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# Medical Assistance Provider Incentive Repository



## **User Guide**

### **For**

## **Eligible Professionals**

## **MAPIR 5.7**

### **Part 3**

***Application Review,  
Documentation Uploads,  
and Application Submission***

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May 2016

## REVISION LOG:

### MAPIR User Guide for Eligible Professionals- Part 3

Version	Revision Date	Revision
V1.0	03/09/2016	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

### Program Year 2015

For Program Year 2015, if you are scheduled to attest to Stage 1 of Meaningful Use, you have the option of attesting to **2015 Modified Stage 2 Objectives and Alternates** (referred to in the MAPIR User Guides as “**2015 MU 1.4**”).

If you have already attested to two years of Stage 1, you are scheduled to meet Stage 2, and must attest to **2015 Modified Stage 2 Objectives** (referred to in the MAPIR User Guides as “**2015 MU 2.2**”).

### Program Year 2016

For Program Year 2016, if you are scheduled to attest to Stage 1 of Meaningful Use, you have the option of attesting to **2016 Modified Stage 2 Objectives and Alternates** (referred to in the MAPIR User Guides as “**2016 MU 1.5**”).

If you have already attested to two years of Stage 1, you are scheduled to meet Stage 2, and must attest to **2016 Modified Stage 2 Objectives** (referred to in the MAPIR User Guides as “**2016 MU 2.3**”).

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## 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.

### Part 1: For All EPs

- Getting Started
- Confirm R&A and Contact Info
- Eligibility
- Patient Volumes

### Part 2A: For EPs Attesting for **Program Year 2015**

- PY2015 Attestation Phase: Adopt/Implement/Upgrade or Meaningful Use
- Meaningful Use General Requirements
- Stage 1 MU Objectives
- Stage 2 MU Objectives
- Program Year 2015 CQMs

### Part 2B: For EPs Attesting for **Program Year 2016**

- PY2016 Attestation Phase: Adopt/Implement/Upgrade or Meaningful Use
- Meaningful Use General Requirements
- Stage 1 MU Objectives
- Stage 2 MU Objectives
- Program Year 2016 CQMs

### Part 3: For all EPs

- Review Application
- Application Questionnaire
- File Uploads, Required and Recommended Documentation
- Application Submission
- Post Submission Activities
- Application Statuses
- Review and Adjustment

### Part 4: For All EPs

- Additional User Information
- Appendices



This is screen 2 of 3 of the Review tab display.

Primary Contact Information	
<b>First Name</b>	John
<b>Last Name</b>	Doe
<b>Phone</b>	999-999-9999
<b>Phone Extension</b>	
<b>Email Address</b>	jdoe@email.com
<b>Department</b>	ECS
<b>Address</b>	4905 Waters Edge Dr raleigh, NE 27607

Alternate Contact Information	
<b>First Name</b>	
<b>Last Name</b>	
<b>Phone</b>	
<b>Phone Extension</b>	
<b>Email Address</b>	

Eligibility Questions (Part 1 of 2)	
Are you a Hospital based eligible professional?	<b>No</b>
I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Colorado.	<b>Yes</b>

Eligibility Questions (Part 2 of 2)	
What type of provider are you?	<b>Pediatrician</b>
Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?	<b>No</b>
Are you currently in compliance with all parts of the HIPAA regulations?	<b>Yes</b>
Are you licensed in all states in which you practice?	<b>No</b>

Patient Volume Practice Type (Part 1 of 3)	
Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?	<b>No</b>
Please indicate if you are submitting volumes for:	<b>Individual Practitioner</b>

Patient Volume 90 Day Period (Part 2 of 3)	
<b>Start Date:</b>	Oct 01, 2013
<b>End Date:</b>	Dec 29, 2013

This is screen 3 of 3 of the Review tab display.

Patient Volume Individual (Part 3 of 3)

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	<b>Medicaid Only In State:</b> 100 <b>Total Medicaid:</b> 200 <b>Denominator:</b> 300	67%

Sum Medicaid Only In State Encounter Volume <i>(Numerator)</i>	Sum Medicaid Encounter Volume <i>(Numerator)</i>	Total Encounter <i>(Denominator)</i>	Total %
100	200	300	67%

Attestation Phase (Part 1 of 3)

**EHR System Adoption Phase:** Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)

**Start Date:** Jan 01, 2014  
**End Date:** Mar 31, 2014

Attestation Meaningful Use Measures

Attestation Meaningful Use Measures may be accessed by selecting the link below:  
[Meaningful Use Measures](#)

Attestation Phase (Part 3 of 3)

Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services. **Yes**

You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
9999999999, 9999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

[Top](#)

**NOTE: When you have finished the review of your application information and want to exit the Review tab, do not select the "Continue" button on this screen. Instead, select the "Submit" tab to proceed.**

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

## Step 7 – Submit Your Application

The final submission of your application involves the following steps:

**Review and Check Errors:** The system will check your application for errors. If errors are present you will have the opportunity to go back to the tab where the error occurred and correct it. If you do not want to correct the errors you can still submit your application; however, the errors may affect your eligibility and payment amount.

