
Medical Assistance Provider Incentive Repository



User Guide
For
Eligible Professionals
MAPIR 5.7

Part 4
Additional Information
and
Appendices

May 2016

Revision Log: MAPIR User Guide for Eligible Professionals- Part 3

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

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**").

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

Additional User Information

This section contains an explanation of informational messages, system error messages, and validation messages you may receive.

Start Over and Delete All Progress - If you would like to start your application over from the beginning you can click the Get Started tab. Click the "here" link on the screen to start over from the beginning. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over without technical assistance from the VT Medicaid EHRIP Team.

This screen will confirm your selection to start the application over and delete all information saved to date. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

Click **Confirm** to Start Over and Delete All Progress.

If you clicked **Confirm** you will receive the following confirmation message. Click **OK** to continue.

Contact Us – Clicking on the Contact Us link in the upper right corner of most screens within MAPIR will display the following state Medicaid program contact information.

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VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

MAPIR

Contact Us

If you have questions regarding the EHR Incentive Payment program or the MAPIR application, please contact the Vermont Medicaid EHRIP team at: ehrip-support@vital.net.

MAPIR Error Message –This screen will appear when a MAPIR error has occurred. Follow all instructions on the screen. Click Exit to exit MAPIR.

MAPIR

An error has occurred.

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

Validation Messages –The following is an example of the validation message – **You have entered an invalid CMS EHR Certification ID.** Check and reenter your CMS EHR Certification ID. The Validation Messages Table lists validation messages you may receive while using MAPIR. The validation messages table can be found in the [Appendix A – Validation Messages Table.](#)

Payment Year	1	Program Year	2014
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MAPIR

Name: Dr. Medicaid Provider

Applicant NPI: 999999999

Status: **Not Started**

If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.

Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.

Click the **Exit** button to terminate your session. When ready click the **Next** button to continue.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

000000000000000000000000
(No dashes or spaces should be entered.)

• You have entered an invalid CMS EHR Certification ID. ←

Appendix A – Validation Messages Table

Validation Messages
Please enter all required information.
You must provide all required information in order to proceed.
Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).
The date that you have specified is invalid, or occurs prior to the program eligibility.
The date that you have specified is invalid.
The phone number that you entered is invalid.
The phone number must be numeric.
The email that you entered is invalid.
As a Hospital based physician, you are not eligible to participate.
You must participate in the Medicaid incentive program in order to qualify.
You must select at least one type of provider.
You must select at least one location in order to proceed.
The ZIP Code that you entered is invalid.
You must select at least one activity in order to proceed.
You must define all added 'Other' activities.
Amount must be numeric.
You must indicate whether you are completing this application as the actual provider or a preparer.
You must verify that you have reviewed all information entered into MAPIR.
Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.
You did not meet the criteria to receive the incentive payment.
All data must be numeric.
You must enter all requested information in order to submit the application.
The email address you have entered does not match.
You have entered an invalid CMS EHR Certification ID.
You must be licensed in the state(s) in which you practice.
You must select Yes or No to utilizing certified EHR technology in this location.
You have entered a duplicate Group Practice Provider ID.
You must select a Payment Address in order to proceed.
You must enter the email address twice for validation purposes.
You must be in compliance with HIPAA regulations.
All amounts must be between 0 and 999,999,999,999,999.
Numerator cannot be greater than denominator and numerator/denominator cannot be a negative value.

Validation Messages
You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed.
You must exit MAPIR and return, in order to access a different program year incentive application.
You must choose an application
The amounts entered are invalid.
You may only select yes to one exclusion.
The Start Date you have entered was attested to in a previous Payment Year.
You have not met the minimum number of documents required. Please upload the minimum number of documents required to proceed.
File must be in _____.
File must be no larger than _____.
You may not exclude both Menu Measures 9 & 10.
You may not attest to Menu Measure 9 and exclude Menu Measure 10.
You may not exclude Menu Measure 9 and attest to Menu Measure 10.
You must select a minimum of 9 Clinical Quality Measures from at least 3 different Domains to proceed.
You must select all menu measures when an exclusion has been claimed on one or more menu measures.
The Performance Rate value you entered is invalid, it must be a combination of a whole number and a decimal (for example, "10.0"). The acceptable range for Performance Rate value is 0.0 to 100.0.
The Observation percent value you entered is invalid, it must be a combination of a whole number and a decimal (for example, "10.0"). The acceptable range for Observation percent value is 0.0 to 100.0.
Full Year is not a valid option for Program Year 2014. Please select the 90 day option.
You have excluded both Public Health measures. Please select 5 Menu measures from outside the Public Health Menu set.
You have selected to exclude a Public Health measure. Please attest to the remaining Public Health measure.
The Patient Volume 90 day date range is no longer valid.
Delay reason must be 500 characters or less.
ONC Service is unavailable
You have entered an invalid CMS EHR Certification ID for the current "Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology Rule"
This adjustment is no longer available.
You cannot begin an incentive application while a multi-year adjustment is pending.

