropriate Tax ID please contact your DCP.



Click on Start button

Note: If you have completed Reenrollment on IMPA in the past you will see a line in the grid with a completed status and completion date.

Select the line with a status of ‘In Progress” to continue with this reenrollment.



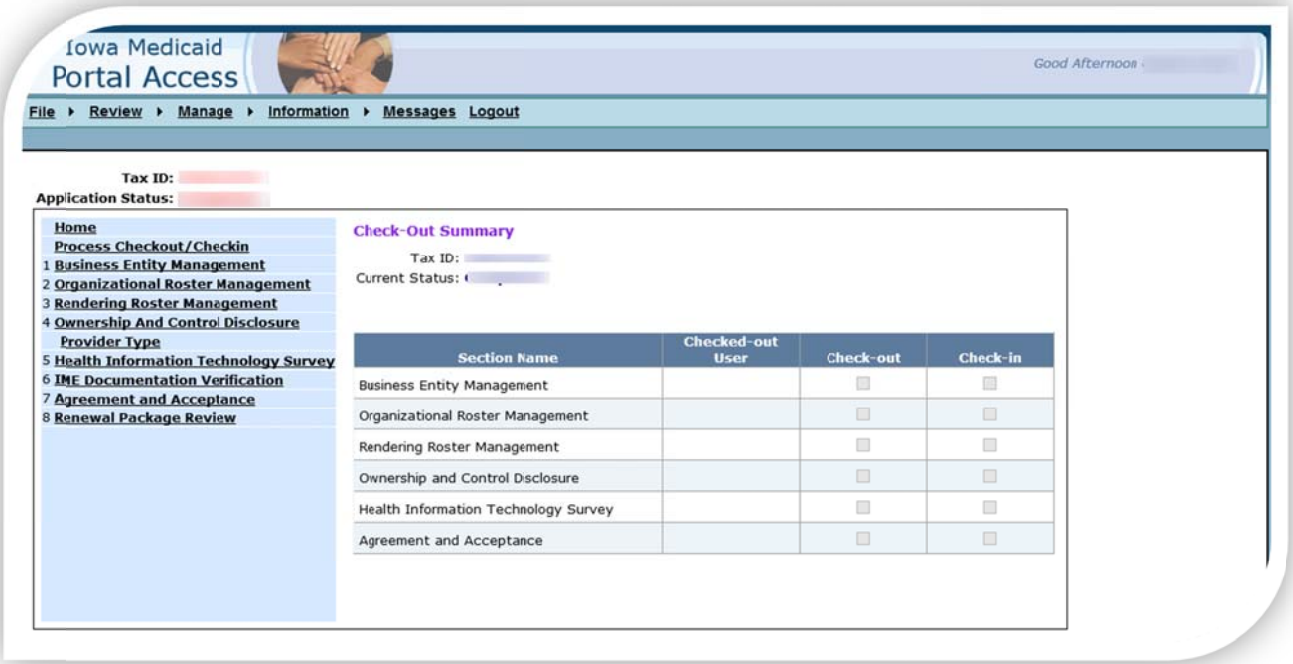
Click on Select in the grid as shown above.

The initial page displayed is Check-Out Summary.

On the left side of the page are the navigation links (in blue, under Home).

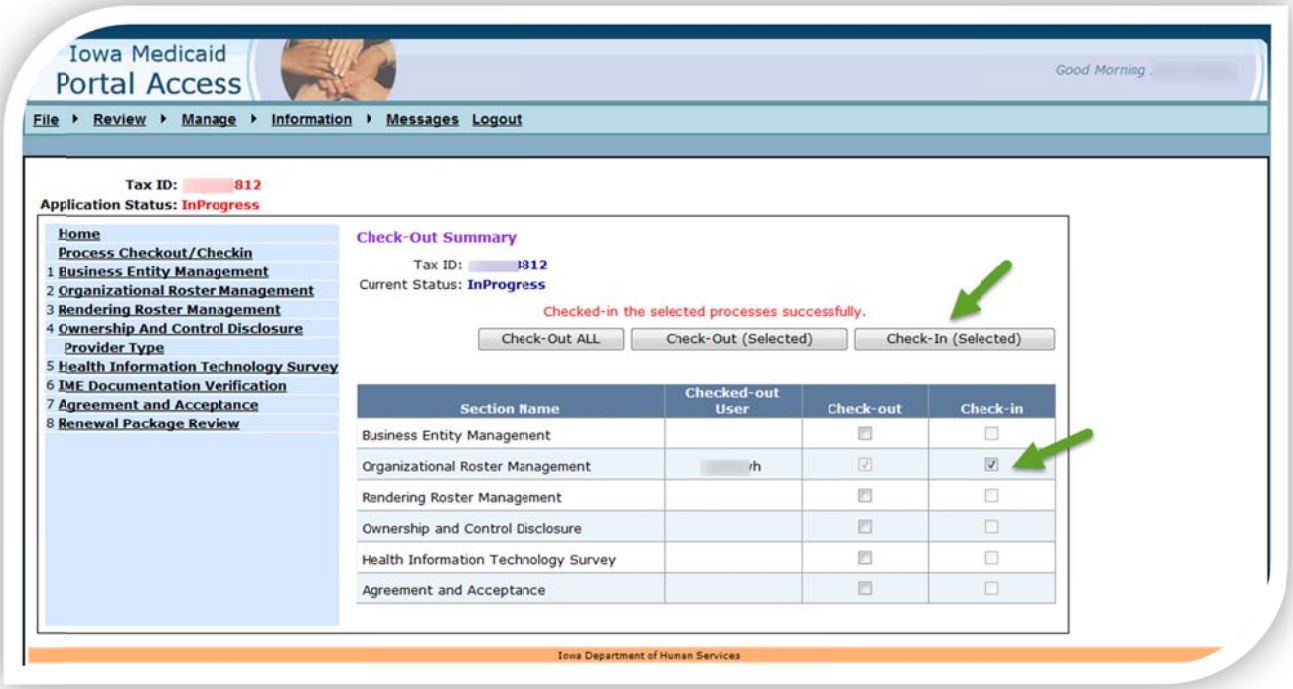
This page will display:

- Tax ID Number.
- Application Status.
- Check-Out status.



Process Check-out/Check-in

- Check-Out (Selected)
    - If you, as an Enrollment user can check-out any section except Agreement and Acceptance, click on the Check-Out box next to the section and click “Check-Out (Selected).
- Check-In (Selected)
    - After all required information has been entered click on check-in next to that section and click the Check-In Selected button.



The purpose of Check-out and Check-in, allows multi users to be working on the same Tax ID. When a user has a section checked out another user will not be able to work in the same section until that user checks that section in.

For example:

User 1 has Check-out: Business Entity Management.

User 2 has Check-out: Organizational Roster Management.

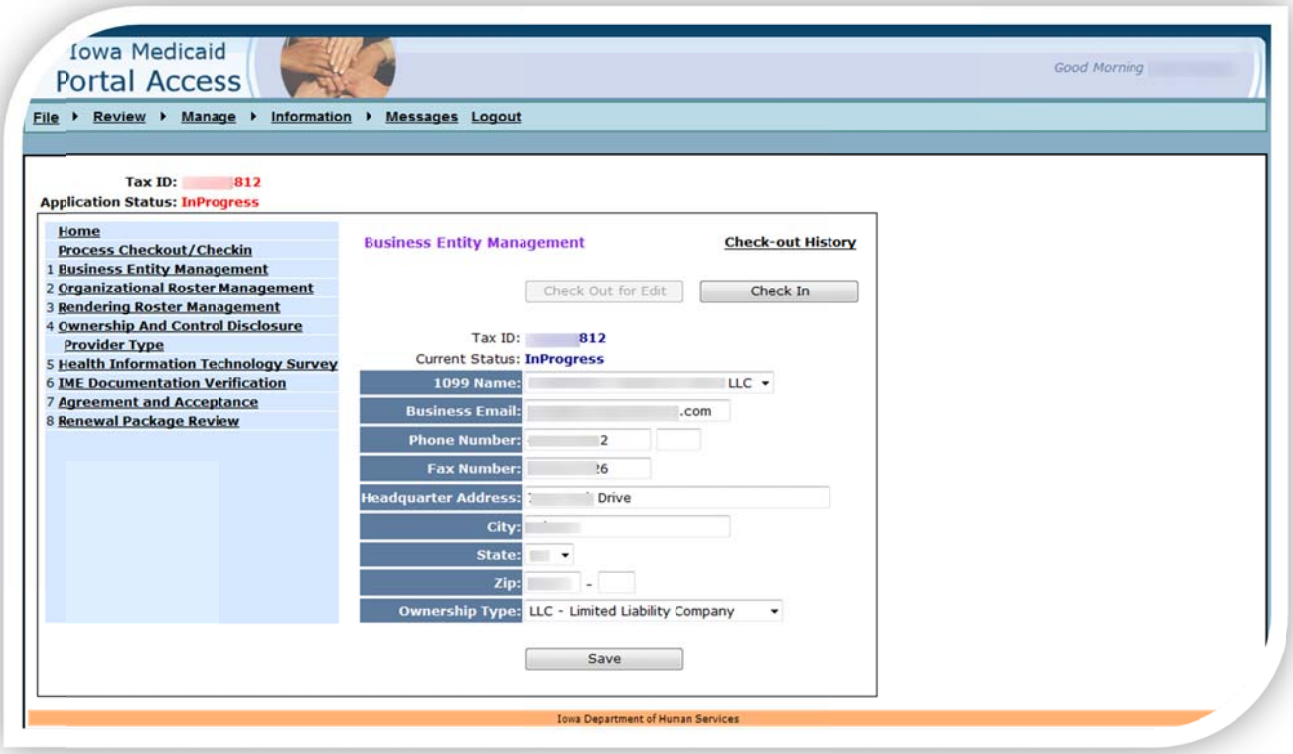
User 1 cannot enter data in the Organizational Roster Management section when it is in a checked out status by user 2.

Section 1: Business Entity Management

The purpose of the Business Entity Management section is to define the entity defined for tax purposes.

In the left navigation click on: 1. Business Entity Management.

You can either check out from the Process Check-out/Check-in page or Click the “Check Out for Edit” button on the business Entity Management page.



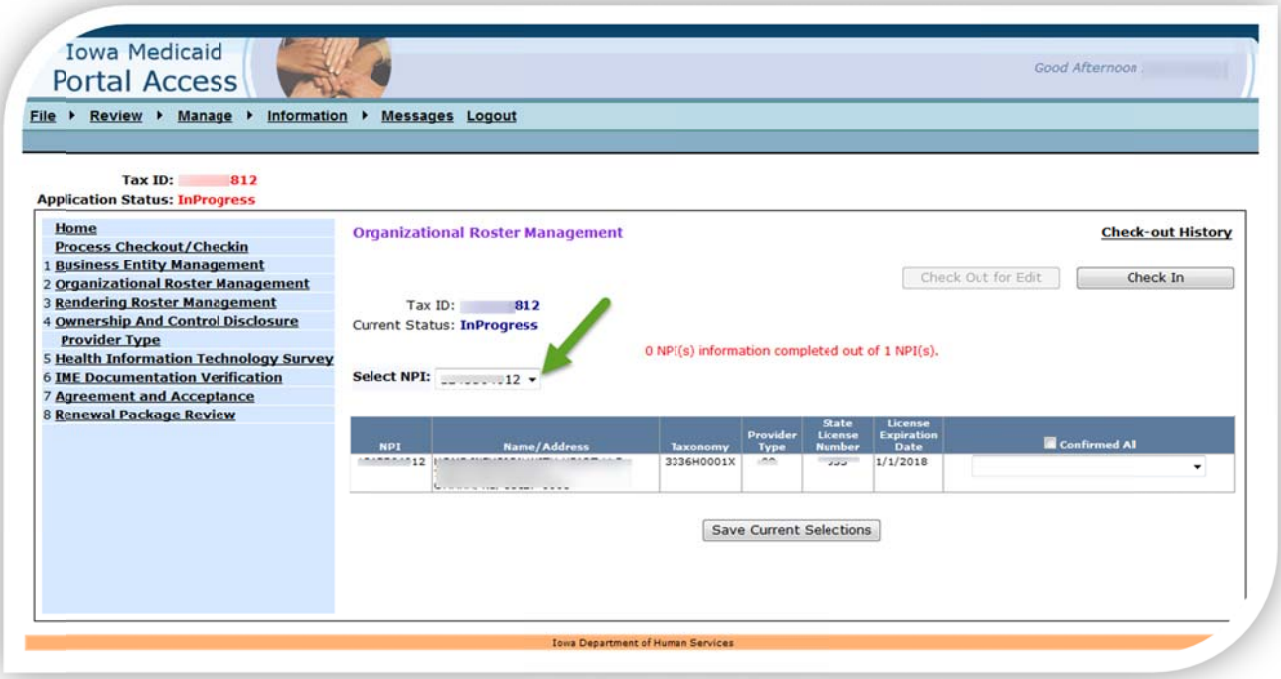
- 1099 Name: pre populated with 1099 Name on file. If there are multi names on file select correct name from in the drop down. If the name (s) is not correct, please submit a new W-9 form to the IME Provider Services Enrollment Unit.
- Enter Business Email.
- Enter Phone Number.
- Enter Fax Number.
- Enter Headquarter Address.
- Enter City, State, Zip.
- Ownership Type: Select the type of ownership from the drop down.
- Click on Save.
- Click on Check-In.

Section 2: Organizational Roster Management

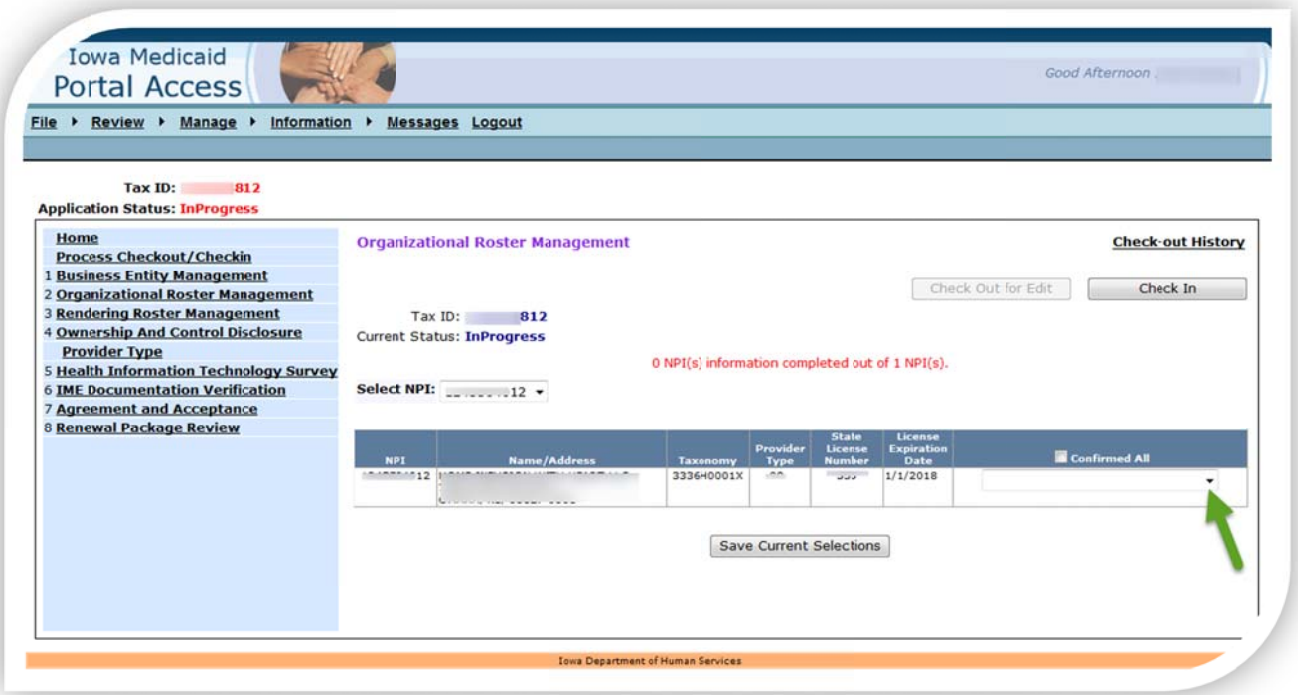
The purpose of the Organizational Roster Management is to confirm your organization's payment structure.

In the left navigation click on: 2. Organizational Roster Management.

This page will contain all of the payment/billing NPI's. You will need to confirm the information related to each NPI. You will work through each NPI in the select NPI dropdown list. As you complete each NPI, the dropdown list will have the status before the NPI.



- Select the NPI from the dropdown list. Review all the data in grid. Name, Address, Taxonomy code, license number, license expiration date.
    - Note: if enrolled under multiple addresses, each address will appear in the grid.



From the dropdown next to each row select from the dropdown:

- **Confirmed** - indicates that the information for the NPI is accurate.
    - **TIP**: If all the information in all the grids below is correct, you can select Confirmed All and it will change the value to Confirmed for each address for that NPI in the list.
- **Confirmed with Address Change** - indicates that there is a change in the address. This will require an address change form to be completed and mailed to the IME. The address change form will be available to print under step #6
- **Request Termination** - indicates that this particular NPI is no longer practicing at this address. Once the IME receives this information the provider will be terminated.
- Click on Save Current Sections- Once this is successfully saved the dropdown list will move to the next NPI automatically. After completing an NPI it will move to the bottom of the list with a completed status. All NPIs must be completed before the application can be submitted.

IMPORTANT NOTE:

Any other changes to displayed data must be submitted in writing to the IME Provider Services Enrollment Unit. The data displayed on IMPA will not change.

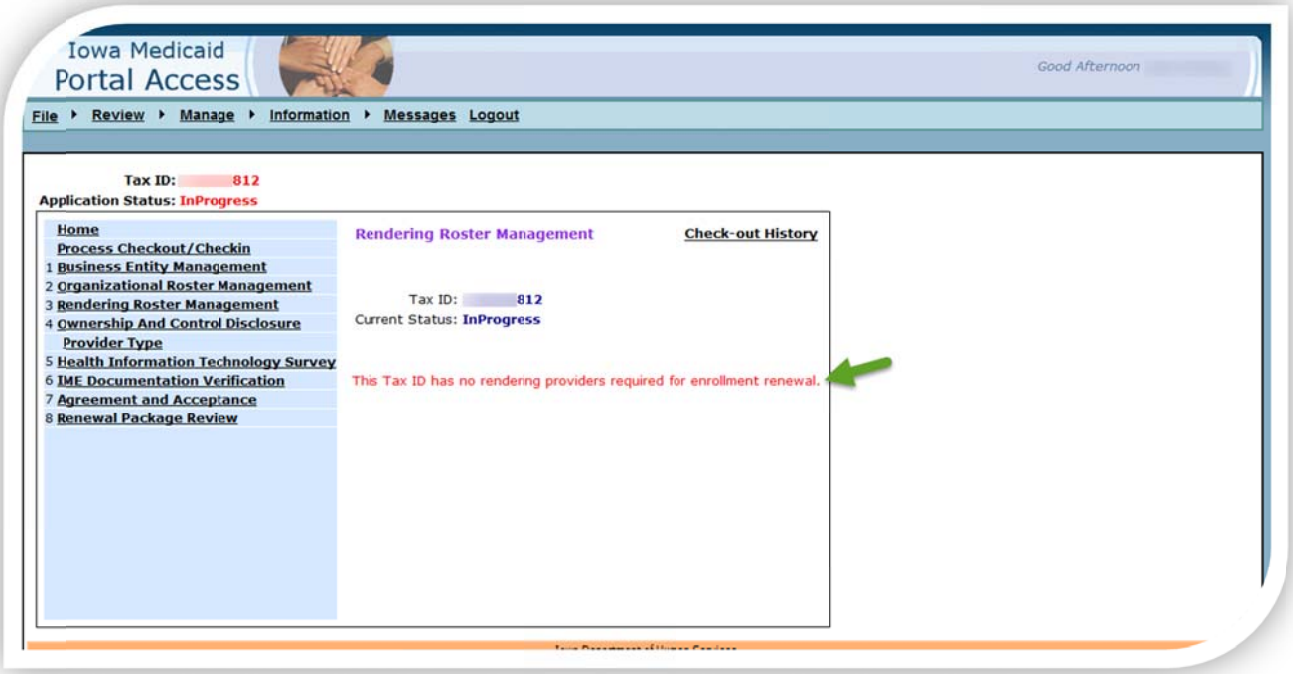
After all NPI's have been completed, click on Check In move to next section.

