



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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To: All EHR Incentive Program Participants
From: Carla Y. Cooper, Project Manager
EHR Incentive Program
Subject: Payment Reassignment -- REVISED
Date: June 19, 2015

Documentation is required for all eligible professionals that attest for incentive payments through the Kentucky Medicaid EHR Incentive Program. This is required for all providers that reassign payment to any other NPI than their own.

Documentation must be uploaded to the attestation in the form of a signed agreement indicating they are permitting their monies to be reassigned. The agreement shall be on the entities clinic or group letterhead, renewed each payment year and to include all information below:

- Name of eligible professional (EP) participating in the incentive program
- NPI of EP participating in the incentive program
- Program Year and Payment Year EP agrees to reassign incentive monies
- Name of clinic or group payment will be reassigned to
- NPI of clinic or group that payment will be reassigned to
- TIN of entity that payment is to be reassigned to
- Signed and dated by EP
- Signed and dated by authorized representative of entity receiving incentive payment on behalf of the EP