



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH CARE FINANCE**

Dear Provider:

Enclosed is the provider enrollment application to be used by providers who are eligible and would like to receive a payment from the District for the Medicaid Electronic Health Record Incentive Program (MEIP), but are not registered as Medicaid providers in the District of Columbia. Enrollment is expressly for the purpose of receiving MEIP payments. Providers will not be enrolled in the District of Columbia Medicaid program with all the rights and privileges as a District Medicaid provider. Please complete the application packet in its entirety including the Required Documents Checklist. Failure to include signatures on all forms and copies of all necessary attachments will delay the processing of your application.

Return the completed and signed application and required documents via one of the following methods:

Postal Mail: Department of Health Care Finance
Health Information Technology Program Office
One Judiciary Square
441 4th Street
9th Floor
Washington, DC 20001

Email: dcslr@dc.gov

Fax: 202-535-2220

If you have any questions regarding this enrollment packet, please call Department of Health Care Finance's Provider Enrollment and Outreach Branch at 202-698-2000.

Sincerely,

Medicaid Electronic Health Record Incentive Program
Office of Health Information Technology