



## Nevada EHR Incentive Payment System (NEIPS)



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DHCFP

## Module 5 – Eligible Professional Group Lead

July, 2012

# Welcome!

- Welcome to the Nevada EHR Incentive Payment System.
- Prerequisites:
  - Module 1 – Introduction
  - Module 2 – Provider Overview
  - Module 4 – Eligible Professionals
- This is Module 5 – EP Group Lead training, required training for all Eligible Professionals who will lead a group of EPs in enrolling for Medicaid incentive payments.
- Length and duration: 37 slides; approximately 20 minutes.

# Provider Training Overview

- Module 1 – Introduction
- Module 2 – Provider Overview
  - Mandatory first step for all providers – Eligible Hospitals and Eligible Professionals
- Module 3 – Eligible Hospitals
  - Details of Eligible Hospital Enrollment
- Module 4 – Eligible Professionals
  - Details of Eligible Professional Enrollment, with exception of Group Processing
- **Module 5 – Eligible Professionals – Group Lead**
- Module 6 – Eligible Professionals – Group Member

# Terminology

- Groups of Eligible Professionals
- Group Lead – identifies the group and attests to the group's Medicaid patient volumes
- Group Members – participate in the group and attest to the group's Medicaid patient volumes
- Group Members can commence enrollment, but the Group Lead must enroll completely before Group Members can submit enrollment

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Kim D Karson (NPI-1000000069)

## Notifications

Welcome to the Nevada Incentive Payment Program for Electronic Records.

As a Medicaid Payment Incentive program participant, you will need to demonstrate Adoption, Implementation, and Upgrade (AIU) of certified EHR technology in the first year of the program and Meaningful Use (MU) for the remaining years in the program.

To ensure that you navigate successfully through all the steps required to complete enrollment in the program, please do not use the Back/Forward buttons in your browser.

## Instructions

Select any section or tab to continue.

### Enrollment

Click the Enrollment tab above to perform any of the following actions:


- Enroll for the Medicaid EHR Incentive Program
- Continue Incomplete Enrollment
- Modify Existing Enrollment


### Documents

Click the Documents tab above to view or manage key documents that you have uploaded during the enrollment process.



# Enrollment Home

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## Enrollment Home

### Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

Enroll

- Enroll for the EHR Incentive program

Modify

- Modify or continue an existing enrollment

View Status

- Display enrollment status

### Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's are required to attest to Adopt, Implement or Upgrade for payment year 1 and Meaningful Use for each subsequent payment year. Please note only one action can be performed at a time on this page.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Kim D Karson	1000000069	*****0069	*****2868	2012	1	Not Started	<div>Enroll</div>



# Enrollment Step 1 – Group Practice

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Current Enrollment Status

Program Year: 2012Payment Year: 1

Step 1 - Registration Verification Status: Not Completed ⓧ

Step 2 - Volume Determination Status: Not Completed ⓧ

Step 3 - Adopt, Implement, Upgrade Status: Not Completed ⓧ

Step 4 - Payment Determination Status: Not Completed ⓧ

Step 1 - Provider Registration Verification

Group Practice

Select If you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

**\*\*Are you attesting your Patient Volume as part of a Group Practice?**


☒ Yes ☐ No


**\*\*Group TIN:**

Select Group


EHR Group ID:

Group Name:

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# Enrollment Step 1 – Group TIN Required

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Current Enrollment Status

Program Year: 2012Payment Year: 1

Step 1 - Registration Verification Status: Not Completed ☹Step 3 - Adopt, Implement, Upgrade Status: Not Completed ☹

Step 2 - Volume Determination Status: Not Completed ☹Step 4 - Payment Determination Status: Not Completed ☹

Errors

You must enter the full TIN for a Group that is associated with your Provider NPI in the MMIS System.

Step 1 - Provider Registration Verification



# Group TIN Entered – Select Group

## Group Practice

Select If you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

**\*\*Are you attesting your Patient Volume as part of a Group Practice?**


☒ Yes ☐ No


**\*\*Group TIN:**

EHR Group ID:

Group Name:

# Group Selection – Create New Group

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Group Selection

Below is a list of the medicaid groups to which you are associated. You have the following choices for group selection:


- Join one of the groups already established by a member of that group. Your patient volumes and reporting period will be pre-populated based on the data entered by the first member of that group practice/clinic to register. Click "Join Group". You will be taken to the next screen where you can view and confirm the details before submitting your Nevada Medicaid EHR Incentive Program enrollment.
- Create a new group. If the group is not listed below, you may be the first person in the group practice/clinic to attest. You will be required to enter the patient volumes and reporting period for this group practice/clinic. Please ensure you have obtained consent from all members of the group to use their encounters for the agreed-upon reporting period. Select "Create New Group". You will be taken to the next screen to create the group practice/clinic.
- Enroll individually. Click "Previous" and you will be taken back to the Registration page.