Section 3: Rendering Roster Management

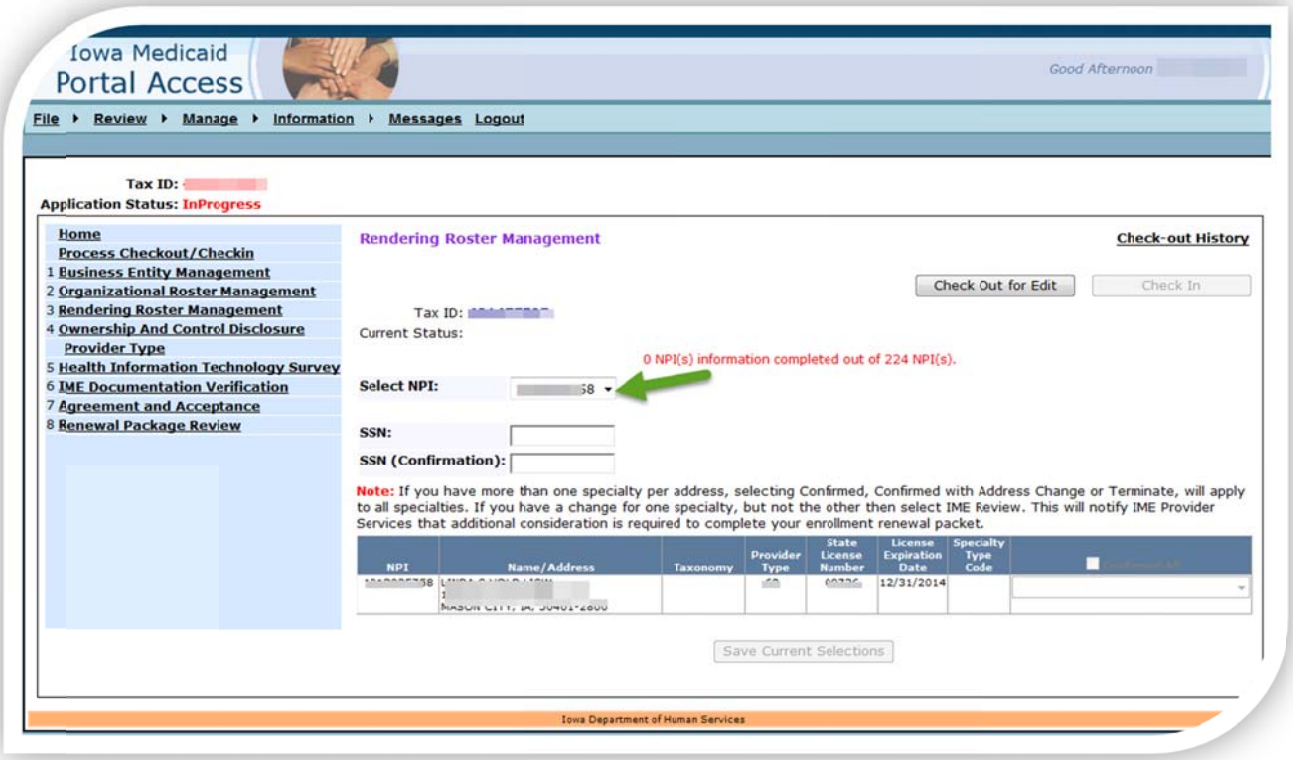
The purpose of the Rendering Roster Management is to confirm your organization's treating provider structure as known to the IME.

On the navigation to the left of the screen click on: 3. Rendering Roster Management.

If the Tax ID has no treating/rendering NPI associated with it, a message in red will appear on the screen: "This Tax ID has no rendering providers required for enrollment renewal" No action is needed.



This page will contain all of the rendering NPI's. You will need to confirm the information related to each NPI. You will work through each NPI in the select NPI dropdown list. As you complete each NPI the dropdown list will have the status before the NPI.



- Select the NPI from the dropdown list. Review all the data in grid. Name, Address, Taxonomy code, license number, license expiration date.
    - Note: if enrolled under multiple addresses, each address will appear in the grid.

From the dropdown next to each row select from the dropdown:

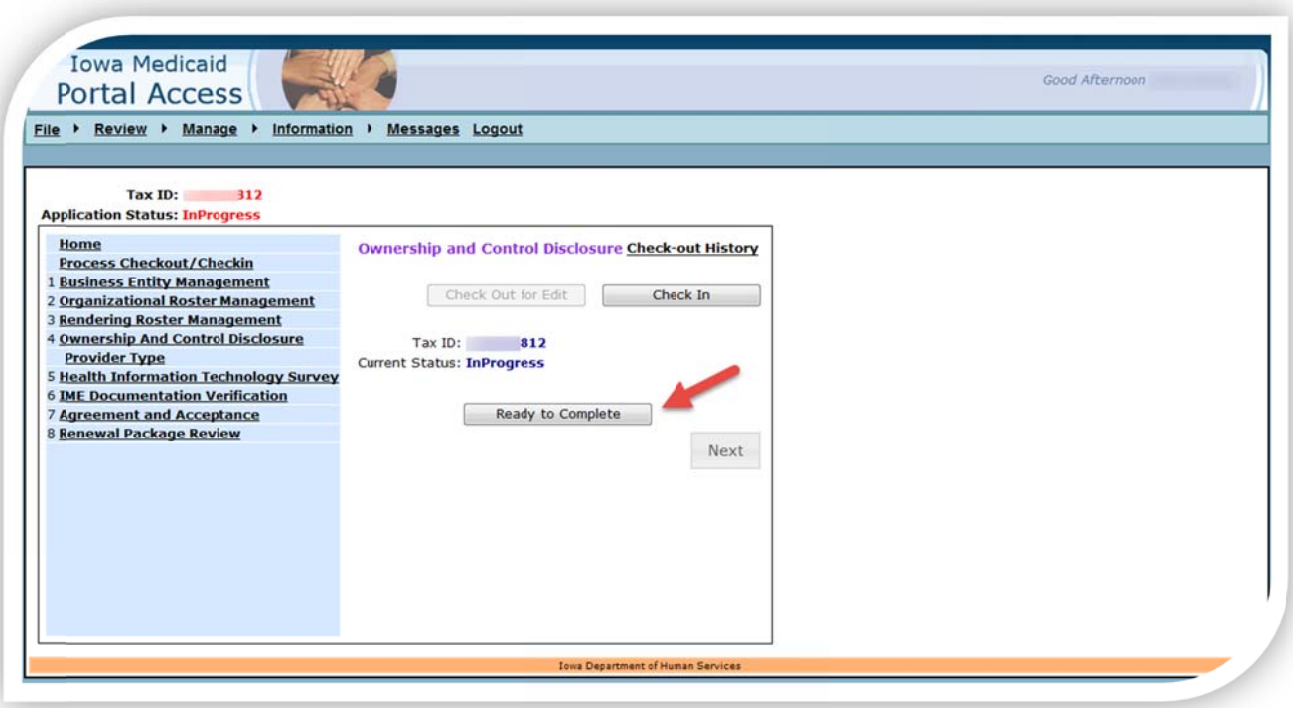
- **Confirmed** - indicates that the information for the NPI is accurate.
    - **TIP**: If all the information in all the grids below is correct, you can select Confirmed All and it will change the value to Confirmed for each address for that NPI in the list.
- **Confirmed with Address Change**- indicates that there is a change in the address. This will require and Address change form to be completed and sent to IME. The address change form will be available to print under step #6
- **Request Termination** - indicates that this particular NPI is no longer practicing at this address. Once the IME receives this information the provider will be terminated.
- Enter the SSN that is tied to the selected NPI.
- Enter the SSN again for confirmation.
    - The two SSNs must match before the NPI data can be saved.
- Click on Save Current Sections- Once this is successfully saved the dropdown list will move to the next NPI automatically. After completing an NPI it will move to the bottom of the list with a completed status. All NPIs must be completed before the application can be submitted. Click on check-in and move to next section.

Section 4: Ownership and Control Disclosure (OCD)

The purpose of the OCD section is to meet Federal regulations implemented with the Patient Protection and Affordable Care Act by the Centers for Medicare & Medicaid Services (CMS).

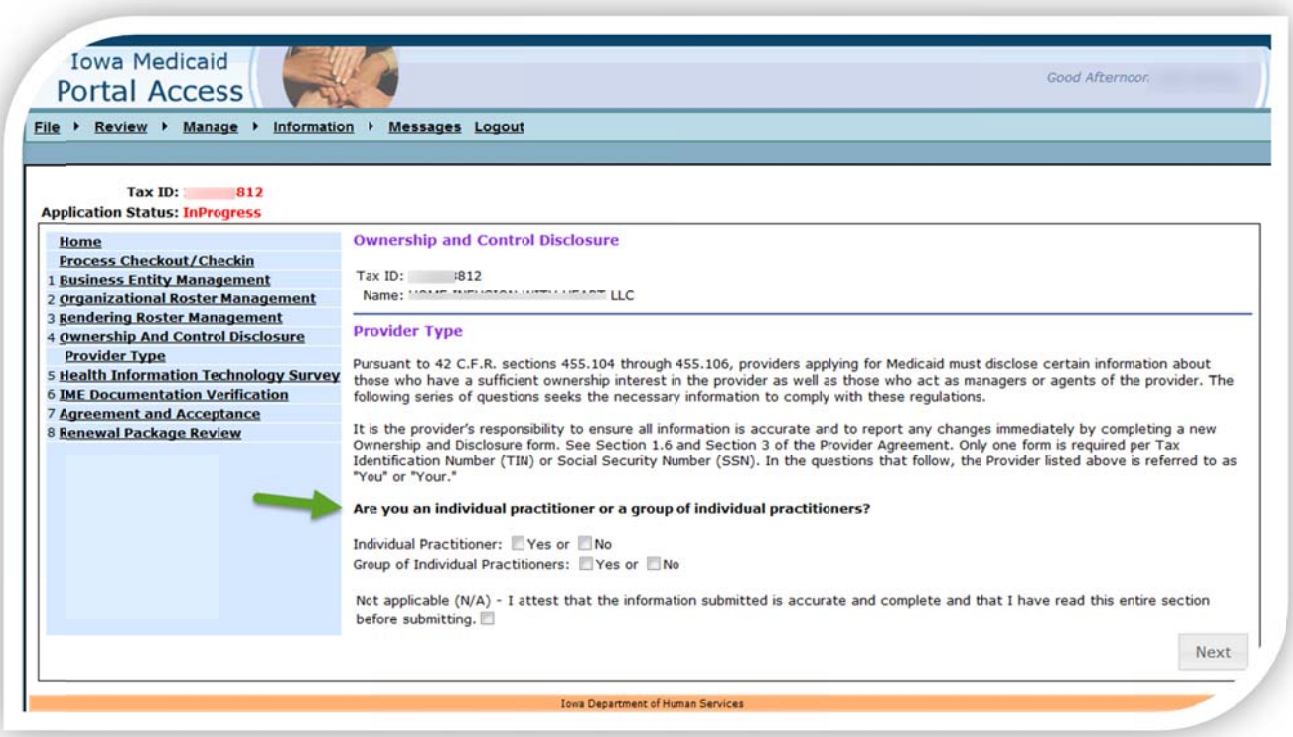
This section will require the user to gather information as opposed to review existing data. Not all sections pertain to every entity, but due diligence and best efforts to obtain the data is highly recommended and required for some sections.

In the navigation bar click on: 4 Ownership and Control Disclosure.



This page has a Ready to complete button. This button is to be used when you have **completed** the required section and will only be enabled when the OCD is checked out.

- Click on Check-Out for Edit, if this has not already checked out. This will check out all section of the OCD.
- Click on **Provider Type** in the left navigation under number 4



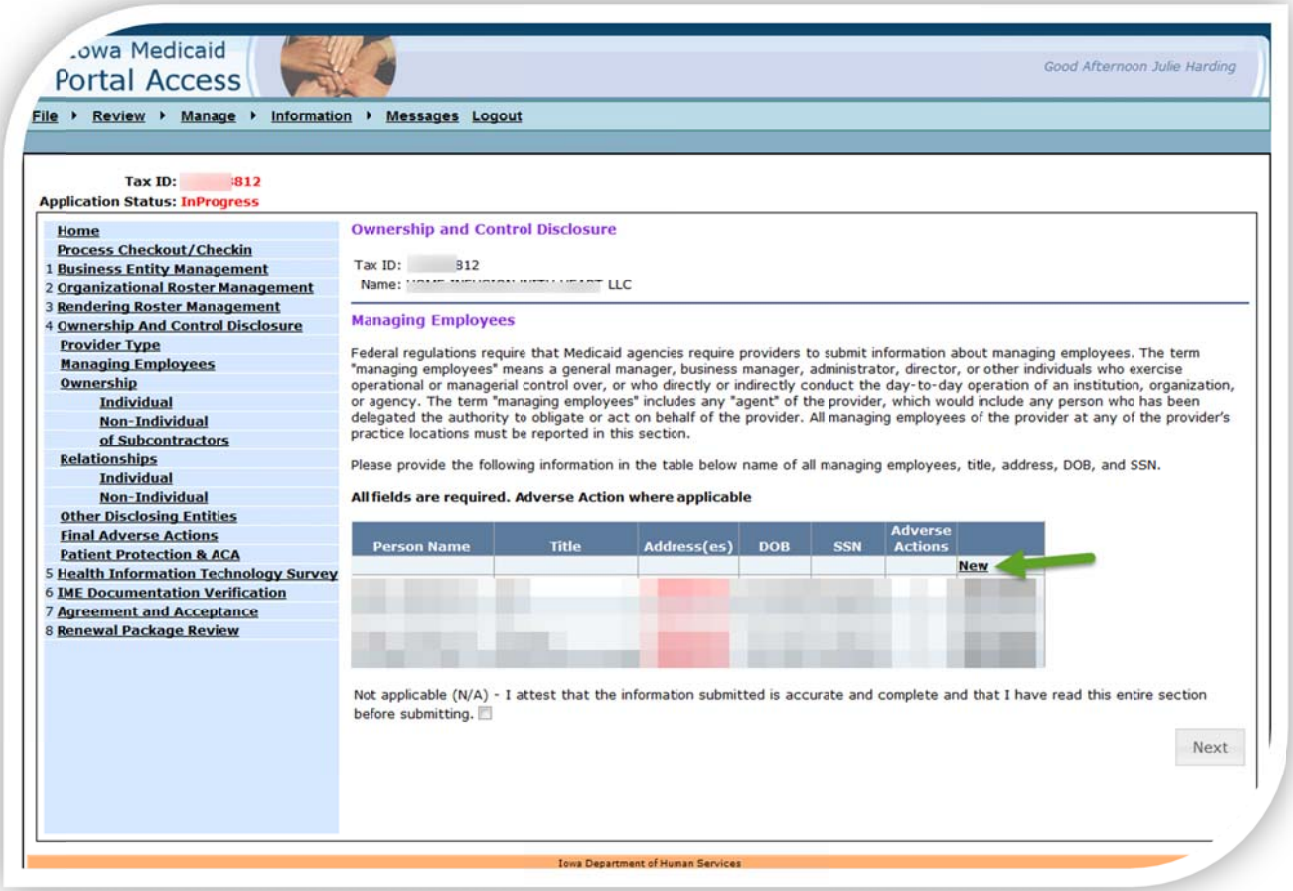
Remember that the answer to these questions are legally binding; hence the attestation on each page.

In the instructions below all sections will be covered, but might not be required for all.

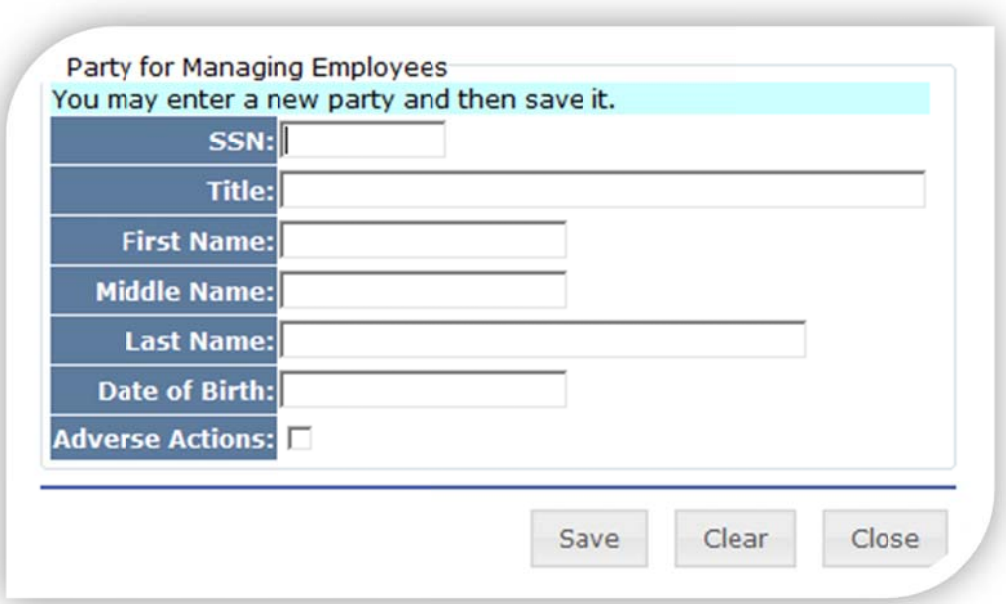
Managing Employees

Federal regulations require that Medicaid agencies require providers to submit information about managing employees. The term "managing employees" means a general manager, business manager, administrator, director or board member, or other individuals who exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operation of an institution, organization, or agency. The term "managing employees" includes any "agent" of the provider, which would include any person who has been delegated the authority to obligate or act on behalf of the provider. All managing employees of the provider at any of the provider's practice locations must be reported in this section.

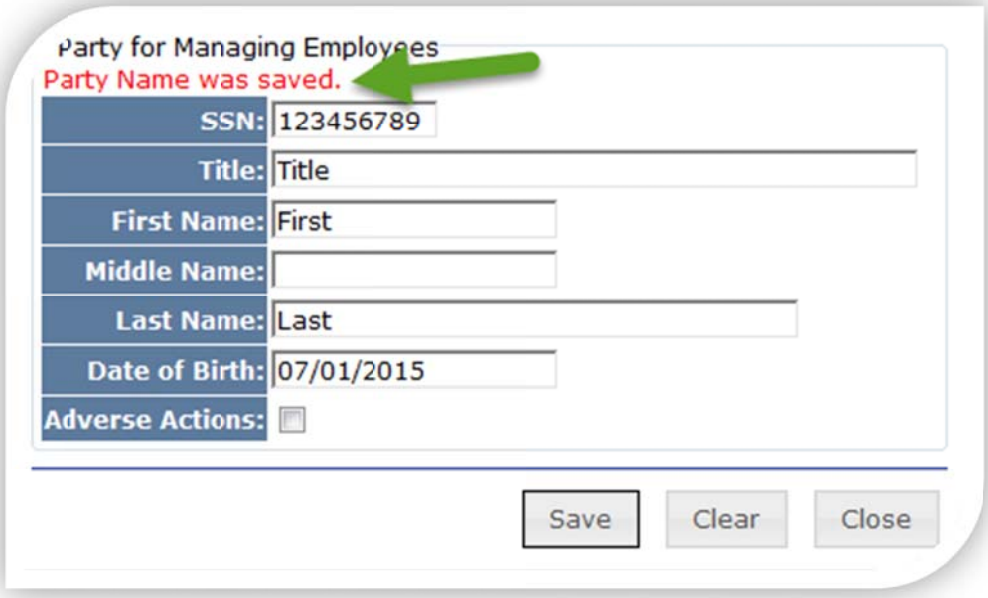
Please provide the following information of all managing employees, title, address, date of birth (DOB), and SSN.



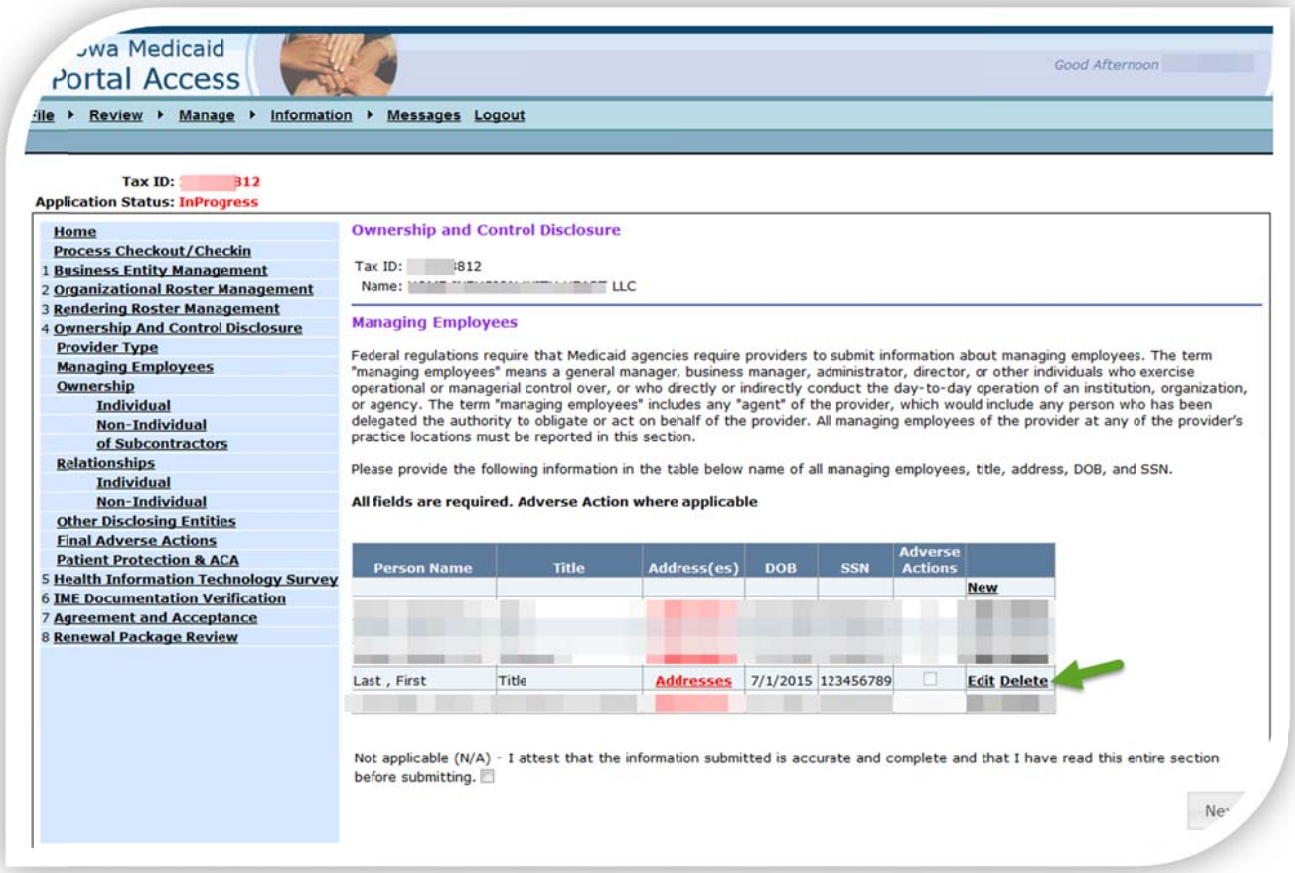
- Click on New.



