



## PROMOTING INTEROPERABILITY PROGRAM

### *MU General Requirements Form for Eligible Providers*

The Medicaid Promoting Interoperability Program (MPIP) requires that Eligible Providers (EPs) submit a signed Attestation Form certifying that they are aware of the need to comply with a general requirement necessary for meeting Meaningful Use (MU) and also to complete Step 3 in the Puerto Rico State Level Registry and the associated registration process. This requirement is as follows:

- At least 80% of an EP's unique patients must have their data in a certified EHR during the EHR reporting period.
- By signing this form, EP's agree with all of the following statements:
  - I am attesting to Meaningful Use (MU) for Stage 3
  - I am attesting to Meaningful Use (MU) for Program Year 2021
  - I am attesting to MU Reporting Period:
    - Reporting Period Start Date \_\_\_\_\_.
    - Reporting Period End Date \_\_\_\_\_.
  - I am attesting to the following:
    - Number of Patients with Data in the Certified EHR Software (Numerator) \_\_\_\_\_.
    - Total Number of Patients (Denominator) \_\_\_\_\_.
    - Percentage of Patients with Data in the Certified EHR Software \_\_\_\_\_%.
- I understand that the Puerto Rico MPIP can elect to review, verify and/or audit all information provided by me or on my behalf related to the MU general requirement herein, both prior to payment being issued and after an incentive payment has been made and/or as a result of a post payment audit process.
- I hereby certify that the foregoing information is true, accurate, and complete. I understand that EHR incentive payments are made using Federal funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and Puerto Rico Law.

Provider Name: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Provider TIN: \_\_\_\_\_