

Instructions for the Provider Roster Workbook

The *Provider Roster Workbook* is used to provide the Idaho Medicaid EHR Incentive Program with the information needed to validate eligible professionals, validate that clinics are led by a physician assistant, and update the clinic's contact information. The *Provider Roster Workbook* is posted as an Excel document. Each clinic must complete the *Provider Roster* tab of the workbook and submit it to the Idaho Medicaid EHR Incentive Program before any eligible professionals from the clinic enroll in the program. An example of a completed *Provider Roster* is included at the end of this paper. Please take a look at the example before completing your provider roster.

Instructions

Clinic Information

In the box provided after each numbered item, type the following information for the item indicated:

1. Clinic Name - Type the name of the clinic that is managing the providers.
2. Clinic Type – Type FQHC, RHC, or Tribal Clinic or non-FQHC, RHC or Tribal clinics
3. Address – Type the physical address of the clinic that manages the providers that are included in the “Provider Information” section of this roster.
4. Clinic NPI – Type the NPI (national provider identifier) of the clinic.

Questions 5, 6 and 7 refer only to FQHC, RHC and Tribal clinics

5. Physician Assistant Led - Type either “yes” or “no”. Physician assistant (PA) led means a PA is either the Medical Director, provides the majority of the care, or is in an RHC that is owned by a PA. If no, please skip to number 8.
6. Name of Lead Physician Assistant - If the clinic is PA led, type the name of the physician assistant leading the clinic.
7. Role of Physician Assistant – If the clinic is PA led, type “predominant provider”, “Medical Director”, or “owner of the RHC” to indicate that person's role in the clinic.
8. Contact Name – Type the first and last name of the person who can answer questions about the information included in this provider roster.
9. Contact Phone Number – Type the 10-digit phone number for the person indicated in question #8.
10. Contact Email – Type the email address for the person indicated in question #8.
11. Clinic Administrator's Name – Type the name of the clinic's Administrator.

Provider Information

12. Last Name - Type the last name of the provider being managed by this clinic.

13. First Name - Type the first name of the provider being managed by this clinic.

14. Provider Type – Type one of the following in the box provided:

- Physician (MD or DO)
- Dentist
- Certified Nurse Midwife (CNM)
- Nurse Practitioner (NP)
- Physician Assistant (when practicing at a PA-led FQHC, RHC, or Tribal clinic)

15. Provider NPI - Type the NPI (national provider identifier) that is specific to this provider.

16. Full Time Equivalency Percentage – Type what percentage of an average full time work week this provider works in this clinic.

17. Practices Predominantly – Type yes or no:

- “Yes” (if more than 50 percent of an EP’s encounters over a six-month period in the most recent completed calendar year occurred at an FQHC, RHC, or Tribal clinic).
- “No” (if 50 percent or less of this EP’s encounters over a six-month period in the most recent completed calendar year occurred at an FQHC, RHC or Tribal clinic).

Provider Roster											
Idaho Medicaid EHR Incentive Program											
Clinic Information											
(1)	Clinic Name	WE Are Health Centers-Twin Falls									
(2)	Clinic Type: FQHC, RHC, Tribal or Non-FQHC/RHC/Tribal	RHC									
(3)	Address	2525 Somewhere Road Anywhere, ID 83...									
(4)	Clinic NPI	1234567890									
Questions 5, 6 and 7 refer to FQHC/RHC/Tribal Clinics											
(5)	Physician Assistant Led? (Yes/No)	Yes									
(6)	Name of Lead Physician Assistant	Icabod Strain									
(7)	Role of Physician Assistant for PA Led	RHC Owner									
(8)	Contact Name	Jane Doe									
(9)	Contact Phone Number	208-555-1212									
(10)	Contact Email	janedow@nomail.org									
(11)	Clinic Administrator's Name	Suzy Que									
Provider Information: Include all ELIGIBLE practitioners working in the clinic											
(12)	Last Name	(13)	First Name	(14)	Provider Type	(15)	Provider NPI	(16)	Full Time Equivalency %	(17)	Practices Predominantly
	Bones		Brandon		Physician Assistant		1234567896		100		Yes
	Armstrong		Able		Nurse Practitioner		1234567895		100		Yes
	Stitches		Justin		Physician		1234567894		100		Yes
	Staples		Ned		Dentist		1234567893		50		Yes
	Nerse		Roger		Certified Nurse Midwife		1234567892		75		Yes
	Cure		Kany		Physician		1234567891		100		Yes
	Strain		Icabod		Physician Assistant		1234567890		100		Yes

File Format, Naming, and Submitting

Please use the following conventions when naming, saving, and sending your completed provider roster:

1. Name your document: Provider_Roster_CLINICNAME_MMDDYYYY. **Be sure to replace the “CLINICNAME” with the name of your clinic and the “MMDDYYYY” with the date the provider roster is being completed and submitted.**
2. Save your file as an Excel 2007 (.xlsx) or Excel 97-2003 (.xls) file. **Please do not send documents saved as Excel 2010 documents.**
3. Email your completed provider roster with the Subject line titled “Provider Roster” to EHRIncentives@dhw.idaho.gov.

Additional Information

If you have questions about this roster worksheet or other issues concerning the Idaho EHR Incentive Program, please email us at EHRIncentives@dhw.idaho.gov or you can also call the Idaho Medicaid EHR Program Helpdesk at (208) 332-7989.