- Enter the required information. All fields are required except the Middle Name and Adverse Actions.
- Click on Save.



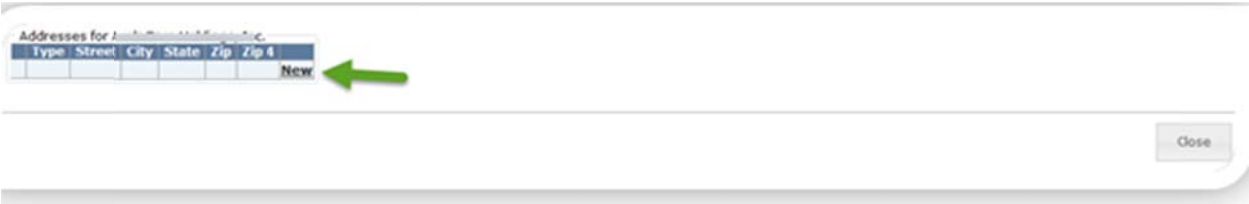
- The graphic shown above displays a message when the record is saved successfully.
- Click on Close to return to the Managing Employee main page.
- Repeat until all managing employees appear in the grid.



To edit an existing row (prior to submission) click on Edit

To delete a row, (prior to submission) click on Delete. Once you delete a row you cannot get it back.

Address information is required; The Address is shown in red font.



- Click on Addresses.
- Click on New or if not new, click on Edit.
- Enter the required information. All fields are required except zip4. Also there is a drop down list for the type of address.

- Click on Save, you will see a message that the record was saved successfully.
- Click on Close.

- If an additional address is needed, select New. If no additional address is needed, click Close.

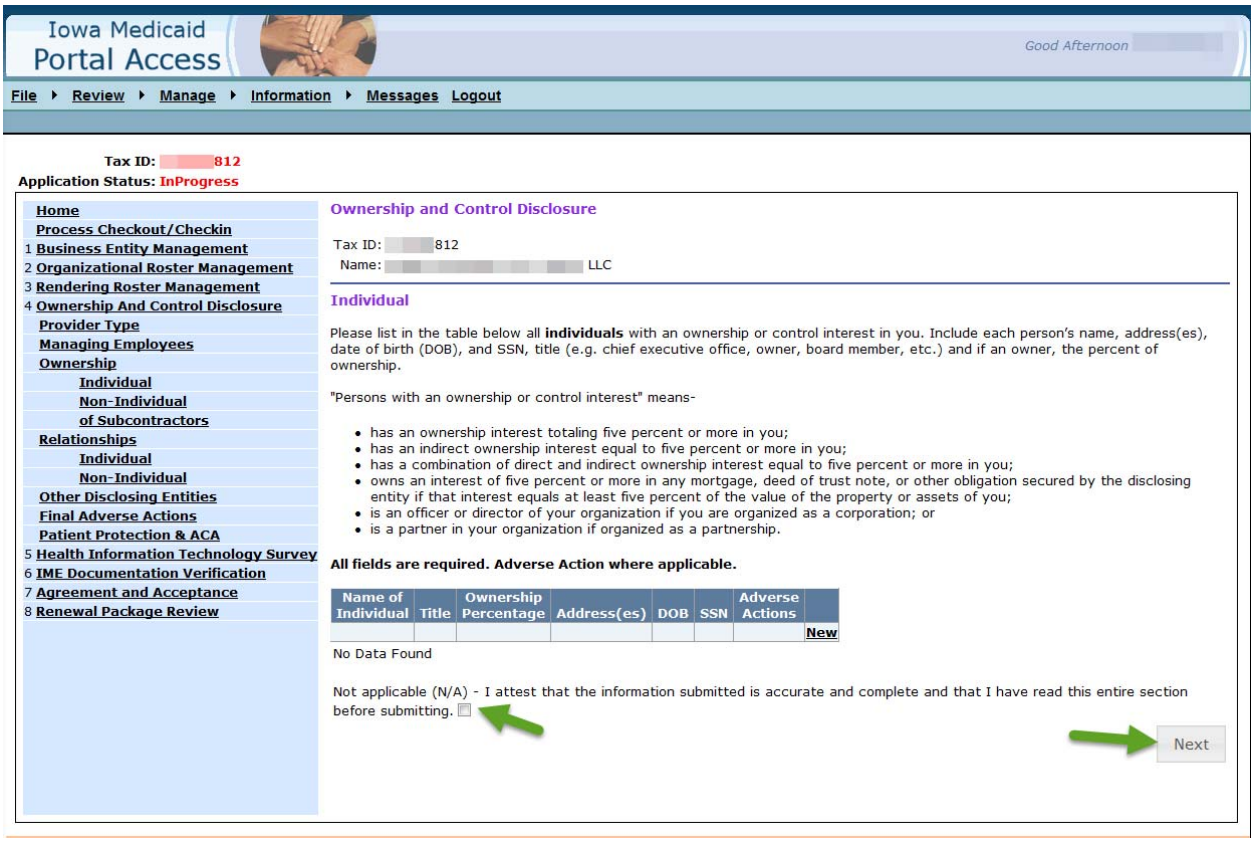
After addresses have been entered for each line, complete the attestation and click on next.

Individuals

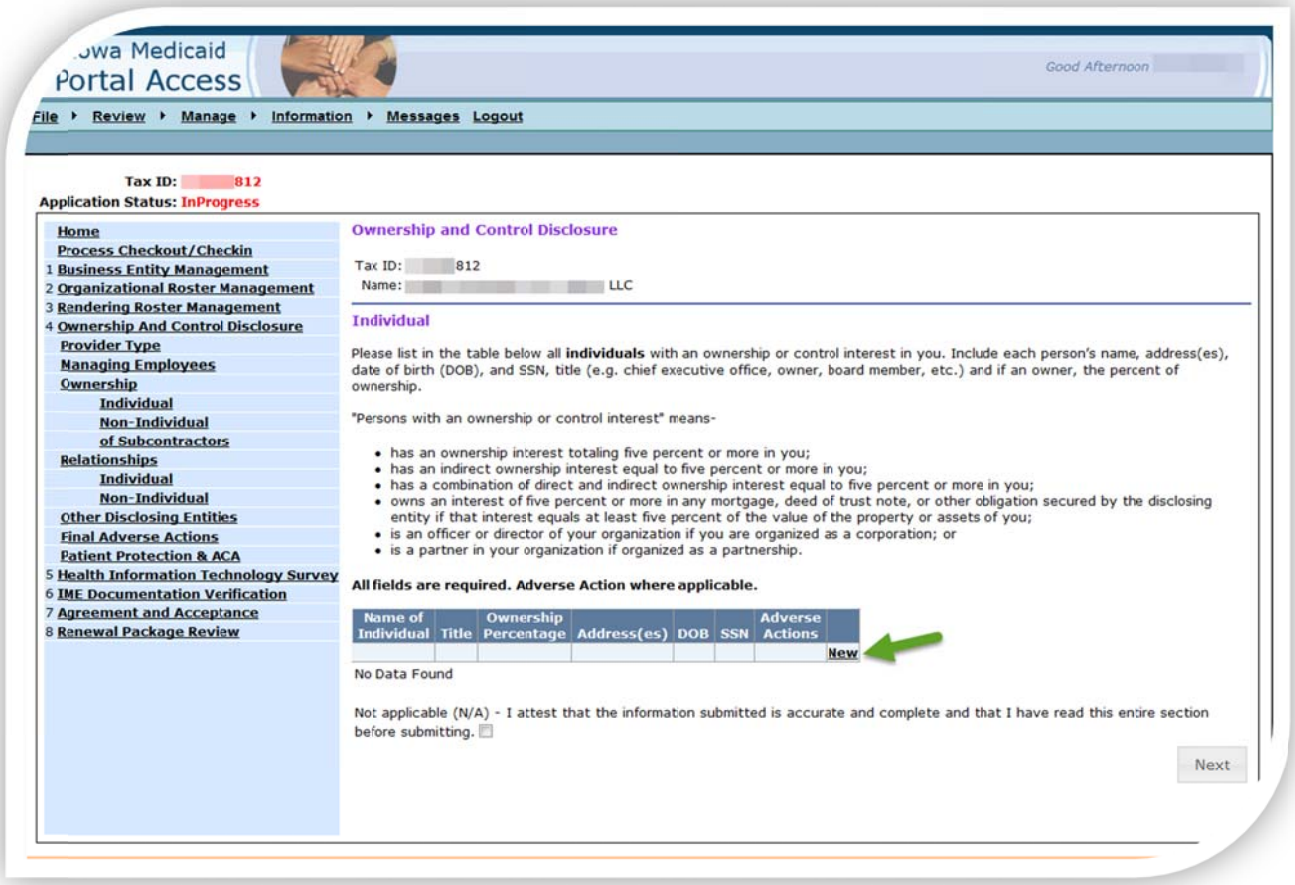
Please list all **INDIVIDUALS** with an ownership or control interest in you. Include each person's name, address, DOB, SSN, and title and, the percent of ownership.

"Persons with an ownership or control interest" means-

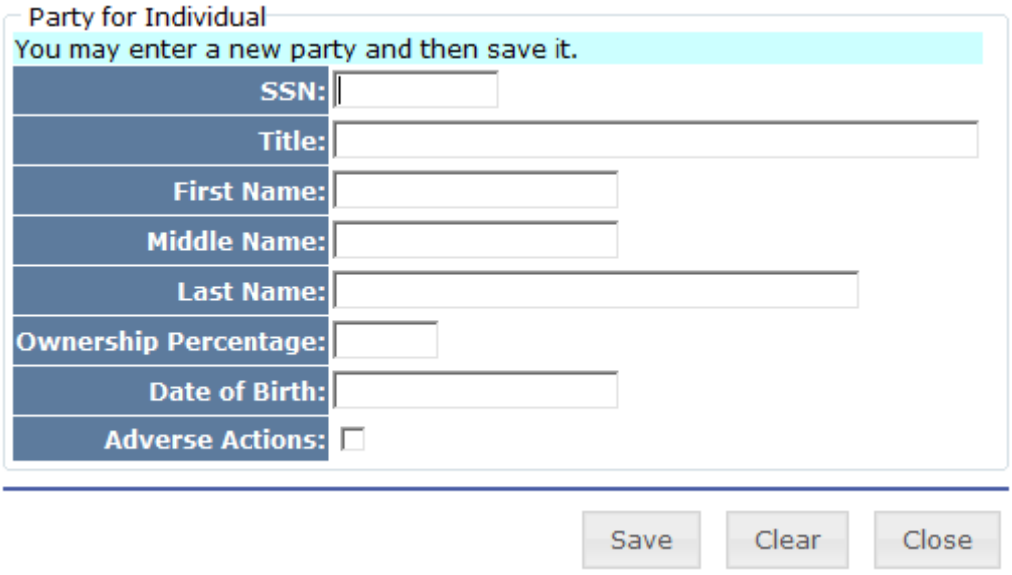
- has an ownership interest totaling five percent or more in you;
- has an indirect ownership interest equal to five percent or more in you;
- has a combination of direct and indirect ownership interest equal to five percent or more in you;
- owns an interest of five percent or more in any mortgage, deed of trust note, or other obligation secured by the disclosing entity if that interest equals at least five percent of the value of the property or assets of you;
- Is a partner in your organization if organized as a partnership.



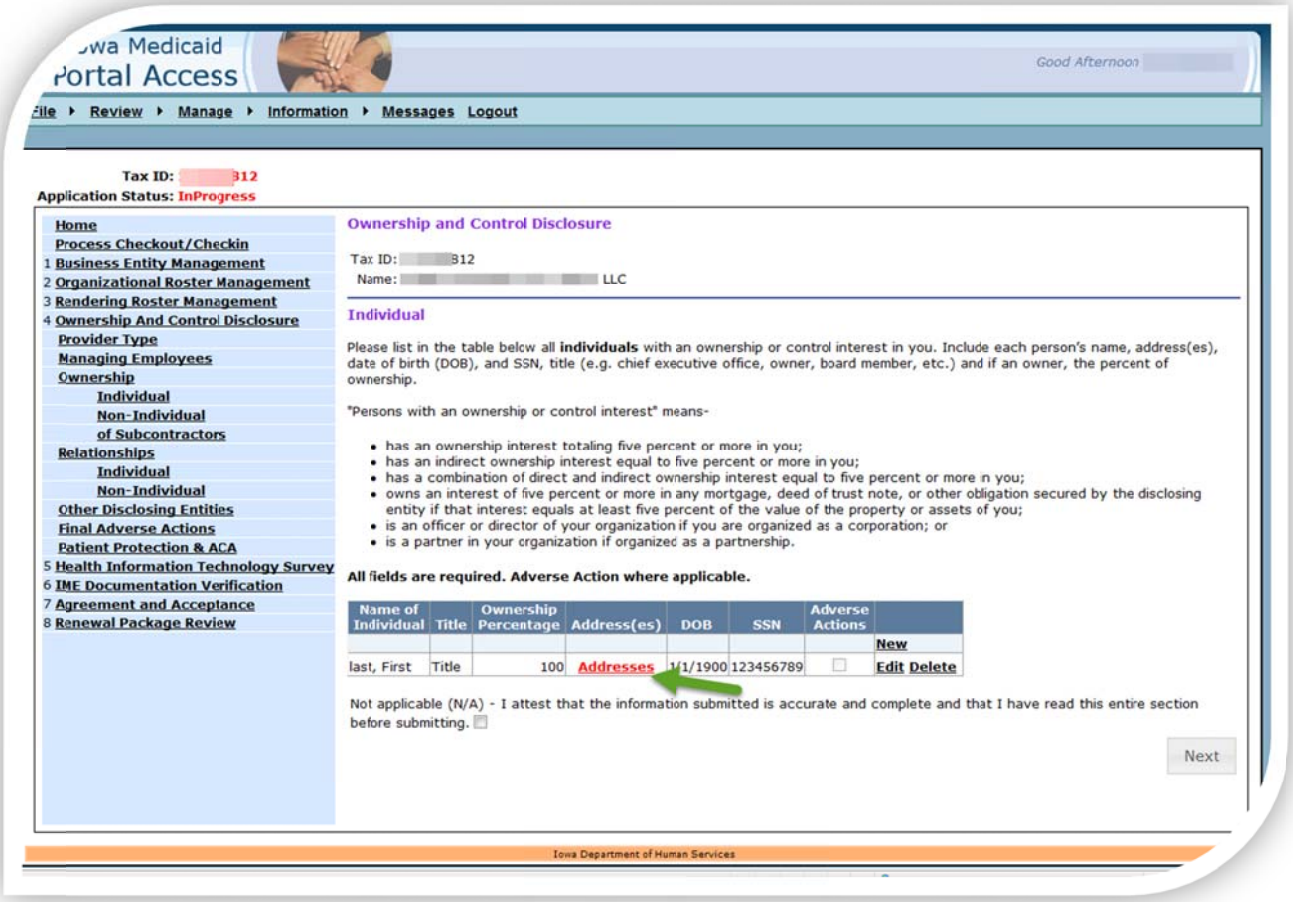
If there are no individual owners then you must attest to that fact and click on Next.

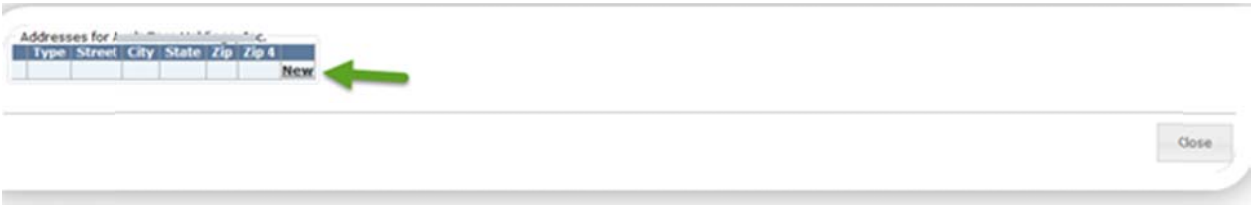


If there are individuals that meet this requirement then click on New.



- Enter the required information. All fields are required except the Middle Name and Adverse Actions.
- Click on Save; you will see a message that the record was saved successfully.
- Click on Close.





Addresses information is required; as shown above the Addresses is in red font

- Click on Addresses
- Click on New or if not new, click on Edit
- Enter the required information. All fields are required except zip4. Also there is a drop down list for the type of address

- Click on Save, you will see a message that the record was saved successfully.

- Click on Close.
- If an additional address is needed select New. If no additional address is needed, click Close.

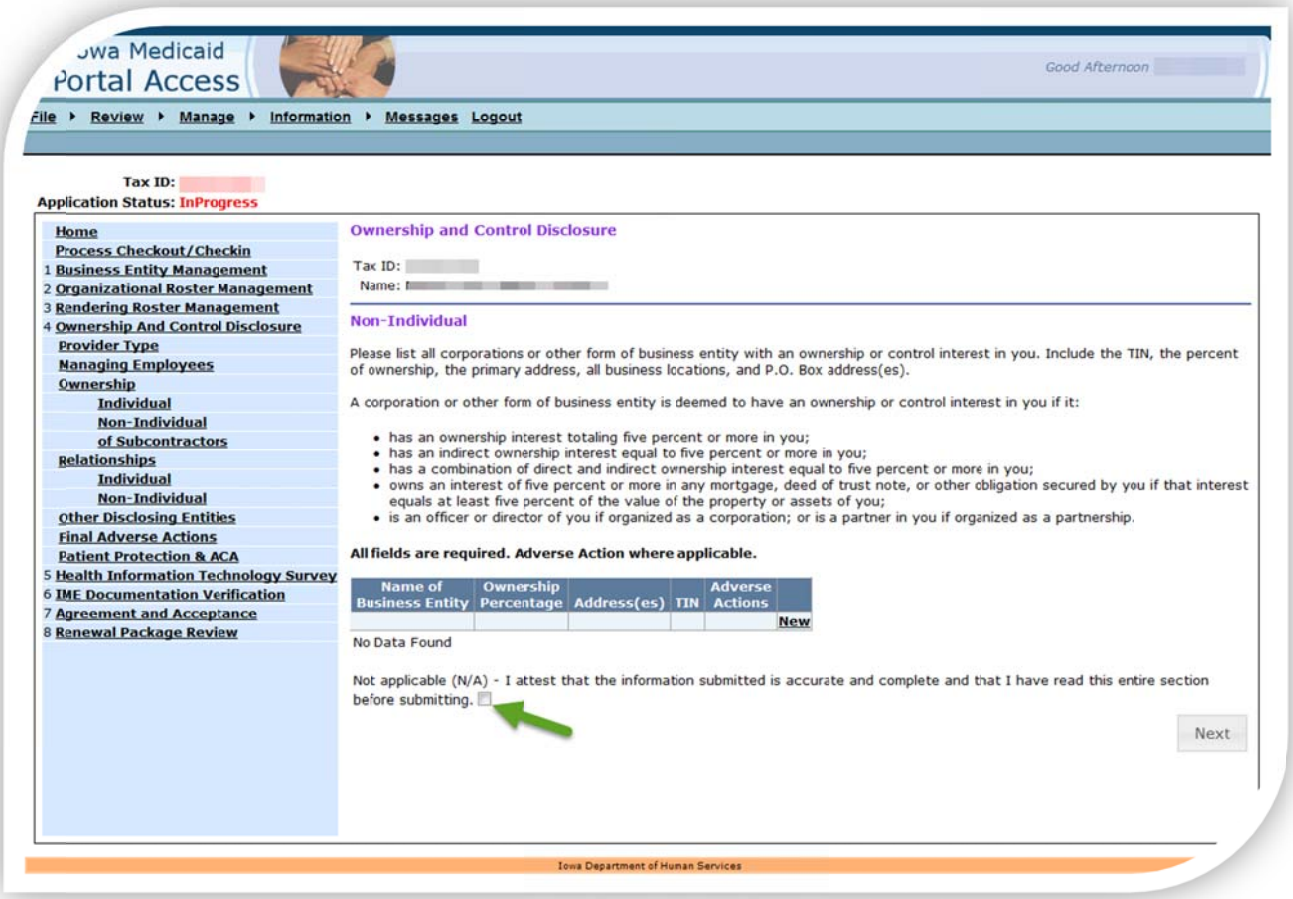
After addresses have been entered for each line, complete the attestation and click on next.