Group TIN	Group NPI	Medicaid ID	EHR Group ID	Group Name	Action
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PreviousCreate New Group



# Nevada Provider ID – Select

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Nevada Provider ID


Please select the Provider ID that is to receive your Nevada Medicaid EHR Payment from the list below.


Select	Provider ID	Provider Name	Type	Provider NPI	Practice Address	Practice Alternative Address
<input checked="" type="radio"/>	0000000000	CHILDRENS HOSPITAL MEDICAL	Billing	3000000034	1000 W. CLARK STREET LAS VEGAS, NV 89102	

PreviousSelect & Continue



# Group Setup

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Group Setup

You are the first eligible professional to attest as part of this group. You must enter the patient volumes and reporting period for the entire group practice/clinic.

**Please ensure:**

- For the reporting period selected, both Medicaid and Total Encounters for all group members are reflected in the group patient volumes you are entering and you have an auditable data source to support the information you are attesting.
- You have reviewed the patient volumes and reporting period with the entire group practice/clinic and have obtained consent from all members of the group practice/clinic that either:
  - The EP will enroll as part of the group practice/clinic; or,
  - If the EP should choose to not enroll as part of the group practice/clinic, he/she will allow the use of his/her encounters in that group practice/clinic patient volumes. In this case, the non-participating EP member will not use those encounters toward their individual patient volumes or for any other group practice/clinic patient volumes.

If you have met these requirements and your group practice/clinic has agreed that you should enter the information on behalf of the group practice/clinic, enter the patient volumes and reporting period below to establish your group practice/clinic. Note that the patient volume will be calculated based on any continuous three-month period in the previous calendar year, beginning the 1st day of the month. You may be required to upload evidence of group consent to use the encounters of all group members and patient volumes documentation. This information may be subject to audit.



# Group Setup

## EHR Group ID

Select All

Clear Selection

Select	Group TIN	Group NPI	Group Medicaid ID	Group Name
<input type="checkbox"/>	*****0034		0282715	CHILDRENS HOSPITAL MEDICAL
<input checked="" type="checkbox"/>	*****0034	3000000034	2613176	CHILDRENS HOSPITAL MEDICAL
<input type="checkbox"/>	*****0034	3000000034	0282715	CHILDRENS HOSPITAL MEDICAL

## Out-Of-State Encounters

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

**Were out-of-state encounters included in your patient volume calculation?**

☐ Yes ☒ No

Select States/Territories

Selected States/Territories:



# Group Setup

## Group Volumes

The following are considered Medicaid encounters:

- Service rendered on any one day to an individual for whom Medicaid paid all or part of the service is defined as a single encounter.
- Service rendered on any one day to an individual for whom Medicaid paid all or part of their co-payment and/or cost-sharing is defined as a single encounter.

Please select a Start Date: 07/01/2011

Three-Month Reporting End Date: 09/30/2011

Number of Group Members: 20

EHR Group Name: Nevada Training

The "Number of Group members" represents all members for the entire group practice/clinic, regardless of whether they are an EP or if they will be enrolling in the Nevada Medicaid EHR Incentive Payment program.

Pediatric Group? Select "Yes" only if your group consists of all pediatricians. ☐ Yes ☒ No

☒ Encounter Option ☐ Panel Option

Group Medicaid Encounters: 1000

Group Medicaid Assignments:

Group Total Encounters: 3000

Group Total Panel Assignments:

Group Medicaid Volume: 33%

Previous

Upload Group Documentation

Save & Continue



# Confirm Group Setup

✕

Confirm Group Setup

Please review the data below and click 'Continue' if you agree with all information. You will be returned to Registration page to continue enrollment.

**Note: once you click continue, the group information will be locked and you will be required to contact a program specialist to make any changes**

You may click 'Modify Volumes' to be returned to the Setup screen and make any changes necessary.

Modify Volumes

Continue

# Enrollment Step 1 – Group Practice

## Group Practice

Select If you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

**\*\*Are you attesting your Patient Volume as part of a Group Practice?**

☒ Yes ☐ No

**\*\*Group TIN:**

Select Group

EHR Group ID: 54

Group Name: Nevada Training

## Payment Assignment

Select your payee Medicaid ID by clicking the button below. To validate your payee, click the validate payee button below.