**Application Questionnaire:** You will be asked a series of optional Yes/No question.

**File Upload Requirements:** All uploaded files must be no larger than 2 MB each, and must be one of the following file types: .pdf, .doc, .docx, .txt, .xls, .xlsx, .csv.

**Preparer Information:** Providers attesting to the EHR Incentive program have two options for completing the electronic signature portion of the application. The provider can perform the submission process, or the provider can designate a preparer to complete the application. If a preparer is completing the application they will navigate through screens to collect the additional required information from the preparer. The provider associated with this application is still responsible for the accuracy of the information provided and attested to.

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

Click **Begin** to continue to the submission process.

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



**Check Error Review**

In this section, the MAPIR "Check Errors" panel displays validation messages that have occurred during the application process. If you have any validation messages, you will be prompted to review the specific information or response that may impact your program eligibility. **PLEASE CORRECT THESE ERRORS** before proceeding. You may be able to submit this application with errors, but it will **not** be approved for payment, and unresolved errors will delay the review process and determination of the application's final disposition.

If you encounter errors that you are unable to resolve, contact the VT Medicaid EHRIP Team, and include a screenshot of the error message: [ehrip-support@vitl.net](mailto:ehrip-support@vitl.net)

**Documentation Requirements**

You must upload **AT LEAST ONE** document to support your attestation. Depending on the type of attestation, you may be required to upload **more than one document**. In addition to the required items, there is a list of recommended documentation, including guidelines that are available to download from our website. These items may be requested during pre-payment review, or in the event of an audit. It is recommended that you upload them at the time of attestation.

**NOTE:** You are required to provide your electronic signature on the "Application Submission Sign Electronically" page within the MAPIR application. This signature indicates the eligible professional's confirmation that the information is correct and that the eligible professional is responsible for all information and overpayments.

After you have completed the electronic signature process, an example of a payment chart will display. Directly below this chart is the "Submit Application" button. **You must select the "Submit Application" button to complete the process. Your application will not be processed if you do not complete this step.**

UI 91

Begin

## Check Error Review

This screen lists the current status of your application and any error messages identified by the system.

**Although you will be able to submit the application with errors, the application review process will be suspended until the errors are addressed.**

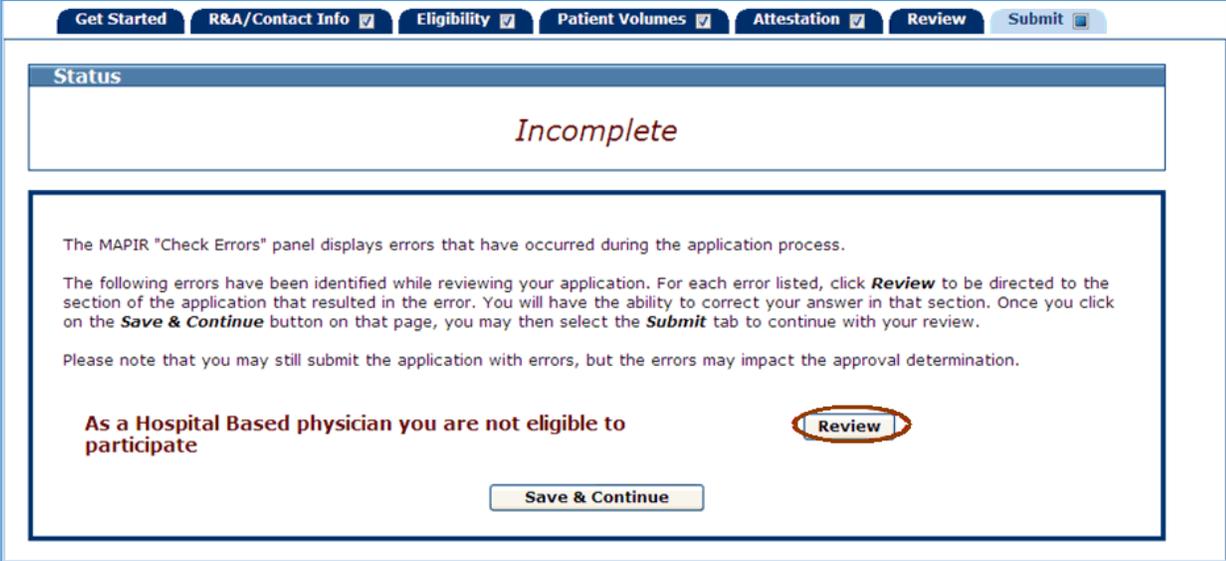
**Note:** If you have previously submitted the incentive application you are currently working on (your incentive application has changed from a Submit status back to an Incomplete status) and you: **chose the 12 Months Preceding Attestation Date option** on the Patient Volume 90 Day Period (Part 2 of 3) screen, and edited the Start Date since your previous submission, you will receive the following error message if the new 90 day date range is no longer valid: "The Patient Volume 90 day date range is no longer valid." You have received this error because the 90 day range you have currently selected is not valid with the "12 months Preceding Attestation Date" option; therefore, the date range is no longer valid. **You must correct this error.** MAPIR will not allow you to proceed with your submission until this error is corrected. For assistance regarding Date Range options, and avoiding common errors, see our webpage:

