Medical Assistance Provider Incentive Repository

AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

User Guide

For
Eligible Professionals

MAPIR 5.7

Part 1

Getting Started

to

Patient Volumes

May 2016

Revision Log: MAPIR User Guide for Eligible Professionals- Part 1

Version	Revision Date	Revision
V1.0	04/08/2016	Initial Version – Split the original User Guide into 4 separate parts (Part 1, 2A, 2B, 3 and 4) to be updated on an ongoing, or as needed basis.

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Introduction

The American Recovery and Reinvestment Act of 2009 was enacted on February 17, 2009. This act provides for incentive payments to Eligible Professionals (EP), Eligible Hospitals (EH), and Critical Access Hospitals to promote the adoption and meaningful use of interoperable health information technology and qualified electronic health records (EHR).

The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by state Medicaid programs that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments to help defray the costs of a certified EHR system.

Per the final federal rule, Eligible Professionals under the Medicaid EHR Incentive Program include:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioners
- Certified nurse-midwives
- Dentists
- Physician assistants who furnish services in a Federally Qualified Health Center or Rural Health Center that is led by a physician assistant

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an Eligible Professional must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume
- Have a minimum 20% Medicaid patient volume, and is a pediatrician
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

To apply for the Medicaid EHR Incentive Payment Program, Eligible Professionals must first register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A). Once registered, they can submit an application and attest online using MAPIR.

This manual provides step-by-step directions for using MAPIR and submitting your application to the Medicaid EHR Incentive Payment Program.

Detailed guidance, troubleshooting and documentation tools are available at the Vermont Medicaid EHR Incentive Program website:
http://healthdata.vermont.gov/ehrip

IMPORTANT: If an Eligible Professional's Vermont Medicaid enrollment lapses at any time after an application is started and BEFORE A PAYMENT IS RECEIVED, the application will automatically ABORT from the MAPIR system. The attestation must then be restarted from the beginning in MAPIR after the EP becomes fully re-enrolled in Vermont Medicaid.

EP User Guide Files: Parts 1, 2A, 2B, 3 and 4

The MAPIR User Guide for Eligible Professionals has been divided into separate documents for ease of reference. Each part is available as a downloadable file at the EHRIP website.

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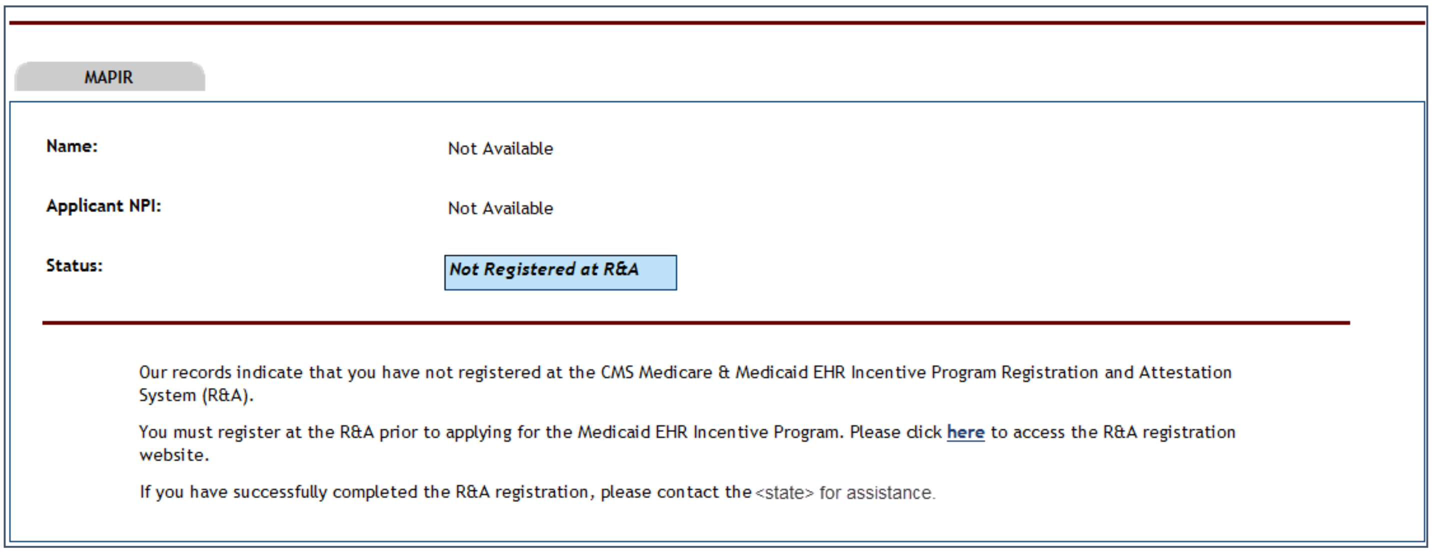
Before You Begin

There are several pre-requisites to applying for state Medicaid EHR Incentive payments using MAPIR.

1. Complete your CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) registration.
2. Identify one individual from your organization who will be responsible for completing the MAPIR application and attestation information. This person can also serve as a contact point for state Medicaid communications.
3. Gather the necessary information to facilitate the completion of the application and attestation process.

Complete Your R&A registration.

You must register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (also known as R&A) before accessing MAPIR. If you access MAPIR and have not completed this registration, you will receive the following screen.



Please access the federal Web site below for instructions on how to do this or to register:

For general information regarding the Incentive Payment Program:
http://www.cms.gov/EHRIncentivePrograms

To register:
https://ehrincentives.cms.gov/hitech/login.action

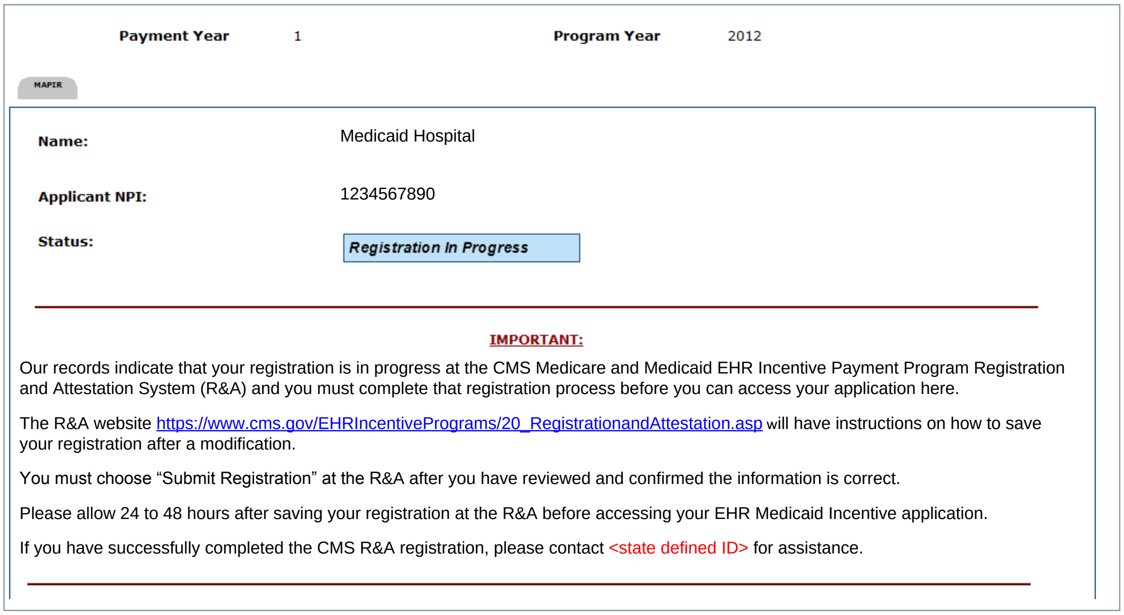
You will not be able to start your MAPIR application process unless you have successfully completed this federal registration process. When MAPIR has received and matched your provider information, you will receive an email to begin the MAPIR application process. Please allow at least two days from the time you complete your federal registration before accessing MAPIR due to the necessary exchange of data between these two systems.

Changes to your R&A Registration

Please be aware that when accessing your R&A registration information, should any changes be initiated but not completed, the R&A may report "Registration in Progress". This will result in your application being placed in a hold status within MAPIR until the R&A indicates that any pending changes have been finalized. You must complete your registration changes on the R&A website prior to accessing MAPIR or certain capabilities will be unavailable. For example, it will not be possible to submit your application, create a new application, or abort an incomplete application.

You must go ALL THE WAY THROUGH the CMS R&A registration to accept/agree/submit in order to trigger any changes.

If you access MAPIR to perform the above activities and have not completed your registration changes, you will receive the following screen.



Payment Year 1 **Program Year** 2012

MAPIR

Name: Medicaid Hospital

Applicant NPI: 1234567890

Status: *Registration In Progress*

IMPORTANT:

Our records indicate that your registration is in progress at the CMS Medicare and Medicaid EHR Incentive Payment Program Registration and Attestation System (R&A) and you must complete that registration process before you can access your application here.

The R&A website https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp will have instructions on how to save your registration after a modification.

You must choose “Submit Registration” at the R&A after you have reviewed and confirmed the information is correct.

Please allow 24 to 48 hours after saving your registration at the R&A before accessing your EHR Medicaid Incentive application.

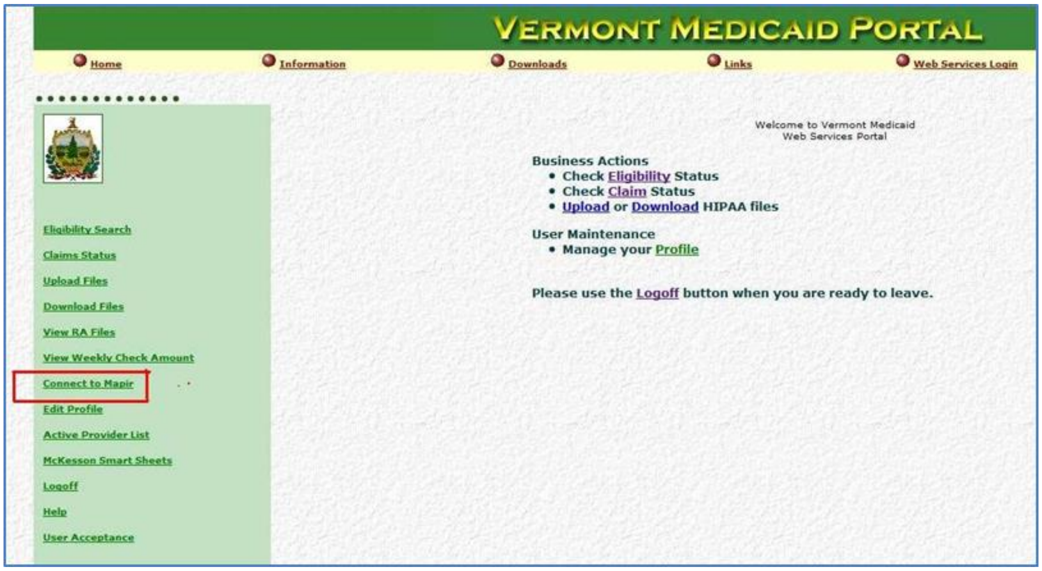
If you have successfully completed the CMS R&A registration, please contact <state defined ID> for assistance.

Should the R&A report your registration ”Registration in Progress” and an application be incomplete or under review (following the application submission), MAPIR will send an email message reporting that such notification has been received if a valid email address was provided by either the R&A, or by the provider on the incentive application in MAPIR. Please allow at least two days from the time you complete your federal registration changes before accessing MAPIR due to the necessary exchange of data between these two systems.

Identify one individual to complete the MAPIR application.

MAPIR is accessed through the Vermont Medicaid provider secure web portal at www.vtmedicaid.com; select either *Transaction Services* or *Web Services* to log in. Once logged in, Eligible Individuals will be presented with the link to the MAPIR application.

IMPORTANT: MAPIR operates on the principle that the provider has a User ID to access this secure Provider Portal. This allows connection between application initiated on the CMS site and the provider’s information within the Vermont Medicaid site. If so, when the provider logs on to the Vermont Medicaid portal, the option to navigate to the MAPIR system will appear on the left of the screen (***Connect to MAPIR)***.



If the ***Connect to MAPIR*** link does not appear, **OR** if you receive a **browser error message** and are unable to navigate to MAPIR once selecting the link, please review the "*Logging into MAPIR: Issues and Suggestions*" troubleshooting guide at our website: http://healthdata.vermont.gov/ehrip/Help/Access

Once an individual has started the MAPIR application process with their Internet/portal account, they cannot switch to another account during that program year. MAPIR will allow the user to save the information entered and return later to complete an application; however, only the same individual's Internet/portal account will be permitted access to the application once it has been started.

Gather the necessary information to facilitate the completion of the required data.

MAPIR will request specific information when you begin the application process. To facilitate the completion of the application, it is recommended that you review this User Guide and the information at our website http://healthdata.vermont.gov/ehrip to understand what information will be required. At a minimum, you should have the following information available:

- Information submitted to the R&A
- Medicaid Patient Volume and associated timeframes. **SAVE your data and supporting documentation related to your patient volume calculations**. You are encouraged to upload it at the time of attestation.
- The CMS EHR Certification ID that you obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) Web site (http://onc-chpl.force.com/ehrcert).
- For meaningful use attestations, copies of the meaningful use and clinical quality measures data reports produced by your certified EHR software.

TO INSURE YOU ARE PREPARED FOR A POTENTIAL AUDIT, SAVE ALL ELECTRONIC OR PAPER DOCUMENTATION – INCLUDING SCREENSHOTS – THAT SUPPORTS YOUR ATTESTATION FOR A MIMINUM OF SIX YEARS.

Using MAPIR

MAPIR uses a tab arrangement to guide you through the application. You must complete the tabs in the order presented. You can return to previous tabs to review the information or make modifications until you submit the application. You cannot proceed without completing the next tab in the application progression, with the exception of the Get Started and Review tabs which you can access anytime.

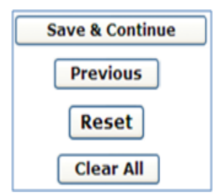
Once you submit your application, you can no longer modify the data. It will only be viewable through the Review tab. Also, the tab arrangement will change after submission to allow you to view status information.

As you proceed through the application process, you will see your identifying information such as Name, National Provider Identifier (NPI), Tax Identification Number (TIN), Payment Year, and Program year at the top of most screens. This is information provided by the R&A.

A **Print** link is displayed in the upper right-hand corner of most screens to allow you to print information entered. You can also use your Internet browser print function to print screen shots at any time within the application.

There is a **Contact Us** link with contact instructions should you have questions regarding MAPIR or the Medicaid EHR Incentive Payment Program: ehrip-support@vitl.net

Most MAPIR screens display an **Exit** link that closes the MAPIR application window. If you modify any data in MAPIR without saving, you will be asked to confirm if the application should be closed (as shown to the right).



You should use the **Save & Continue** button on the screen before exiting or data entered on that screen will be lost.

The **Previous** button always displays the previous MAPIR application window without saving any changes to the application.

The **Reset** button will restore all unsaved data entry fields to their original values.

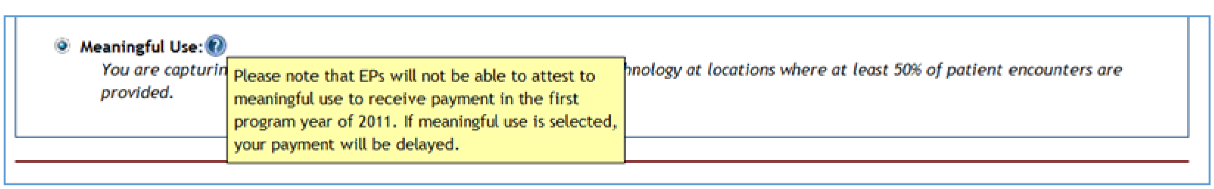
The **Clear All** button will remove standard activity selections for the screen in which you are working.

A (*) red asterisk indicates a required field. Help icons, located next to certain fields, display help content specific to the associated field when you hover the mouse over the icon.

Note: Use the MAPIR Navigation buttons in MAPIR to move to the next and previous screens. Do not use the browser buttons as this could result in unexpected results.

As you complete your incentive application you may receive validation messages requiring you to correct the data you entered. These messages will appear above the navigation button. See the Additional User Information section for more information.

Many MAPIR screens contain help icons to give the provider additional details about the information being requested. Moving your cursor over the  will reveal additional text providing more details.



