Medical Assistance Provider Incentive Repository

User Guide

For Eligible Professionals

The Vermont Medicaid Promoting Interoperability/ Electronic Health Record Incentive Program

Program Year 2021: Part 1

Getting Started

to

Patient Volumes

MAPIR 6.4 **April 12, 2021**

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V1.0	02/08/2021	• Initial version
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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 Promoting Interoperability/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 Promoting Interoperability/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

Note
Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.

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 PIP/EHRIP website:
https://healthdata.vermont.gov/ehrip

Note
Compatibility with Internet Explorer Version 11 began with the implementation of MAPIR Release 6.3. The MAPIR application continues to be compatible with versions 8, 9, and 10 however MAPIR no longer provides ongoing support for issues that may result from using Internet Explorer 8.

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, 2C, 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 Vermont Medicaid PIP/EHRIP website: https://healthdata.vermont.gov/ehrip/Apply

Part 1

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

Part 2C

- PY2021 Attestation Phase: Meaningful Use
- Meaningful Use General Requirements
- Stage 3 MU Objectives
- Program Year 2021 CQMs

Part 3

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

Part 4

- Additional User Information
- Appendices

Before You Begin in MAPIR

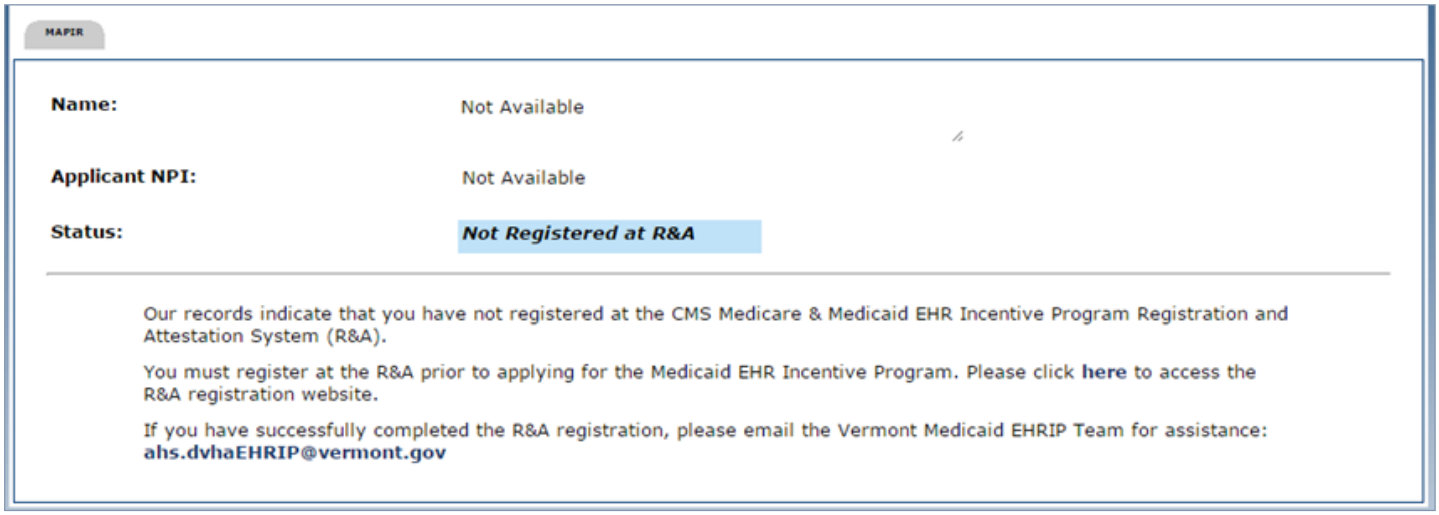
There are several prerequisites to applying for Vermont Medicaid EHR Incentive payments using MAPIR.

1. Update 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.

Important
If you encounter issues with the way the MAPIR screens display, such as extra lines in tables, you may be running your browser in compatibility mode. To remove the MAPIR site from compatibility mode, in your browser go to Tools and select Compatibility View Settings. Select entries that reference "MAPIR" in the URL path from the list and click Remove.

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 PIP/EHRIP:
https://www.cms.gov/EHRIncentivePrograms

To amend your registration information:
https://ehrincentives.cms.gov/hitech/login.action

You may not be able to successfully complete or submit your MAPIR application process if the CMS registration information is incomplete, "*In Progress*," or incorrect. Please allow at least two days from the time you change the information at the CMS registration site before accessing MAPIR. This is 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.

