

Request to apply for Medicaid Electronic Health Records (EHR) Incentive Programs

This request must be completed by an eligible professional (EP) enrolled with a Medicaid managed care organization (MCO) who <u>does not</u> have a Kansas Medical Assistance Program (KMAP) fee-for-service provider number. Once completed, the EP will receive a secure user name and password to access the KMAP secure website. The Electronic Health Records (EHR) application can then be completed in the Medical Assistance Provider Incentive Repository (MAPIR).

Complete the information below for application and possible payment of an EHR incentive payment. The information provided on this form needs to be identical to the information entered on the Centers for Medicare and Medicaid (CMS) Registration and Attestation (R&A) site. If you have not yet completed this process, it must be the same as the information submitted on this form.

| Provider name: |
|---|
| Individual National Provider Identifier (NPI): |
| Social Security number: |
| Payee NPI: |
| Payee tax ID number: |
| Note: Provide the NPI and tax ID numbers you generally use to bill claims and receive payments. |
| The MCOs you participate with including the provider number you are assigned: |
| 1. |
| 2 |

Contact information for the person who will be completing all aspects of your EHR incentive application:

| Contact name: | |
|------------------------|---|
| Contact phone number | : |
| Contact email address: | |

You must attach a completed W-9 form, signed and dated within the last 12 months.

3.

Email the completed form and W-9 with a subject line of "MCO EHR application" to: <u>LOC-KSXIX-Provider-Enrollment@groups.ext.hpe.com</u>.

If you have any questions, contact the HP EHR provider support team at 1-800-933-6593, option 7, or Kansas EHR Provider Support@groups.ext.hpe.com.