Step 1 – Getting Started

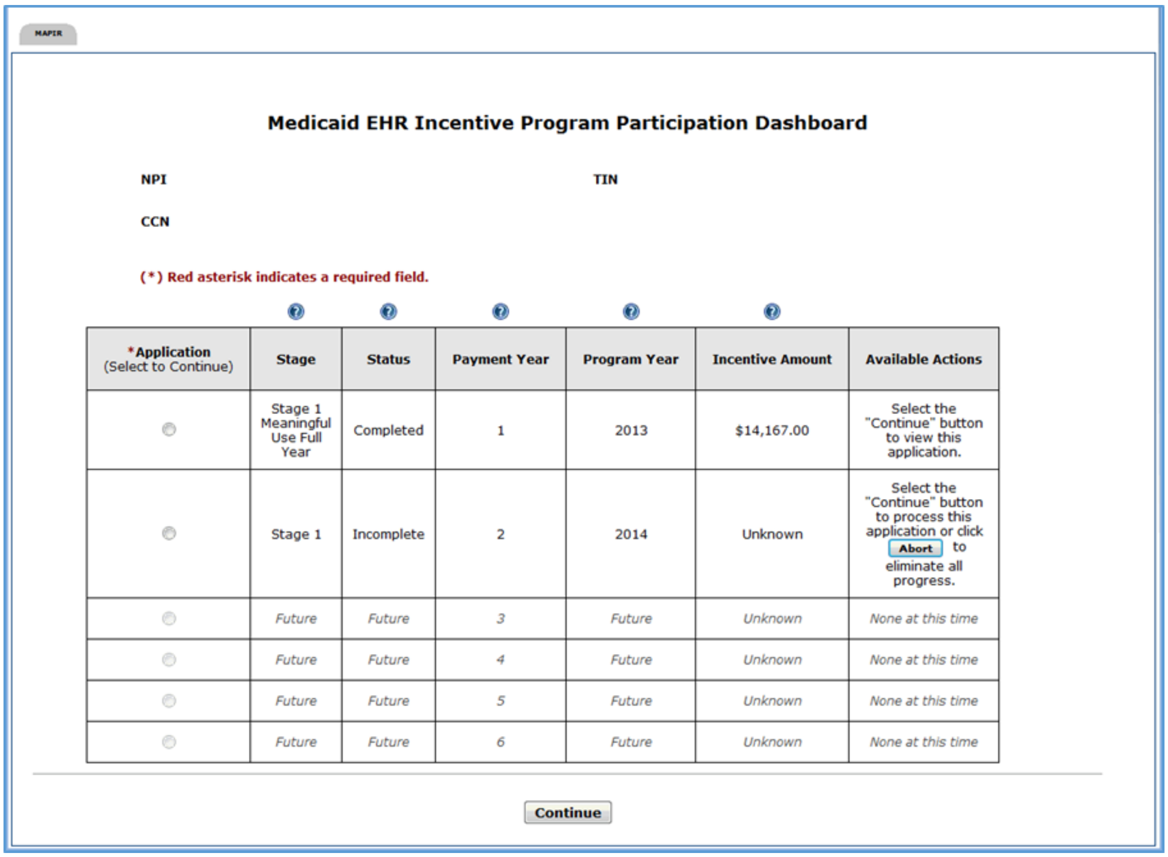
Log in to the state portal and locate the **MAPIR** link.

Click the link to access the **MAPIR** screen.

The screen on the following page is the Medicaid EHR Incentive Program Participation Dashboard. This is the first screen you will access to begin the MAPIR application process.

This screen displays your incentive applications. The incentive applications that you are eligible to apply for are enabled. Your incentive applications that are in a Completed status are also enabled; however, you may only view these applications.

The **Stage** is automatically associated with a stage of Meaningful Use that is required by the current CMS rules, or by the rules that were in effect at the time when the application was submitted. This column displays the Stage and Attestation Phase attained by the current and previous applications. The Stage column will be blank for incentive applications in a Not Started status.


MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI

TIN

CCN

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
	Stage 1 Meaningful Use Full Year	Completed	1	2013	$14,167.00	Select the "Continue" button to view this application.
	Stage 1	Incomplete	2	2014	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.
	Future	*Future*	*3*	*Future*	*Unknown*	*None at this time*
	Future	*Future*	*4*	*Future*	*Unknown*	*None at this time*
	Future	*Future*	*5*	*Future*	*Unknown*	*None at this time*
	Future	*Future*	*6*	*Future*	*Unknown*	*None at this time*

Continue

For further information on the Meaningful Use stages, please see the EP User Guide Part 2A (PY2015) or 2B (PY2016).

If it is your first year participating (Payment Year 1), the Stage column will be blank. Once you have submitted the incentive application, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

If it not your first year participating (Payment Year greater than 1), the Stage column will only display the Stage, not the Attestation Phase, until you submit the incentive application.

The **Status** will vary, depending on your progress with the incentive application. The first time you access the system the status should be **Not Started**. From this screen you can choose to edit and view incentive applications in an Incomplete or Not Started status. You can only view incentive applications that are in a Completed, Denied, or Expired status.

Also from this screen, you can choose to abort an incentive application that is in an Incomplete status. When you click **Abort** on an incentive application, all progress will be eliminated for the incentive application.

When an incentive application has completed the payment process, the status will change to **Completed**.

The screen on the following page displays an EP that is in the second year of Stage 1. The Attestation Phase is not displayed because the incentive application has not been submitted.

Select an application and click **Continue**.

Note: Vermont allows a grace period which extends the specific Payment Year for a configured length of time. If two applications are showing for the same Payment Year, but different Program Years, one of your incentive applications is in the grace period. In this situation, the following message will display at the bottom of the screen.

You are in the grace period for program year <Year> which began on <Date> and ends on <Date>. The grace period extends the amount of time to submit an application for the previous program year. You have the option to choose the previous program year or the current program year.

You may only submit an application for one Program Year so once you select the application, the row for the application for the other Program Year will no longer display. If the incentive application is not completed by the end of the grace period, the status of the application will change to **Expired** and you will no longer have the option to submit the incentive application for that Program Year.

The R&A Not Registered or In Progress screen displays a status of *Not Registered at R&A* to indicate that you have not registered at the R&A, or the information provided during the R&A registration process does not match that on file with the state Medicaid Program. A Status of *Registration In Progress* indicates that you have initiated but not completed R&A registration changes. If you feel this status is not correct you can click the Contact Us link in the upper right for information on contacting the state Medicaid program office. A status of *Not Started* indicates that the R&A and state MMIS information have been matched and you can begin the application process.

For more information on statuses, refer to the Additional User Information section in Part 4 of this guide.

You cannot begin an incentive application while a multi-year adjustment is pending. If a financial adjustment is in process for one or more program year incentive applications, you may be required to review and approve the adjustment. The Medicaid EHR Incentive Program Participation Dashboard will display the following message and button.

For more information on reviewing an adjustment, please review the MAPIR –User Guide for EP Part 3, Review to Application Submission.

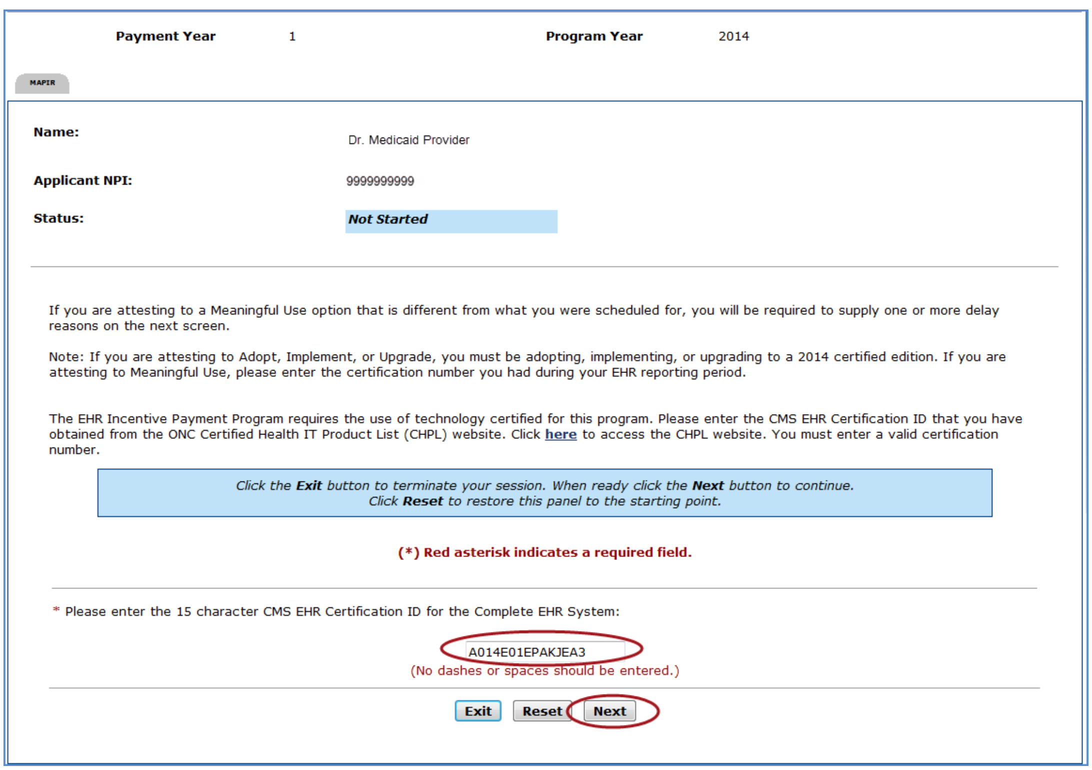
Enter the 15-character **CMS EHR Certification ID**.

Click **Next** to review your selection. Click **Reset** to restore this panel back to the starting point. Click **Exit** to exit MAPIR.

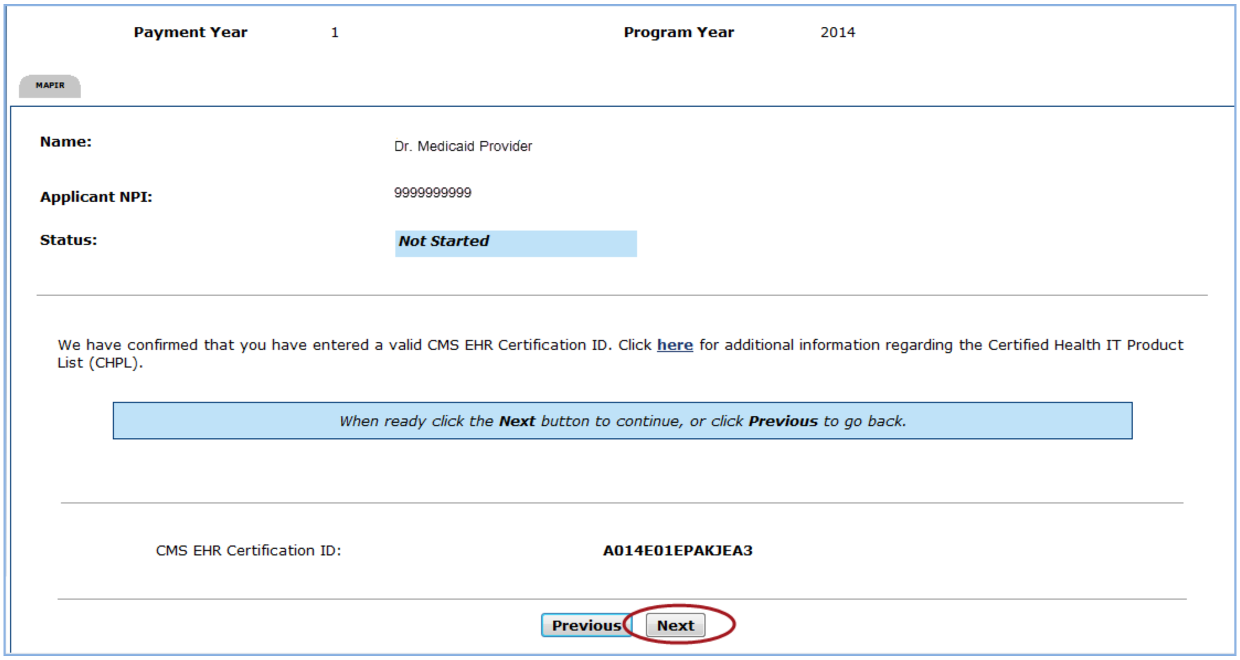
The system will perform an online validation of the CMS EHR Certification ID you entered.

Note: *As of July 1, 2015, CMS retired the 2011 Edition CEHRT IDs.* This means that If you were issued a 2011 Edition CEHRT ID you may now be using a system that has since then been retired from the Certified Health IT Product List (CHPL).

A CMS EHR Certification ID can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (http://onc-chpl.force.com/ehrcert)

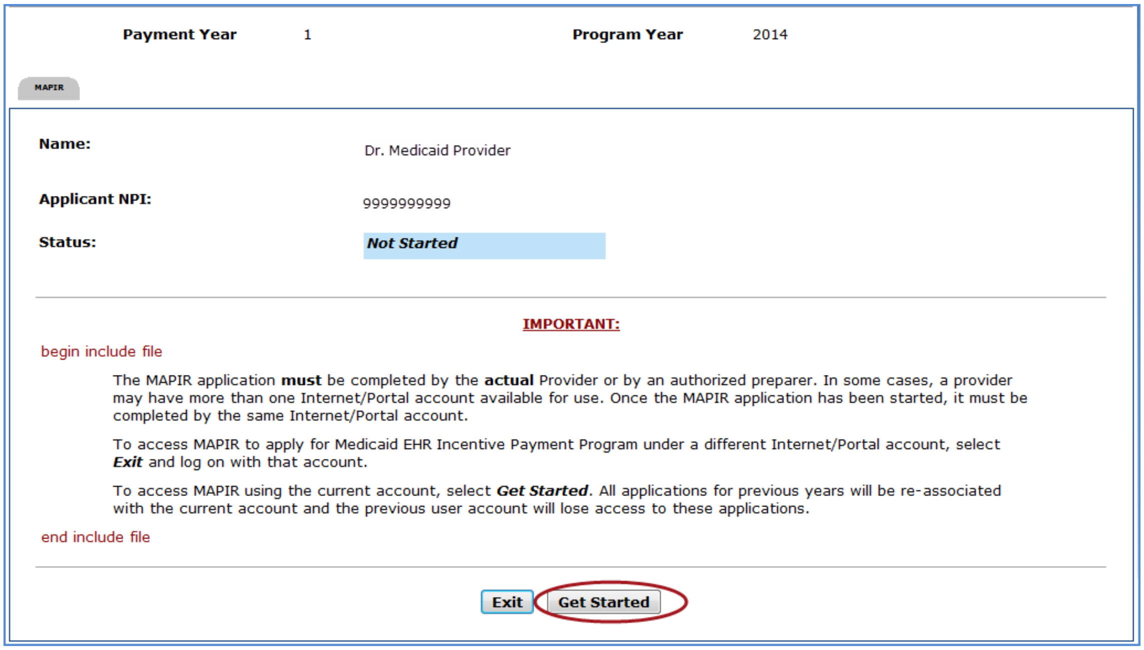


This screen confirms you successfully entered your **CMS EHR Certification ID**.
Click **Next** to continue, or click **Previous** to go back.



Click **Get Started** to access the **Get Started** screen or **Exit** to close the program.

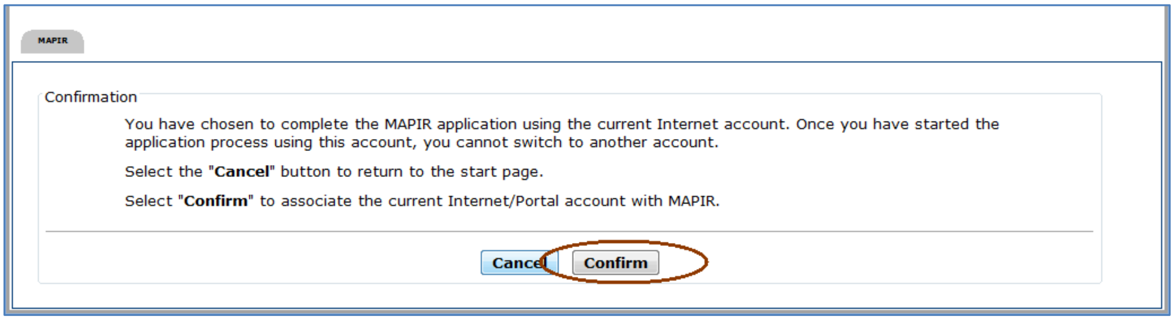
If you click **Exit** or close the browser prior to clicking the **Get Started** button, you will lose the data you entered on the previous screens.



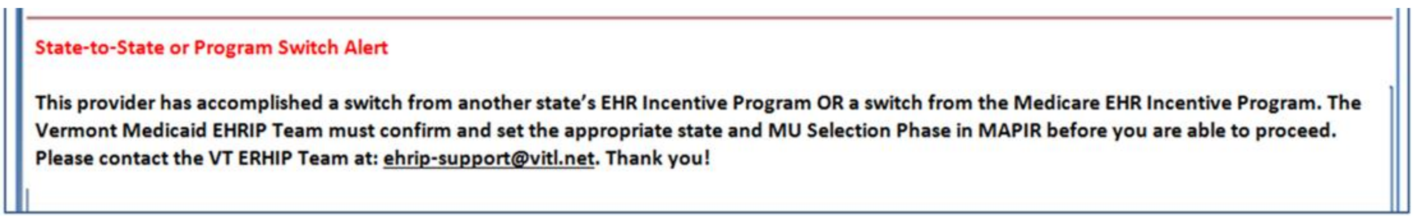
If you selected an incentive application that you are not associated with, you will receive a message indicating a different Internet/Portal account has already started the Medicaid EHR Incentive Payment Program application process and that the same Internet/Portal account must be used to access the application for this Provider ID.

If you are the new user for the provider and want to access the previous applications, you will need to contact the EHRIP Team for assistance: ehrip-support@vitl.net

Click **Confirm** to associate the current Internet/Portal account with this incentive application.



