



MU General Requirements Form for Eligible Providers

The Puerto Rico Medicaid EHR Incentive Program (HITPIP) requires that Eligible Providers (EPs) submit a signed Attestation Form certifying that they are aware of the need to comply with two general requirements necessary for meeting Meaningful Use (MU) and also to complete Step 3 in the Puerto Rico State Level Registry (SLR) and the associated registration process. These requirements are as follows:

- At least 80% of an EP’s unique patients must have their data in a certified EHR during the EHR reporting period.
- At least 50% of all encounters for EPs who work in multiple sites must take place at a location with a CEHRT system.

By signing this form, EPs agree with all of the following statements:

- I am attesting to Meaningful Use (MU) for Modified Stage 2.
- I am attesting to Meaningful Use (MU) for Program Year 2017
- 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 am attesting that at least 50% of all reported encounters took place at a location with a CEHRT system.
- I understand that the Puerto Rico HITPIP can elect to review, verify and/or audit all information provided by me or on my behalf related to the MU requirements 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 Medicaid 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