Appendix B- Hover Bubble Definitions

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
MAPIR Dashboard	Stage	Display Field	The Stage refers to the adoption phase or meaningful use stage/EHR reporting period (except for dually eligible hospitals) that applies to a given application.
	Status	Display Field	Status of the incentive application.
	Payment Year	Display Field	The payment year is designated as a sequential number starting with payment year 1 up to the maximum number of payments for the program.
	Program Year	Display Field	The 4 digit year within which a provider attests to data for eligibility for a payment. Starting with Program Year 2015, this is the Calendar year (January thru December) for both EPs and EHs.
	Incentive Amount	Display Field	The incentive amount that was paid for a particular application for the specified program and payment year. This includes initial and all adjustment amounts.
Eligibility Questions (Part 1 of 3)	Are you a Hospital based eligible professional?	Yes/No Radio Button	Hospital based Eligible Professionals (EPs) such as pathologists, anesthesiologists, or emergency physicians, furnish 90% or more of their covered services in a hospital setting (Inpatient – Place of Service 21 or Emergency Room – Place of Service 23).
	I confirm 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	Yes/No Radio Button	An Eligible Professional may only receive payment from either Medicare or Medicaid in a payment year, but not both. The state will validate Medicaid selection with CMS prior to payment issuance.

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Payments from <state>.		
Eligibility Questions (Part 2 of 3)	What type of Provider are you? (Select One)	Radio Button	Eligibility for the Medicaid EHR Incentive Program is based on your provider type and specialty on file with the State's MMIS.
Eligibility Questions (Part 2 of 3)	Do you have any current sanctions or pending sanctions with Medicare or Medicaid in <state>?	Yes/No Radio Button	The temporary or permanent barring of a person or other entity from participation in the Medicare or State Medicaid health care program and that services furnished or ordered by that person are not paid for under either program. See 42 CFR Ch. IV § 402.3 Definitions in the current edition
	Are you currently in compliance with all parts HIPAA regulations?	Yes/No Radio Button	All providers must be in compliance with the current Health Information Portability and Accountability Act (HIPAA) regulations. Current regulations can be reviewed at http://www.hhs.gov
	Are you licensed in all states in which you practice?	Yes/No Radio Button	Eligible Professionals must meet the state law licensure requirements of the state that is issuing the EHR incentive payment.
Patient Volume Practice Type (Part 1 of 3)	Do you practice predominantly at an FQHC/RHC (over 50% of your patient encounters occur over a 6 month period in an FQHC/RHC)?	Yes/No Radio Button	Practices predominantly means an EP for whom the clinical location(s) for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year or the most recent 12 months occurs at a federally qualified health center or rural health clinic.
	Please indicate if you are submitting volumes for: (Select one) --- Individual Practitioner	Radio Button	Individual Practitioners count his or her own Medicaid and non-Medicaid patient encounters only.
	Please indicate if you are submitting volumes for: (Select one) --- Group/Clinic	Radio Button	Group/Clinic selection requires all Eligible Professionals to use the entire group practice or clinic's Medicaid and non-Medicaid patient encounters.