NON-INDIVIDUAL

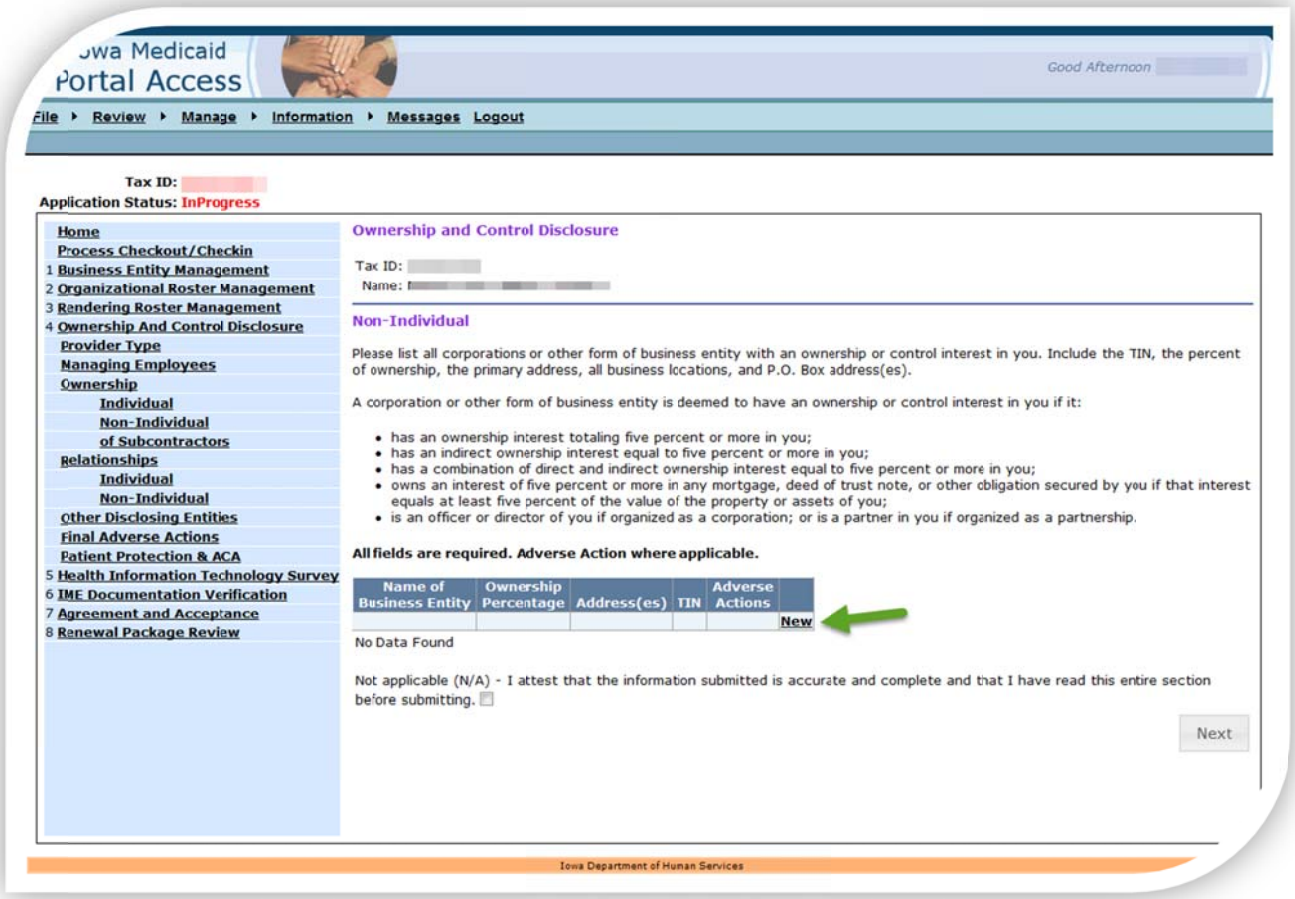
Please list all corporations or other form of business entity with an ownership or control interest in you. Include the TIN, the percent of ownership, the primary address, all business locations, and P.O. Box address.

A corporation or other form of business entity is deemed to have an ownership or control interest in you if it:

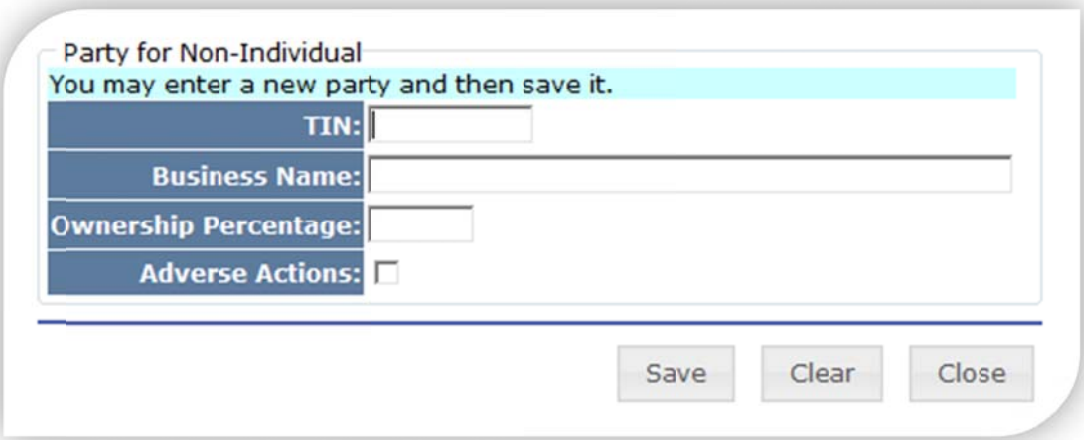
- has an ownership interest totaling five percent or more in you;
- has an indirect ownership interest equal to five percent or more in you;
- has a combination of direct and indirect ownership interest equal to five percent or more in you;
- owns an interest of five percent or more in any mortgage, deed of trust note, or other obligation secured by you if that interest equals at least five percent of the value of the property or assets of you;
- Is an officer or director of you if organized as a corporation; or is a partner in you if organized as a partnership.



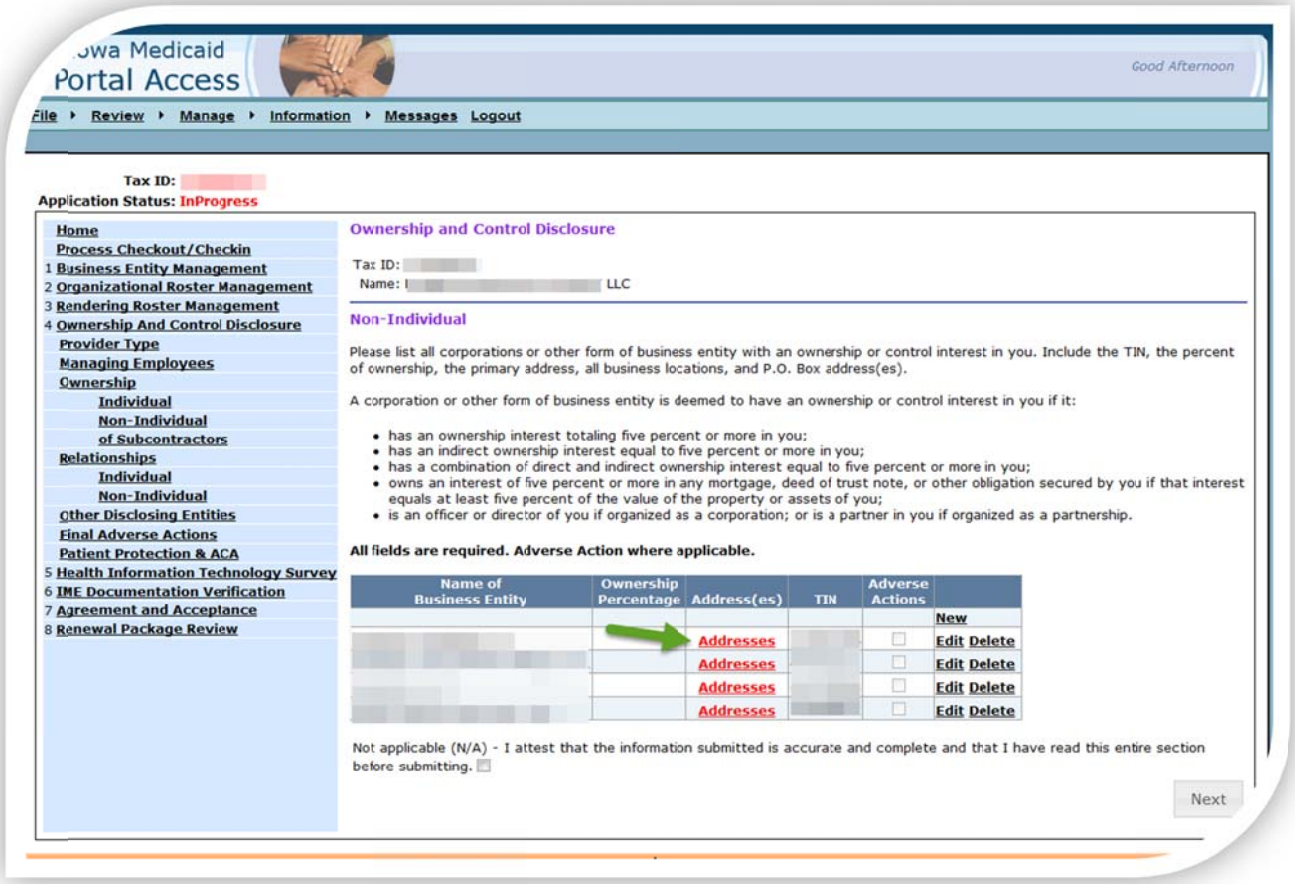
If there are no non-individual owners then you must attest to that fact and click on next.

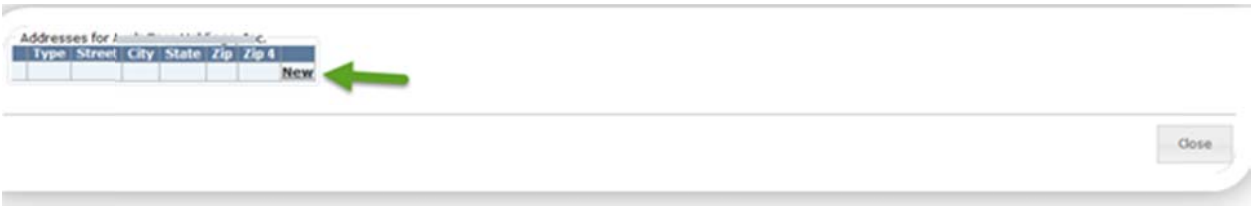

Iowa Medicaid
Portal Access
Good Afternoon
File ▸ Review ▸ Manage ▸ Information ▸ Messages Logout
Tax ID:
Application Status: InProgress
Home
Process Checkout/Checkin
1 Business Entity Management
2 Organizational Roster Management
3 Rendering Roster Management
4 Ownership And Control Disclosure
Provider Type
Managing Employees
Ownership
Individual
Non-Individual
of Subcontractors
Relationships
Individual
Non-Individual
Other Disclosing Entities
Final Adverse Actions
Patient Protection & ACA
5 Health Information Technology Survey
6 IME Documentation Verification
7 Agreement and Acceptance
8 Renewal Package Review
Ownership and Control Disclosure
Tax ID:
Name:
Non-Individual
Please list all corporations or other form of business entity with an ownership or control interest in you. Include the TIN, the percent of ownership, the primary address, all business locations, and P.O. Box address(es).
A corporation or other form of business entity is deemed to have an ownership or control interest in you if it:
has an ownership interest totaling five percent or more in you;
has an indirect ownership interest equal to five percent or more in you;
has a combination of direct and indirect ownership interest equal to five percent or more in you;
owns an interest of five percent or more in any mortgage, deed of trust note, or other obligation secured by you if that interest equals at least five percent of the value of the property or assets of you;
is an officer or director of you if organized as a corporation; or is a partner in you if organized as a partnership.
All fields are required. Adverse Action where applicable.
Name of Business Entity
Ownership Percentage
Address(es)
TIN
Adverse Actions
New
No Data Found
Not applicable (N/A) - I attest that the information submitted is accurate and complete and that I have read this entire section before submitting.
Next
Iowa Department of Human Services

- Click on New.


Party for Non-Individual
You may enter a new party and then save it.
TIN:
Business Name:
Ownership Percentage:
Adverse Actions:
Save
Clear
Close

- Enter the required information. All fields are required except the Adverse Actions, only if applicable.
- Click on Save. A message will be displayed in red when the record is saved.
- Click on Close to return to the Non-Individual Ownership main page.





Addresses information is required; as shown above the Address is in red font.

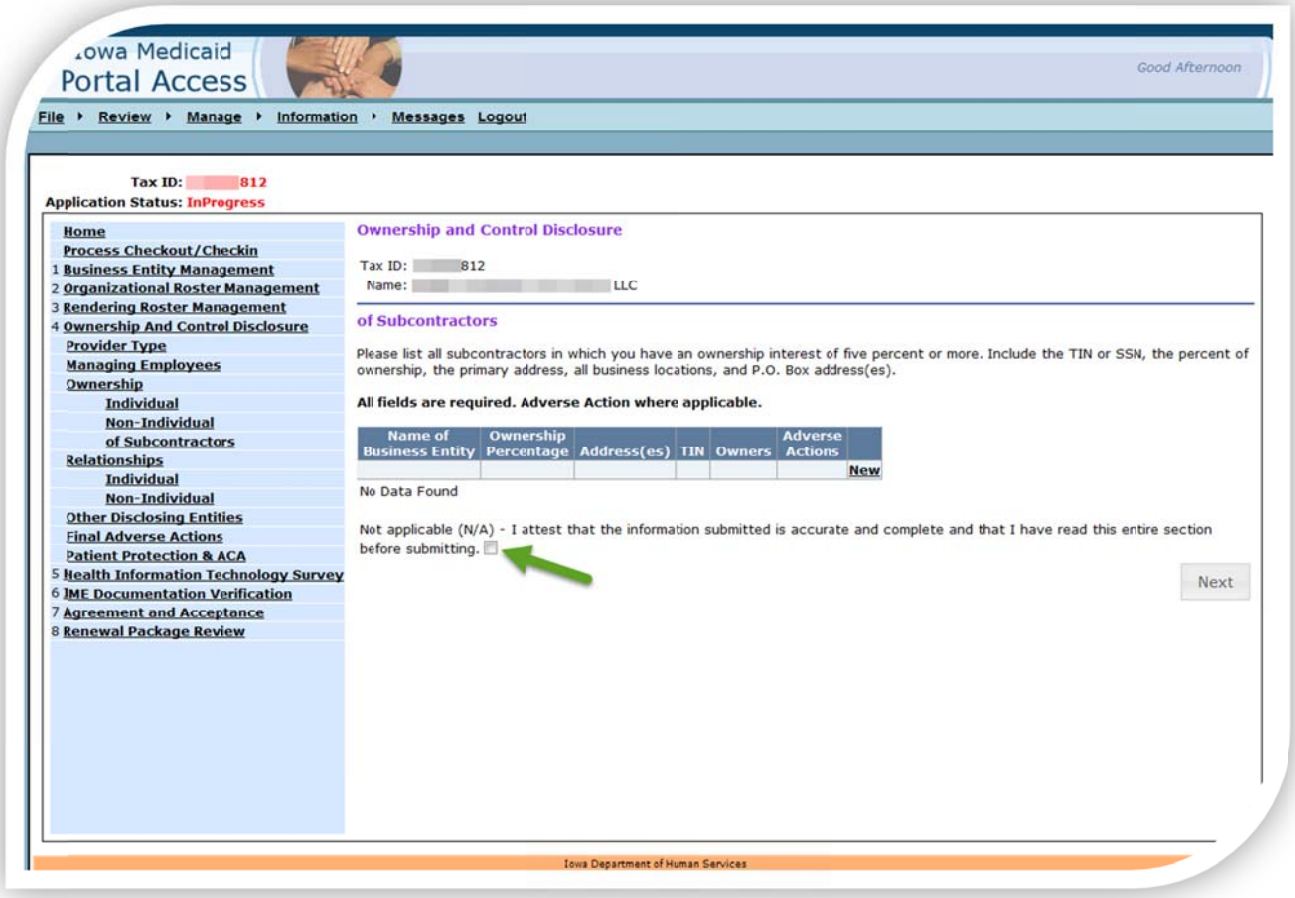
- Click on Addresses
- Click on New or if not new click on Edit
- Enter the required information. All fields are required except zip+4. Also there is a drop down list for the type of address

- Click on Save, you will see a message that the record was saved successfully.
- Click on Close.
- If an additional address is needed select New, if no additional address click Close.

After addresses have been entered for each line, complete the attestation and click on next.

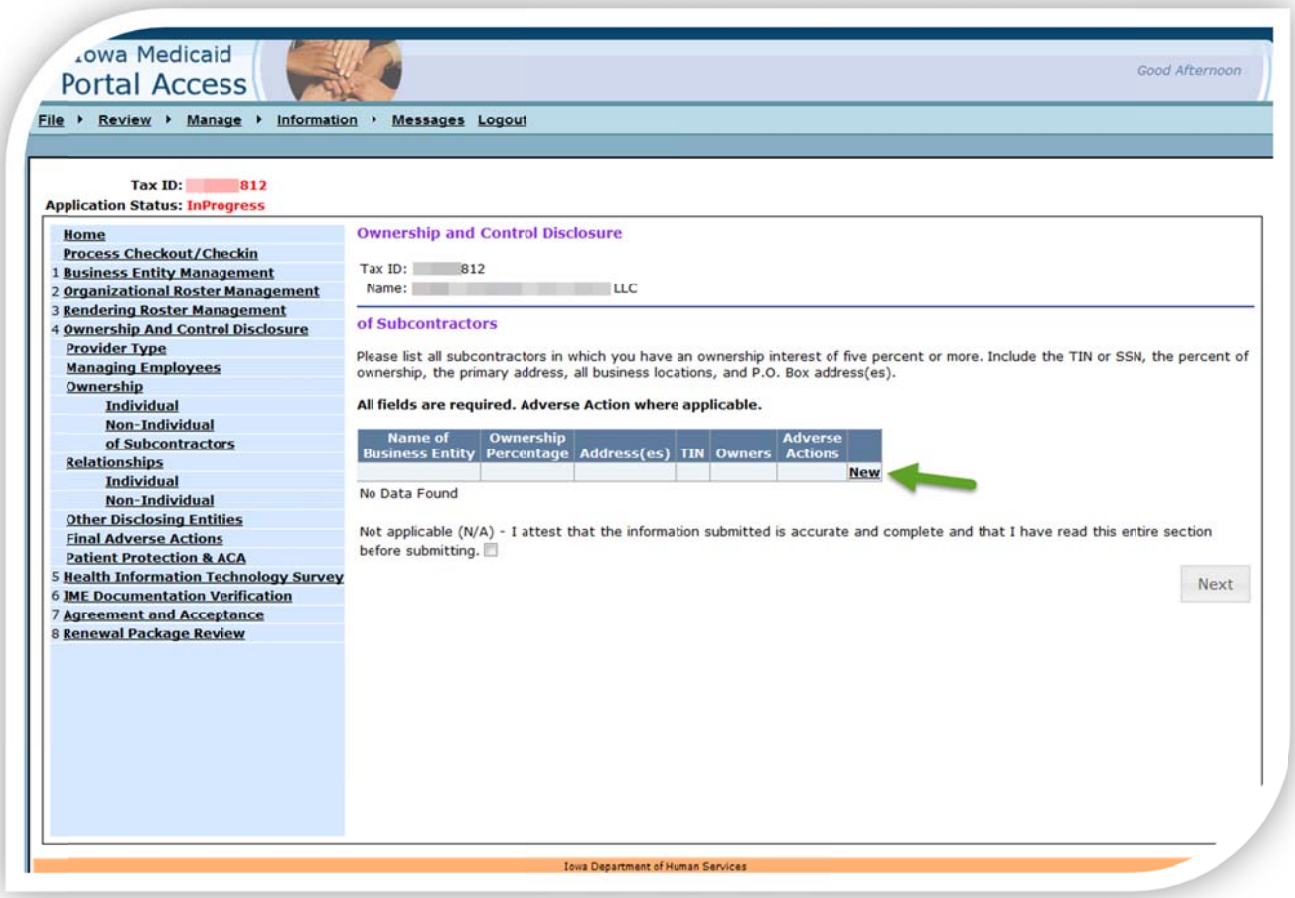
Subcontractors

Please list all subcontractors in which you have an ownership interest of five percent or more. Include the Tax Identification Number (TIN) or SSN, the percent of ownership, the primary address, all business locations, and P.O. Box address.