<http://healthdata.vermont.gov/ehrip/patientvolume>

To correct errors:

Click **Review** to be taken to the section in error and correct the information. To return to this section at any time click the **Submit** tab.

Click **Save & Continue** to continue with the application submission.



The screenshot displays the MAPIR application interface. At the top, there is a navigation bar with tabs: "Get Started", "R&A/Contact Info", "Eligibility", "Patient Volumes", "Attestation", "Review", and "Submit". The "Review" tab is currently selected. Below the navigation bar, the status is shown as "Incomplete". The main content area contains the following text:

The MAPIR "Check Errors" panel displays errors that have occurred during the application process.

The following errors have been identified while reviewing your application. For each error listed, click **Review** to be directed to the section of the application that resulted in the error. You will have the ability to correct your answer in that section. Once you click on the **Save & Continue** button on that page, you may then select the **Submit** tab to continue with your review.

Please note that you may still submit the application with errors, but the errors may impact the approval determination.

**As a Hospital Based physician you are not eligible to participate**

Below the error message, there are two buttons: "Review" (highlighted with a red oval) and "Save & Continue".

## Application Questionnaire

The Application Questionnaire screen presents optional Yes/No questions that serve as reminders about documentation uploads, as well as provide information to the Vermont Medicaid EHRIP Team about provider practice locations, and provider interaction with the Health Information Exchange.

Answer the optional questions by selecting **Yes** or **No**.

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 
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Review
Submit

Application Questionnaire

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

**Question 1:**  
If you are attesting to Meaningful Use, are you prepared to upload the provider's EHR system MU report, to include CQMs?  Yes  No

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**Question 2:**  
If you are attesting to Meaningful Use, are you prepared to upload the Security Risk Analysis report to support Objective 1 - Protect Patient Health Information?  Yes  No

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**Question 3:**  
Did you save copies of all reports, screenshots and other documentation to support this attestation? Please note you are encouraged but not required to upload this documentation at the time of attestation. More information is at our website (paste the link in your browser): <http://healthdata.vermont.gov/ehrip/Audits>  Yes  No

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**Question 4:**  
Did you save a copy of your 90-day patient volume details? Required elements of the patient volume data file and guidance for completing the data report are our website (paste the link in your browser): <http://healthdata.vermont.gov/ehrip/PatientVolume/Datatool> Please note you are encouraged but not required to upload the data file at the time of attestation.  Yes  No

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**Question 5:**  
Does this provider practice at more than one outpatient location?  Yes  No

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**Question 6:**  
If you are attesting to Meaningful Use, have you followed the Active Engagement guidance for the Public Health measures, including completing the Documentation Aid that is available at our website? For Program Year 2015, paste this link in your browser: <http://healthdata.vermont.gov/ehrip/2015/PH/Docs> For Program Year 2016, paste this link in your browser: <http://healthdata.vermont.gov/ehrip/2016/PH/Docs>  Yes  No

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**Question 7:**  
Does this provider use VITLAccess?  Yes  No

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**Question 8:**  
Does this provider's practice solicit patient consent for information sharing?  Yes  No

---

Previous
Reset
Save & Continue

## File Uploads

**You must upload at least one document to support your attestation.**

The following is a list of Required items and Recommended uploads.

### REQUIRED:

- For each provider attesting to **Adopt/Implement/Upgrade**, you must upload a copy of an invoice, contract, purchase order, license agreement or similar document demonstrating proof of ownership related to your EHR system.
- For each provider attesting with **Group Patient Volume**, you must upload the 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.
- For each provider attesting to **Meaningful Use**, you must upload:
  - A copy of the MU report from your EHR system, to include CQMs; AND
  - A copy of the Security Risk Assessment

### RECOMMENDED:

The following documentation may be requested during pre-payment review, or in the event of a post-payment audit. It is **highly recommended** that you upload them at the time of attestation, when it is easiest to gather and submit all information related to an attestation for the current Program Year.