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Please indicate if you are submitting volumes for: (Select one) --- Individual Practitioner's Panel	Radio Button	A Practitioner's Panel is calculated on and consists of Medicaid enrollees assigned to the Eligible Professional through a Medicaid panel plus any unduplicated Medicaid encounters.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl .
	Provider ID	Display Field	
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Provider ID	Display Field	Configurable by state
	Medicaid and CHIP Encounter Volume (Numerator)	Enterable	For the continuous 90-day period, for each location listed, the number of encounters where any services were rendered on any one day to an individual enrolled in CHIP (Title XXI) and Medicaid (Title XIX) programs
	Other Needy Individual Encounter Volume (Numerator)	Enterable	Enter the number of encounters for the continuous 90-day period selected for each location below where the services furnished at either no

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
			cost or reduced cost based on a sliding scale as determined by the individual's ability to pay or furnished as uncompensated care.
	Total Needy Encounter Volume (Total Numerator)	Enterable	Enter the sum of the Medicaid & CHIP Encounter Volume plus the Other Needy Individual Encounter Volume.
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters (all States) for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected.
Patient Volume - [Practice Type] (Part 1 of 3) Add Location screen <i>Note: This screen displays for each practice type when adding a location.</i>	Location Name	Enterable	Enter the legal entity name for the location being added.
	Address Line 1	Enterable	Enter the service location's street address. Example: 55 Main Street This cannot be a Post Office Box number.
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Please indicate in the box(es) provided, the Group Provider ID(s) you will use to report patient volume requirements. You must enter at least one Group Practice Provider ID.	Enterable	This is the NPI number of the group practices used to report patient volume
	Medicaid & CHIP Encounter Volume (Numerator)	Enterable	For the continuous 90-day period, for each location listed, the number of encounters where any services were rendered on any one day to an individual enrolled in CHIP (Title XXI) and Medicaid (Title XIX) programs.
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Other Needy Individual Encounter Volume (Numerator)	Enterable	Enter the number of encounters for the continuous 90-day period selected for each location below where the services furnished at either no cost or reduced cost based on a sliding scale as determined by the individual's ability to pay or furnished as uncompensated care.
	Total Needy Encounter Volume (Numerator)	Enterable	Enter the sum of the Medicaid & CHIP Encounter Volume plus the Other Needy Individual Encounter Volume
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters (all States) for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected
Patient Volume - FQHC/RHC Practitioner's Panel (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	Select the checkbox(es) for the location(s) where the Eligible Professional is reporting Medicaid patient volume for the continuous 90-day period selected.
	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
			found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patient Volume - FQHC/RHC Practitioner's Panel (Part 3 of 3)	Total Needy Individual on the Practitioner Panel 1 (Numerator)	Enterable	See Instructions for #1 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance.
Patient Volume - FQHC/RHC Practitioner's Panel (Part 3 of 3)	Unduplicated Needy Individuals Only Encounter Volume 2 (Numerator)	Enterable	See Instructions for #2 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance
	Total Patients on Practitioner Panel 3 (Denominator)	Enterable	See Instructions for #3 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance.
	Total Unduplicated Encounter Volume 4 (Denominator)	Enterable	See Instructions for #4 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
			Medicaid Health Information Technology Program Office (SMHPO) for assistance.
Patent Volume - Individual (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patent Volume - Individual (Part 3 of 3)	Provider ID	Display Field	Configurable by state
	Medicaid Only Encounter Volume (In State Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program. In-State means the State to which you are applying for an incentive payment.
	Medicaid Encounter Volume (Total Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters for all patients regardless of health insurance coverage for the selected