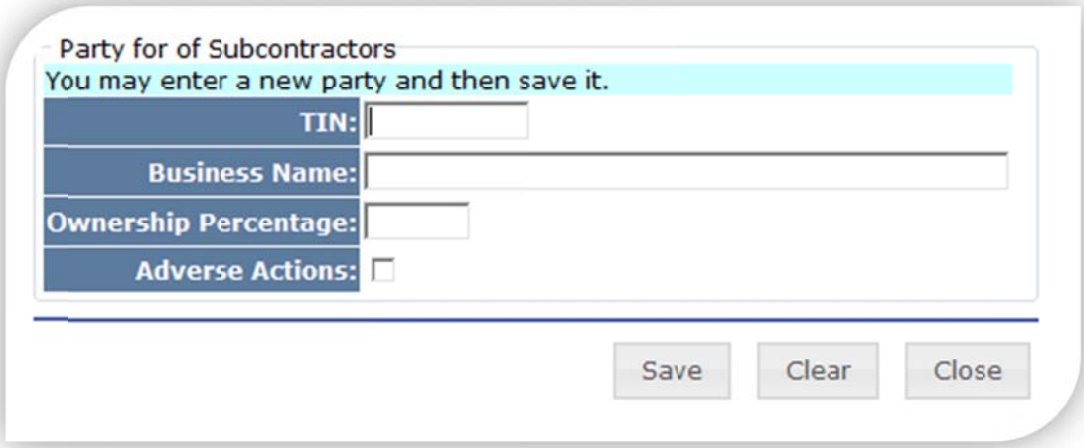


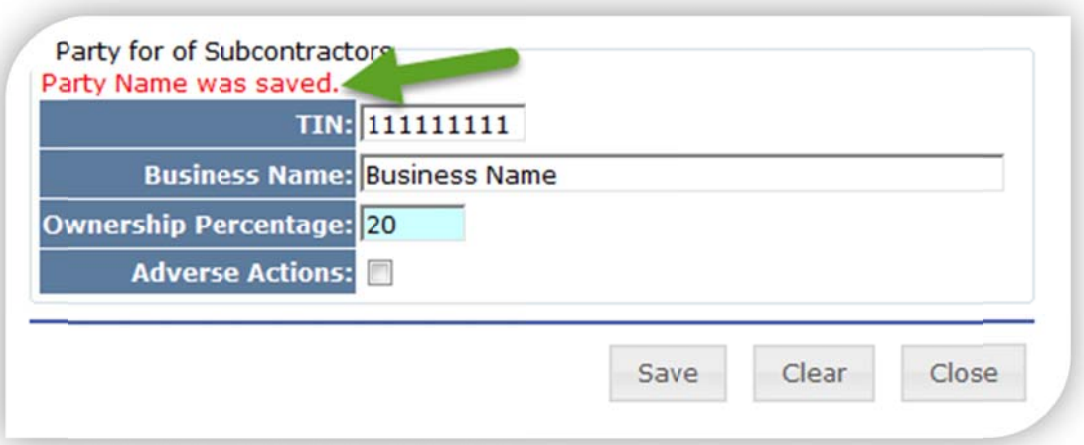
If there are no subcontractor owners then you must attest to that fact and click on Next.

If there are subcontractors that meet this requirement then enter new rows as appropriate.

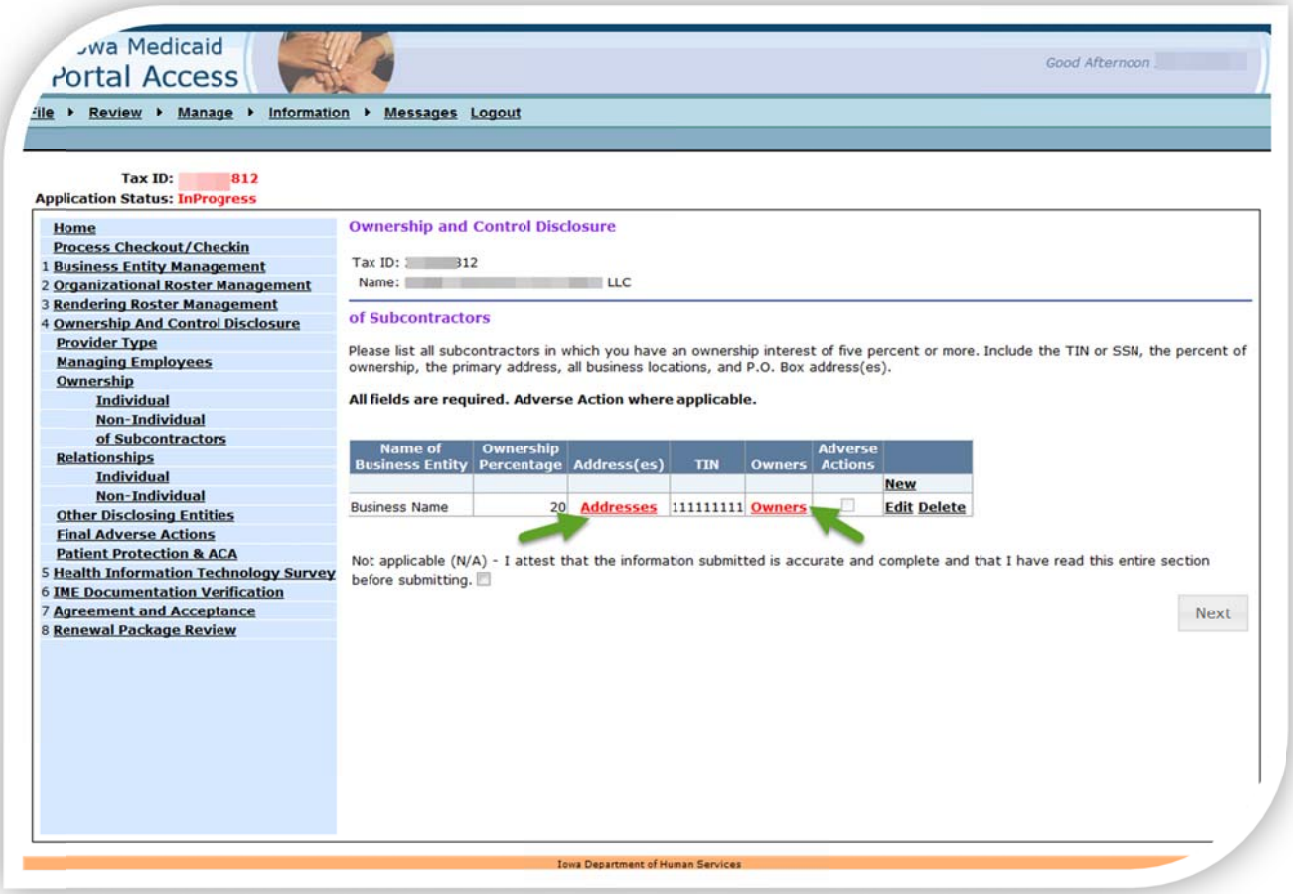


- Click on New.
- Enter the required information.

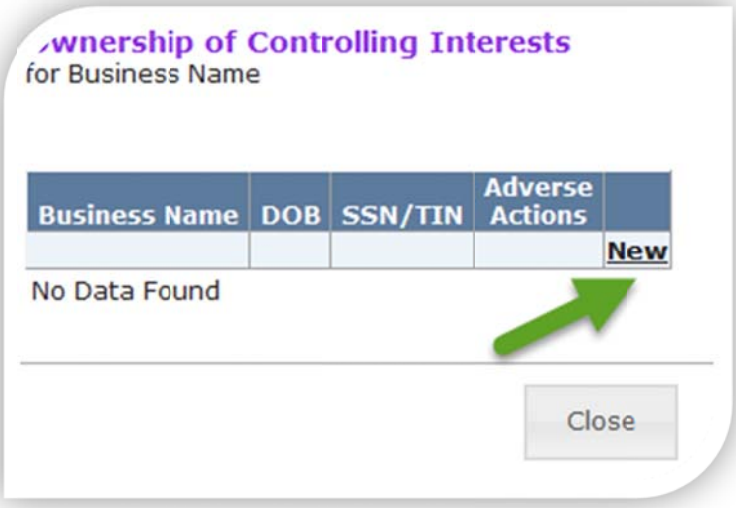




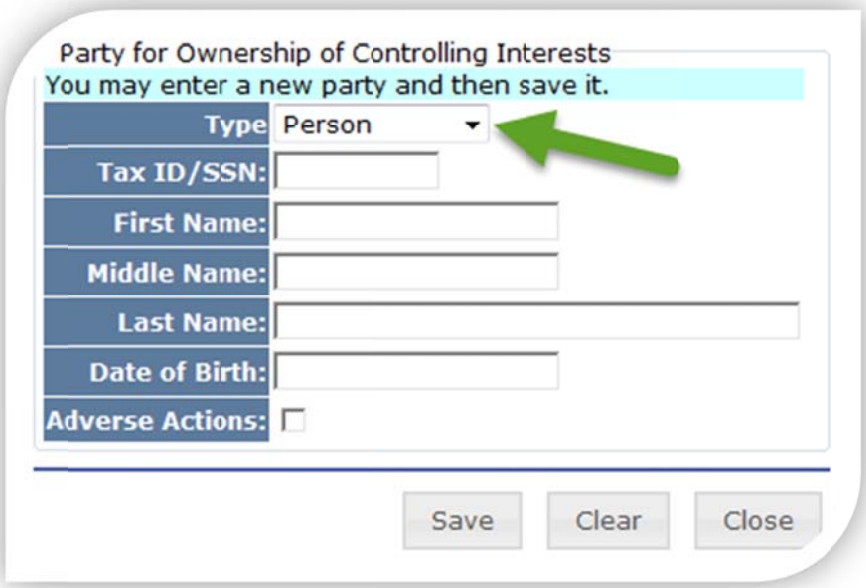
- All fields are required except the Adverse Actions.
- Click on Save, a message will be displayed in red when the record is saved.
- Click on Close to return to the Subcontractor main page.

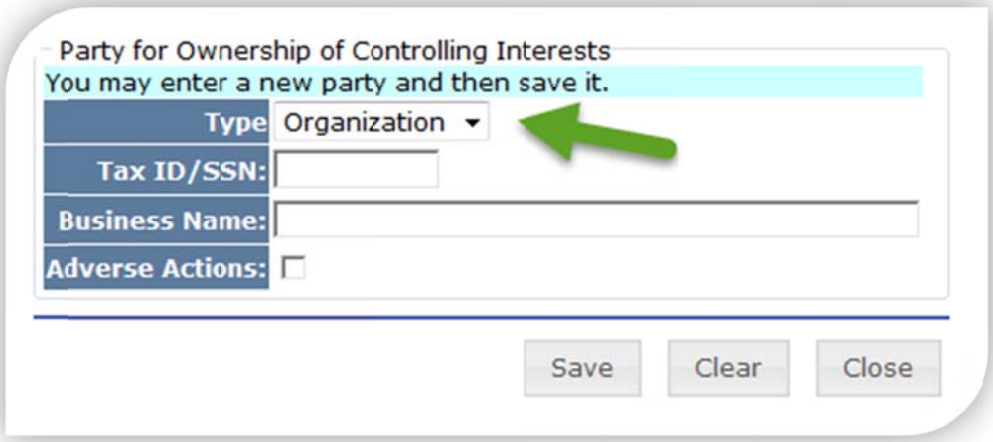


- Address information is required as with prior sections.
- Owners are required to be listed.



- Click on New





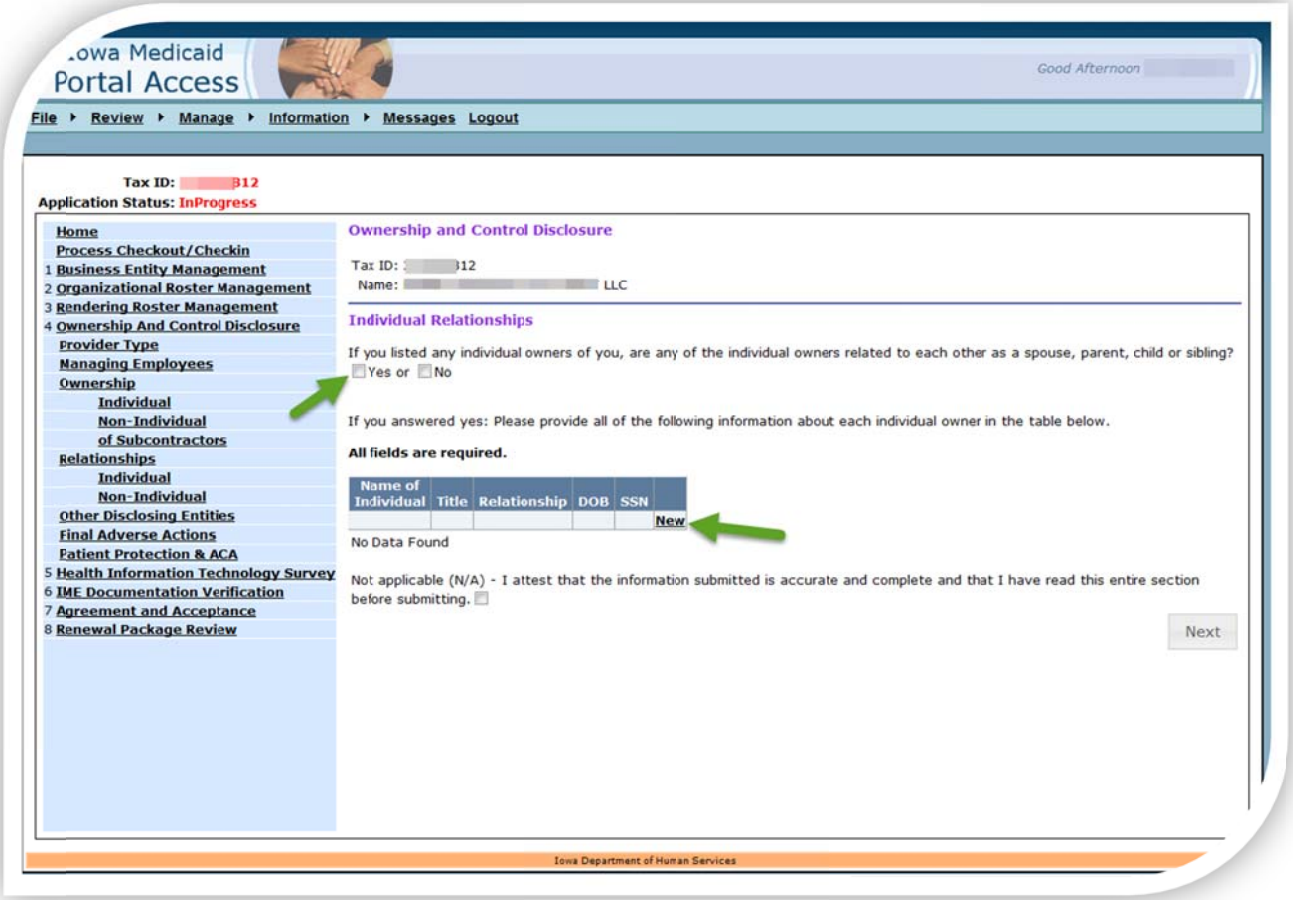
- Select Person or Organization from the drop down.
- Enter the required information, all fields are required except Adverse Actions.
- Click on Save, again you will see the message that the record was saved successfully.
- Click on Close.
- Click on Close again to return to the main record.
- If no additional information, complete the attestation and click on Next.

Relationships

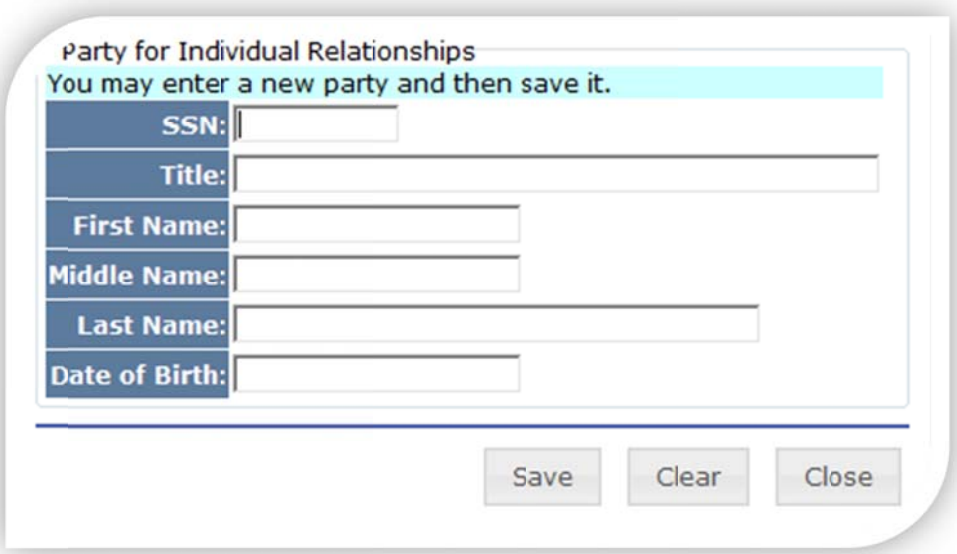
If you listed any individual owners of you, are any of the individual owners related to each other as a spouse, parent, child or sibling? Yes or No.

If you answered “yes” continue.

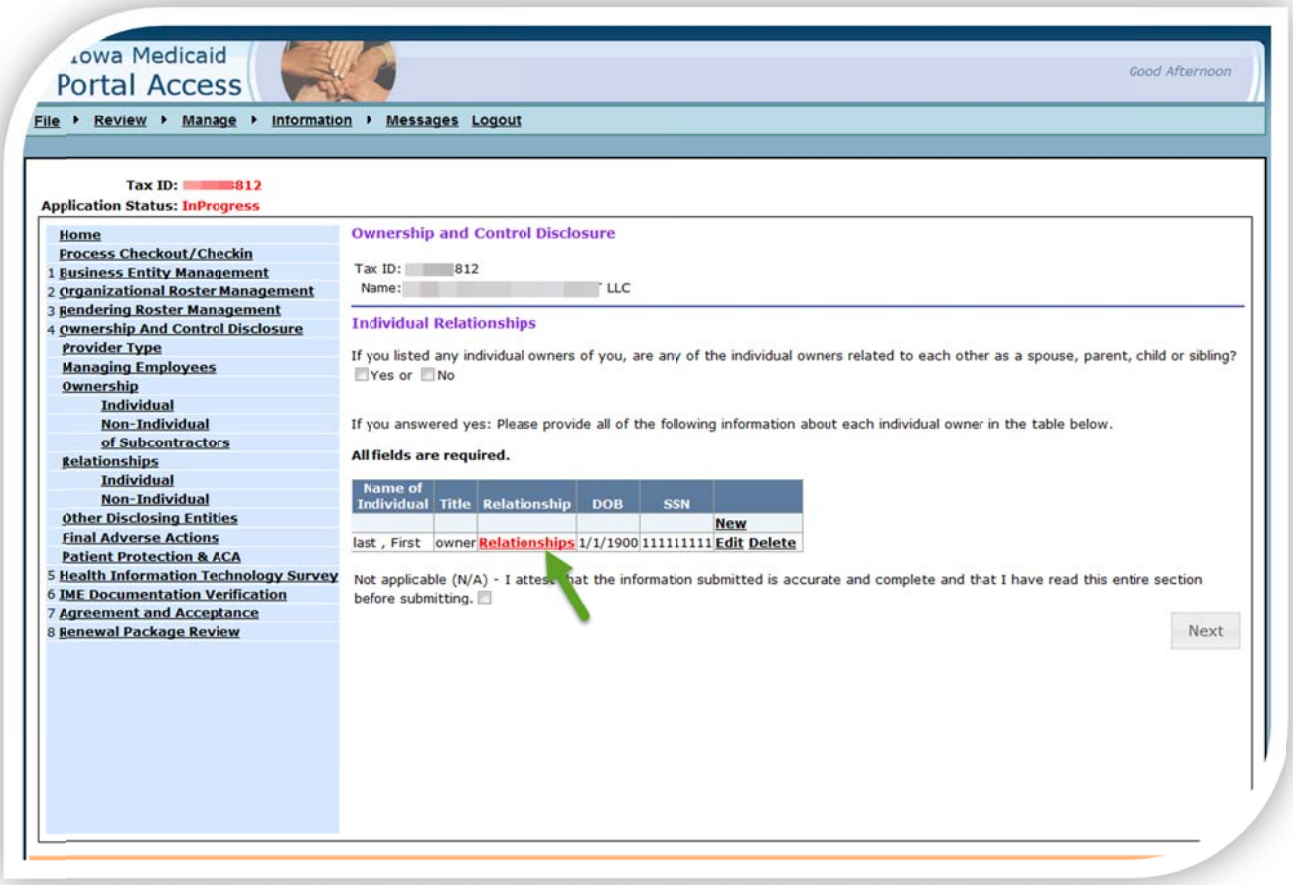
If there are no individual relationships then you must attest to that fact and click on Next.



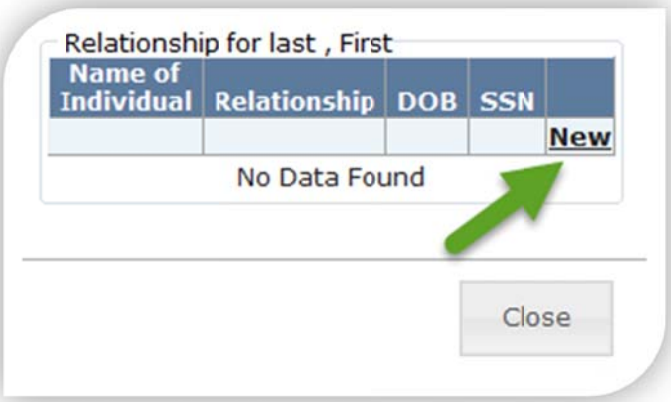
- Answer the yes or no question.
- If you answer yes you must enter the name (s) in grid.
- Click on New.