- For all providers, the **Patient Volume Data Tool**, available at our website: <http://healthdata.vermont.gov/ehrip/PatientVolume/Datatool>
- For each provider demonstrating Meaningful Use, the **Public Health Objective Documentation Aid**, available at our website: <http://healthdata.vermont.gov/ehrip/2015/PH> or <http://healthdata.vermont.gov/ehrip/2016/PH>
- For all providers, any **other supplemental documentation** supporting your volume, attestation, validation of certified EHR or information to support your Meaningful Use attestation.

To upload files click **Browse** to navigate to the file to upload.

Get Started
R&A/Contact Info 
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Submit

Application Submission (Part 1 of 2)

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

You must upload **AT LEAST ONE** document to support your attestation. Depending on the type of attestation, you may be required to upload **more than one document**.

**REQUIRED:**

- For each provider attesting to **Adopt/Implement/Upgrade**, you must upload a copy of an invoice, contract, purchase order, license agreement or similar document demonstrating **proof of ownership** related to your EHR system.
- For each provider attesting with **Group Patient Volume**, you must upload the 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.
- For each provider attesting to **Meaningful Use**, you must upload:
  - A copy of the **MU report** from your EHR system, to include CQMs; **AND**
  - A copy of the **Security Risk Assessment** to support MU Objective 1 - Protect Electronic Health Information

**RECOMMENDED:**  
The following documentation may be requested during pre-payment review, or in the event of an audit. It is recommended that you upload them **at the time of attestation**.

- For all providers, the Patient Volume Data Tool, available at our website: <http://healthdata.vermont.gov/ehrip/PatientVolume/Datatool>
- For each provider demonstrating **Meaningful Use**, the **Public Health Objective Documentation Aid**, available at our website: <http://healthdata.vermont.gov/ehrip/2015/PH/Docs> or <http://healthdata.vermont.gov/ehrip/2016/PH/Docs>
- Any other supplemental documentation supporting your volume, attestation, validation of certified EHR or information to support your Meaningful Use attestation.

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

To upload a file, type the full path or click the **Browse...** button.

All uploaded files must be no larger than 2 MB each, and must be one of the following file types: .pdf, .doc, .docx, .txt, .xls, .xlsx, .csv.

File name must be less than or equal to **100 characters**.

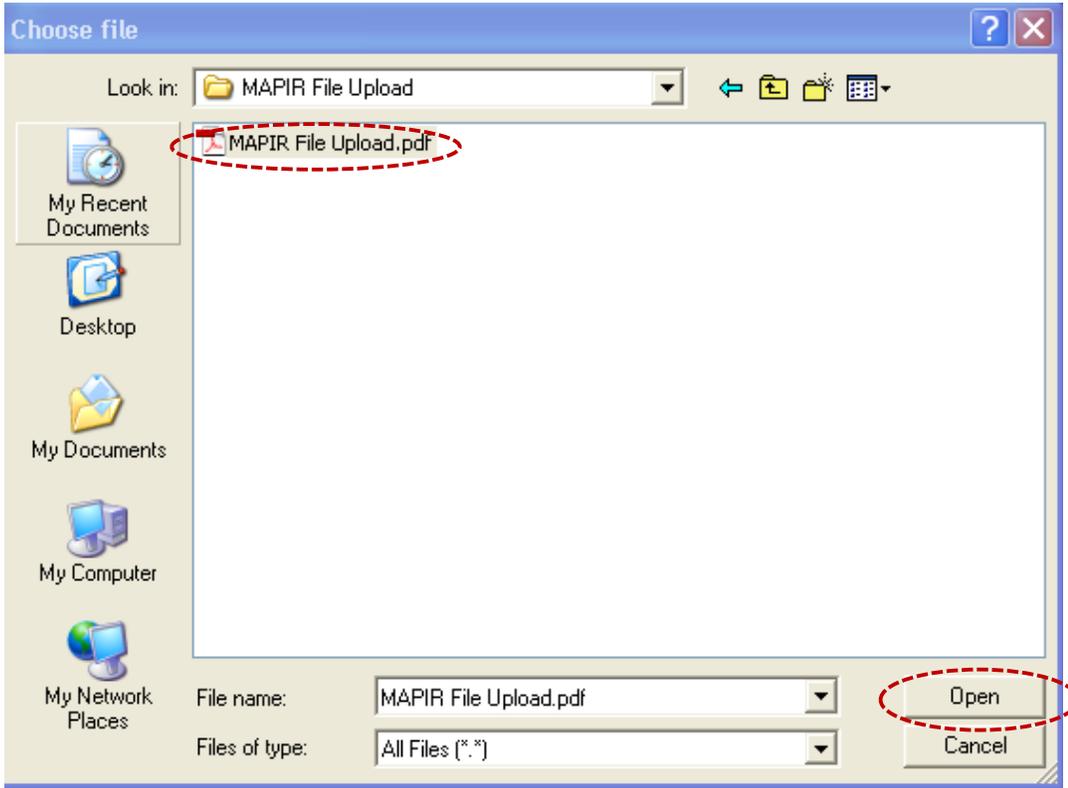
File Location:

**Depending on the attestation type, more than one file may need to be uploaded, but MAPIR will not allow you to proceed with submitting your application unless at least one file upload is included.**

Note: Each file upload cannot be over 2 megabytes (MB) in size, and must be in one of the following file formats: .pdf, .doc, .docx, .txt, .xls, .xlsx, .csv.

The **Choose file** dialog box will display.

Navigate to the file you want to upload and select **Open**.



Check the file name in the file name box.

Click **Upload File** to begin the file upload process.

Note the **"\* File has been successfully uploaded."** message. Review the uploaded file list in the Uploaded Files box.

If you have more than one file to upload, repeat the steps to select and upload a file as many times a necessary.

All of the files you uploaded will be listed in the **Uploaded Files** section of the screen. The Upload Files screen may also display files that were uploaded by an Administrative User and made available for you to view.

To view the uploaded file click **View** in the Available Actions column.

To delete an uploaded file click **Delete** in the Available Actions column. If a file is uploaded by an Administrative User, you will not have the option to delete the file.

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

## Provider or Preparer Completing Application

Select the check box to acknowledge that you have reviewed all of your information.

Select the **Provider** or **Preparer** button, as appropriate.

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

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

### Application Submission (Part 1 of 2)

Please answer the following questions.

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

**(\*) Red asterisk indicates a required field.**

**\*By** checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel).

\*Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:  
 Provider  Preparer

## Provider Signature Screen

This screen depicts **Provider** selection.

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

This screen depicts the Provider signature screen.

Enter your **Provider Initials**, **NPI**, and **Personal TIN**.

Click **Sign Electronically** to proceed.

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

## Preparer Signature

This screen depicts the signature screen for a Preparer on behalf of the provider.

As the preparer of this application on behalf of the provider, please attest to the accuracy of all information entered.

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.

As the preparer of this application on behalf of the provider, please attest to the accuracy of all information entered.

Enter your **Preparer Name** and **Preparer Relationship** to the provider.

Click **Sign Electronically** to review your selection, or click **Previous** to return. Click **Reset** to restore this panel to the starting point or last saved data.

## Evaluation of Meaningful Use Attestation Data

After electronically signing the application, MAPIR determines if the Meaningful Use attestation data you attested to is accepted or rejected. **If your Meaningful Use attestation data is rejected, the following screen will display.** If your Meaningful Use attestation data is accepted, this screen will not display, and you may proceed to the following page.



Get Started
R&A/Contact Info 
Eligibility 
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Submit

**Application Submission (Part 2 of 2)**

The Meaningful Use Attestation data that you have attested to has failed to meet mandatory requirements. At this point in time you may opt to submit the application or return to the Attestation Tab to review or revise any data that has been entered.

By signing electronically you have attested to the accuracy of the Meaningful Use data that has been entered. Please be advised that multiple attempts to complete the Meaningful Use data, may result in an audit of the data.

**Note:** Mandatory requirements must be met to qualify for an incentive payment.

*Click the **Attestation** tab to return to Meaningful Use Attestation, or the **Save & Continue** button to review your selection, or click **Previous** to go back.*

**Attestation Meaningful Use Measures**

Click the link below to review the Attestation Meaningful Use Measure data that has been entered, as well as the acceptance or rejection outcome for each measure.

If you wish you retain this information for the future reference, please print the information after selecting the link. It will be necessary to Sign Electronically to view the acceptance and rejection outcome of measures after leaving this page.

[Meaningful Use Measures](#)

**THE MEANINGFUL USE DATA THAT YOU HAVE ATTESTED TO HAS FAILED TO MEET MANDATORY REQUIREMENTS.**

**You may have the option to continue with our submission by clicking **Save and Continue**, but the EHRIP Team will not be able approve the application for further processing, and you will experience delays in receiving payment.**

**Do not submit the application until you have clicked on the **Meaningful Use Measures** link and reviewed the **ACCEPTANCE or REJECTION** outcome for each measure.**

Previous
Save & Continue

Click on the **Meaningful Use Measures** link to review the Meaningful Use attestation data that you entered as well as the acceptance or rejection outcome for each measure. Click on the **Attestation** tab to return to the Meaningful Use Attestation where you can revise the Meaningful Use attestation data.