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
			continuous 90-day period for each location selected
Patient Volume - Group (Part 3 of 3)	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patient Volume - Group (Part 3 of 3)	Please indicate in the box(es) provided, the Group Practice Provider ID(s) you will use to report patient volume requirements. You must enter at least one Group Practice Provider ID.	Enterable	This is the NPI number of the group practices used to report patient volume.
Patient Volume - Group (Part 3 of 3)	Medicaid Only Encounter Volume (In State Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program. In-State means the State to which you are applying for an incentive payment.
	Medicaid Encounter Volumes (Total Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected
Patent Volume - Practitioner's Panel (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	Select the checkbox(es) for the location(s) where the Eligible Professional is reporting Medicaid patient volume for the continuous 90-day period selected.
	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patent Volume - Practitioner's Panel (Part 3 of 3)	Provider ID	Display Field	Configurable by state
Patent Volume - Practitioner's Panel (Part 3 of 3)	Total Needy Individual on the Practitioner Panel 1(Numerator)	Enterable	See Instructions for #1 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance.
	Unduplicated Needy Individuals Only Encounter	Enterable	See Instructions for #2 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Volume 2 (Numerator)		based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance
	Total Patients on Practitioner Panel 3 (Denominator)	Enterable	See Instructions for #3 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance.
	Total Unduplicated Encounter Volume 4 (Denominator)	Enterable	See Instructions for #4 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance.
Attestation Phase (Part 1 of 3)	Adoption:	Radio Button	Eligible Professional has financial and/ or legal commitment to certified EHR technology capable of meeting Meaningful Use.
	Implementation:	Radio Button	Eligible Professional is in the process of installing certified EHR technology capable of meeting Meaningful Use.
	Upgrade:	Radio Button	Eligible Professional is expanding the functionality of certified EHR technology capable of meeting Meaningful Use.
	Meaningful Use:	Radio Button	EPs will have the option to attest to 90 days from the current calendar year or a full year of Meaningful Use. The reporting period for the full year attestation will be the entire calendar year.
Attestation Phase (Part 1 of 3)	Meaningful Use - 90 Days	Radio Button	For EPs demonstrating they are meaningful EHR users for the first time after receiving a payment for A, I or U, you will utilize a continuous 90-day

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
			period within the calendar year for MU attestation.
	Meaningful Use – Full Year	Radio Button	For EPs demonstrating they are meaningful EHR users after attesting to 90 days MU for the previous payment, the EHR reporting period is the full calendar year.
Meaningful Use General Requirements	Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized. ---Numerator	Enterable	Numerator – Enter only patient encounters where a medical treatment is provided and/or evaluation and management services are provided in location(s) with federally certified EHRs.
	Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized. ---Denominator	Enterable	Denominator – Enter all patient encounters where a medical treatment is provided and/ or evaluation and management services are provided in location(s) with or without federally certified EHRs.
	Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period. --- Numerator	Enterable	Numerator – Enter the number of unique patients during the reporting period seen by an EP that have their data in a certified EHR. If a patient is seen by an EP more than once during the reporting period, they can only be counted once.
	Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period. --- Denominator	Enterable	Denominator – Enter all unique patients seen by an EP during the reporting period. If a patient is seen by an EP more than once during the reporting period, they can only be counted once.

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
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 that 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/No Radio Button	EPs may reassign their incentive payment to an entity with which they have a valid contractual arrangement; this includes the ability to bill for the EP's services or a standard employment contract. The EP will select one TIN to receive any applicable Medicaid EHR incentive payment through the R&A.
	Provider ID	Display Field	Configurable by state
	Additional Information	Display Field	Configurable by state
Application Submission (Part 2 of 2)	Preparer Relationship:	Enterable	Enter the relationship the Preparer has with the Eligible Professional

Appendix C - Acronyms and Terms

The following is a table of Acronyms and Terms used throughout the Eligible Professional User Guides and MAPIR:

Term/Acrony	Definition
ARRA	American Recovery and Reinvestment Act
CAH	Critical Access Hospital
CCN	CMS Certification Number
CEHRT	Certified Electronic Health Record Technology(ies)
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CHPL	Certified Healthcare IT Product List
CMS	Centers for Medicare & Medicaid Services
CPOE	Computerized Provider Order Entry
CQM	Clinical Quality Measure
DRSD	Detailed Requirements Specification Document
ED	Emergency Department
EH	Eligible Hospital
EHR	Electronic Health Record
eMAR	Electronic Medication Administration Record
EP	Eligible Professional
eRx	Electronic Prescriptions
FQHC	Federally Qualified Health Center
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
IAPD	Implementation Advance Planning Document
MAPIR	Medical Assistance Provider Incentive Repository
MMIS	Medicaid Management Information System
MU	Meaningful Use
NLR	National Level Repository
NPI	National Provider Identifier
NPRM	Notice of Proposed Rulemaking

Term/Acrony	Definition
NQF	National Quality Forum
NwHIN	Northwest Health Industry Network (Health Insurance Network)
ONC	Office of the National Coordinator for Health Information Technology
PDF	Portable Data Format
PHI	Protected Health Information
POS	Place (or Point) of Service
R&A	Registration and Attestation System
REC	Regional Extension Center
RHC	Rural Health Center
SMHPO	State Medicaid Health Program Office
SSN	Social Security Number
TIN	Taxpayer Identification Number