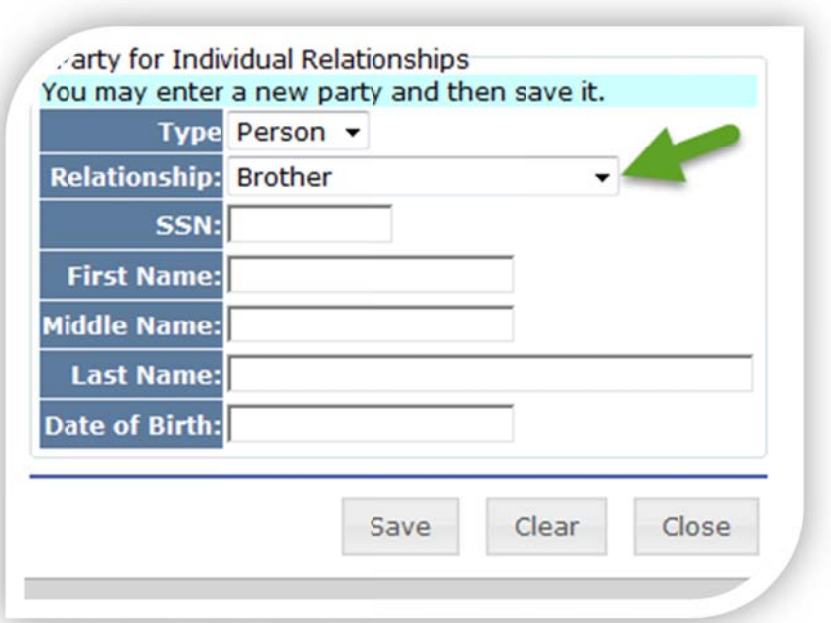
- Enter the required information; all fields are required except the Adverse Actions.
- Click on Save.
- Click on Close to return to the Individual Relationship main page.



- Click on Relationships.



- Click on New.

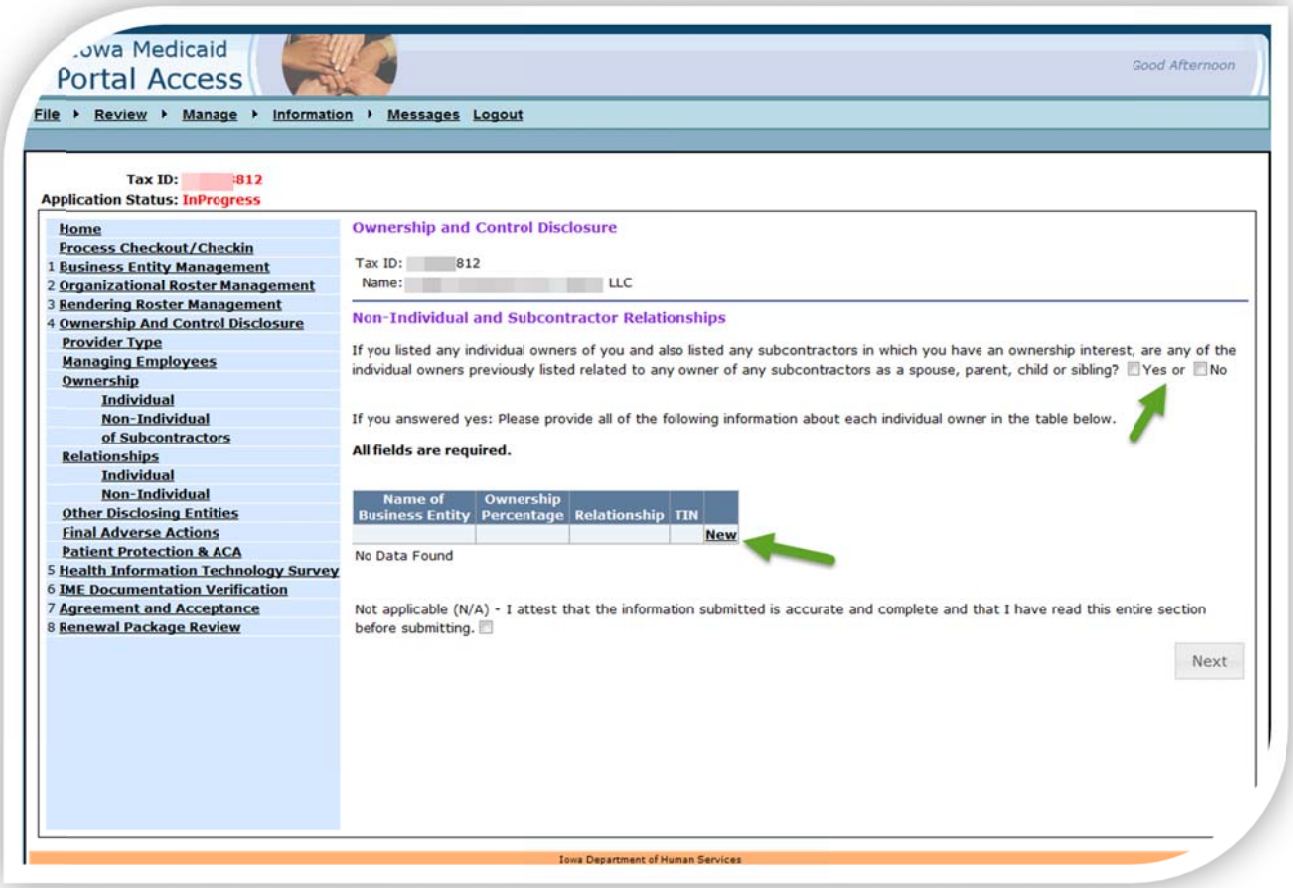


- Select the type of relationship from the drop down.
- Enter the required information; all is required except Middle Name.
- Click on Save, again you see the message that the record was saved successfully.
- Click on Close.
- Click on close again to return to the main record.
- If there is no additional information, complete the attestation and click Next.

Non-Individual and Subcontractor Relationships

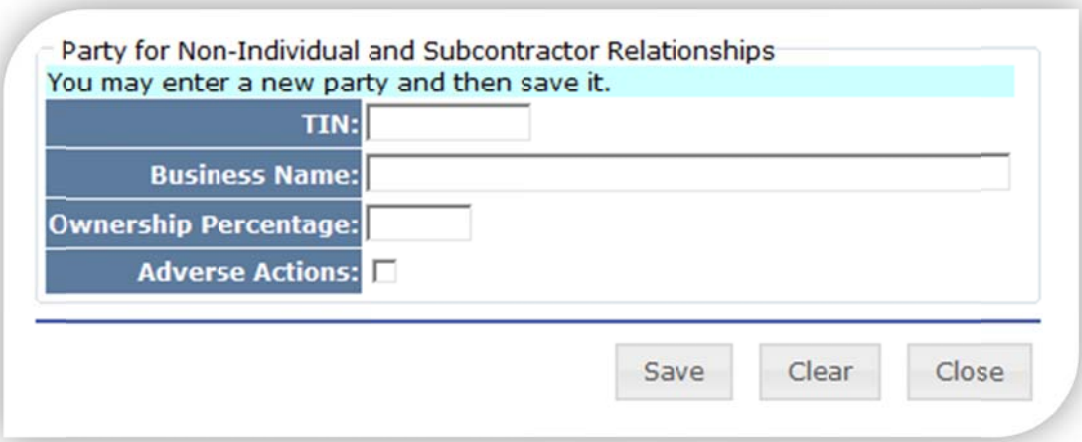
If you listed any individual owners of you and also listed any subcontractors in which you have an ownership interest, are any of the individual owners previously listed related to any owner of any subcontractors as a spouse, parent, child or sibling?

If there are no non-individual or subcontractor relationships then you must attest to that fact and click on Next.

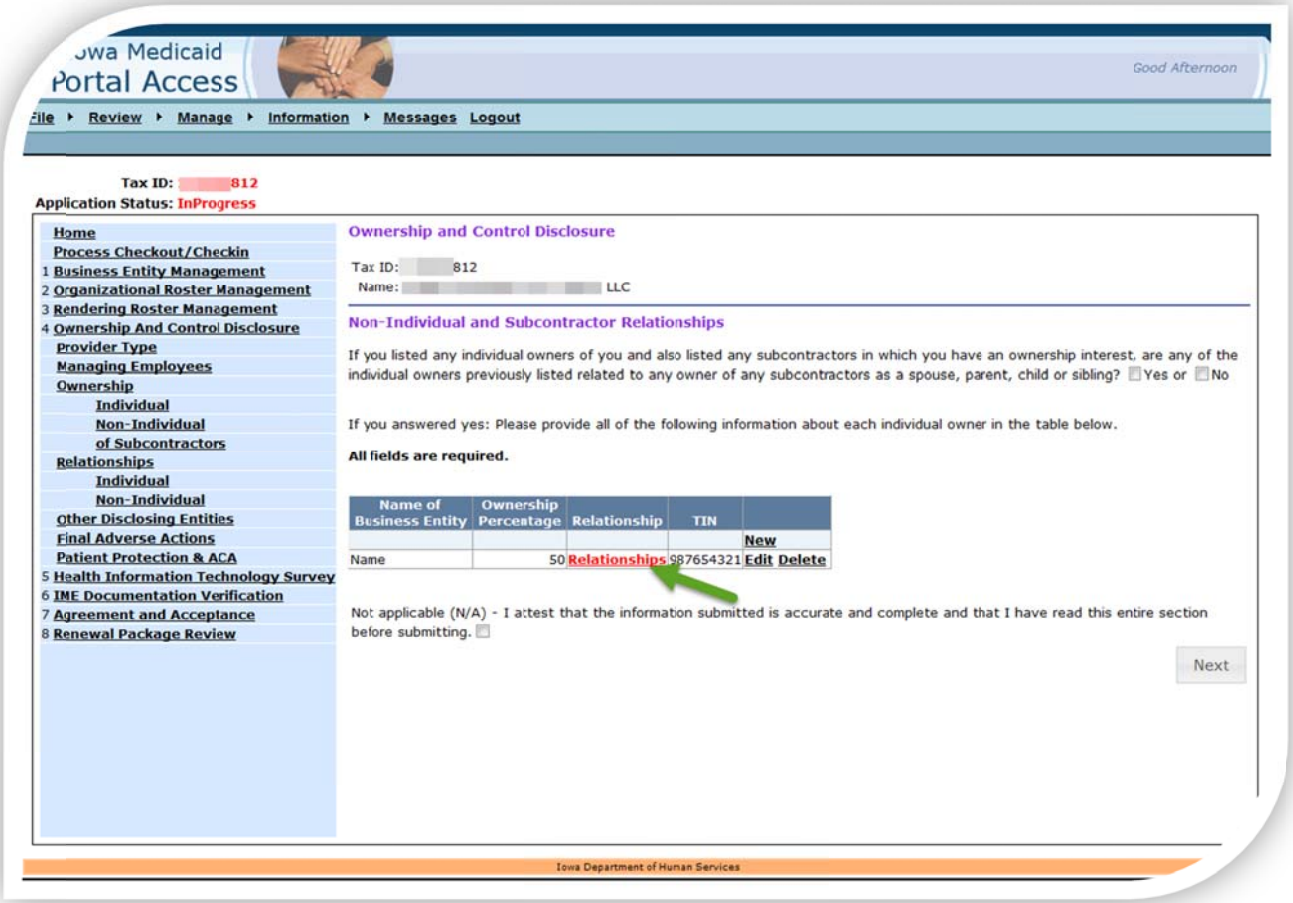


If there are individual relationships that meet this requirement then enter new rows as appropriate.

- Answer the yes or no question, if yes.
- Click on New.

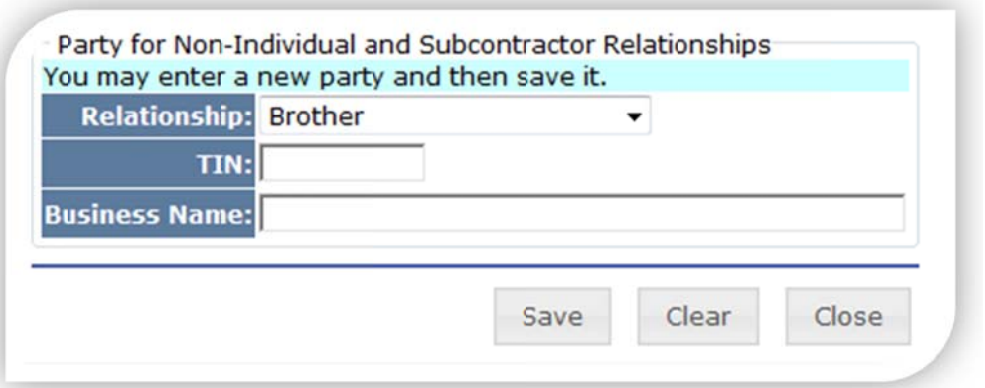


- Enter the required information; all fields are required except the Adverse Actions.
- Click on Save, a message will be displayed when the record is saved.
- Click on Close.



- Click on Relationships.

- Click on New.



- Select the Relationship from the drop down.
- Enter the required information.
- Click on Save, a message will be displayed when the record is saved successfully.
- Click on Close.
- Click on Close again to return to the main record.

If there is no additional information, complete the attestation and click Next.

Other Disclosing Entities

Do any owners of you have an ownership or control interest in any "other disclosing entity"? This means, do any of your owners have an ownership or control interest in any other organization that would qualify as a "disclosing entity." "Other disclosing entity" means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII or XX or the Act. This includes:

Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII):

- Any Medicare intermediary or carrier; and
- Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX of the Act.

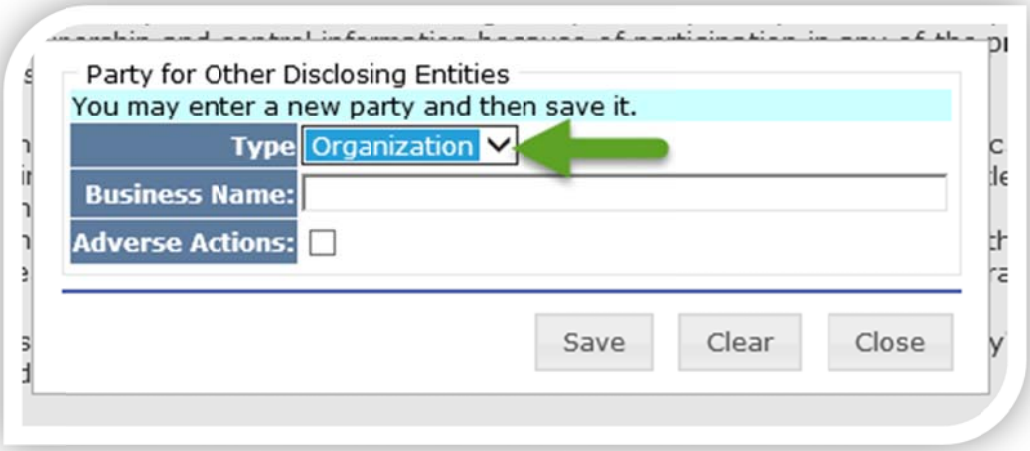
Whereas "disclosing entity" is limited to Medicaid provider, "Other disclosing entity" can include entities that are not enrolled in a Medicaid program.

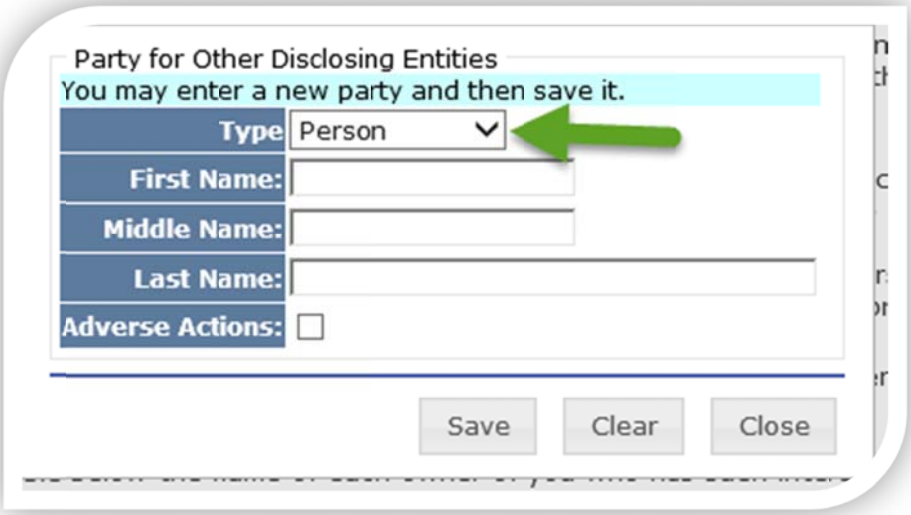
If this section is not applicable, please attest to that fact and click on next.

List the name of each owner of you who has such interest and the name of the other disclosing entity in which the owner has an ownership or control interest in:

- Click on New.

- Select type from the drop down
    - Organization or person





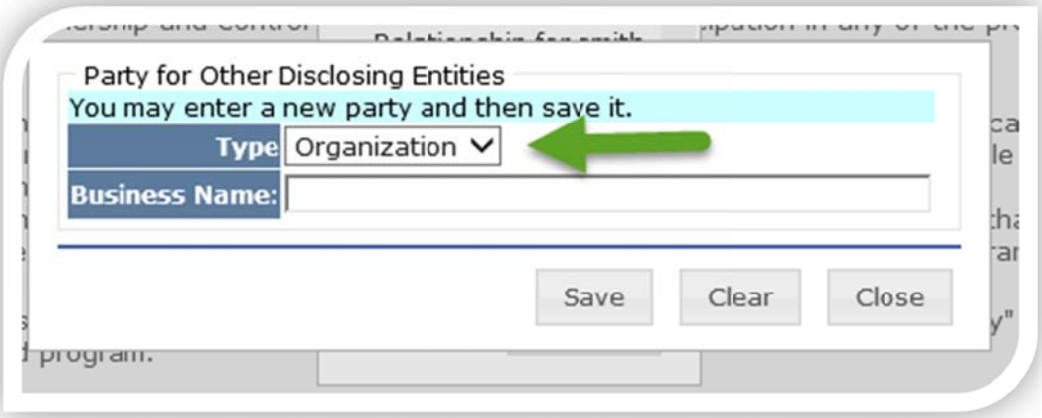
All fields are requried.

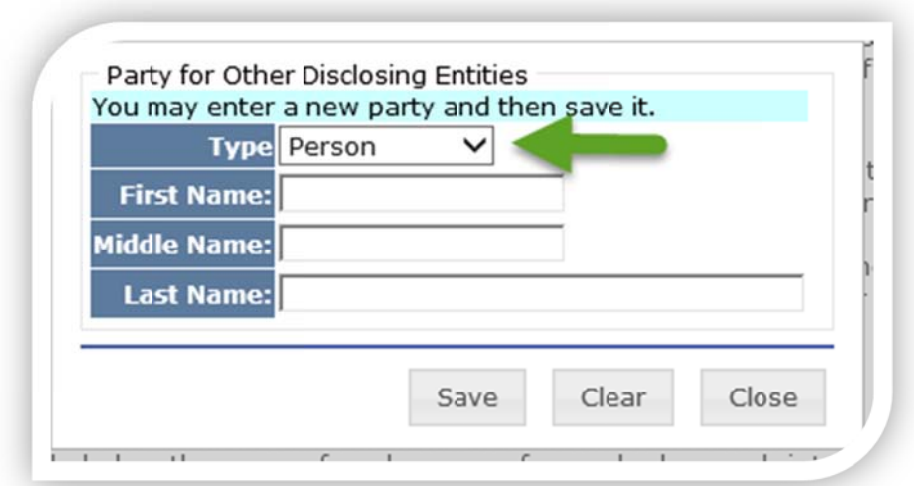
- Click Save.
- Once saved, click close.

Name of other disclosing “Entity.”

- Click on Entity.

- Select type from the drop down.
  - Organization or person





All fields are requried.

- Click Save.
- Once saved, click close.

If there is no additional information, complete the attestation and click Next.

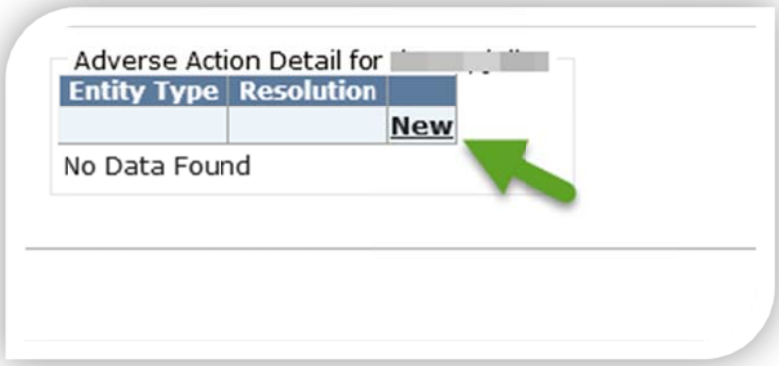
Final Adverse Actions

This section captures information on "Final Adverse Actions," such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending. Enrolled providers are required to report all Final Adverse Actions/Convictions within 30 days of the reportable event.