Please note that you may be subject to an audit after frequent attempts at correcting failed measures.

Also note that while you have the option to continue with your submission by clicking **Save & Continue**, if you do not meet the mandatory requirements, you will not receive an incentive payment.

Click **Previous** to go back or click the **Save & Continue** to proceed with the submission of your application.

## Sample Payment Charts

This is an example of an incentive payment chart for a **Non Pediatric Professional**.

No information is required on this screen.

The incentive payment chart example for Pediatricians is shown on the next page.

**Note:** This is the final step of the Submit process. You will not be able to make any changes to your application after submission. If you do not want to submit your application at this time you can click Exit, and return at any time to complete the submission process.

Click **Submit Application** to continue.

Get Started
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**Application Submission (Part 2 of 2)**

Based on the Medicaid EHR Incentive Program rules, the following chart displays the maximum potential amount per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.

**Note:** Eligible Professionals that switched between the Medicare and Medicaid EHR Incentive Programs may not exceed the maximum incentive amount of \$63,750.00.

**Example Professional Incentive Payment Chart**  
(First Calendar Year of Participation)

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
<b>TOTAL</b>	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Submit Application

This is an example of an incentive payment chart for a **Pediatric Professional**.

No information is required on this screen.

**Note:** This is the final step of the Submit process. You will not be able to make any changes to your application after submission, unless the EHRIP Team returns the attestation to "Incomplete.". If you do not want to submit your application at this time you can click Exit, and return at any time to complete the submission process.

Click **Submit Application**.

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**Application Submission (Part 2 of 2)**

Based on the Medicaid EHR incentive rules, the following chart indicates the maximum potential amount per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.

**Example Pediatrician Incentive Payment Chart**  
*(First Calendar Year of Participation)*

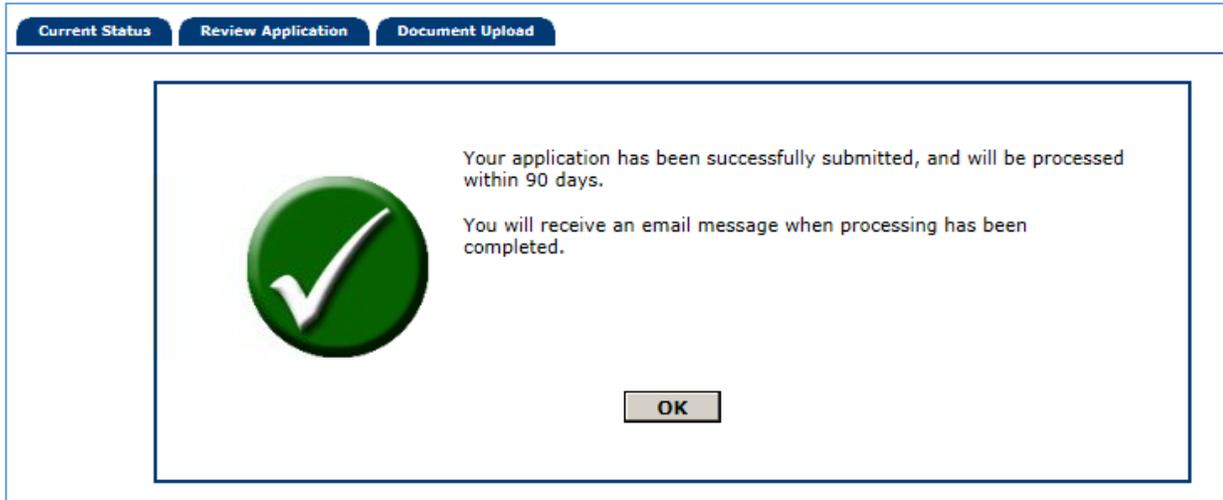
	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$14,167					
CY 2012	\$5,667	\$14,167				
CY 2013	\$5,667	\$5,667	\$14,167			
CY 2014	\$5,667	\$5,667	\$5,667	\$14,167		
CY 2015	\$5,667	\$5,667	\$5,667	\$5,667	\$14,167	
CY 2016	\$5,665	\$5,667	\$5,667	\$5,667	\$5,667	\$14,167
CY 2017		\$5,665	\$5,667	\$5,667	\$5,667	\$5,667
CY 2018			\$5,665	\$5,667	\$5,667	\$5,667
CY 2019				\$5,665	\$5,667	\$5,667
CY 2020					\$5,665	\$5,667
CY 2021						\$5,665
<b>TOTAL</b>	\$42,500	\$42,500	\$42,500	\$42,500	\$42,500	\$42,500

Submit Application

## Submitted Status

The check indicates your application has been successfully submitted.