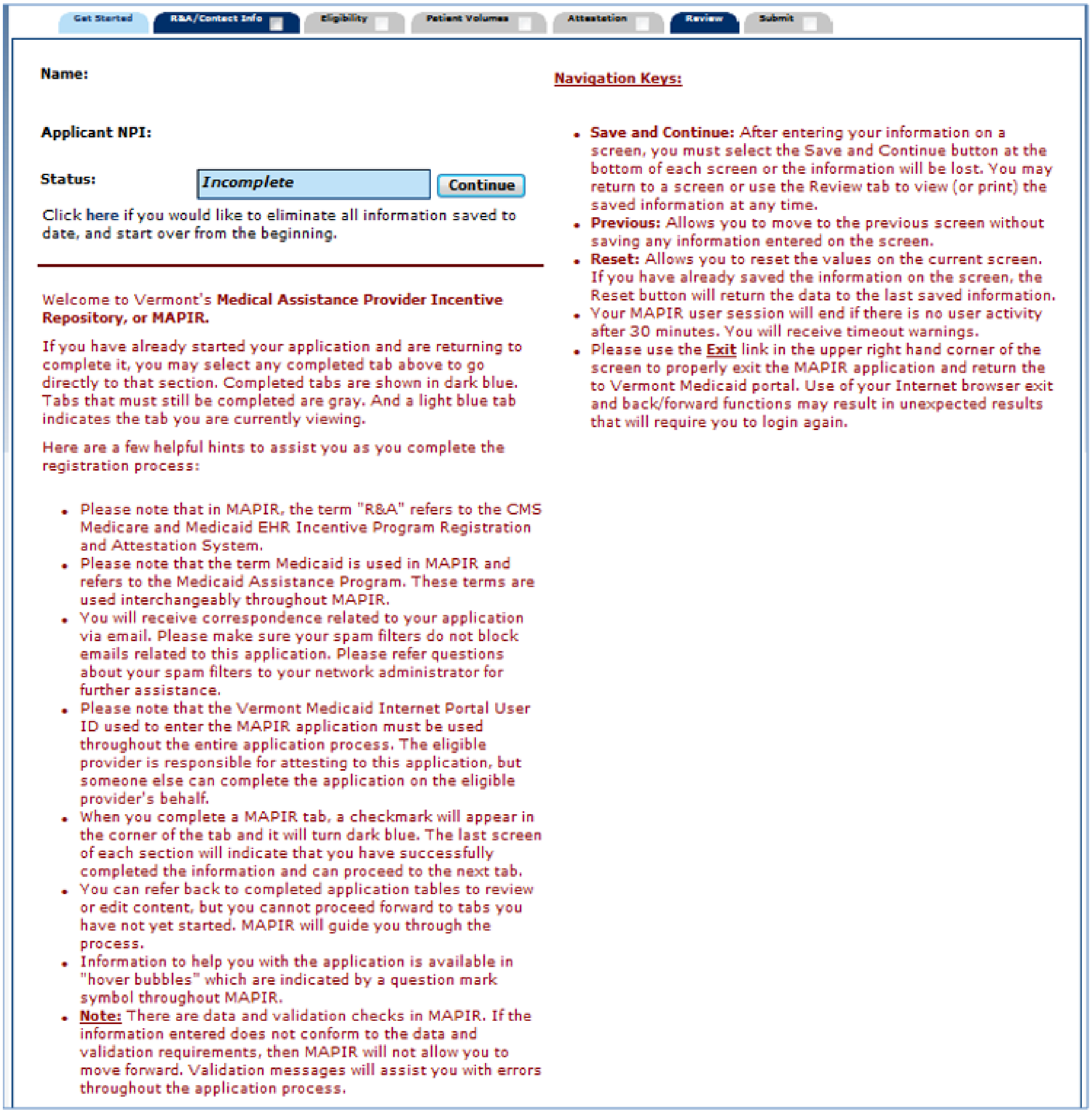
If you have a history of a State-to-State Switch or Program Switch incentive application, you will not be able to proceed beyond this point. MAPIR is unable to assign a Stage to your incentive application. You will see this screen instructing you to contact the VT EHRIP Team for assistance:



A member of the EHRIP Team will confirm the correct Stage for the provider's attestation and manually update the attestation, and the process can generally be completed within a few minutes of receiving the request.

The **Get Started** screen contains information that includes your **Name** and **Applicant NPI**. Also included is the current status of your incentive application.

Click **Continue** to proceed to the **R&A/Contact Info** section.



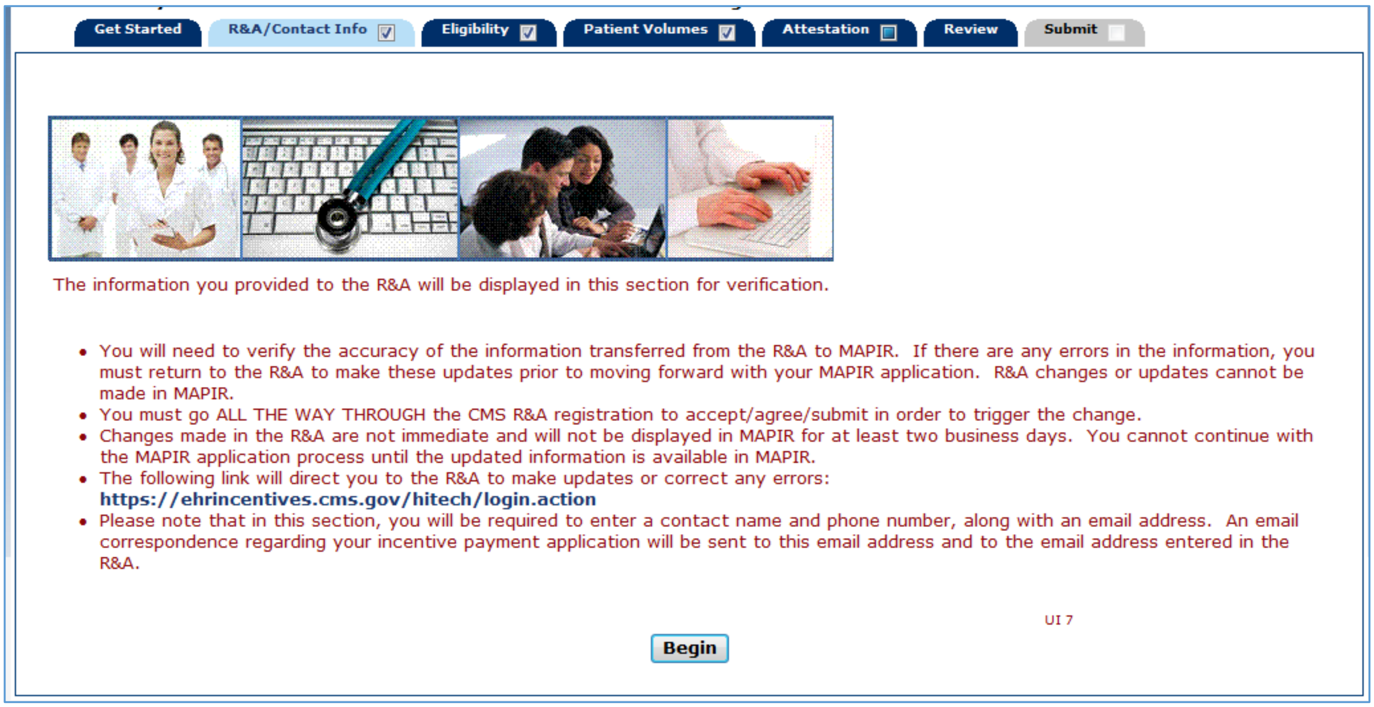
UI 3

Step 2 – Confirm R&A and Contact Info

When you completed the R&A registration, your registration information was sent to the state Medicaid program. This section will ask you to confirm the information sent by the R&A and matched with the state Medicaid program information. It is important to review this information carefully. The R&A information can only be changed at the R&A but Contact Information can be changed at any time prior to application submission.

The initial **R&A/Contact Info** screen contains information about this section.

Click **Begin** to access the **R&A/Contact Info** screen to confirm information and to enter your contact information.



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See the Using MAPIR section of this guide for information on using the **Print**, **Contact Us**, and **Exit** links.

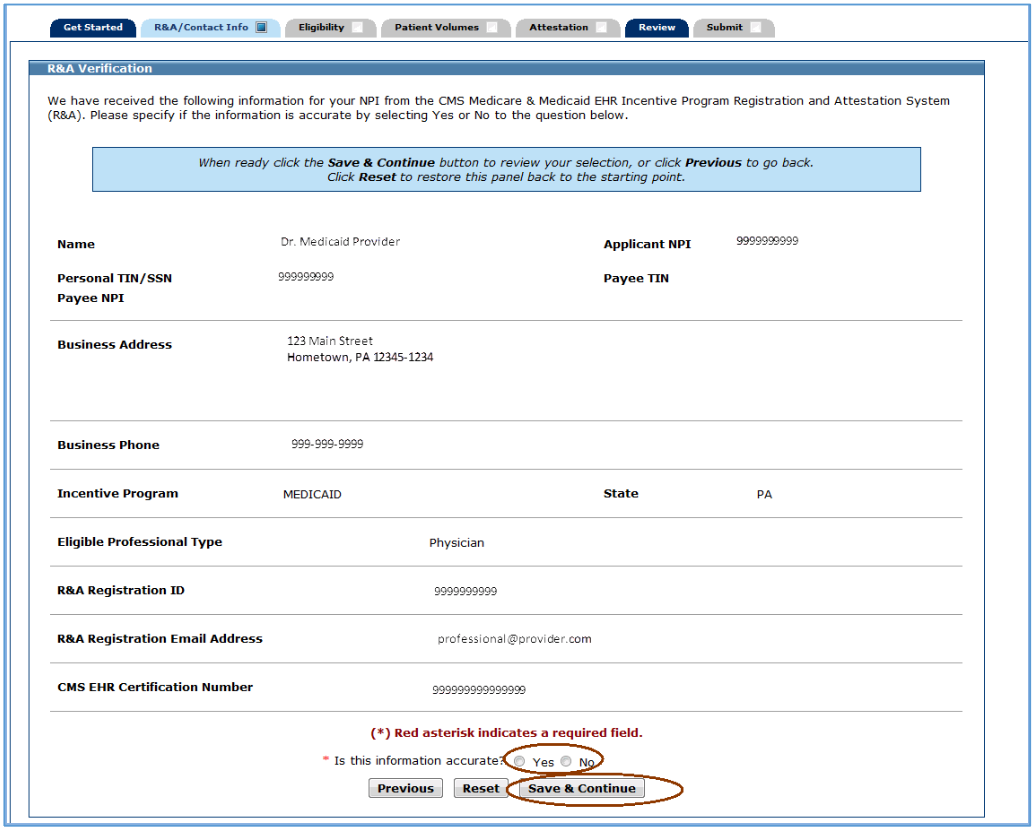
Check your information carefully to ensure all of it is accurate.

Compare the R&A Registration ID you received when you registered with the R&A with the **R&A Registration ID** that is displayed.

After reviewing the information click **Yes** or **No**.

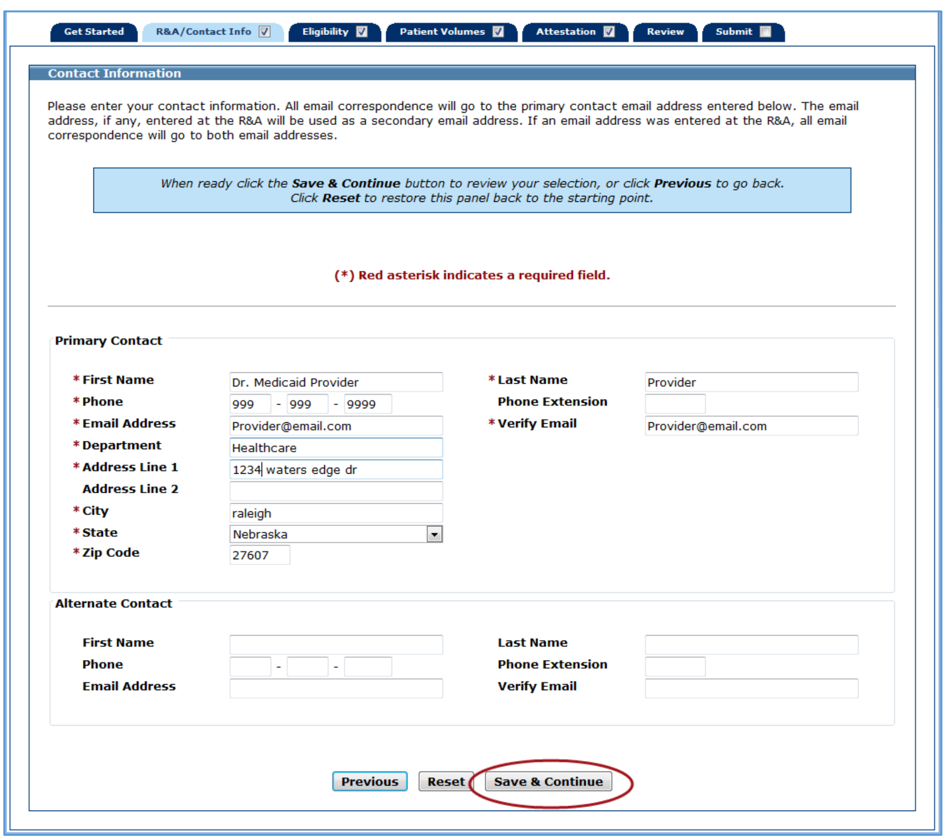
Click **Save & Continue** to review your selection, or click **Previous** to go back.

Click **Reset** to restore this panel back to the starting point or last saved data. The Reset button will not reset the R&A information. If the R&A information is incorrect, you will need to return to the R&A website to correct it.



Enter the required contact information.

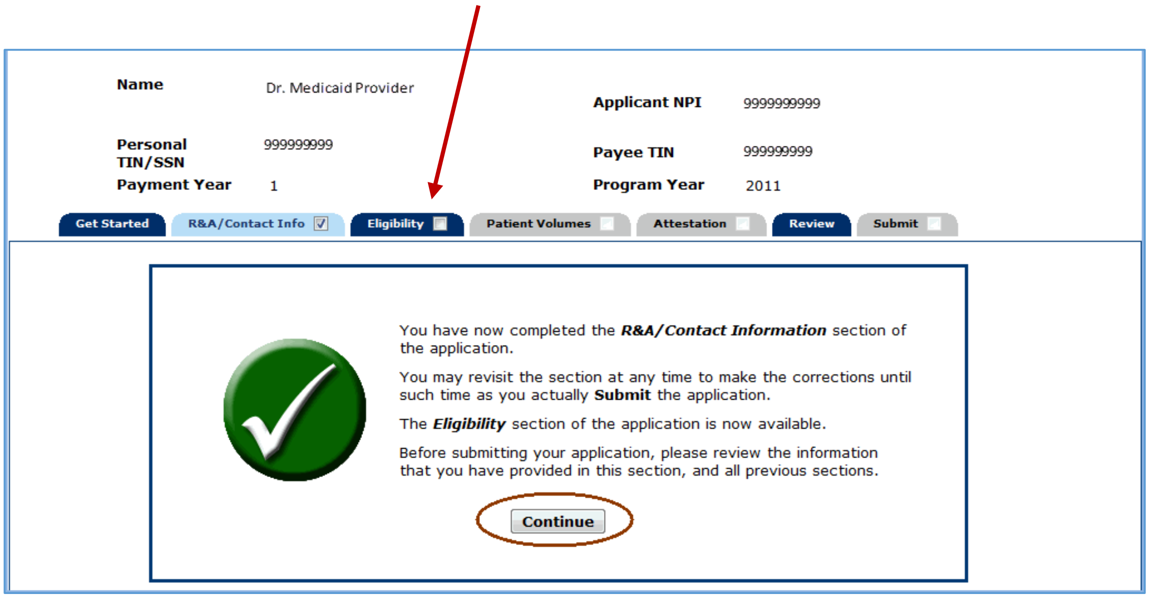
Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or last saved data.



This screen confirms you successfully completed the **R&A/Contact Info** section.

Note the check box located in the **R&A/Contact Info** tab. You can return to this section to update the Contact Information at any time prior to submitting your application.

Click **Continue** to proceed to the **Eligibility** section.

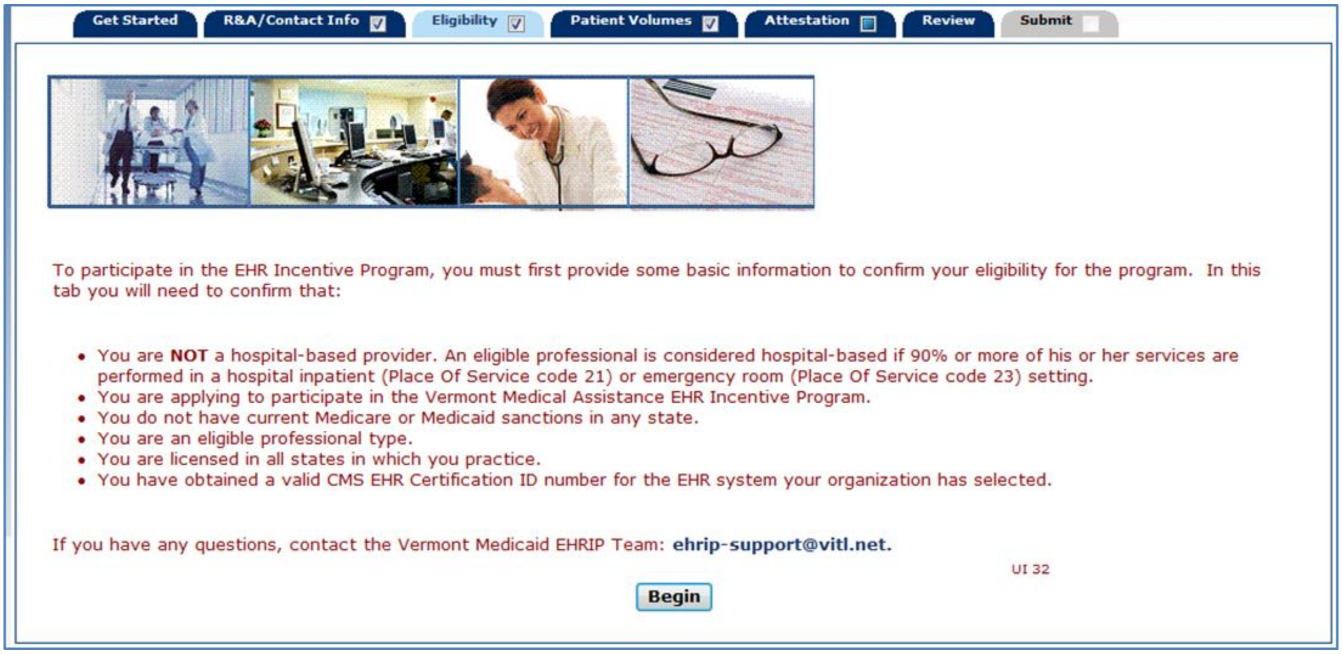


Step 3 – Eligibility

The Eligibility section will ask questions to allow the state Medicaid program to make a determination regarding your eligibility for the Medicaid EHR Incentive Payment Program.

The initial **Eligibility** screen contains information about this section.

Click Begin to proceed to the Eligibility Questions (Part 1 of 3).