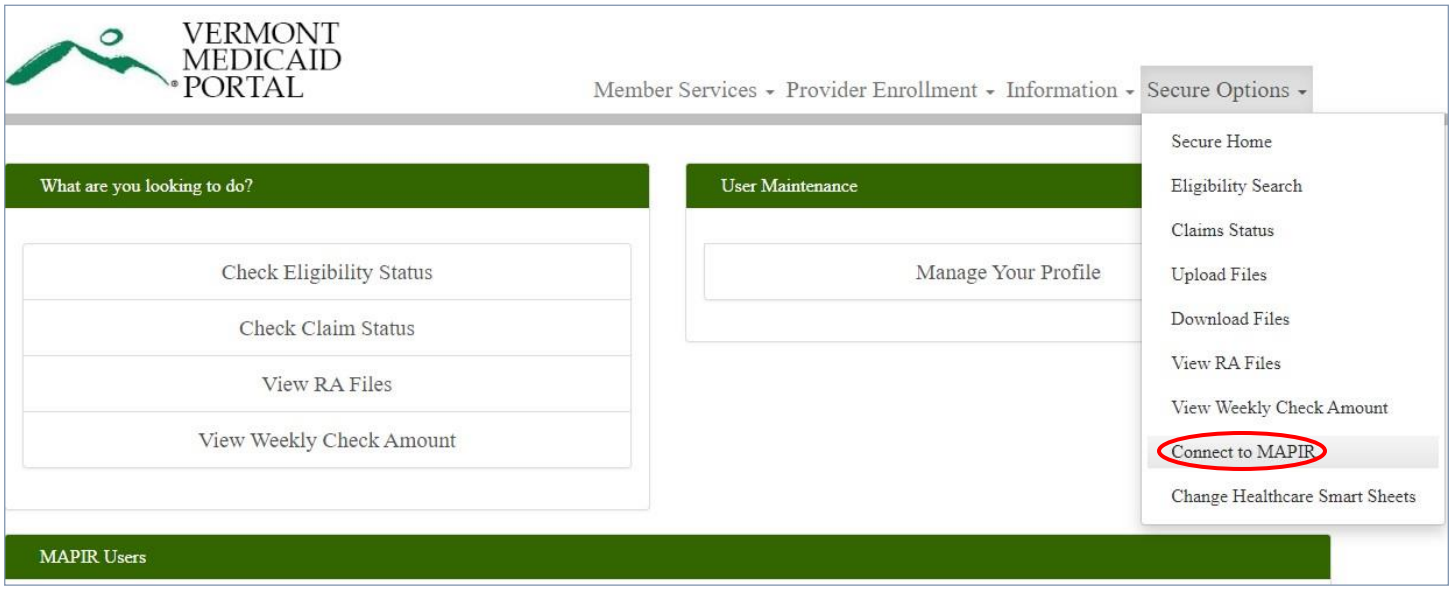
If you have successfully completed the CMS R&A registration, please contact <state defined ID> for assistance.

Should the R&A report a "Registration in Progress" status 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 *Transactions* 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 in the dropdown menu under "*Secure Options*" (***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: https://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 https://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).
- 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

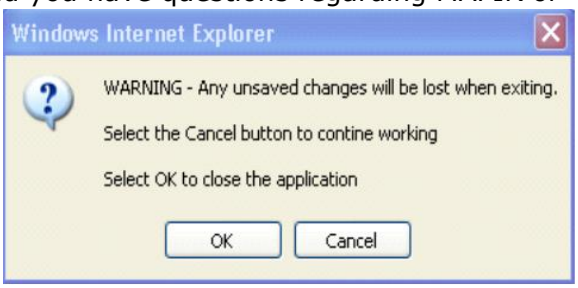
MAPIR uses a tab arrangement to guide you through the application. You must complete the tabs in the order presented. You can return to previous tabs to review the information or make modifications until you submit the application. You cannot proceed without completing the next tab in the application 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.

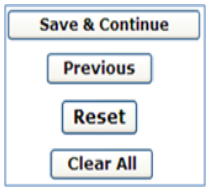
As you proceed through the application process, you will see your identifying information such as Name, National Provider Identifier (NPI), Tax Identification Number (TIN), Payment Year, and Program year at the top of most screens. This is information provided by the R&A.