Click **OK**.

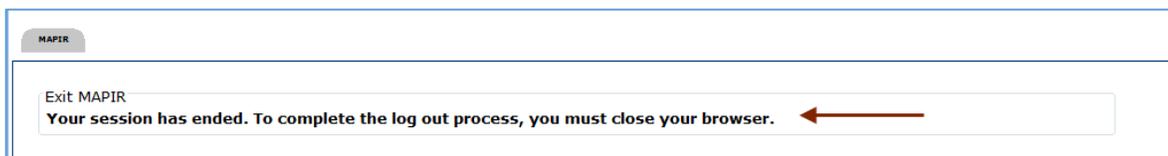


When your application has been successfully submitted, you will see the application status of Submitted. You can click the Review Application tab to review your application; however, you will not be able to make changes unless and EHRIP Team member returns the application to "Incomplete."

Click **Exit** to exit MAPIR.



This screen shows that your MAPIR session has ended. You should now close your browser window.



## Post Submission Activities

This section contains information about post application submission activities. At any time you can check the status of your application by logging into the state Medicaid portal. Once you have successfully completed the application submission process you will receive an email confirming your submission has been received. You may also receive email updates as your application is processed.

When you log in to MAPIR after submitting your application you will see the Medicaid EHR Incentive Program Participation Dashboard.

Notice that the Status of your application is Submitted. You can only view an application in a Submitted status. The next payment year application will be enabled when you become eligible to apply. For status information, please see the Status Definition table in the Post Submission Activities section of this manual.

**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. All saved data for the application will be eliminated. The attestation must then be restarted from the beginning in MAPIR after the EP becomes fully re-enrolled in Vermont Medicaid.**



### Medicaid EHR Incentive Program Participation Dashboard

NPI 9999999999

TIN 999999999

CCN

(\*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Upgrade	Submitted	1	2011	\$21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>	Future	Future	2	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	3	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	4	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	5	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	6	Future	Unknown	None at this time

<The text on this section of the page would be replaced by actual content that the hosting state may specify as static HTML.>

## Completed Status

The screen below shows an application in a status of Completed. You can click the Review Application tab to review your application; however, you will not be able to make changes.

If your application is in a Submitted, Pended for Review, or a Completed status, you will have the option to upload additional documentation on the Document Upload tab; however, if your application is not in one of the statuses previously mentioned, the Document Upload tab will not display.

The screenshot shows a web interface with three tabs: 'Current Status', 'Review Application', and 'Submission Outcome'. The 'Current Status' tab is active. Below the tabs, the following information is displayed:

- Name:** Dr.-Medicaid Provider
- Applicant NPI:** 999999999
- Status:** Completed (highlighted in a blue box with a red arrow pointing to it)

To the right of the status information is a section titled 'Navigation Keys:' with the following instructions:

- Save and Continue:** After entering your information on a screen, you must select the Save and Continue button at the bottom of each screen or the information will be lost. You may return to a screen or use the Review tab to view (or print) the saved information at any time.
- Previous:** Allows you to move to the previous screen without saving any information entered on the screen.
- Reset:** Allows you to reset the values on the current screen. If you have already saved the information on the screen, the Reset button will return the data to the last saved information.
- Your MAPIR user session will end if there is no user activity after 30 minutes. You will receive timeout warnings.
- Please use the [Exit](#) link in the upper right hand corner of the screen to properly exit the MAPIR application and return the to Vermont Medicaid portal. Use of your Internet browser exit and back/forward functions may result in unexpected results that will require you to login again.

Once your application has been processed by the state Medicaid program office, you can click the **Submission Outcome** tab to view the results of submitting your application.

The screenshot shows a web interface with four tabs: 'Current Status', 'Review Application', 'Submission Outcome', and 'Document Upload'. The 'Submission Outcome' tab is active. Below the tabs, the following information is displayed:

- Select "Print" to generate a printer friendly version of this information.
- Status:** Completed
- Payment Amount:** You have been approved to receive a payment in the amount of \$14,167.00
- Provider Information:**
  - Name:** Dr. Medicaid Provider
  - Applicant NPI:** 999999999

## Application Status List

The following table lists some of the statuses your application may go through.