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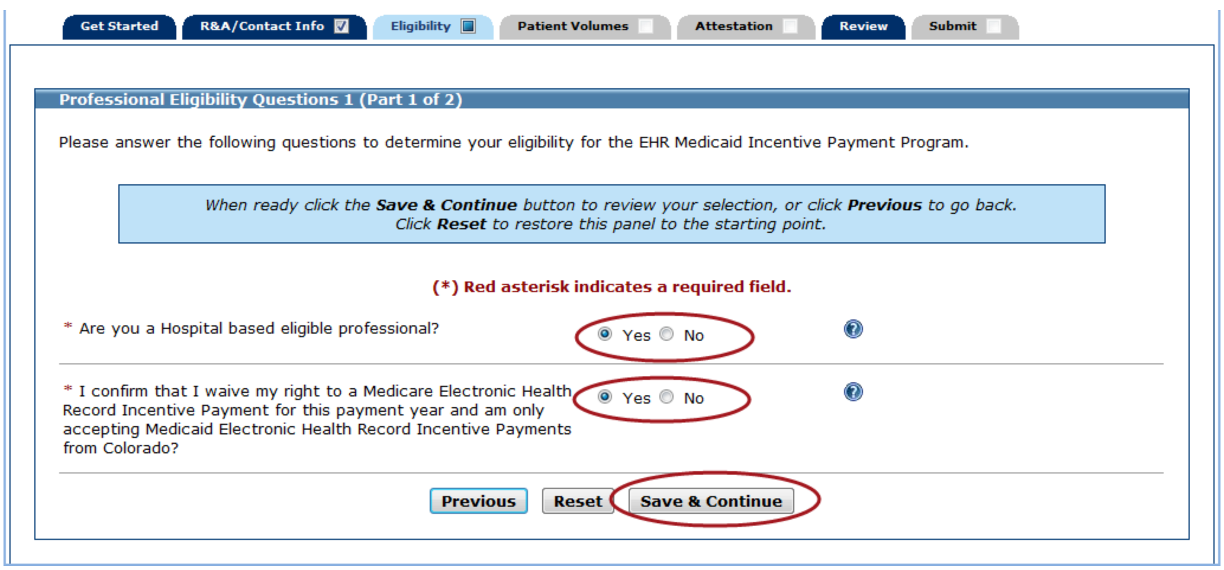
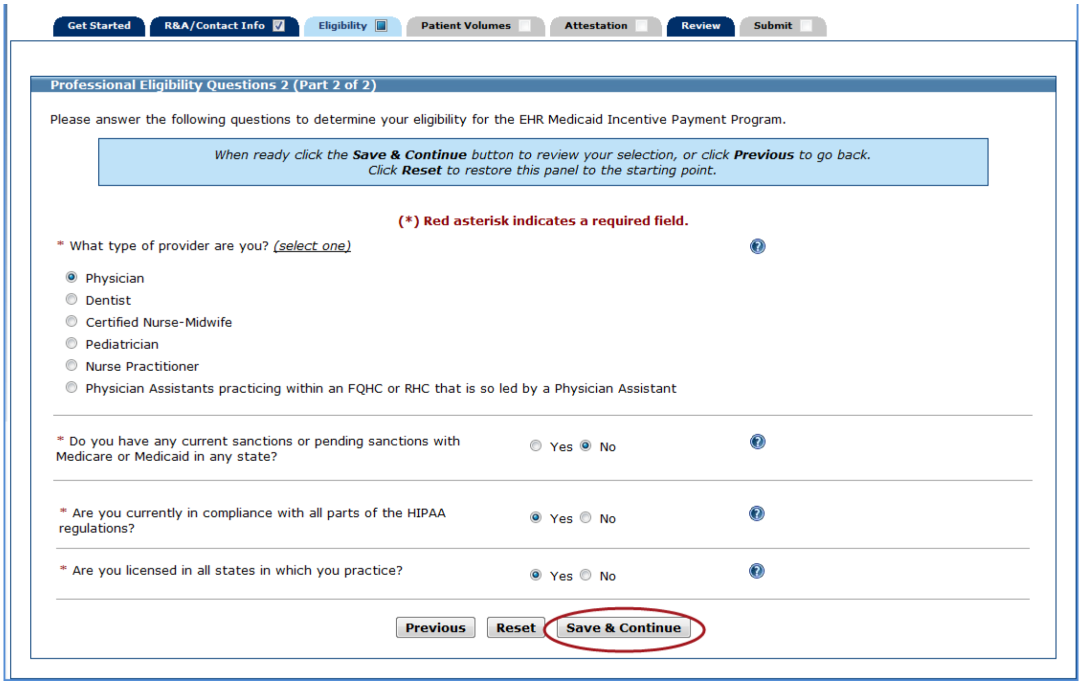
Select **Yes** or **No** to the eligibility questions.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or the last saved data.



This screen will ask questions to determine your eligibility for the EHR Medicaid Incentive Payment Program. Please select your provider type from the list and answer the questions.

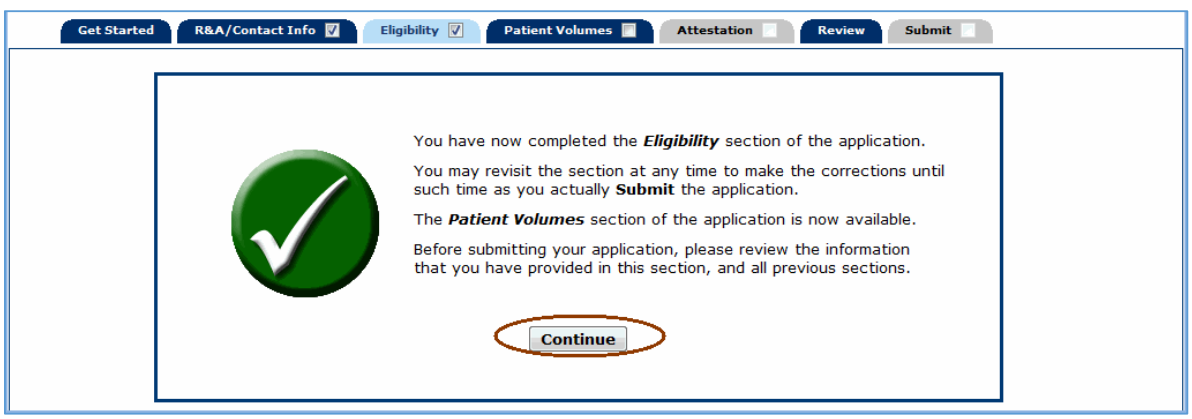
Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.



This screen confirms you successfully completed the **Eligibility** section.

Note the check box in the **Eligibility** tab.

Click **Continue** to proceed to the **Patient Volumes** section.



Step 4 - Patient Volumes

The Patient Volumes section gathers information about your practice type, practice locations, the 90 day period you intend to use for reporting the patient volumes, and the patient volumes themselves. Additionally, you will be asked about how you utilize your certified EHR technology.

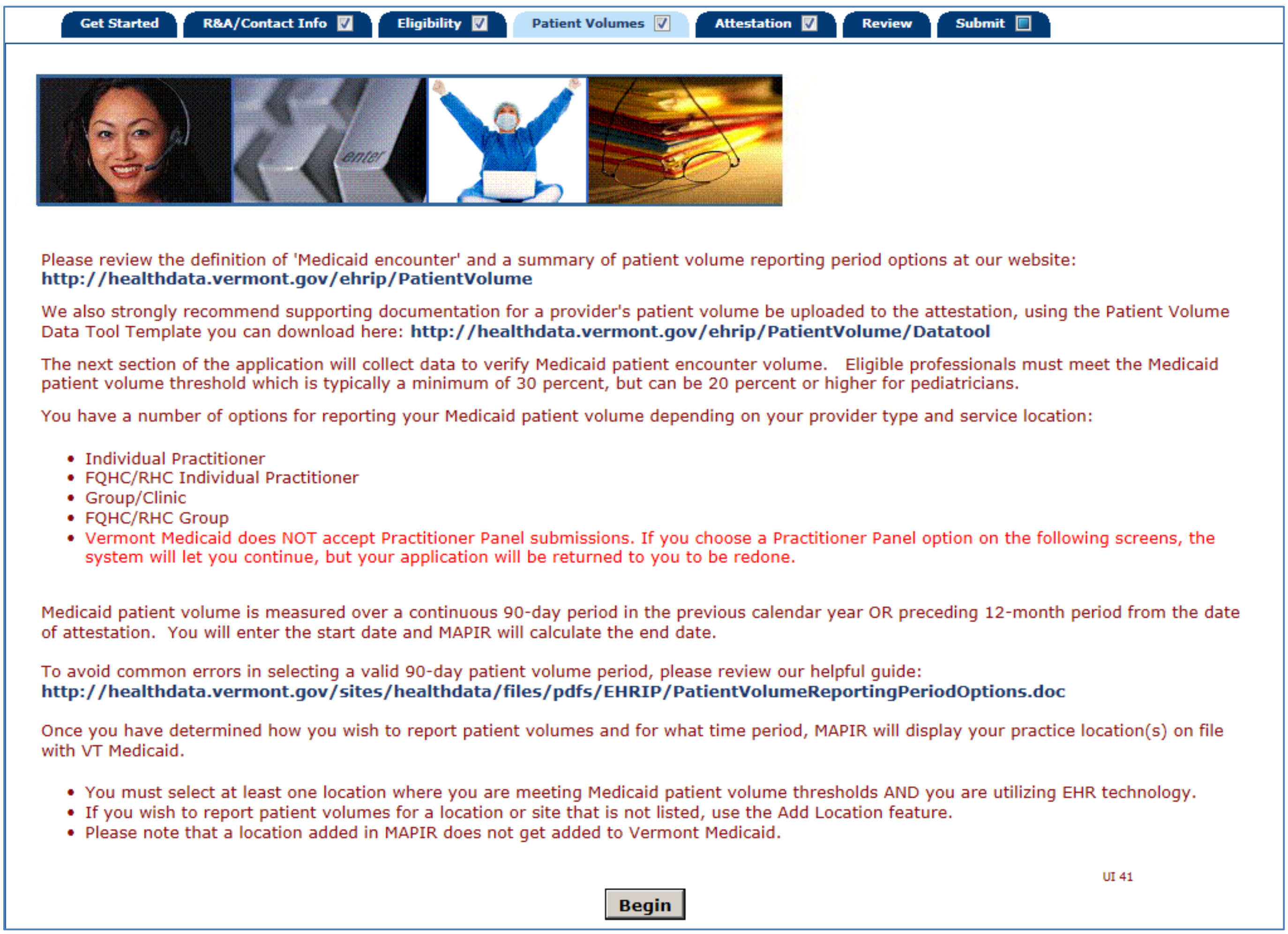
There are three parts to Patient Volumes:

Part 1 of 3 contains two questions which will determine the method you use for entering patient volumes in Part 3 of 3.

Part 2 of 3 establishes the 90 day period for reporting patient volumes.

Part 3 of 3 contains screens to add new locations for reporting **Medicaid Patient Volumes,** selecting at least one location for **Utilizing Certified EHR Technology**, and entering patient volumes for the chosen reporting period.

The initial **Patient Volumes** screen contains information about this section.
Click **Begin** to proceed to the **Patient Volume Practice Type (Part 1 of 3)** screen.



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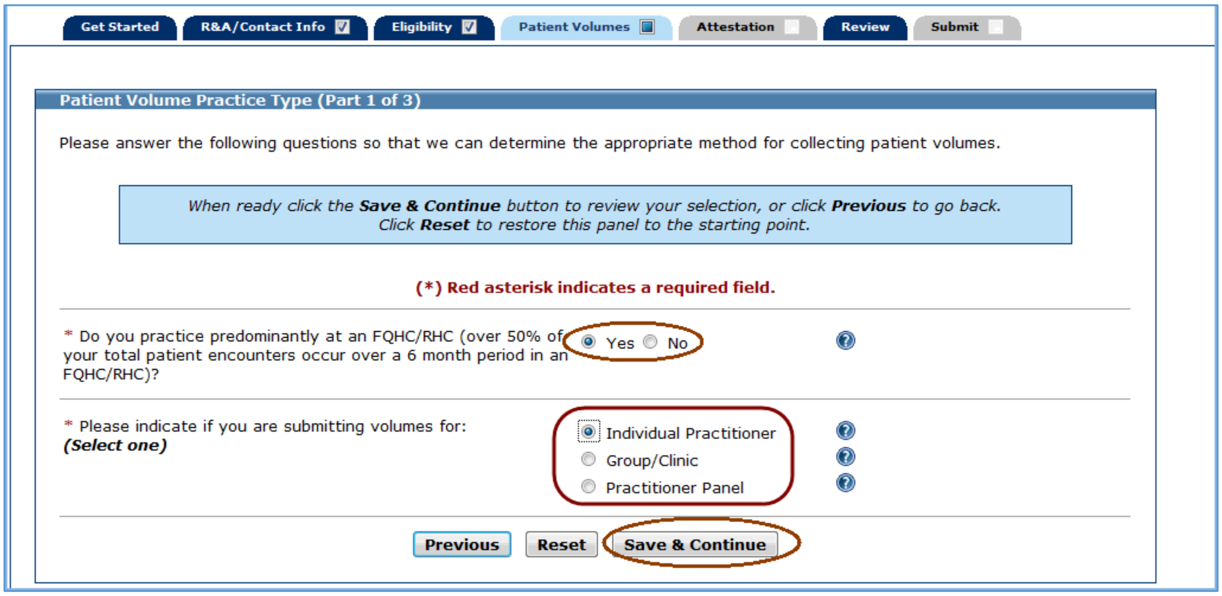
Patient Volume Practice Type (Part 1 of 3)

Patient Volume Practice Type (Part 1 of 3) contains two questions about your practice type to determine the appropriate method for collecting patient volume information.

Please Note: All Group/Clinic attestations have documentation upload requirements, which are listed in each section on group attestations, and also in the *Submit* section of this User Guide.

Select the appropriate answers using the buttons. Move your cursor over the to access additional information.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.



Patient Volume 90 Day Period (Part 2 of 3)

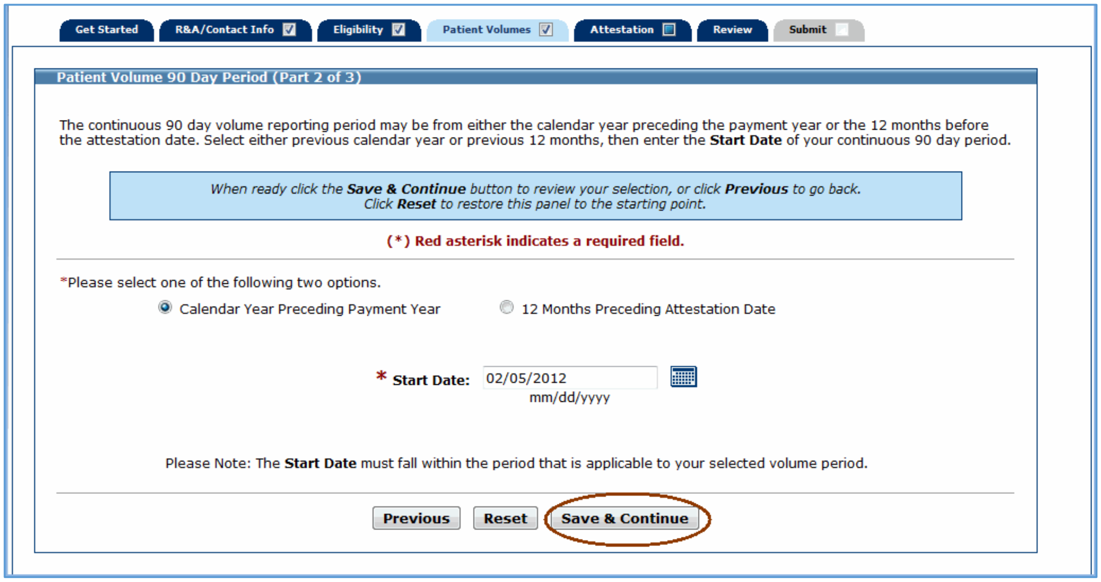
For all practice types MAPIR will ask you to enter the start date of the 90 day patient volume reporting period in which you will demonstrate the required Medicaid patient volume participation level.

Select if you would like your 90 day patient volume reporting period to be from either the **Calendar Year Preceding the Payment Year** or the **12 Months Preceding Attestation Date**.

Enter a **Start Date** or select one from the calendar icon located to the right of the Start Date field.

More information about selecting the correct patient volume time period is available at our website: http://healthdata.vermont.gov/ehrip/patientvolume#90DayPVperiod

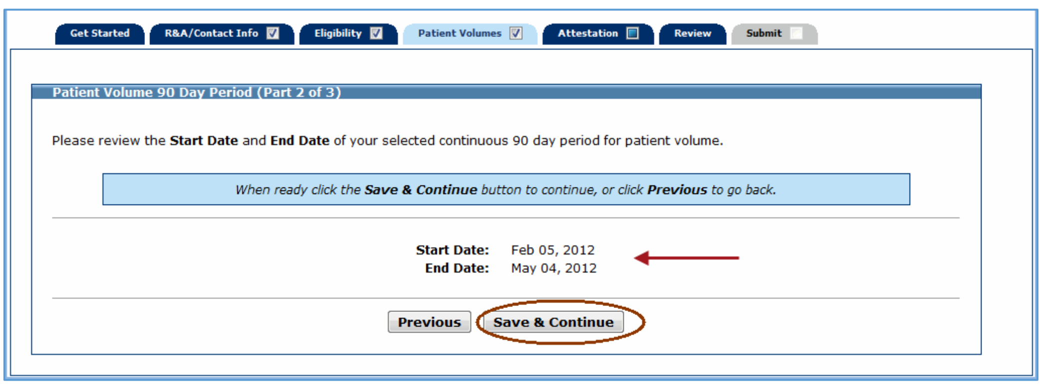
Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.