Payee Name:

**\* Payee Medicaid ID:**

Payee Address:


Payee TIN: \*\*\*\*\*0034

Payee NPI: 3000000034





# Enrollment Step 1 – Payment Assignment

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Nevada Provider ID

Please select the Provider ID that is to receive your Nevada Medicaid EHR Payment from the list below.

Select	Provider ID	Provider Name	Type	Provider NPI	Practice Address	Practice Alternative Address
<input checked="" type="radio"/>	000079022	CHILDRENS HOSPITAL MEDICAL	Billing	3000000034	1500 S. MOUNTAIN VIEW BLVD RENO, NV 89502-1000	

PreviousSelect & Continue

# Enrollment Step 2

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**Kim D Karson (NPI-1000000069)**

**Current Enrollment Status**

Program Year: 2012

Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Adopt, Implement, Upgrade Status: **Not Completed** ⓧ

Step 2 - Volume Determination Status: **Not Completed** ⓧ

Step 4 - Payment Determination Status: **Not Completed** ⓧ

**Step 2 - Medicaid Patient Volume Determination**

# Enrollment Step 2

## Step 2 - Medicaid Patient Volume Determination

(\*) Red asterisk indicates a required field.

### Patient Volume Reporting Period:

Please provide the Medicaid Patient Volume information in the fields below. The patient volume will be calculated based on any continuous three-month reporting period in the previous calendar year. As an Eligible Provider, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).

Please choose your continuous three-month reporting period in the previous calendar year. The reporting period will include the entire month as partial months are not allowed for reporting.

\* Please select a Start Date:

Three-Month Reporting Start Date:

Three-Month Reporting End Date:

### Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

☒ Yes ☐ No

Selected States/Territories:



# Enrollment Step 2

## Patient Volume Attestation:

When entering your Medicaid Patient Volume, you must choose one of the following options:

- **Encounter Option**- This option is based on total number of Medicaid Encounters divided by your Total Patient Encounters.
- **Panel Option**- This option is based on total number of Medicaid Panel Assignments and Medicaid Encounters divided by your Total Panel Assignments and Total Patient Encounters.

The following are considered Medicaid Encounters:

- Services rendered on any one day to an individual where Medicaid paid for part or all of the service.
- Services rendered on any one day to an individual where Medicaid paid all or part of their premiums, copayments, and/or cost-sharing.

### ☒ Encounter Option

Medicaid Patient Encounters:

Total Patient Encounters:

Medicaid Patient Volumes:

*Medicaid Patient Encounters must not include individuals covered under CHIP.*



# Enrollment Step 2

## ☒ Panel Option

Medicaid Panel Assignments:

Medicaid Patient Encounters:

Total Panel Assignments:

Total Patient Encounters:

Medicaid Patient Volumes:

*Medicaid Patient Encounters must not include individuals covered under CHIP.*

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Upload Volume Document

Save & Continue

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# Enrollment Step 3

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**Current Enrollment Status**

Program Year: 2012	Payment Year: 1
Step 1 - Registration Verification Status: <b>Completed</b> ✓	Step 3 - Adopt, Implement, Upgrade Status: <b>Not Completed</b> ⓧ
Step 2 - Volume Determination Status: <b>Completed</b> ✓	Step 4 - Payment Determination Status: <b>Not Completed</b> ⓧ

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**Step 3 - Adopt, Implement, Upgrade Certified EHR Software**

(\*) Red asterisk indicates a required field.

Providers must attest to the Adoption, Implementation, and Upgrade of certified EHR technology to be eligible for the Medicaid EHR Incentive Payment Program. Adoption, Implementation, and Upgrade of Certified EHR technology is defined as:

**Adoption:** Evidence that installation of certified EHR technology occurred prior to the Medicaid Incentive payment. This evidence would serve to differentiate between activities that may not result in installation. For example: Researching EHRs or Interviewing EHR vendors and actual purchase, acquisition, or installation.

**Implementation:** The provider has installed certified EHR technology and has started using it in clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patients' demographic and administrative data into the EHR, or establishing data exchange agreements and relationships between the provider's certified EHR technology and other providers, such as laboratories, pharmacies, or HIEs.

**Upgrade:** The expansion of the functionality of the certified EHR technology, such as the migrating from a non-certified to certified EHR technology, addition of clinical decision support, e-prescribing functionality, CPOE or other enhancements that facilitate the meaningful use of certified EHR technology.