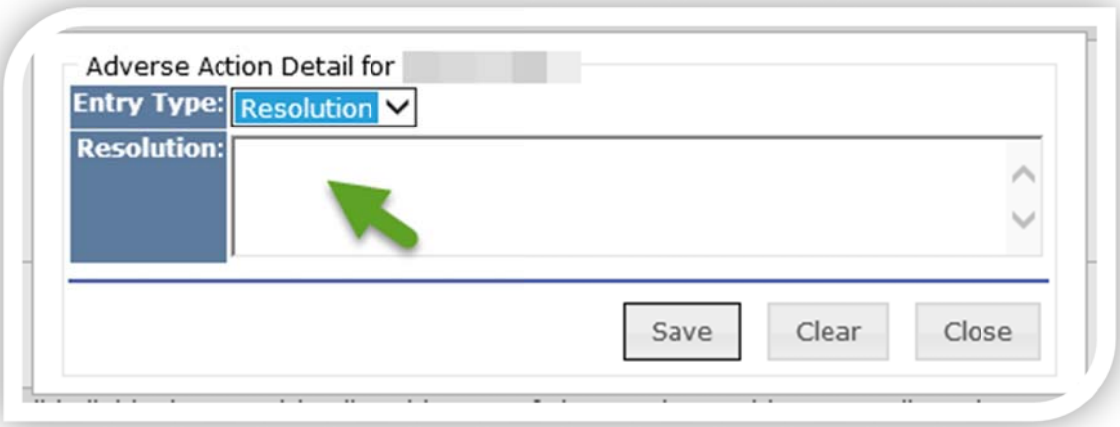
For all individuals or entities listed in any of the pervious tables, as well as the provider submitting this application, provide all information required below for any individual or entity that has been the subject of a Final Adverse Action.

Report each final adverse action, when it occurred, the federal or state agency or the court/administrative body that imposed the action, and attach the resolution, if any.

- Click on Resolutions.



- Click on New.



- Type in the resolution.
- Click save.
- If more than one adverse action, click new and repeat.
- After all resolutions have been saved click on close.

Repeat for each individual/business listed in the grid.

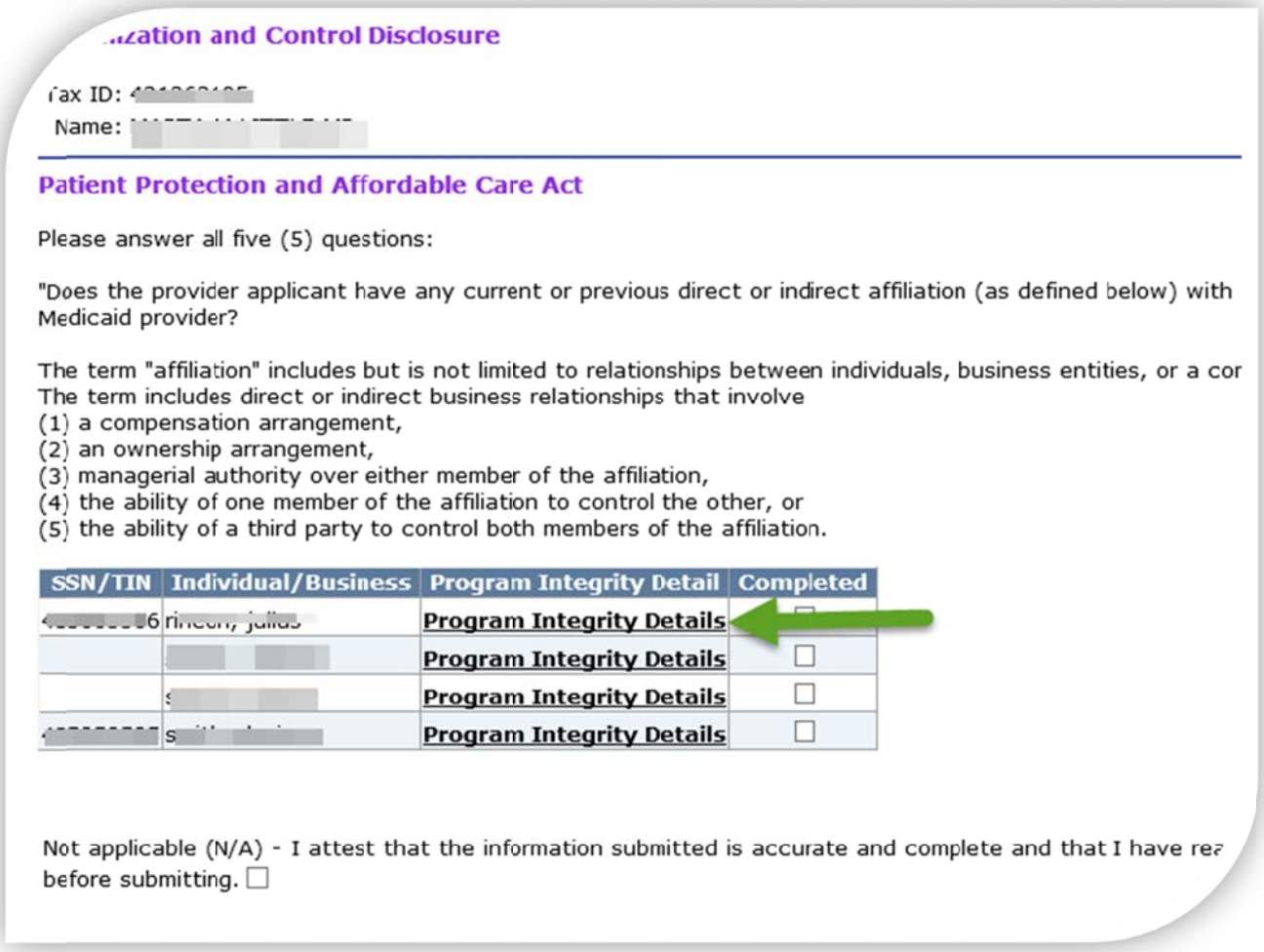
If there is no additional information, complete the attestation and click Next.

Patient Protection and Affordable Care Act (ACA)

Please answer all five questions for each individual/business listed in the grid.

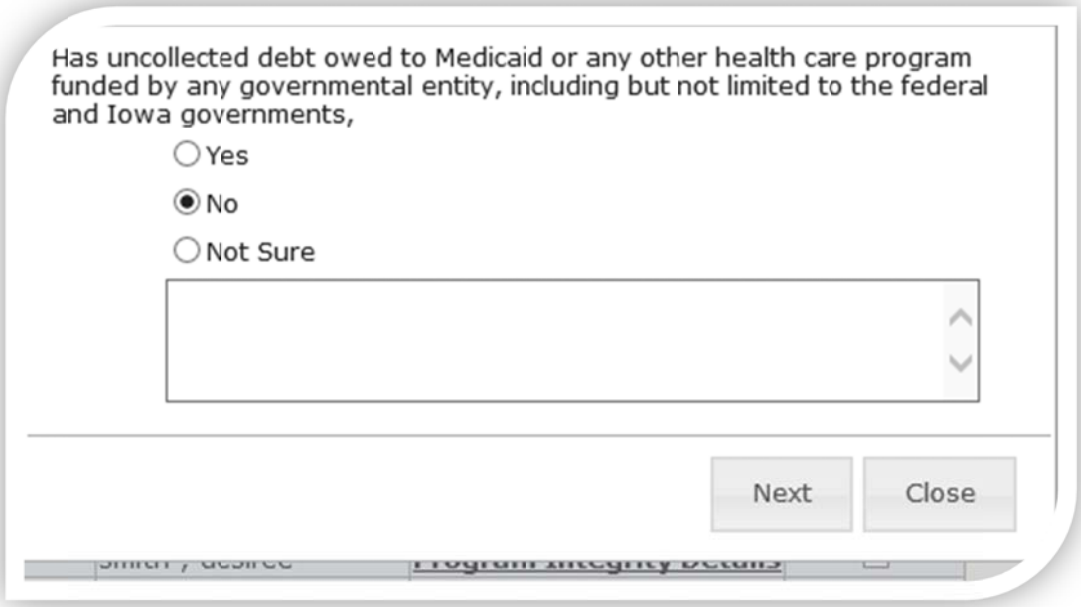
Note: *Known issue*- names are repeat multi times, each time a person or organization is entered in a previous section the name will appear in the grid. Example if you entered the same individual as managing employee, owner and relationship sections that same name will appear in the grid for each entry (3 times). You must click on the “program integrity details” for each row and answer the questions before you can complete this section.

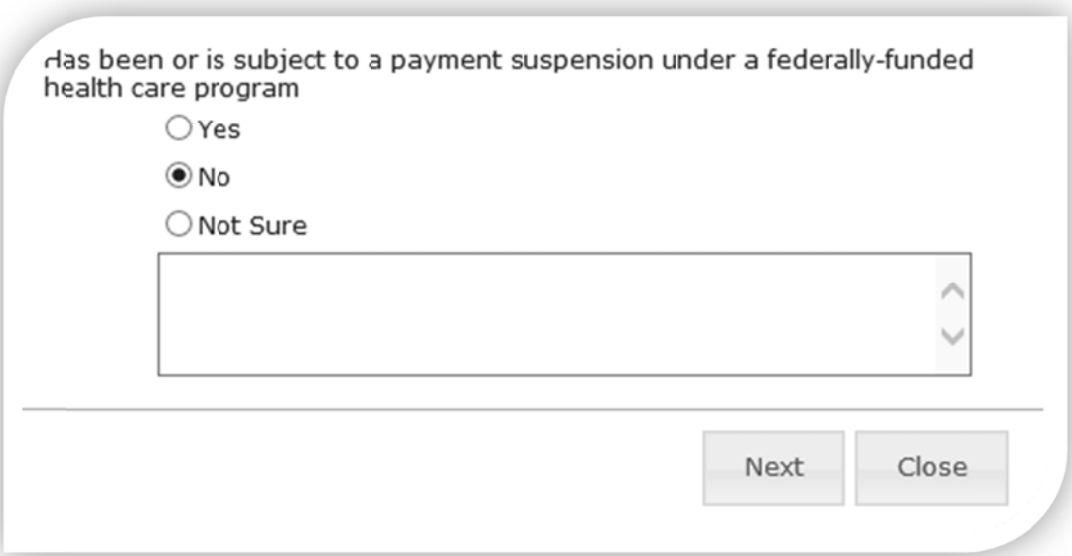
- Click on “Program Integrity Details.”

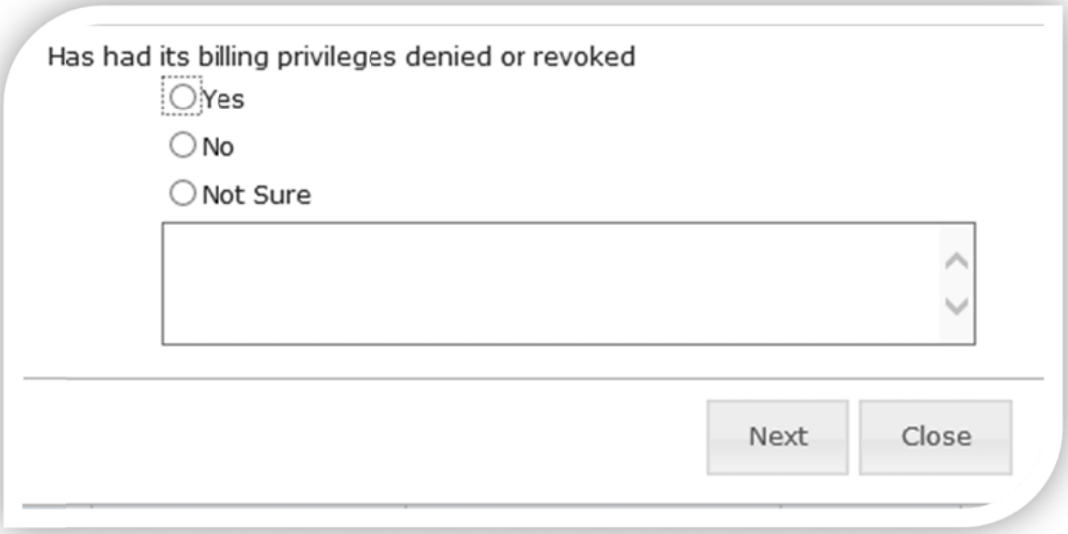


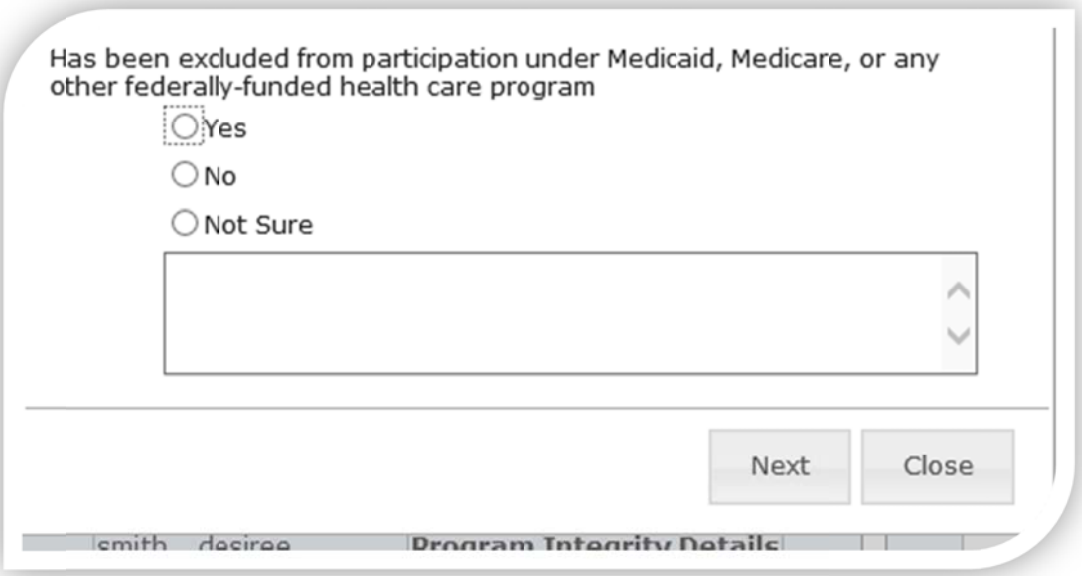
- Click on Attestation.

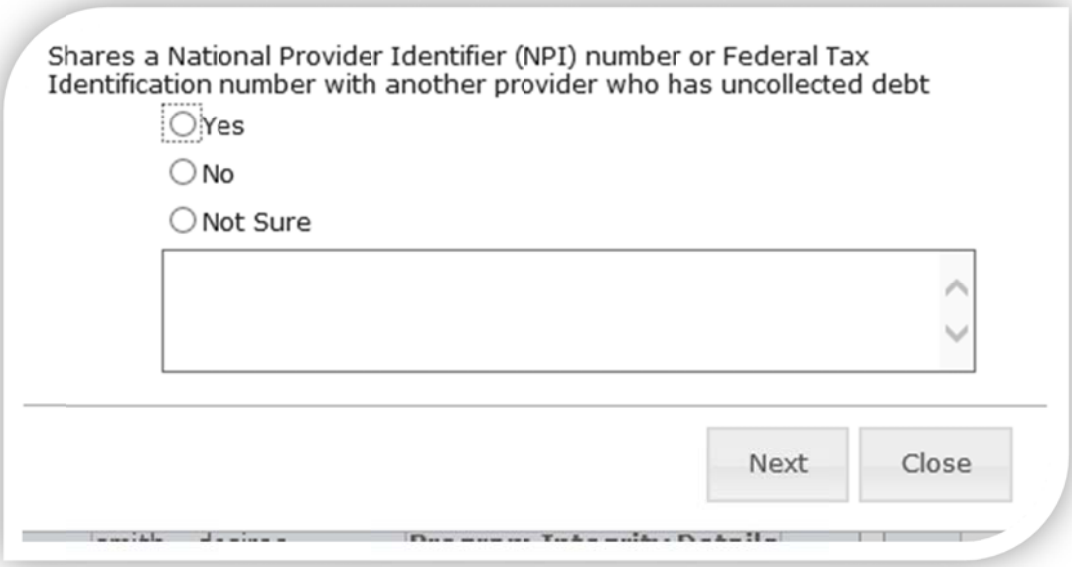
Answer each question (Yes, No or Not Sure) click next.




Has been or is subject to a payment suspension under a federally-funded health care program
Yes
No
Not Sure
Next
Close


Has had its billing privileges denied or revoked
Yes
No
Not Sure
Next
Close

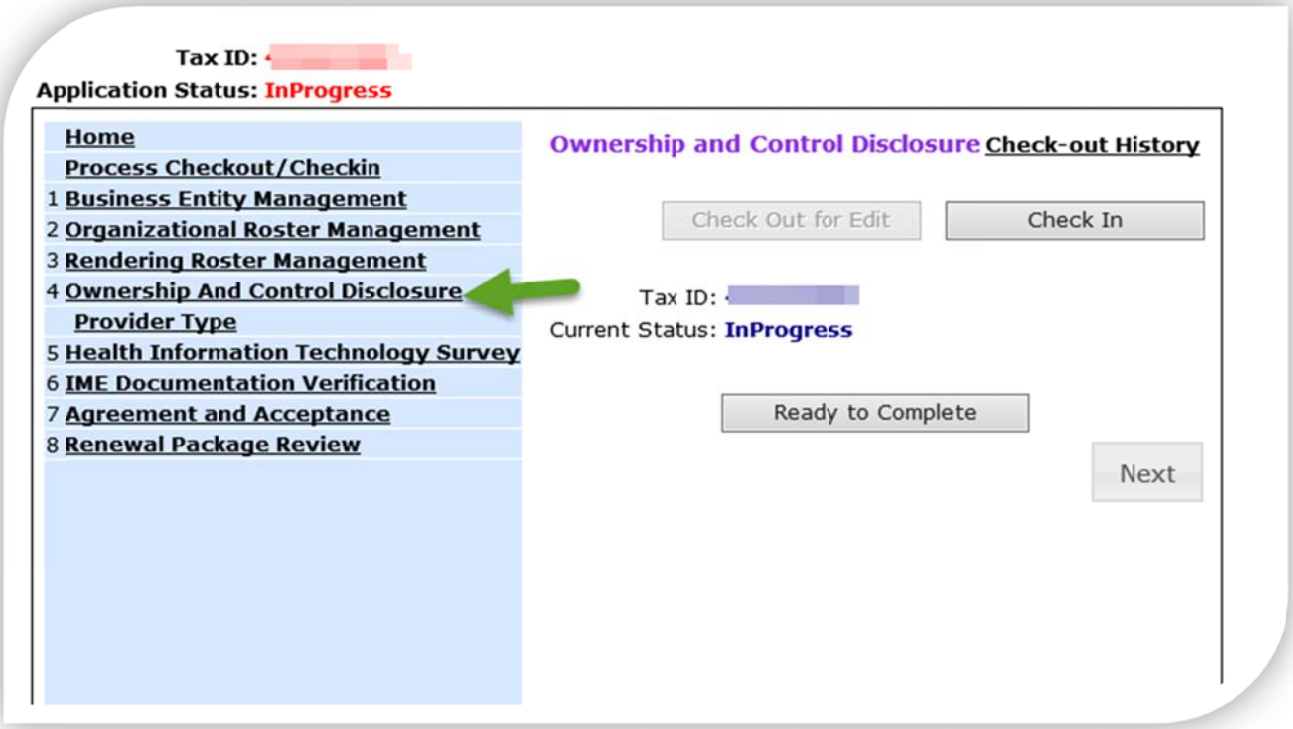




- After all five questions are answered, click on Close and repeat until all lines have been checked completed.

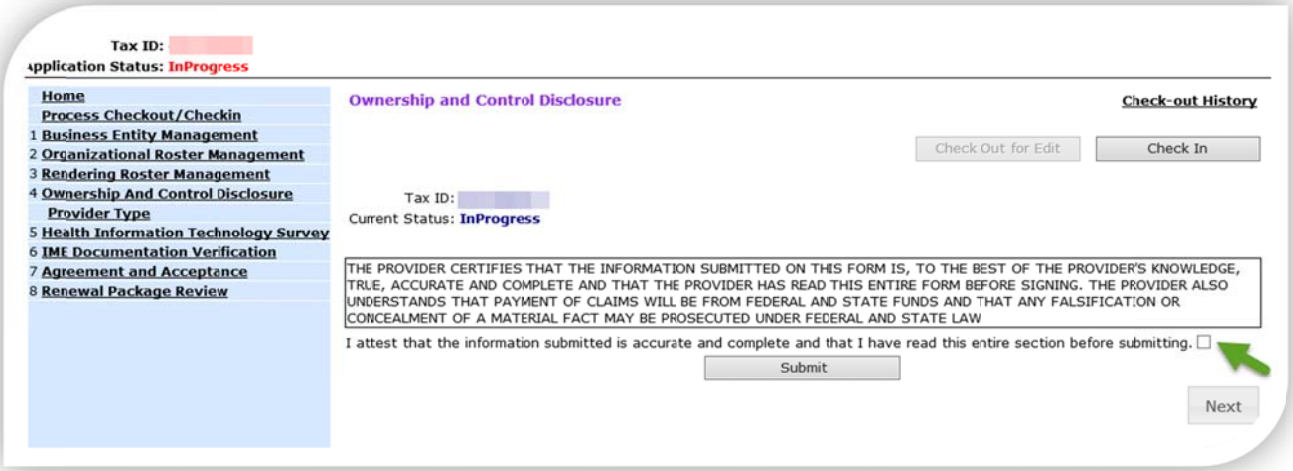
If there is no additional information, complete the attestation and click Next.

Once all sections of the Ownership and Control Disclosure are completed return to section 4 by clicking in the navigation section.



Click on Ready to Complete

You must check the attest box and click Submit.