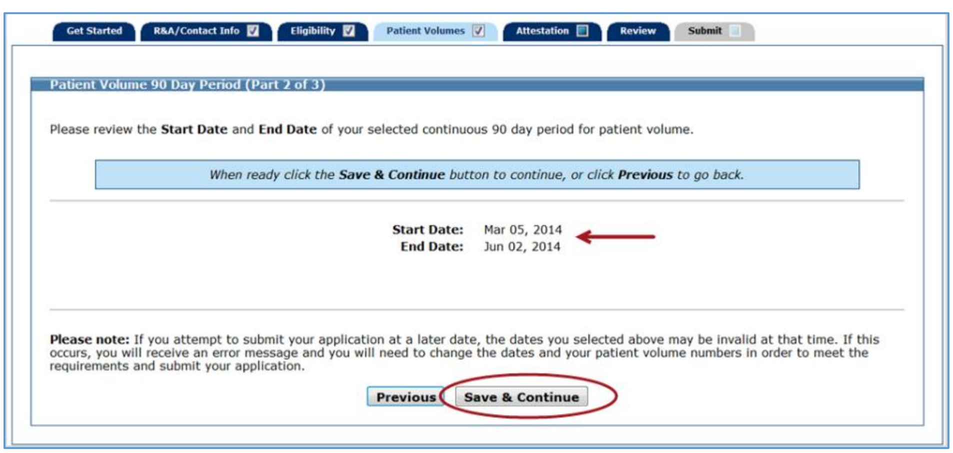
Review the **Start Date** and **End Date** information. The 90 Day **End Date** has been calculated for you.

Click **Save & Continue** to continue, or click **Previous** to go back.

Screen for Calendar Year Preceding Payment Year.



Screen for 12 Months Preceding Attestation Date.



Patient Volume (Part 3 of 3)

In order to meet the requirements of the Medicaid EHR Incentive Program you must provide information about your patient volumes. The information will be used to determine your eligibility for the incentive program. The responses to the questions for Practice Type (Part 1 of 3) on the first Patient Volume screen determine the questions you will be asked to complete and the information required. The information is summarized below:

1. Practice locations – MAPIR will present a list of practice locations that the state Medicaid program office has on record. If you have additional practice locations you have the option to add them. When all locations are added, you will enter the required information for all your practice locations.
2. Utilizing Certified EHR Technology – You must select the practice locations where you are utilizing certified EHR technology. At least one practice location must be selected.
3. Patient volume – You are required to enter the information for the patient volume 90 day period you entered.

Depending on your practice type you will be asked for different information related to patient volumes. Not all information you enter will be used in the patient volume percentage calculation. Information not used will be reviewed by the state Medicaid program to assist with determining your eligibility. The specific formula for each practice type percentage calculation is listed within the section for that practice type.

The table below directs you to the page number in this guide to provide details for completing this section.

Practice Type	Page No.
Individual	26
~~Practitioner Panel (Individual and FQHC/RHC*)~~	
Group	30
FQHC/RHC* Individual	35
FQHC/RHC* Group	39

* Federally Qualified Health Center/Rural Health Clinic

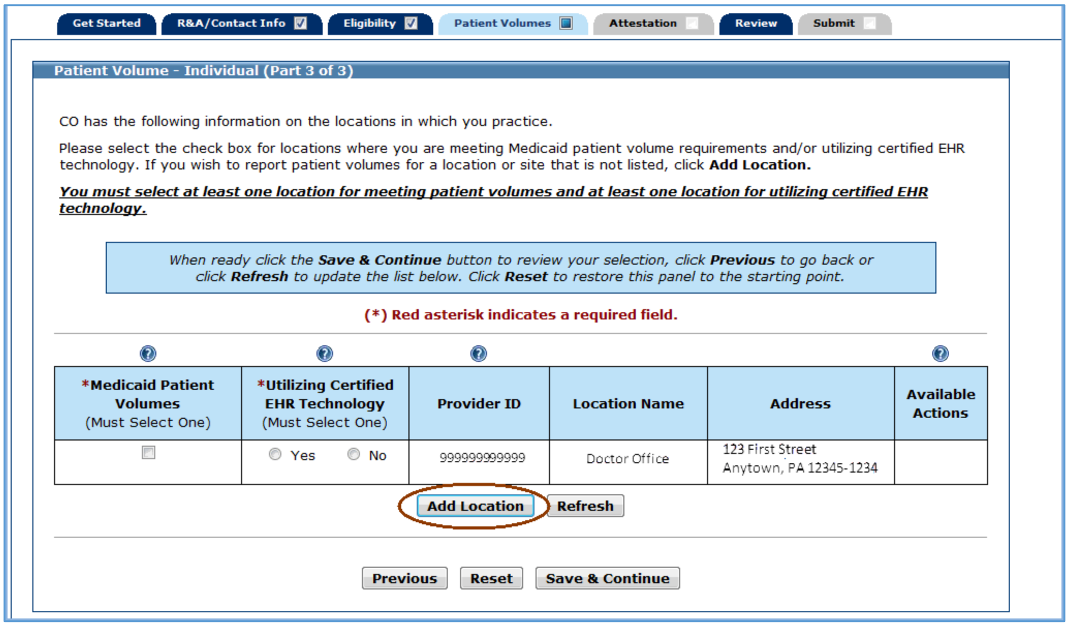
NOTE: *Practitioner Panel, Patient Volume*, is not an option in the Vermont EHR Incentive Program.

Patient Volume: Individual

The following pages will show you how to apply for the EHR Incentive program as an Individual provider. If you are not applying as an Individual provider, refer to the table on page 25 for more information about your practice type.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations, you can add them. Once all locations are added, you will enter the required Patient Volume information.

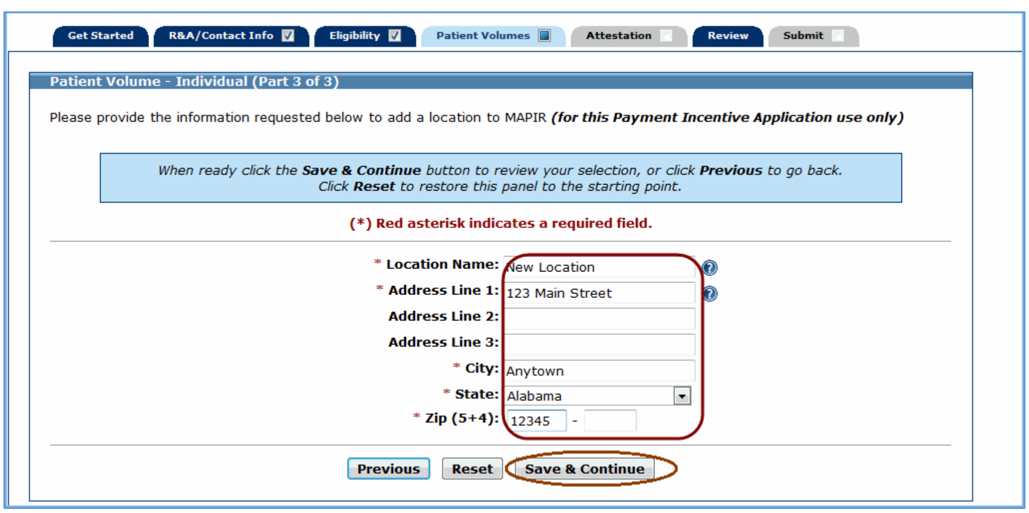
Add new locations by clicking Add Location. Please note that a location added in MAPIR is NOT added to Vermont Medicaid.



If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.



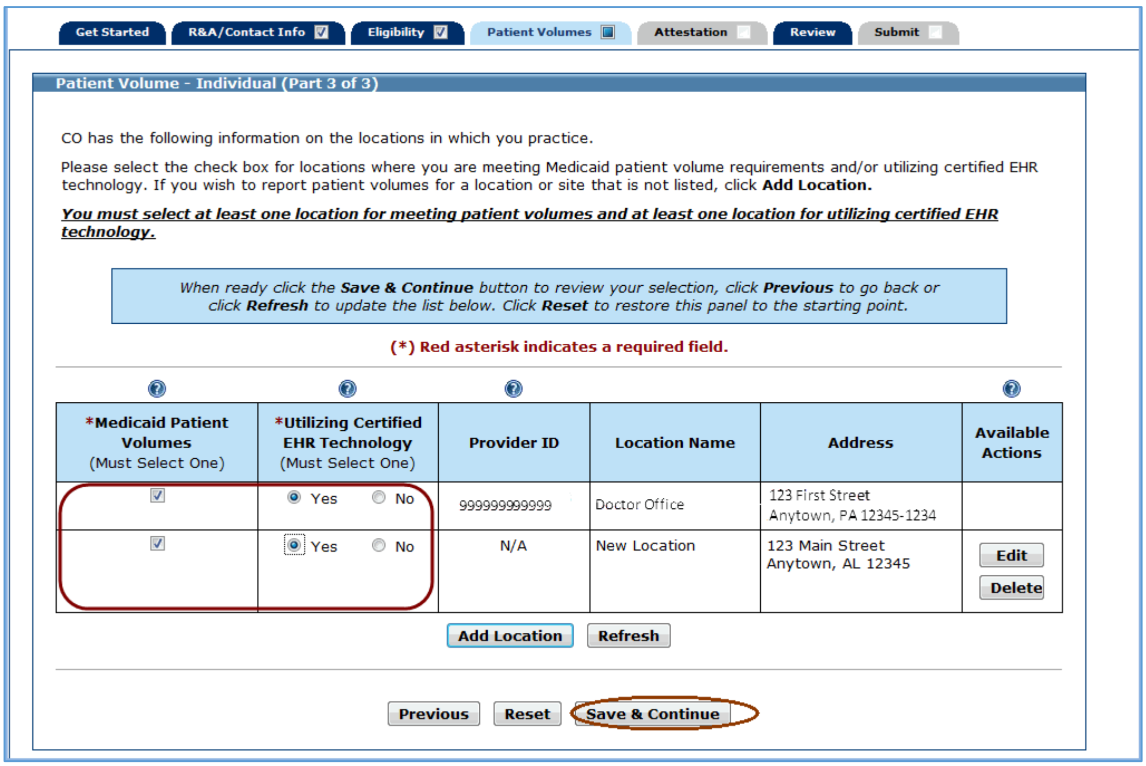
For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting patient requirements and at least one location for utilizing certified EHR technology.

Note: For every location listed on this screen, even if you did not select it as a location to meet patient requirements (Medicaid Patient Volume column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the Utilizing Certified EHR Technology column.

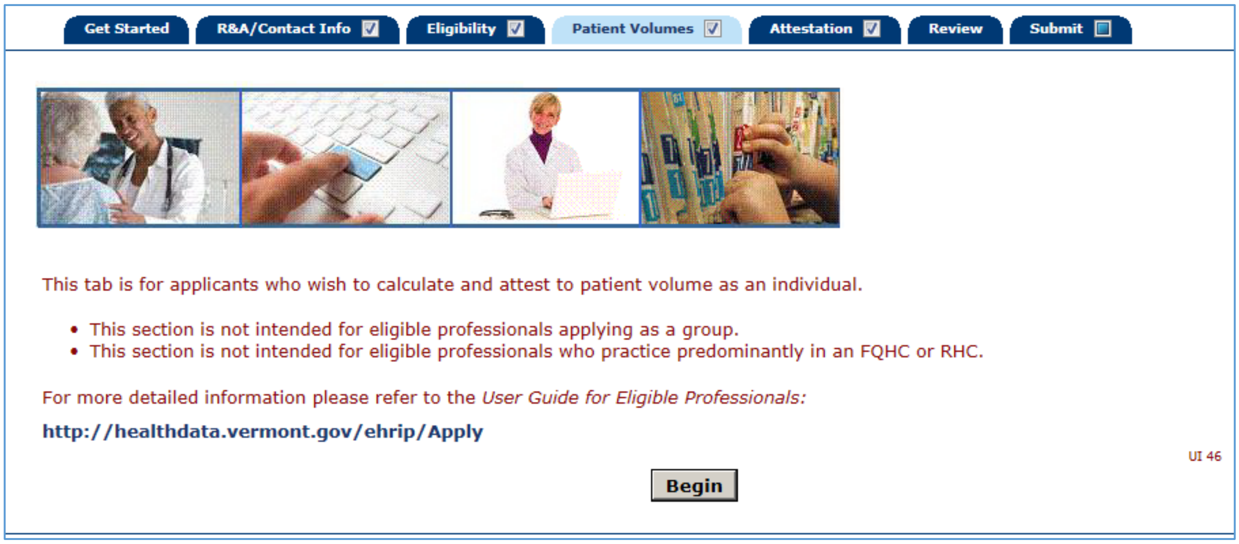
Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note: The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.



Click **Begin** to proceed to the screens where you will enter patient volumes.



UI 46

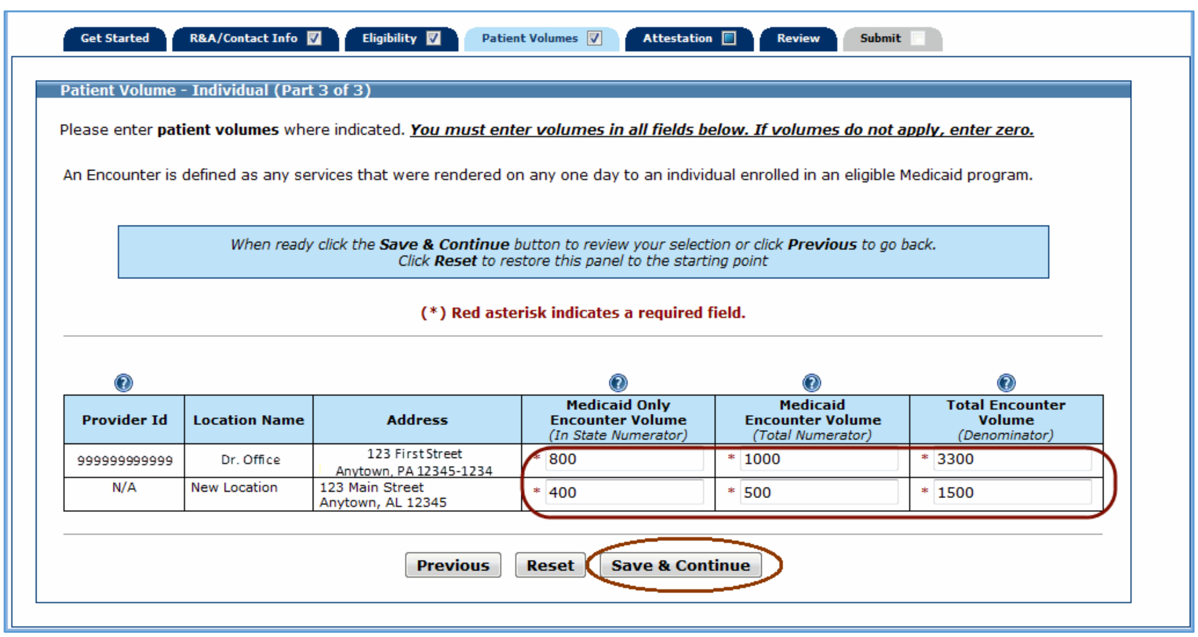
Medicaid Patient Volume Percentage Formula - Individual

(Medicaid Encounter Volume / Total Encounter Volume)

For more information on the correct definition of Medicaid Encounter, please visit our website:
http://healthdata.vermont.gov/ehrip/PatientVolume

Enter patient volumes for each location listed on the screen.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

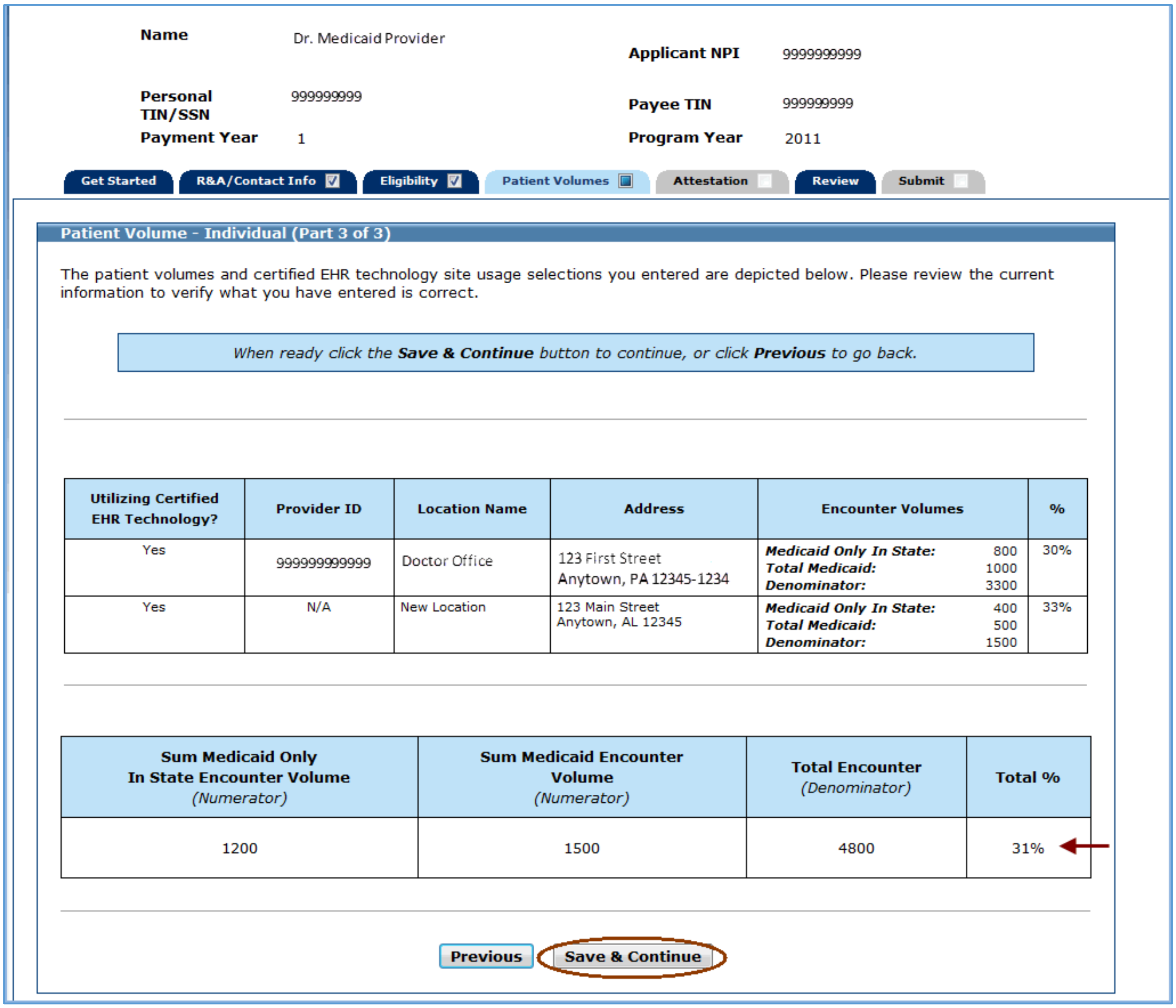


This screen displays the locations where you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed or **Previous** to go back.