# Enrollment Step 3

## Adopt, Implement, Upgrade Attestation

\*AIU Designation: ☒ Adopt ☐ Implement ☐ Upgrade

\*CMS EHR Certification ID:

### Financially and Legally Binding Supporting Documentation:

- ☐ Purchase Order
- ☐ Contract
- ☐ EHR Software License
- ☒ Other

You may upload any/all of these documents now via the Upload Documents button below, or at any point in the process prior submitting your enrollment.

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Upload AIU Documents

Save & Continue

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# Enrollment Step 4

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## Current Enrollment Status

Program Year: 2012

Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Adopt, Implement, Upgrade Status: **Completed** ✓

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ⊗

## Step 4 - EHR Payment Determination

For all Eligible professionals, the Medicaid incentive payment amount is calculated based on the attested patient volume, allowed cost for technology, funding from other sources, and provider cost responsibility as defined by CMS. The table below shows the Medicaid EHR incentive payment amount you could receive based on your current payment year. Please note: According to CMS an eligible provider must not retain more than 5 percent of the payment for costs unrelated to certified EHR technology (and support services including maintenance and training) that is for, or is necessary for, the operation of the technology.

### Eligible Professional Payment Schedule

Payment Year	EP >30% Patient Volume	Pediatrician >20% & <30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
Total:	\$63,750	\$42,500

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Save & Continue



# Enrollment Summary – Step 1

Kim D Karson (NPI-1000000069)

## Enrollment Summary

Program Year: 2012

Payment Year: 1

Please review the enrollment summary below and click the Continue button to proceed in the enrollment process.

### Step 1 - Provider Registration Verification

#### National Provider Information

**Name:** Kim D Karson  
**Provider Type:** Physician  
**Provider Specialty:** DIAGNOSTIC RADIOLOGY  
**Address:** 3333 Burnet Ave , ML 5031  
Reno, NV 89598-3039  
**Phone #:** (513) 636-4251 Ext:  
**Tax ID:** 2000000069  
**NPI:** 1000000069  
**CMS Confirmation #:** \*\*\*\*\*2868

#### State Provider Information

**Hospital Based:** No  
**Pediatrician:** No  
**Practices in FQHC or RHC:** No  
**Affiliated FQHC/RHC/IHS:**



# Enrollment Summary – Step 1

## Group Practice

Reporting as Group: Yes

Group Enroller: Kim D Karson

Group Medicaid ID: 00000000

Group Name: Nevada Training

Group Address: 1111 S. SUNSET AVE. SUITE 1000 LAS VEGAS, NV 89102

Group TIN: \*\*\*\*\*0034

Group NPI: 1206000052

Group Member: [View Member](#)

## Payee Assignment

Payee Medicaid ID: 0207822

Payee Name: CHILDRENS HOSPITAL MEDICAL


Payee Address: 1111 S. SUNSET AVE.  
SUITE 1000 LAS VEGAS, NV 89102

Payee TIN: \*\*\*\*\*0034

Payee NPI: 3000000034



# Attested Group Information

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Year 2012

Attested Group Information

Reporting Start Date 07/01/2011

Reporting End Date 09/30/2011

EHR Group Name: Nevada Training

Number of Group Members: 20

\*Group TIN: \*\*\*\*\*0034

Group Medicaid Encounters: 1000

Group Total Encounters: 3000

Medicaid Panel Assignments: 0

Total Panel Assignments: 0

Group Medicaid Volume: 33%

Attesting Member Status

Provider Name	Provider NPI	Enrollment Status
Kim D Karson	1000000069	In Progress

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# Enrollment Summary – Steps 2 & 3

## Step 2 - Patient Volume Determination

### Patient Volume Reporting Period:

Three-Month Reporting Period: 07/01/2011 - 09/30/2011

### Out-of-State Encounters Attestation:

Out-Of-State Encounters: No

Selected States/Territories:

### Patient Volume Attestation:

Medicaid Panel Assignments: N/A

Total Panel Assignments: N/A

Medicaid Patient Encounters: 1,000

Total Patient Encounters: 3,000

Medicaid Patient Volumes: 33 %

## Step 3 - Adopt, Implement, Update Certified EHR Software

AIU Designation: Adopt

CMS EHR Certification ID: 30000001TMDPEAS

Supporting Documentation: Other



# Enrollment Summary – Step 4

## Step 4 - EHR Payment Determination

### Eligible Professional Payment Schedule

Payment Year	EP >30% Patient Volume	Pediatrician >20% & <30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
<b>Total:</b>	<b>\$63,750</b>	<b>\$42,500</b>

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Legal Notice

General Notice

**NOTICE:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.



Signature

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. I certify that I have not requested or received additional Medicaid Incentive Program payments from other states that would result in a duplicate payment.