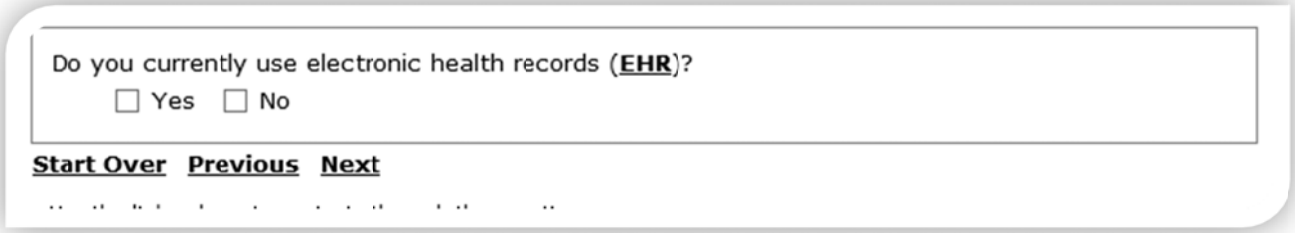


Section 5: HIT Survey

This section is optional

Thank you for reenrolling as a provider with Iowa Medicaid. In our continuing efforts to gauge provider adoption of electronic health records (EHR), we request that you complete the following short survey regarding your usage of EHR. Your responses greatly improve our planning efforts for health information technology.

- Answer each section and click next



The last year in which to enter the Medicaid Electronic Health Records Incentive Program is the 2016 program year. Do you plan to participate in the Electronic Health Records Incentive Program (Meaningful Use)?

- ☐ Yes
- ☐ No
- ☐ No, not eligible
- ☐ No, not enough info

Start Over **Previous** **Next**

What are your primary barriers for using an EHR (check all that apply)

- ☐ N/A
- ☐ Cost
- ☐ Confusing
- ☐ Staff does not have the training/knowledge to use an EHR
- ☐ EHR unable to interface with other systems
- ☐ Decreased productivity during implementation
- ☐ Concern that EHR will quickly become obsolete
- ☐ Lack of technical support
- ☐ Not able to find a solution that fits my data and workflow needs
- ☐ Privacy and security
- ☐ Liability
- ☐ Satisfied with current system
- ☐ Retiring within the next 3 years
- ☐ Access to broadband (high-speed internet)

Other

Start Over **Previous** **Next**

Electronic Clinical Quality Measures (eCQMs) use data from electronic health records (EHR) and/or health information technology systems to measure health care quality within the healthcare delivery system. They are defined, maintained, and updated in order to produce standardized measures to make collection, use, and comparisons easier. Measuring and reporting eCQMs helps to make sure that care is delivered safely, effectively, equitably, and timely. eCQMs are used today with several Medicare programs including MSSP (Medicare Shared Savings Program), PQRI (Physician Quality Reporting Initiative) and MU (Meaningful Use).

Would you be interested in submitting eCQMs to the IME which could be linked to payment incentives?

- ☐ Yes
- ☐ No

Start Over Previous Next

Are you connected to the Iowa Health Information Network (IHIN)?

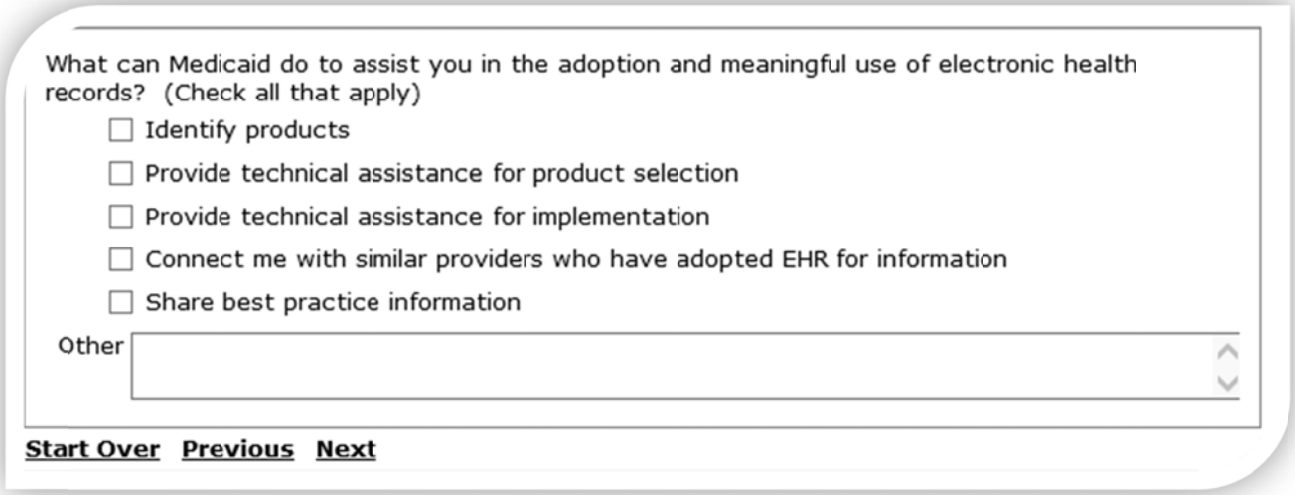
- ☐ Yes, Query functionality
- ☐ Yes, Direct Secure Messaging
- ☐ Yes, Electronic Lab Reporting (smartlab)
- ☐ Yes, Cancer Reporting (cancer registry)
- ☐ No, but plan to with 1 year
- ☐ No, but plan to within 2-3 years
- ☐ No plans to exchange information

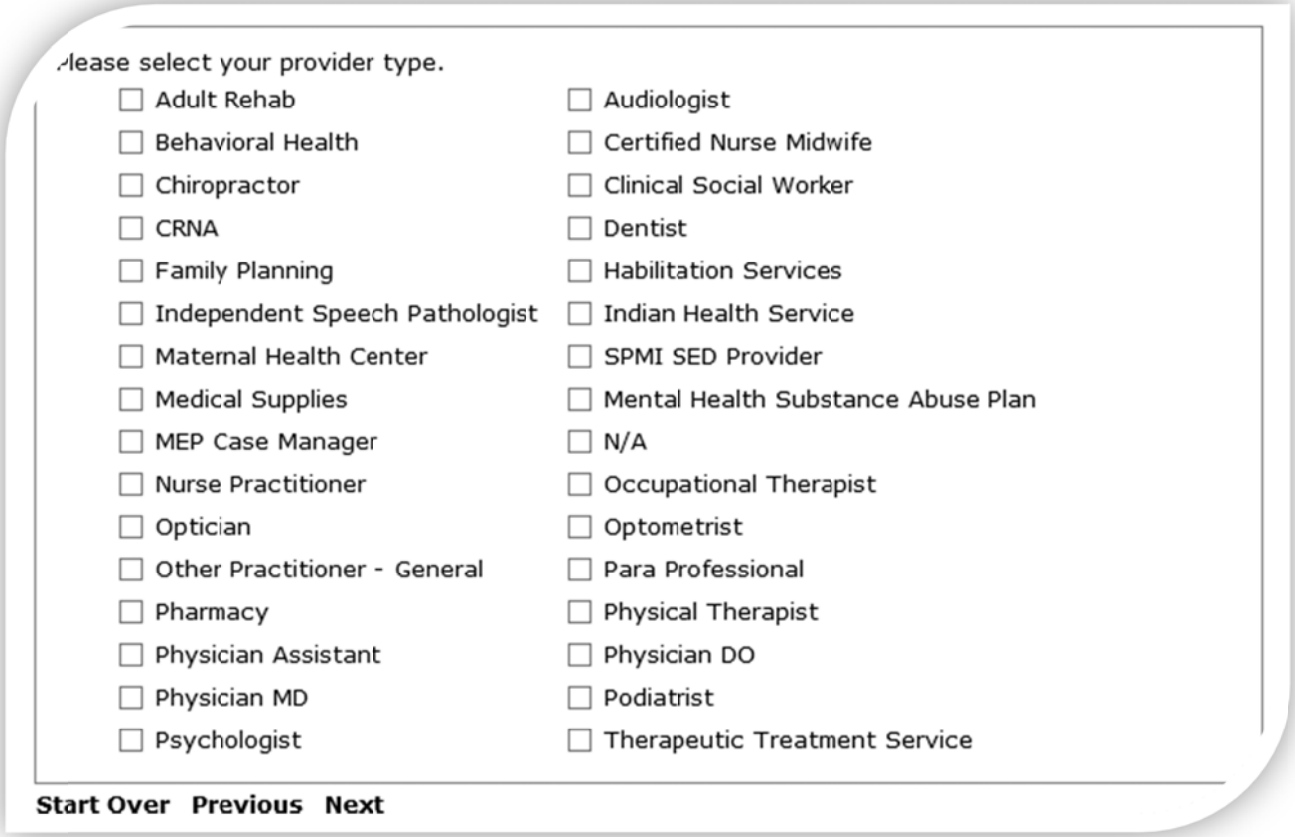
Start Over Previous Next

Are you connected to a Health Information Exchange? (excluding the IHIN)

- ☐ Yes
- ☐ No

Start Over Previous Next


What can Medicaid do to assist you in the adoption and meaningful use of electronic health records? (Check all that apply)
Identify products
Provide technical assistance for product selection
Provide technical assistance for implementation
Connect me with similar providers who have adopted EHR for information
Share best practice information
Other
Start Over Previous Next


Please select your provider type.
Adult Rehab
Audiologist
Behavioral Health
Certified Nurse Midwife
Chiropractor
Clinical Social Worker
CRNA
Dentist
Family Planning
Habilitation Services
Independent Speech Pathologist
Indian Health Service
Maternal Health Center
SPMI SED Provider
Medical Supplies
Mental Health Substance Abuse Plan
MEP Case Manager
N/A
Nurse Practitioner
Occupational Therapist
Optician
Optometrist
Other Practitioner - General
Para Professional
Pharmacy
Physical Therapist
Physician Assistant
Physician DO
Physician MD
Podiatrist
Psychologist
Therapeutic Treatment Service
Start Over Previous Next


is your specialty?
Addiction Medicine
Allergy
Ambulance
Anesthesiologist Assistants
Anesthesiology
Cardiac Surgery
Cardiovascular
Chiropractic
Critical Care
Dentist
Dermatology
Endocrinology
Endodontics
Family Practice
Gastroenterology
General Practice
General Surgery
Geriatric Medicine
Gynecological
Hand Surgery
Hematology
Independent Lab
Indian Health Service Facility
Infectious Disease
Internal Medicine
Maxillofacial Surgery
Medical Oncology
Nephrology
Neuro Surgery
Neurology
Neuropsychiatry
N/A
Nuclear Medicine
OB/GYN
Oncology
Ophthamology
Optometry
Oral Surgery
Ortho Surgery
Orthodontist
Otolaryngology
Pain Management
Pathology
Pediatrics
Pedontist
Periodontics
Physical Medicine Rehab
Physical Therapy
Plastic Surgery
Podiatrist
Portable Xray
Preventive Medicine
Proctology
Psychiatry
Pulmonary
Radiology
Rheumatology
Thoracic Surgery
Urology
Vascular Surgery
Start Over
Previous
Next


HIT Contact Person Information
Name
Address
Phone
Email
Start Over
Previous
Next


Survey Completed

Section 6: IME Documentation Verification

This section will be completed after you complete section 7.

Section 7: Agreement and Acceptance

This section can only be completed by the signatory user. If you are only the enrollment user you will not be able to attest and accept the provider agreement.

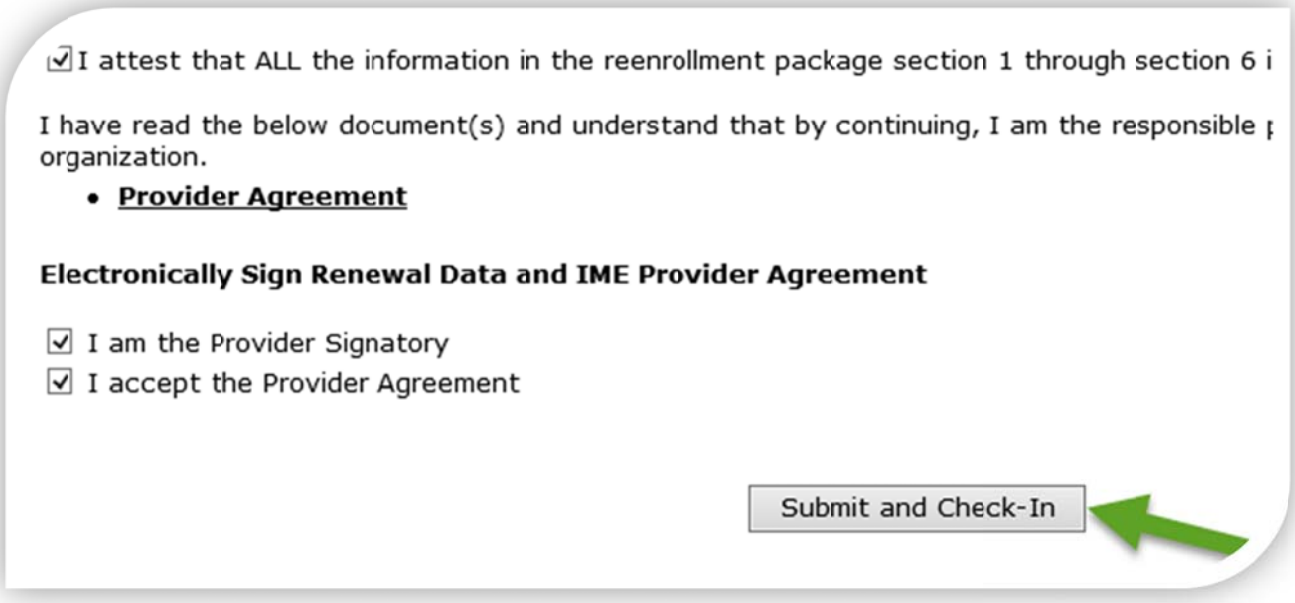
A link to the provider agreement is located in the middle of the page for review.

After review the user must attest that all pervious section are complete and accurate.

Check both boxes.

- I am the Provider Signatory.
- I accept the Provider Agreement.

Once all three boxes are checked Submit and Check-In will appear.



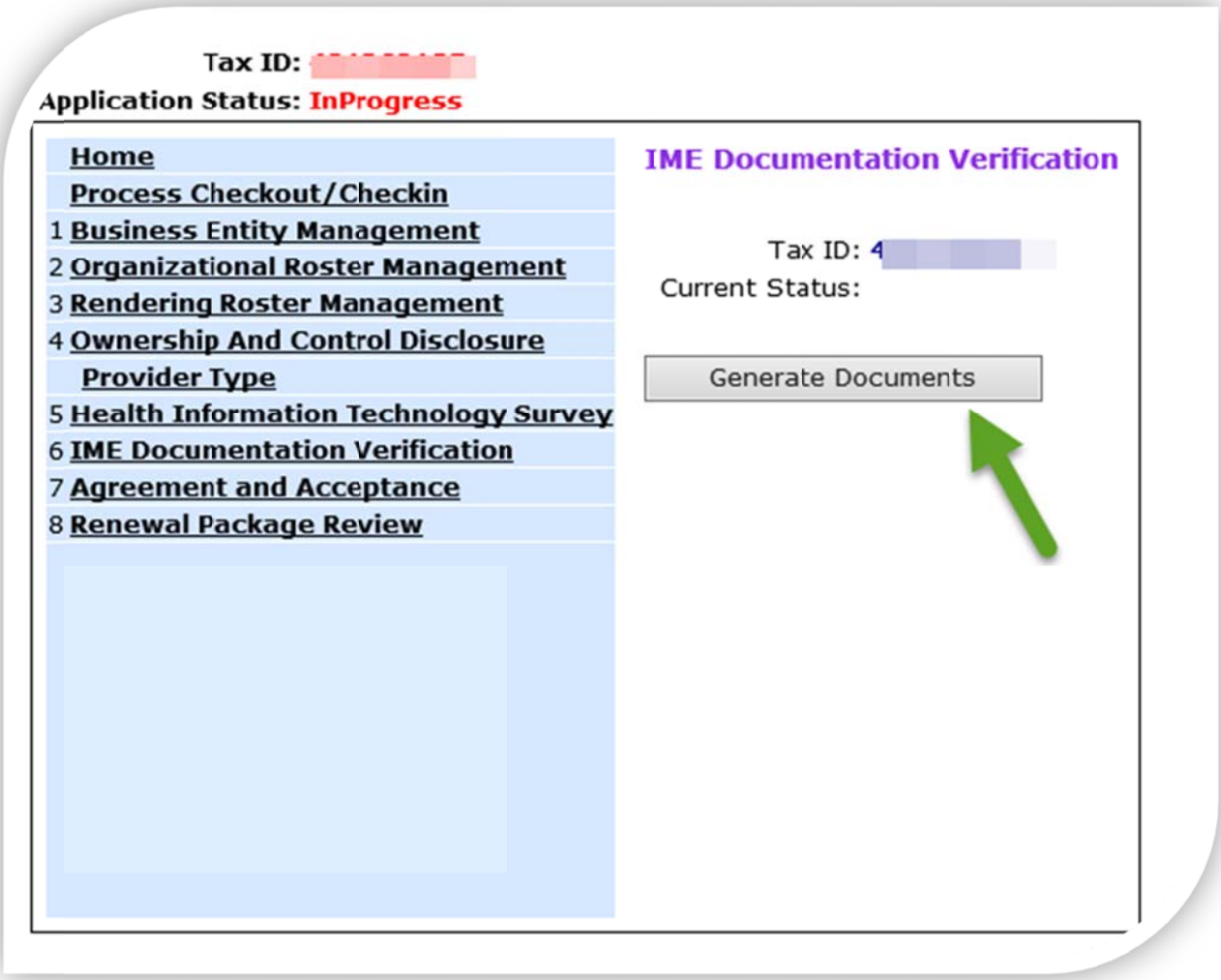
- Click on Submit and Check-In

Note: All pervious sections must be completed and checked-in. If not, you will receive and error message and the "I accept the Provider Agreement" will be unchecked.
Once all sections have been completed and checked-in, click on the Agreement and Acceptance link. Check out of edit and re-attest, and accept the provider agreement.

Section 6: IME Documentation Verification

This section will be completed after you complete section 7.

- Click on Generate Documents.

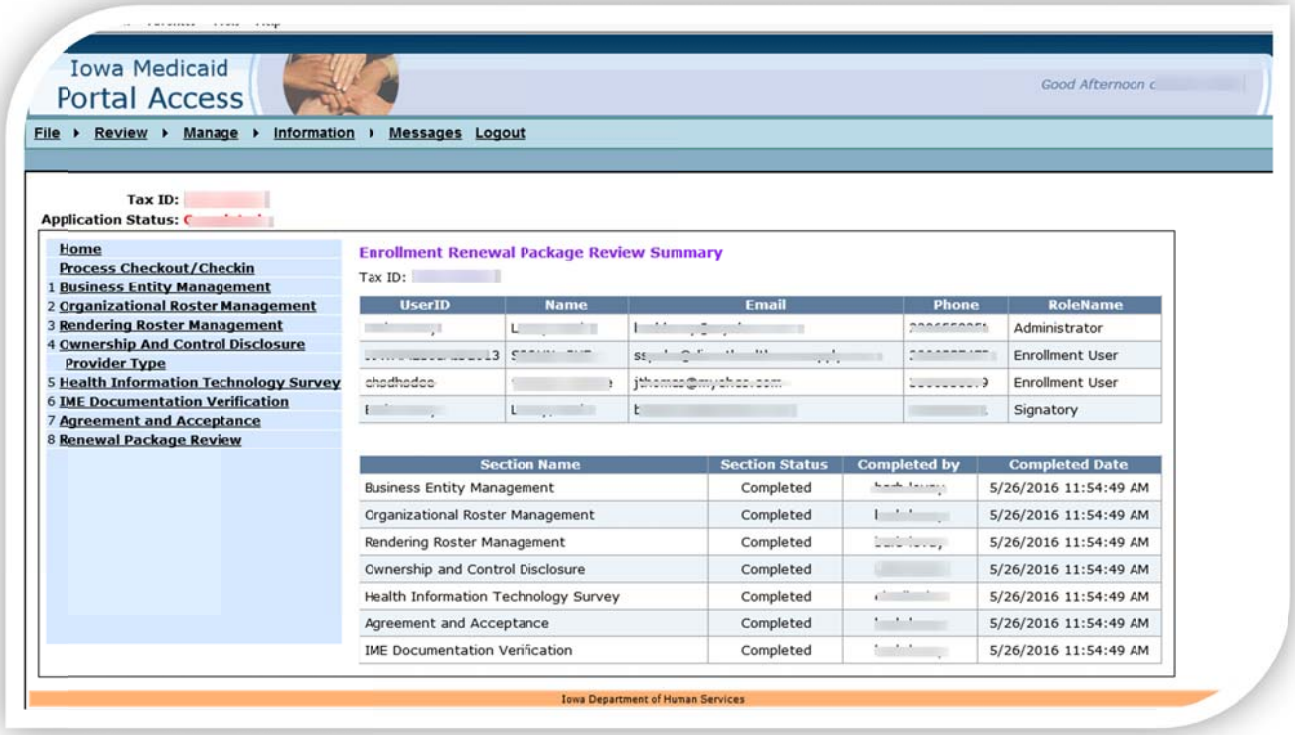


- Print provider reenrollment coversheet.
- If no documentation is required as message will display.
- If documentation is required a checklist of requirements will be displayed.
- Application status will change to Submitted.
- Attach documents to coversheet and mail to the IME.

The IME will verify documents received and application status on IMPA will change to Complete.

Section 8: Renewal Package Review

This section is view only.



This section allows the user to view:

- The users and the role assigned to that user.
- Each section status, completed by and completed date.