Patient Volume – Practitioner Panel

NOTE: *Practitioner Panel, Patient Volume*, is not an option in the Vermont EHR Incentive Program.

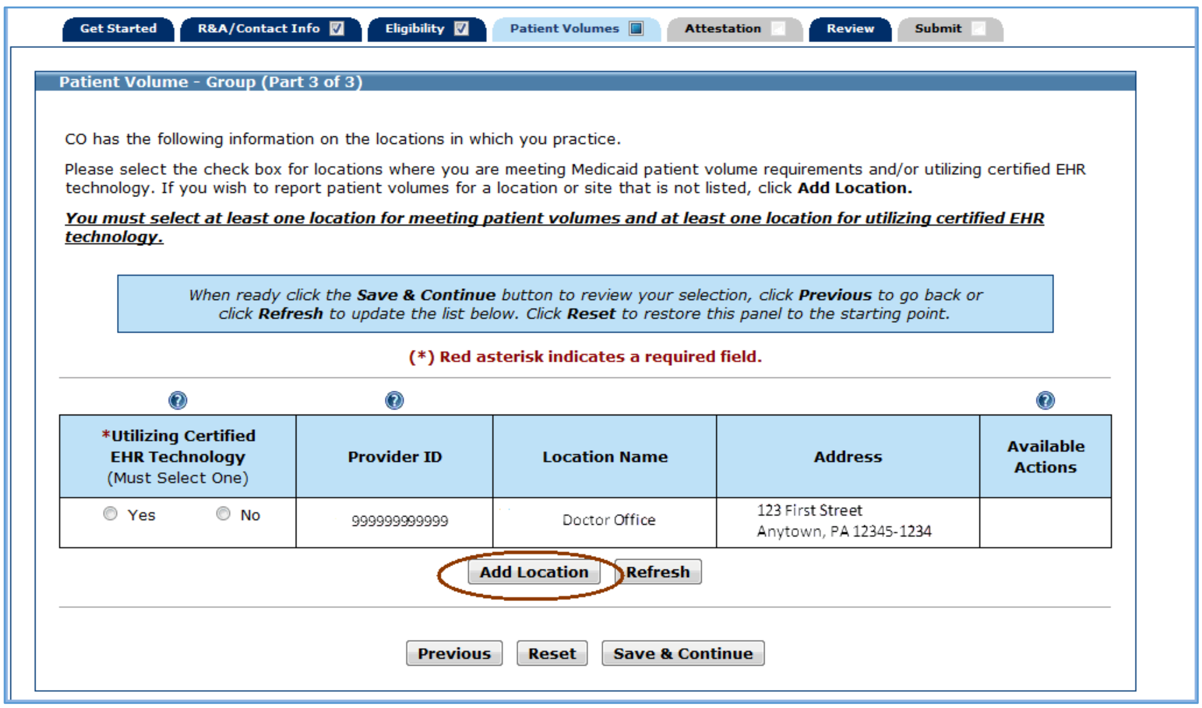
Patient Volume – Group

The following pages will show you how to apply for the EHR Incentive program as a Group provider. If you are not applying as a Group provider, refer to the Patient Volume table on page 25 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Note: For every location listed on this screen, even if you did not select it as a location to meet patient requirements (Medicaid Patient Volume column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the "Utilizing Certified EHR Technology" column.

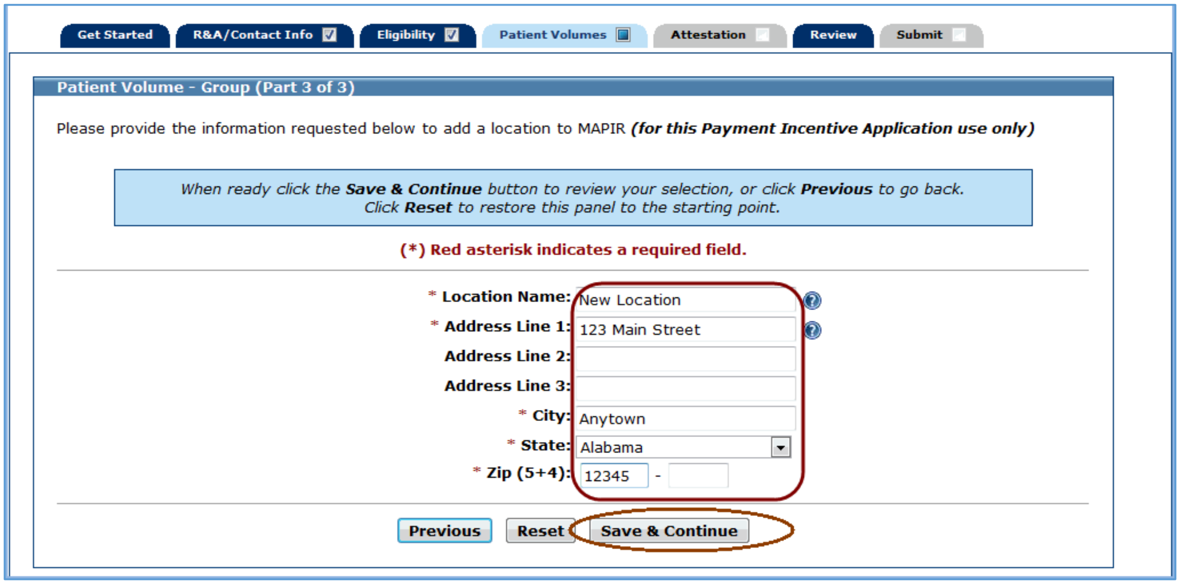
Review the listed locations. Add new locations by clicking **Add Location**. **Please note that a location added in MAPIR is NOT added to Vermont Medicaid.**



If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.



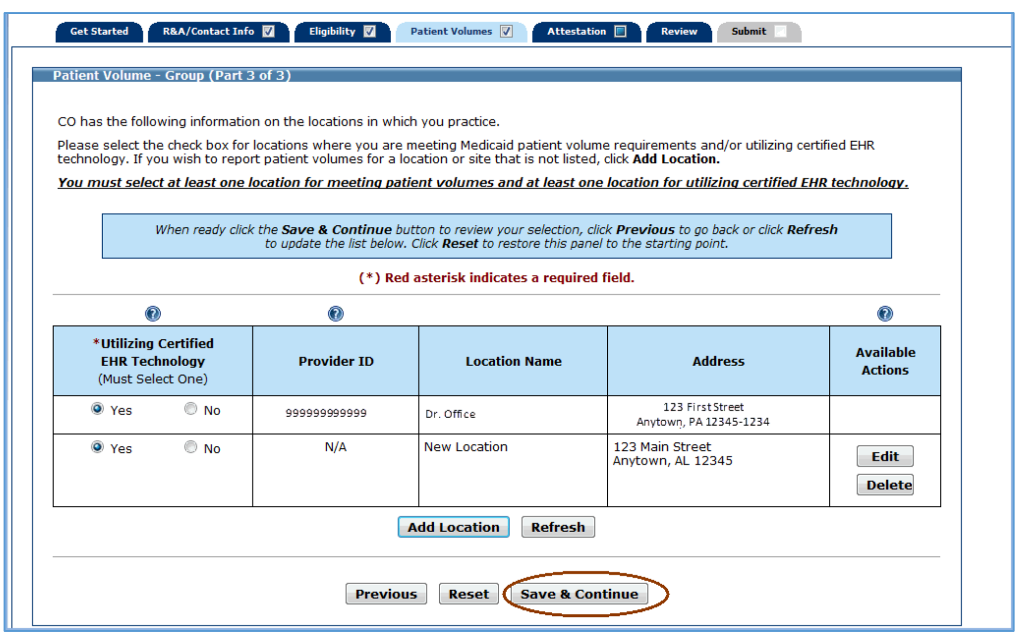
For each location check whether you are **Utilizing Certified EHR Technology**.

Note: For every location listed on this screen, even if you did not select it as a location to meet patient requirements (Medicaid Patient Volume column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the "Utilizing Certified EHR Technology" column.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note: The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.



Click **Begin** to proceed to the screens where you will enter patient volumes.

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

This tab is for applicants who wish to calculate and attest to patient volume as a group. The set of **GROUP PRACTICE PROVIDER IDs (billing NPIs)** must be used to define the "group", and all members of the group must apply in an identical manner with the same 90-day period for patient volume threshold and same Group Practice Provider IDs.
NOTE: You should enter the group's billing NPIs in the *Group Practice Provider ID* field.

- The group methodology is not appropriate for eligible professionals who see commercial, Medicare or self-pay patients exclusively.
- You can enter four (4) group practice NPIs. If you have more than four (4) group practice NPIs, please indicate this by checking the box *"additional group practice provider IDs."* and include them in the documentation to upload as follows.

PLEASE NOTE UPDATED DOCUMENTATION REQUIREMENTS FOR ALL GROUP ATTESTATIONS

For each provider attesting as part of a group, please document the following and upload the information in a PDF file as part of each provider's attestation:

- Applicant's name and individual NPI
- The set of Group Practice IDs (billing NPIs) used to define the group
- A complete list of all individual provider names and individual NPIs for all attending or rendering providers associated with the group, regardless of whether they are Eligible Professionals attesting for an incentive payment.

UI 54

Begin

UI 54

Medicaid Patient Volume Percentage Formula - Group

[Medicaid Encounter Volumes] ÷ [Total Encounter Volume]

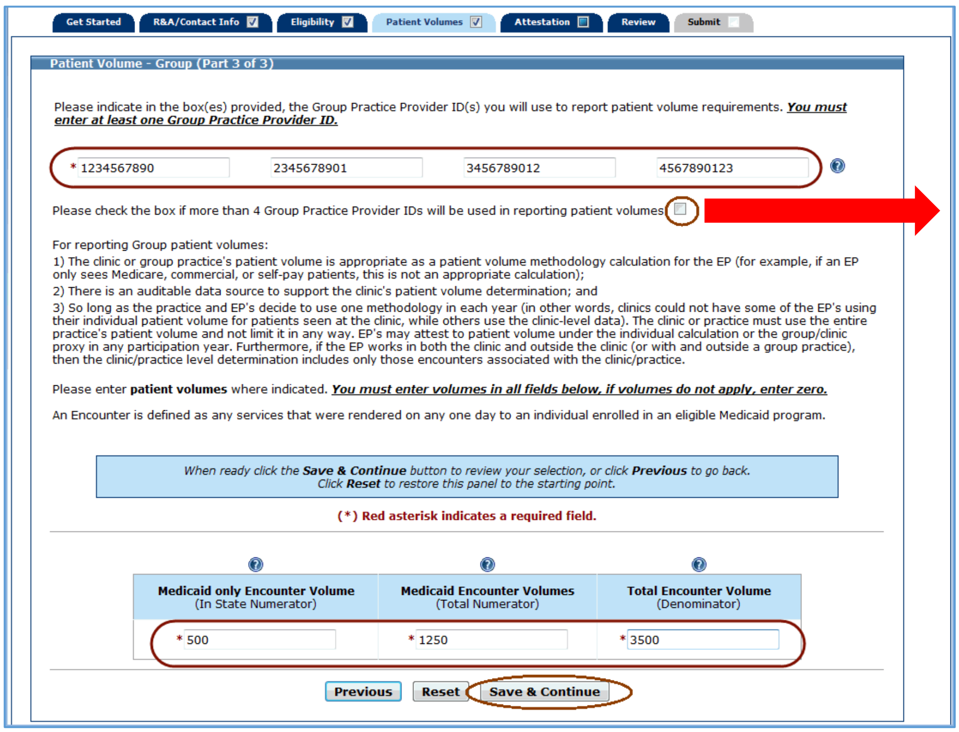
For more information on the correct definition of Medicaid Encounter, please visit our website:
http://healthdata.vermont.gov/ehrip/PatientVolume

Enter **Group Practice Provider IDs.**

If you listed four **Group Practice Provider IDs** and the patient volume numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs.

Enter **Patient Volumes** for the locations.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or last saved data.



Group Volume Documentation Requirement

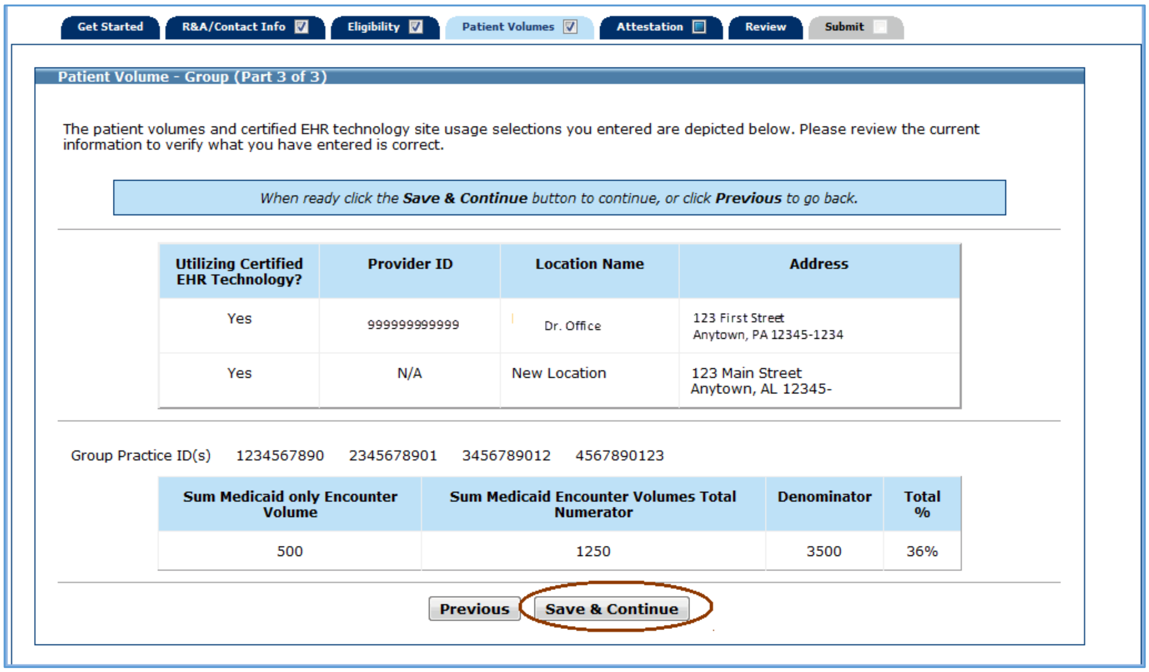
For each provider attesting with group patient volume, you must upload the complete set of billing NPIs defining the group, and a complete list of individual provider names and individual NPIs for all attending or rendering providers associated with the group, regardless of whether they are Eligible Professionals attesting for an incentive payment.

This screen displays the volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed, or click **Previous** to go back.