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: ahs.dvhaEHRIP@vermont.gov



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.

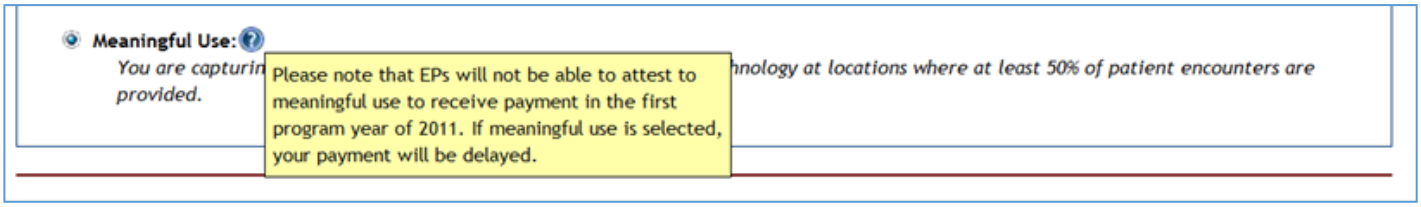
The **Clear All** button will remove standard activity selections for the screen in which you are working.

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. Review page 8 in this user guide for additional information.

The screen on the following page is the Medicaid Promoting Interoperability/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.

Note
For those incentive applications that are in a Denied status and display a **Reapply** button in the Available Actions column, the Eligible Professional (EP) must have current state eligibility on file with CMS to reapply.

The EP must update their registration at the CMS website:
https://ehrincentives.cms.gov/hitech/login.action

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.

Medicaid EHR Incentive Program Participation Dashboard

NPI **TIN**

CCN

Payee TIN

Click the 'Payee TIN' link to obtain a report containing the most recent program participation for all Eligible Professionals currently registered under this Payee TIN.

NOTE: *If the Payee TIN field is blank, that means this field was not completed at the CMS R&A site and this functionality is not available.*

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
○		Expired	1	2015	$0.00	Select the "Continue" button to view this application.
○	Adoption	Completed	1	2016	$21,250.00	Select the "Continue" button to view this application.
○	Stage 2 Meaningful Use 90 Days	Completed	2	2017	$8,500.00	Select the "Continue" button to view this application.
○	Stage 2 Meaningful Use 90 Days	Completed	3	2018	$8,500.00	Select the "Continue" button to view this application.
○	Stage 3 Meaningful Use 90 Days	Completed	4	2019	$8,500.00	Select the "Continue" button to view this application.
○	Stage 3 Meaningful Use 90 Days	Submitted	5	2020	$8,500.00	Select the "Continue" button to view this application.
○		Not Started	6	2021	Unknown	Select the "Continue" button to begin this application.

Program Year 2021 applications will be accepted starting April 30, 2021 and must be submitted by midnight on July 31, 2021.

For guidance on PY2021 MU Stage 3 attestation requirements, please see our website: ***https://healthdata.vermont.gov/ehrip/PY2021***

For help on error messages in MAPIR, please do not hesitate to contact us for assistance: ***ahs.dvhaEHRIP@vermont.gov.***

To ensure you are prepared for a potential audit, save all electronic or paper documentation that supports your PIP/EHR Incentive Program attestation.

Continue

If you click on the Payee TIN link, a status summary table on the Payee TIN Application Report screen will display. The information in the status summary table is based upon recent incentive applications that share your Payee TIN.

Payee TIN Application Report

Applicant Last Name	Applicant First Name	Applicant NPI	Most Recent Program Year	Most Recent Payment Year	Most Recent MU Stage	Most Recent Application Status
XXXXXXXX	XXXXXXXX		2011	1	1	Denied
XXXXXXXX	XXXXXXXX		2019	4	3	Incomplete
XXXXXXXX	XXXXXXXX		2013	1	1	Completed
XXXXXXXX	XXXXXXXX		2017	4	2	Submitted

Return to Dashboard | Extract To CSV file

The Most Recent Program Year, Most Recent Payment Year, Most Recent MU Stage, and Most Recent Application Status fields will be blank for those providers whose most recent incentive applications are for:

- Payment Year 1 with no existing application.
- Payment Year 2 or higher with no existing application.

The information in the status summary table is read-only and can be extracted into a CSV file by clicking the **Extract to CSV file** button.

Click the **Return to Dashboard** button to navigate back to the MAPIR Dashboard.

