**Section 150.110 Provider Registration and Attestation**

a) Providers must register to receive the incentive payment at the federal CMMS registration website.

b) CMMS transmits files from the registration system to the Department containing information necessary to process the provider incentive payment registrations.

c) Providers that meet the prerequisite criteria established by CMMS will be notified by the Department that they must provide additional information, via attestation to the Department.

d) Providers must complete the attestation on the Department's Medical Electronic Data Interchange System.

1) The attestation for all providers must include the following:

A) A valid National Provider Identifier number;

B) The provider is not sanctioned;

C) No Electronic Health Record Provider Incentive Payment (EHR PIP) has been received in the payment year;

D) Illinois is the only state selected to request an incentive payment in the payment year;

E) The provider meets the patient volume requirements for the Medicaid PIP program as defined in Section 150.100(c) and (d);

F) The provider has adopted, implemented or upgraded to a certified Electronic Health Record System;

G) The provider has not received State or local government funding that is directly attributable to the cost of EHR technology; and

H) The provider agrees to the assignment of the PIP Program payment and that the Taxpayer Identification Number of the assignee is correct.

2) The following provider specific attestation requirements must be completed as appropriate:

A) The provider is not a hospital-based professional who furnishes 90 percent or more of his or her professional services in an inpatient hospital or emergency room;

B) The provider is a pediatrician with a Medicaid patient volume between 20 and 30 percent and is either a board certified pediatrician or 90 percent of the patient volume is under the age of 21 at the time the service is rendered;

C) The provider is a physician assistant practicing in an FQHC or RHC if the FQHC or RHC:

i) is led by a PA as the primary provider;

ii) has a clinical or medical director that is a PA; or

iii) the owner is a PA;

D) The provider practices predominately in an FQHC or RHC.

e) The Department will evaluate the attestation information submitted by providers. The Department will approve or deny provider registration based on the evaluation of the information.

1) Providers who are approved will be scheduled for the incentive payment.

2) Providers who are determined by the Department to be ineligible will be notified of the decision and their right to appeal.