I hereby agree to keep all records related to the purchase of my system and all records that are necessary to demonstrate that I met the Medicaid Incentive Program requirements, including Federal requirements found at 42 CFR Part 495, for no less than 7 years following the last day of the calendar year in which payment related to the attestation has been received. In the event of an active audit, I will be required to maintain documentation until the audit and any appeal of the audit is resolved. I agree to furnish and otherwise make available, any and all documents and access to relevant staff requested by the Medicaid State Agency, or other agents working on its behalf.



# Submit Enrollment

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Submit Enrollment

You are now ready to submit your enrollment and attestation. Review the enrollment summary information below prior to confirming and submitting the enrollment as you will not be able to update attested items post submission.

<b>Name:</b>	Kim D Karson
<b>Provider Type:</b>	Physician
<b>Provider Specialty:</b>	DIAGNOSTIC RADIOLOGY
<b>Address:</b>	3333 Burnet Ave, ML 5031 Reno, NV 89598 -3039
<b>Tax ID:</b>	*****0069(SSN)
<b>NPI:</b>	1000000069
<b>Program Year:</b>	2012
<b>Payment Year:</b>	1

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# Enrollment Confirmation

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## Congratulations - You have successfully completed enrollment for the payment year!

### Enrollment Confirmation

The Eligible Professional (EP) demonstrates Adopt, Implement Or Upgrade of certified EHR technology by meeting the applicable objectives and associated measures for enrollment.

- The Federal provider information was verified.
- The EHR Incentive Payment was assigned.
- The Medicaid Patient Volume(PV) met enrollment minimum standards.
- The certified EHR Solution met AIU minimum standards

**Note :** Please print this page for your records. You will also receive an email notification of your enrollment confirmation.

### Enrollment Tracking Information

**Enrollment Confirmation Number:** NV-2012-1000000069

**Enrollment Submission Date:** 07/06/2012

**Name:** Kim D Karson

**Provider Type:** Physician

**Provider Specialty:** DIAGNOSTIC RADIOLOGY

**Address:** 3333 Burnet Ave , ML 5031  
Reno, NV 89598 -3039

**Tax ID:** \*\*\*\*\*0069 (SSN)

**NPI:** 1000000069

**Program Year:** 2012

**Payment Year:** 1

[Enrollment Home](#)



# Enrollment Home

Kim D Karson (NPI-1000000069)

## Enrollment Home

### Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

- Enroll**
  - Enroll for the EHR Incentive program
- Modify**
  - Modify or continue an existing enrollment
- View Status**
  - Display enrollment status

### Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's are required to attest to Adopt, Implement or Upgrade for payment year 1 and Meaningful Use for each subsequent payment year. Please note only one action can be performed at a time on this page.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Kim D Karson	1000000069	*****0069	*****2868	2012	1	Payment Pending	<a href="#">View Status</a>

# Status Home

Kim D Karson (NPI-1000000069)

## Status Summary Home

The following sections outline the current and historical events in the Medicaid EHR Incentive Payment Program.

### Provider Information

**Name:** Kim D Karson  
**Provider Type:** Physician  
**Provider Specialty:** DIAGNOSTIC RADIOLOGY  
**Address:** 3333 Burnet Ave, ML 5031  
Reno, NV 89598-3039  
**Phone #:** (513) 636-4251 Ext:  
**Tax ID:** \*\*\*\*\*0069  
**NPI:** 1000000069  
**CMS Registration ID:** \*\*\*\*\*2868

### Status Summary

Select View Details button below to see the complete details for each of your enrollments.

Program Year	Payment Year	Status	Submitted Date	Patient Volume	AIU/MU Met	Payment Issued	Calculated Amount	Disbursed Amount	Action
2012	1	Payment Pending	07/06/2012	33%	Yes	---	---	---	<a href="#">View Details</a>

**Total Amount Paid:** \$0.00

If your status is "Not Started", you can begin the enrollment process via the Enrollment Home page. If your status is "In-Progress", you can continue or modify your enrollment information via the Enrollment Home page. If your status is "Payment Pending" or "Paid", you cannot modify your enrollment information. Please contact a Nevada Medicaid EHR Incentive Program Specialist at 1-888-639-3452 if you need assistance.

# Your Session Has Ended

## Your Session Has Ended

Your Medicaid EHR Incentive Payment Program session has ended. Click close to exit this window. Thank you!

Close

# EP Group Lead

- You have completed Module 5 – Eligible Professional Group Lead training, for the Nevada EHR Incentive Payment System training!
- You are now ready to enroll as an EP Group Lead!

# Thank You!