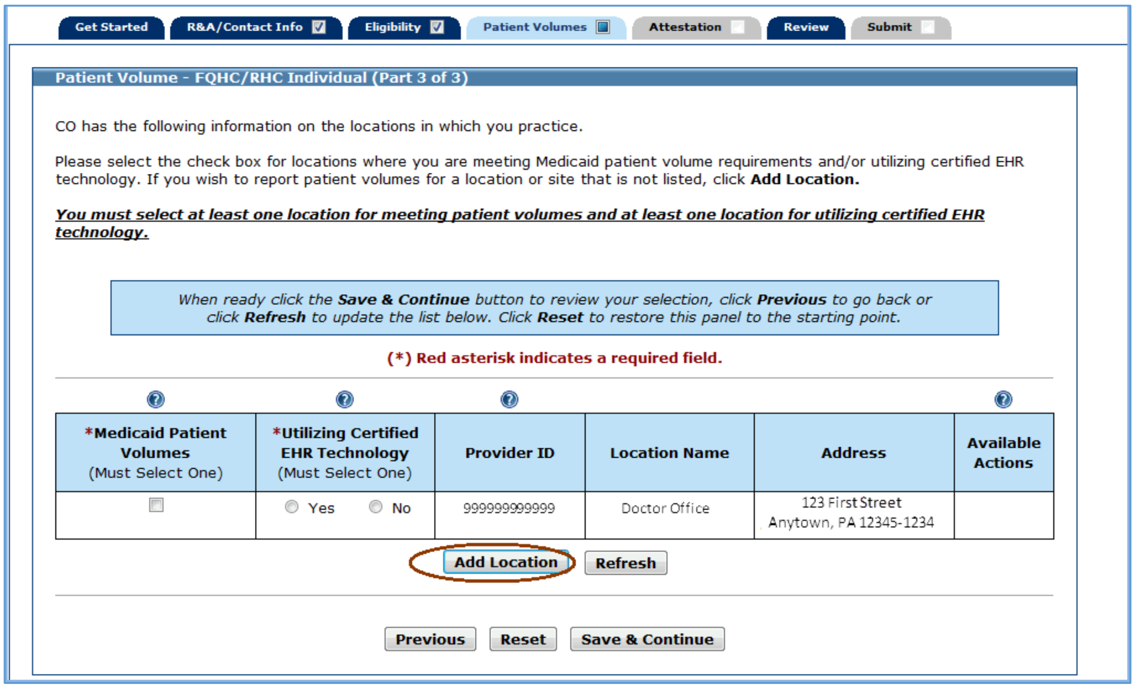


Patient Volume – FQHC/RHC Individual

The following pages will show you how to apply for the EHR Incentive program as an FQHC/RHC Individual provider. If you are not applying as an FQHC/RHC Individual provider, refer to the table on page 25 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

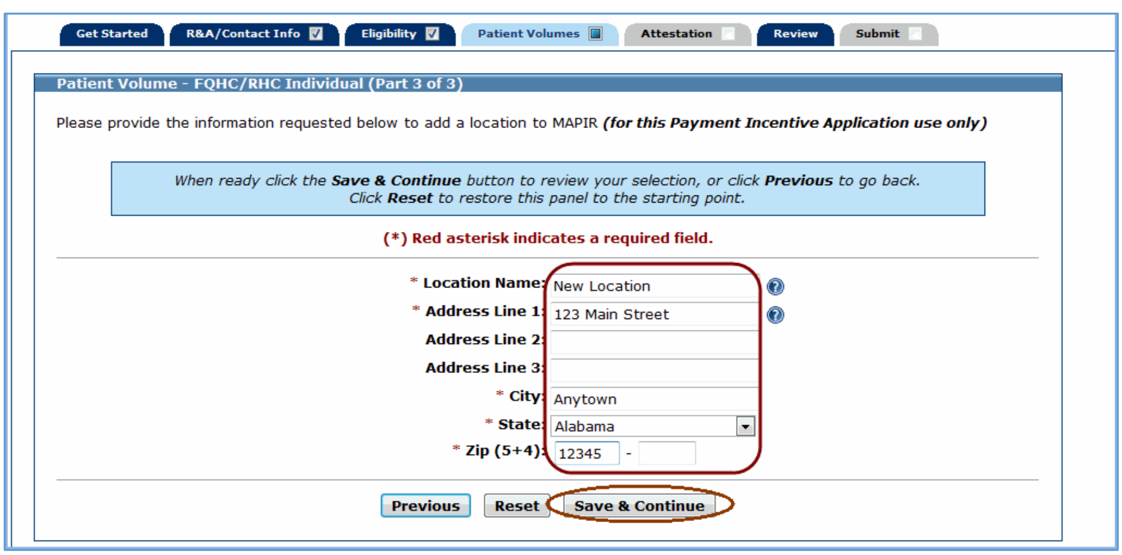
Review the listed locations. Add new locations by clicking **Add Location**. **Please note that a location added in MAPIR is NOT added to Vermont Medicaid.**



If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.



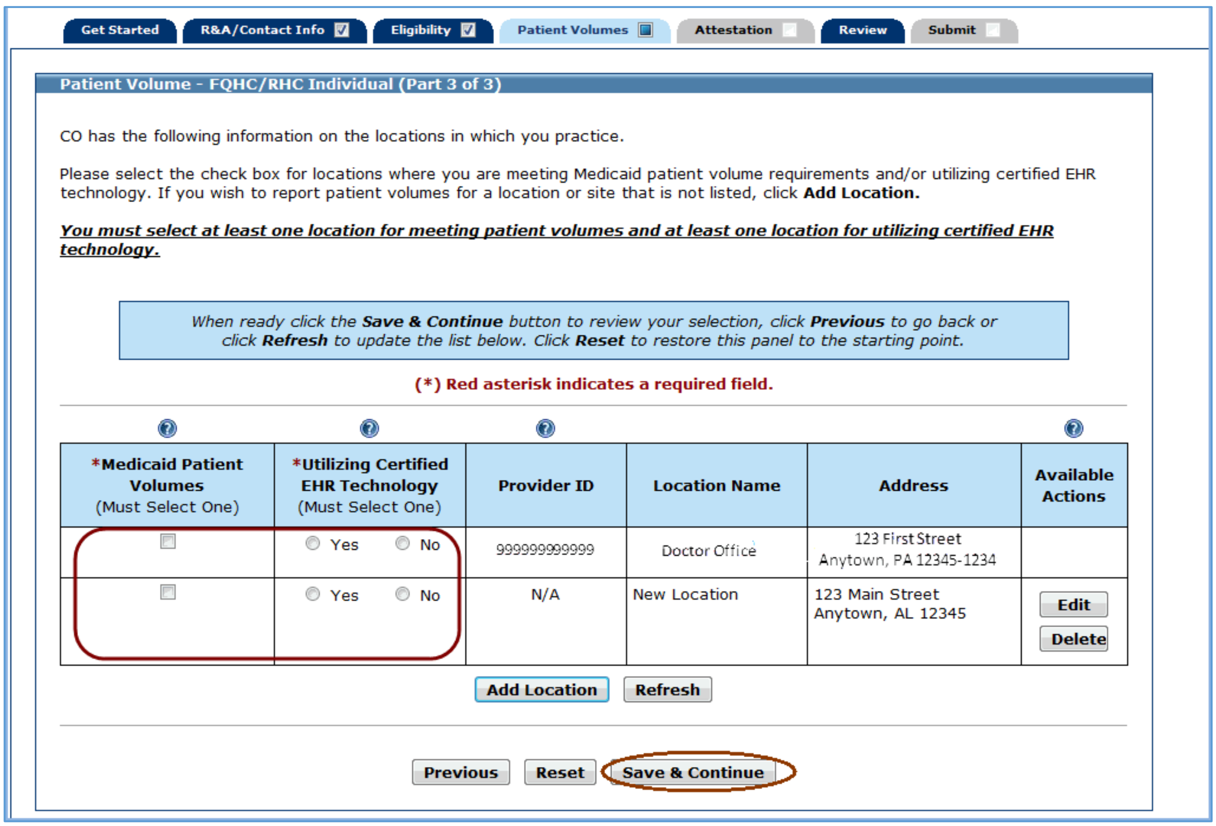
For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting patient requirements and at least one location for utilizing certified EHR technology.

Note: For every location listed on this screen, even if you did not select it as a location to meet patient requirements (Medicaid Patient Volume column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the 'Utilizing Certified EHR Technology' column.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note: The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.



Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Patient Volume - FQHC/RHC Individual (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location.**

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

*When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.*

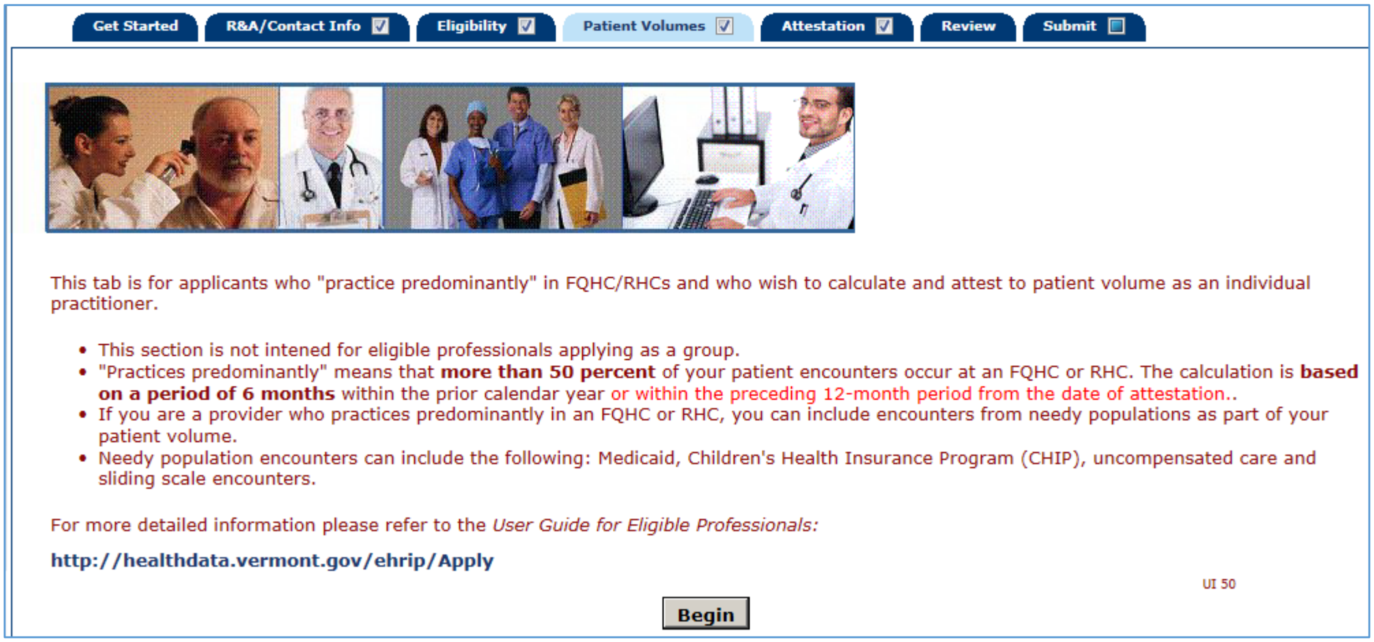
(*) Red asterisk indicates a required field.

***Medicaid Patient Volumes** (Must Select One)	***Utilizing Certified EHR Technology** (Must Select One)	**Provider ID**	**Location Name**	**Address**	**Available Actions**
☐	○ Yes ○ No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
☐	○ Yes ○ No	N/A	New Location	123 Main Street Anytown, AL 12345	Edit Delete

Add Location | Refresh

Previous | Reset | Save & Continue

Click **Begin** to proceed to the screens where you will enter patient volumes.



UI 50

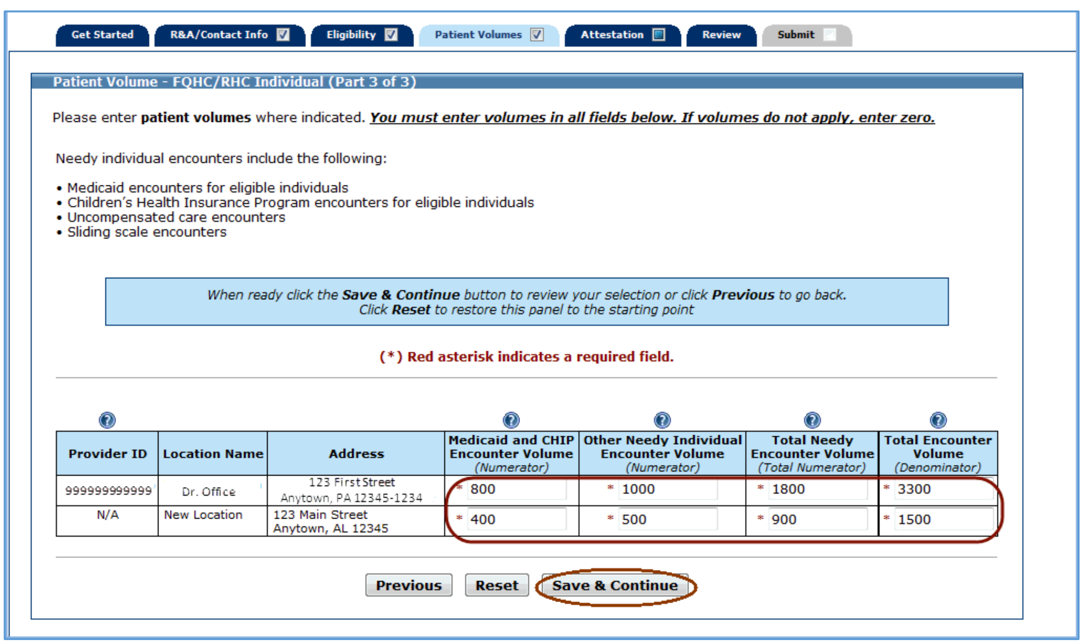
Medicaid Patient Volume Percentage Formula: FQHC/RHC Individual

[Total Needy Encounter Volume] ÷ [Total Encounter Volume]

See our website for more information on how to calculate "Total Needy Encounters:" http://healthdata.vermont.gov/ehrip/PatientVolume

Enter **Patient Volume** for the locations.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

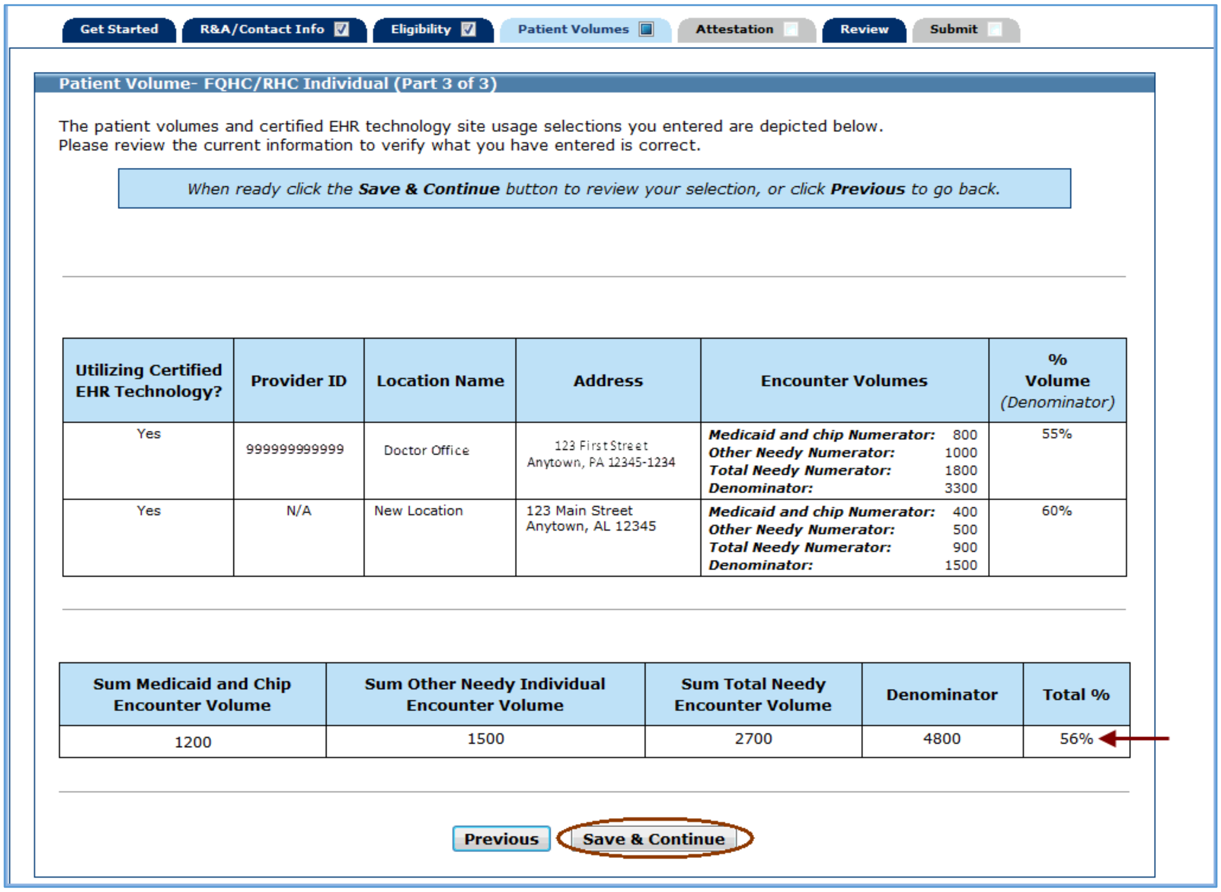


This screen displays the locations you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed, or click **Previous** to go back.


Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Patient Volume- FQHC/RHC Individual (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below.
Please review the current information to verify what you have entered is correct.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.*

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	% Volume (Denominator)
Yes	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	***Medicaid and chip Numerator:*** 800 ***Other Needy Numerator:*** 1000 ***Total Needy Numerator:*** 1800 ***Denominator:*** 3300	55%
Yes	N/A	New Location	123 Main Street Anytown, AL 12345	***Medicaid and chip Numerator:*** 400 ***Other Needy Numerator:*** 500 ***Total Needy Numerator:*** 900 ***Denominator:*** 1500	60%

Sum Medicaid and Chip Encounter Volume	Sum Other Needy Individual Encounter Volume	Sum Total Needy Encounter Volume	Denominator	Total %
1200	1500	2700	4800	56%

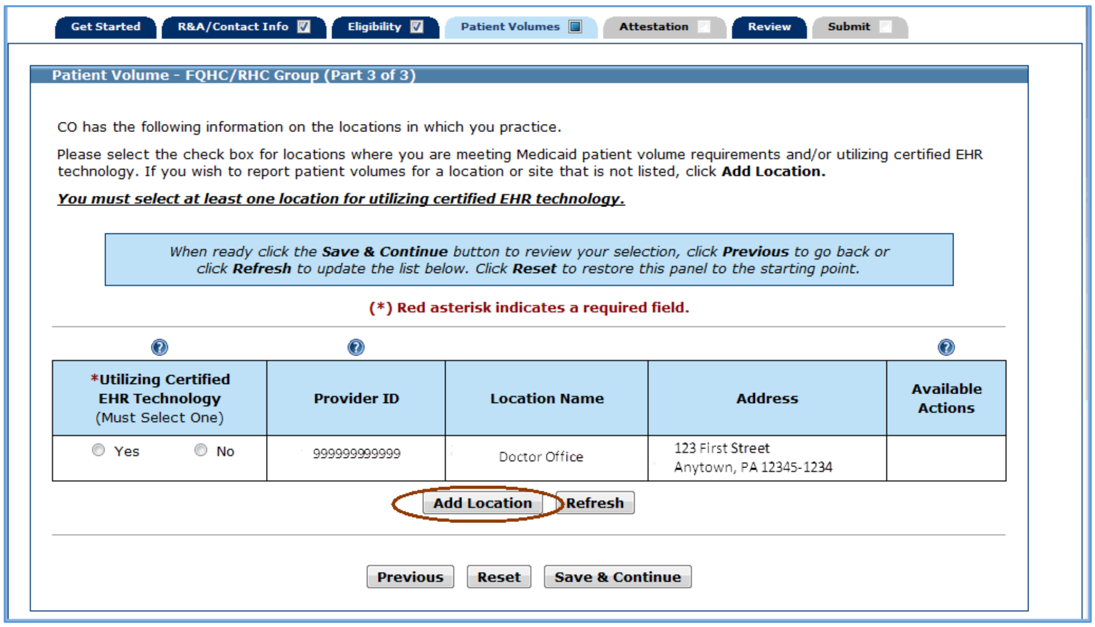
Previous | Save & Continue

Patient Volume – FQHC/RHC Group

The following pages will show you how to apply for the EHR Incentive program as an FQHC/RHC Group provider. If you are not applying as an FQHC/RHC Group provider, refer to the table on page 25 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**. **Please note that a location added in MAPIR is NOT added to Vermont Medicaid.**

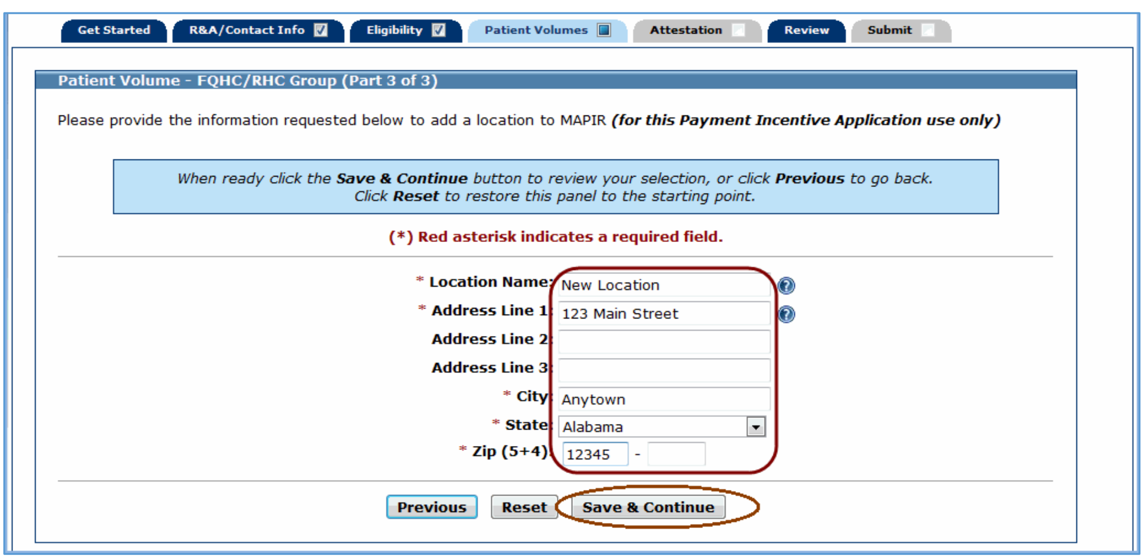


If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to proceed, or click **Previous** to go back.

Click **Reset** to restore this panel to the starting point or last saved data.



For each location, check whether you plan to utilize certified EHR technology. You must select at least one location for utilizing certified EHR technology.

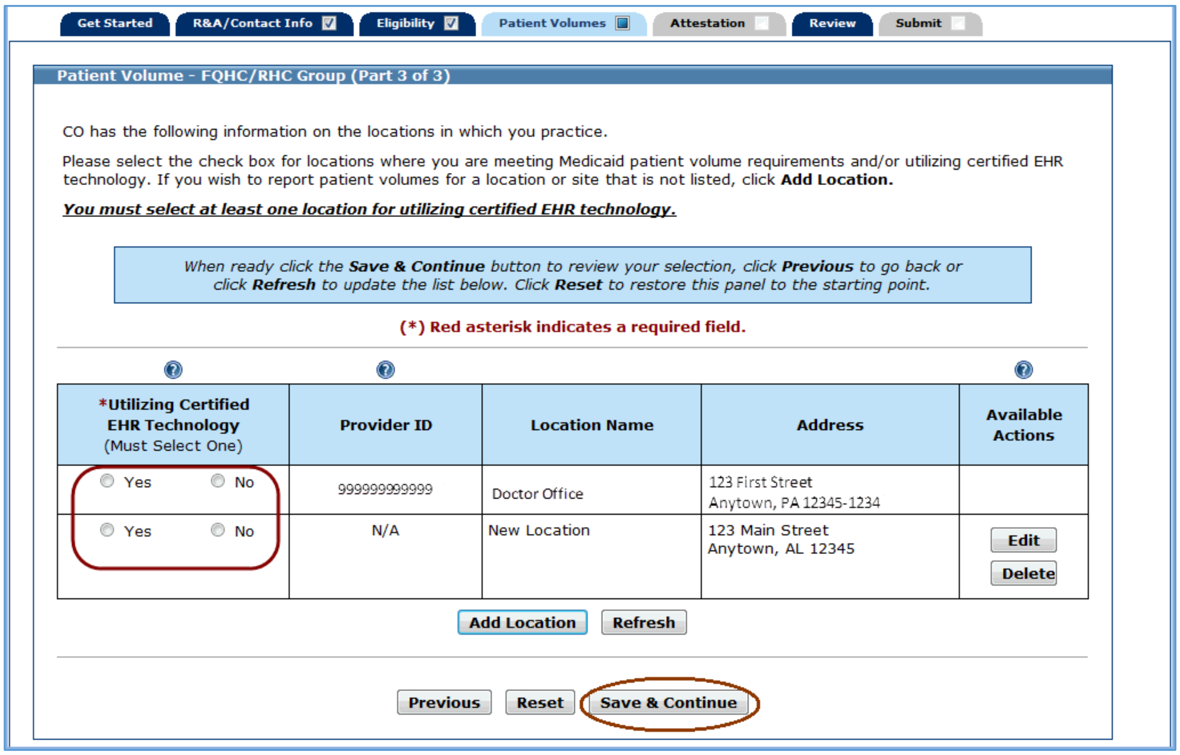
Note: For every location listed on this screen, even if you did not select it as a location to meet patient requirements (Medicaid Patient Volume column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the 'Utilizing Certified EHR Technology' column.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note: The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection, or click **Previous** to go back.

Click **Reset** to restore this panel to the starting point or last saved data.



Click **Begin** to proceed to the screens where you will enter patient volumes.

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

This tab is for applicants who "practice predominantly" in FQHC/RHCs and who wish to calculate and attest to patient volume as a group. The set of **GROUP PRACTICE PROVIDER IDs (billing NPIs)** must define the "group," and all members of the group must apply in an identical manner with the same 90-day period for patient volume threshold and same Group Practice Provider IDs.

Note: You should enter the group NPI(s) in the group practice provider ID field.

- The group methodology is not appropriate for eligible professionals who see commercial, Medicare, or self-pay patients exclusively.
- If you are an eligible professional in a group that practices predominantly in a FQHC or RHC, you can include needy population encounters as part of your patient volume.
- "Practices predominantly" means that **more than 50 percent** of your patient encounters occur at an FQHC or RHC. The calculation is based on a **period of 6 months** within the prior calendar year or within the preceding 12-month period from the date of attestation.
- Needy population encounters can include the following:Medicaid, Children's Health Insurance Program, uncompensated care and sliding scale encounters.
- You can enter four (4) group practice NPIs. If you have more than four (4) Group Practice Provider IDs (billing NPIs), indicate this by checking the box *"additional group practice provider IDs"* and include them in the documentation to upload as follows.

PLEASE NOTE UPDATED DOCUMENTATION REQUIREMENTS FOR ALL GROUP ATTESTATIONS

- For each provider attesting as part of a group, please document the following and upload the information in a PDF file as part of each provider's attestation:
- Applicant's name and individual NPI
- The set of Group Practice IDs (billing NPIs) used to define the group
- A complete list of all individual provider names and individual NPIs for all attending or rendering providers associated with the group, regardless of whether they are Eligible Professionals attesting for an incentive payment.

UI 58

Begin

UI 58

Medicaid Patient Volume Percentage Formula: FQHC/RHC Group

[Total Needy Encounter Volume] ÷ [Total Encounter Volume]

See our website for more information on how to calculate “Total Needy Encounters:” http://healthdata.vermont.gov/ehrip/PatientVolume

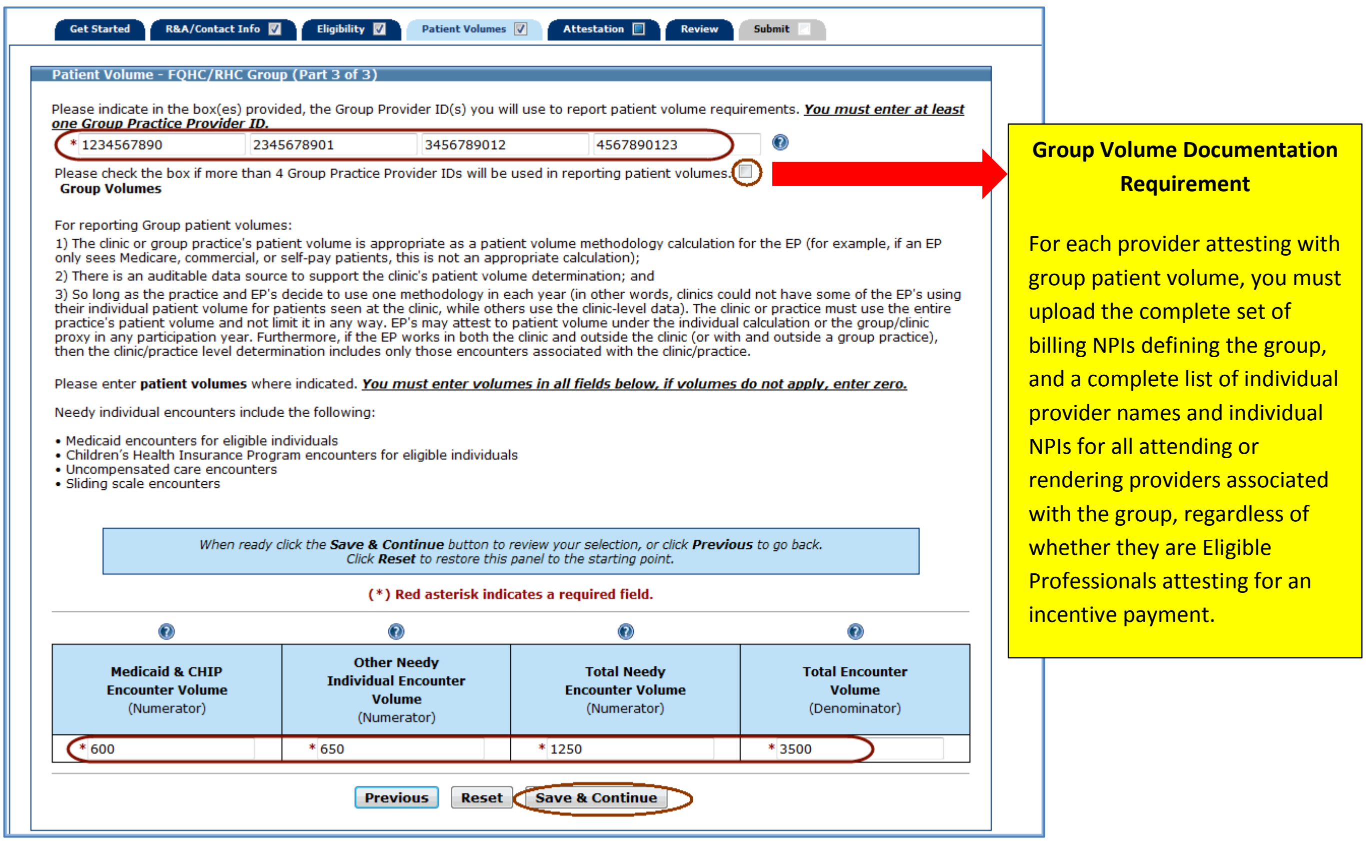
Enter **Group Practice Provider IDs.**

If you listed four **Group Practice Provider IDs** and the patient volume numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs.

If you listed four **Group Practice Provider IDs** and the patient volume numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs.

Enter Patient Volumes.

Click **Save & Continue** to proceed, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

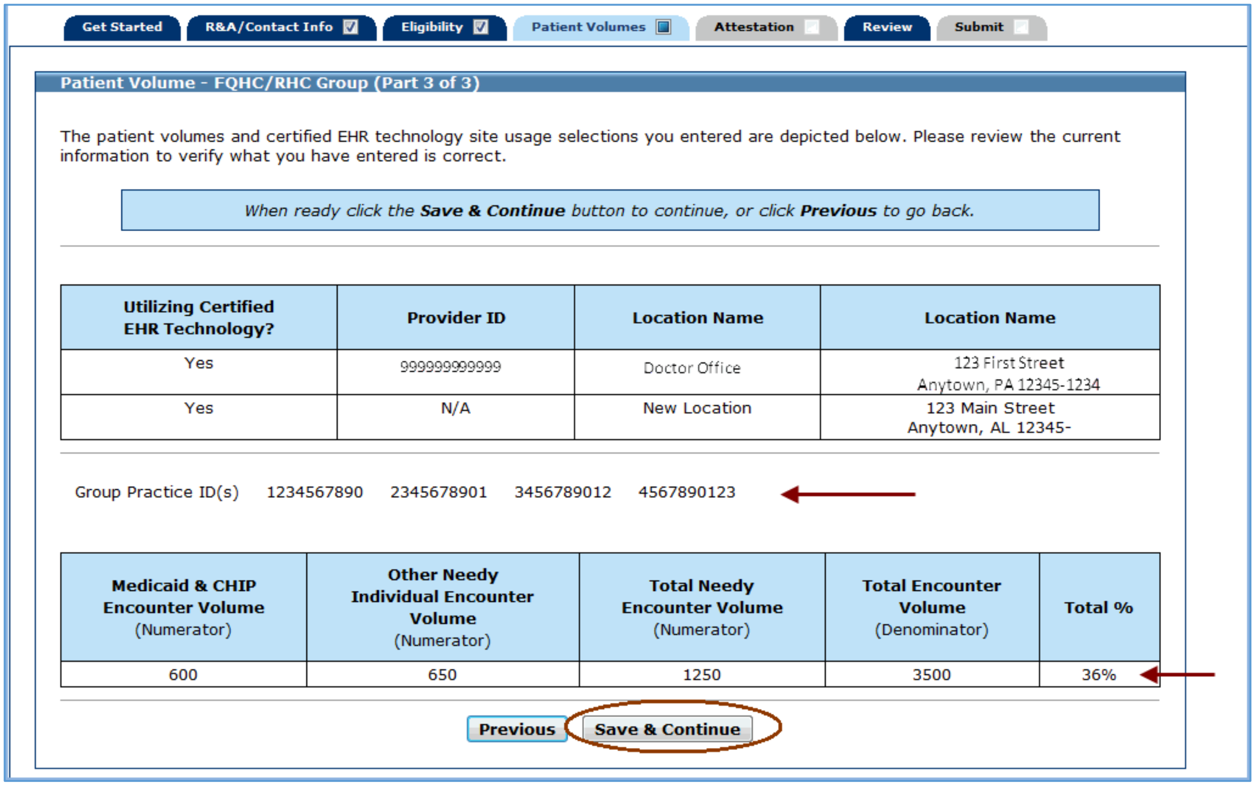


This screen displays the locations where you are utilizing EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed, or click **Previous** to go back.


Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Patient Volume - FQHC/RHC Group (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Utilizing Certified EHR Technology?	Provider ID	Location Name	Location Name
Yes	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234
Yes	N/A	New Location	123 Main Street Anytown, AL 12345-

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123

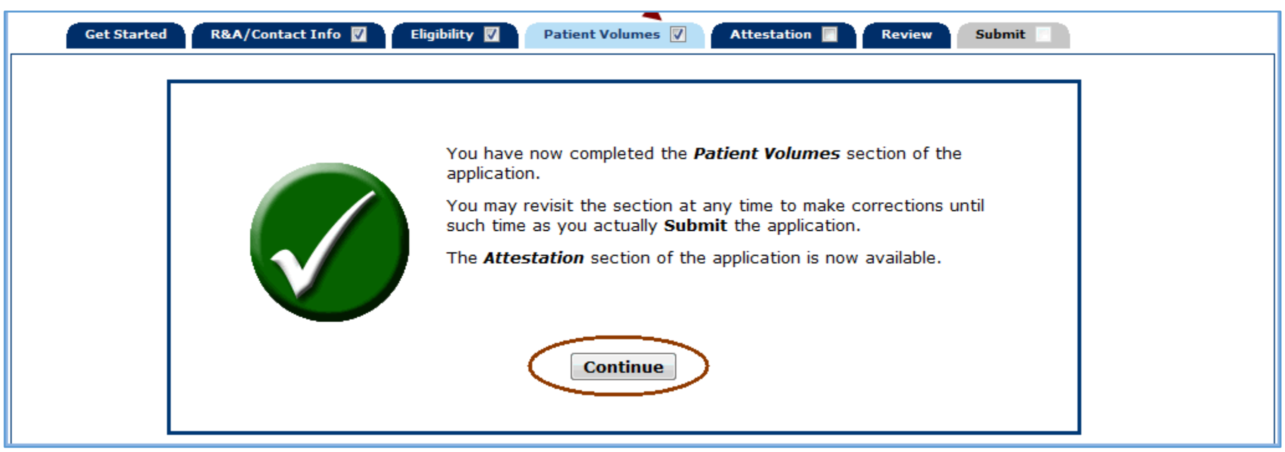
Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
600	650	1250	3500	36%

Previous | Save & Continue

This screen confirms you successfully completed the Patient Volume section.

Note the check box in the Patient Volume tab.

Click **Continue** to proceed to the **Attestation** section.


Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

You have now completed the ***Patient Volumes*** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The ***Attestation*** section of the application is now available.

Continue

For EPs applying for Program Year 2015, proceed to EP User Guide Part 2A

For EPs applying for Program Year 2016, proceed to EP User Guide Part 2B

User Guides can be found at the Vermont Medicaid EHRIP website:
http://healthdata.vermont.gov/ehrip/Apply