Status	Definition
Not Registered at R&A	MAPIR has not received a matching registration from both the R&A and the state MMIS.
Incomplete	The application is in a working status but has not been submitted and may still be updated by the provider.
Submitted	The application has been submitted. The application is locked to prevent editing and no further changes can be made.
Payment Approved	A determination has been made that the application has been approved for payment.
Payment Disbursed	The financial payment data has been received by MAPIR and will appear on your remittance advice.
Partial Recoupment Received	An adjustment has been requested and the total amount has not been recouped.
Partial Remittance Received	An adjustment has been processed and a partial recoupment has been made and will appear on your remittance advice.
Aborted	When in this status, all progress has been eliminated for the incentive application and the application can no longer be modified or submitted.
Adjustment Initiated	An adjustment has been lodged with the proper state authority by the provider.
Adjustment Approved	The adjustment has been approved.
Adjustment Canceled	The adjustment has been canceled.
Denied	A determination has been made that the provider does not qualify for an incentive payment based on one or more of the eligibility rules.
Completed	The application has run a full standard process and completed successfully with a payment to the provider.
Cancelled	An application has been set to "Cancelled" status only when R&A communicates a registration cancellation to MAPIR. MAPIR cancels both the registration and any associated application.
Future	This is a status that will be displayed against any application to indicate the number of future applications that the provider can apply for within the EHR Incentive Program.

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Not Eligible	This is a status that will be displayed against any application whenever the provider has exceeded the limits of the program timeframe.
Not Started	This is a status that will be displayed against any application whenever the provider has not started an application but MAPIR received an R&A registration and has been matched to an MMIS provider.
Expired	An application is set to an "Expired" status when an application in an "Incomplete" status has not been submitted within the allowable grace period for a program year or when an authorized admin user changes an application to this status after the end of the grace period. Once an application is in an Expired status, the status cannot be changed and it is only viewable to the provider.

## Review an Adjustment

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.

*A financial adjustment is in process for one or more program year applications and may require your approval. Please select **Review Adjustment** for further information.*

Click the Review Adjustment button. The EP Multi-Year Adjustment eSignature screen displays.

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Please review the adjustment information below, complete the required fields, and select the "Submit" button. To leave this screen, select the "Close" button and your entries will not be saved.

Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Payment
NPI: 999999999 Program Year: 2014 Name: Walter Kraft	1	Completed	\$14,167.00	-\$14,167.00	1	Denied	\$0.00
NPI: 999999999 Program Year: 2015 Name: Walter Kraft	2	Completed	\$5,667.00	-\$5,667.00	1	Completed	\$14,167.00

(\*) Red asterisk indicates a required field.

Indicate if you are signing electronically to approve the adjustment as the actual provider, or as a preparer on behalf of the provider:

\*  Provider  Preparer

Your signature on this adjustment will be electronic. By submitting this adjustment, you acknowledge and understand that your electronic signature is binding to the same extent as your written signature.

\*  I have reviewed and accept the terms of this agreement.

\* Your Signature (entering your name in the box to the right will constitute your electronic signature):  x

Review the adjustment information on the screen. Indicate if you are a Provider or Preparer. Select the checkbox if you read, understood, and accept the terms of the agreement. Sign the agreement by entering your name in the text box. Click the Submit button to agree to the adjustment or click the Close button to exit this screen.

**Note:** If, while you are reviewing your pending adjustment, the Administrative User submits the adjustment without your signature or cancels the adjustment, you will receive an error message indicating that the adjustment is no longer available. No further action is needed.

After clicking the Submit button, the EP Multi-Year Adjustment review screen displays with a summary of the pending adjustment. Select the Close button to return to the Medicaid EHR Incentive Program Participation Dashboard. While the adjustment is in process, the Review Adjustment button will remain on the Medicaid EHR Incentive Program Participation Dashboard. You can view the pending adjustment using the Review Adjustment button until the adjustment process completes. At that point, the button will no longer display and the status changes and payment year shift resulting from the multi-year adjustment will display

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Below is a summary of the adjustment you have agreed to.

Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Payment
NPI: 999999999 Program Year: 2014 Name: Walter Kraft	1	Completed	\$14,167.00	-\$14,167.00	1	Denied	\$0.00
NPI: 999999999 Program Year: 2015 Name: Walter Kraft	2	Completed	\$5,667.00	-\$5,667.00	1	Completed	\$14,167.00

Indicate if you are signing electronically to approve the adjustment as the actual provider, or as a preparer on behalf of the provider:

Provider  Preparer

Your signature on this adjustment will be electronic. By submitting this adjustment, you acknowledge and understand that your electronic signature is binding to the same extent as your written signature.

I have reviewed and accept the terms of this agreement.

Your Signature (entering your name in the box to the right will constitute your electronic signature):

**See Part 4 of the User Guide for:**

- Additional User Information
- Appendices

**User Guides can be found at the Vermont Medicaid EHRIP website:**

<http://healthdata.vermont.gov/ehrip/Apply>