For further information on the Meaningful Use stages, please see the User Guide for EP part 2C.

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**.

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, a message will display with instructions specific to 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.

Note
In 2021, you will be able to submit Program Year 2021 applications after a 2020 application is submitted. However, if the 2021 application is submitted first, you will not be able to return and complete the 2020 application.

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 Vermont Medicaid EHRIP Team. A status of *Not Started* indicates that the R&A and state MMIS information have been matched and you can begin the application process.

The *Status* will vary, depending on your progress with the application. The first time you access the system the status should be *Not Started*.

For more information on statuses, refer to the *Additional User Information* section in User Guide for EP 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 Promoting Interoperability/EHR Incentive Program Participation Dashboard will display the following message and button.

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

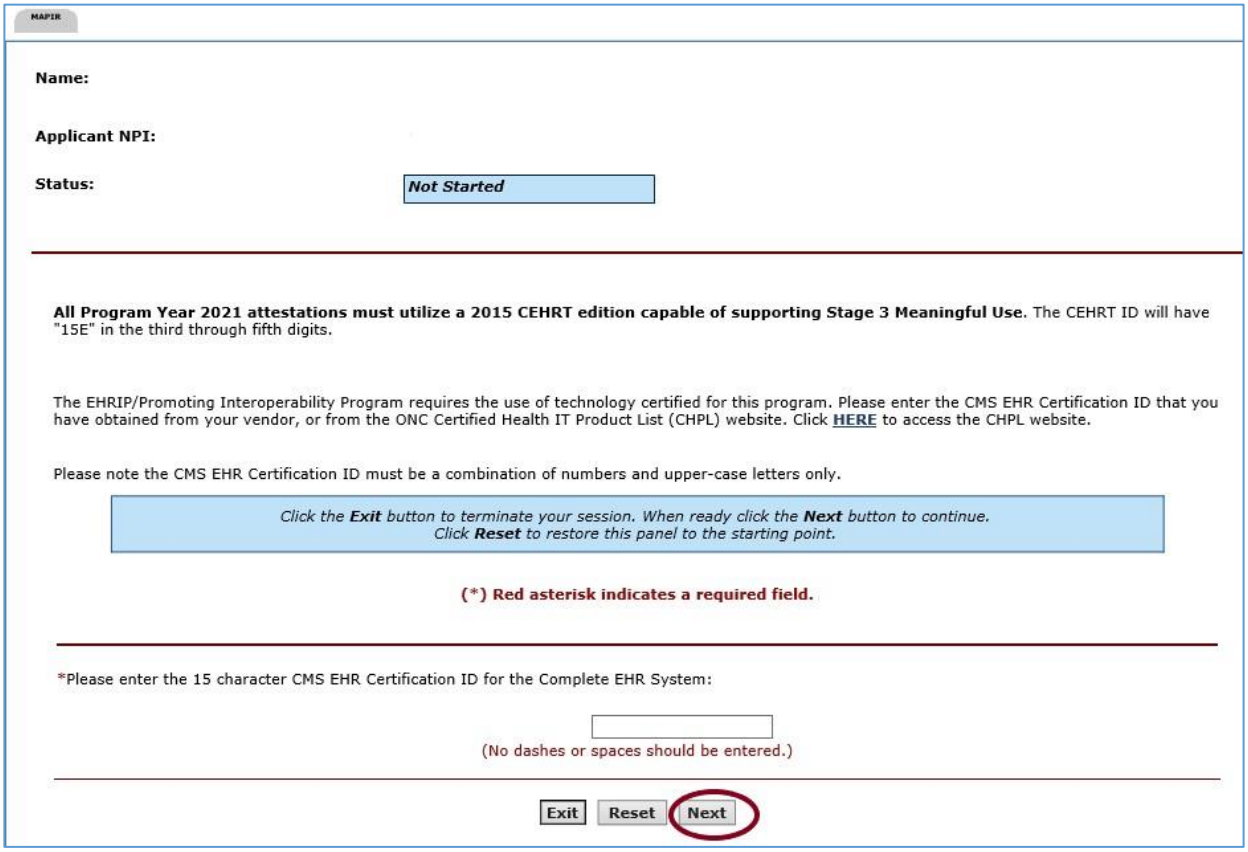
Entering the CEHRT ID

The CMS EHR Certification ID can be confirmed with your EHR system vendor, or can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (https://chpl.healthit.gov).

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

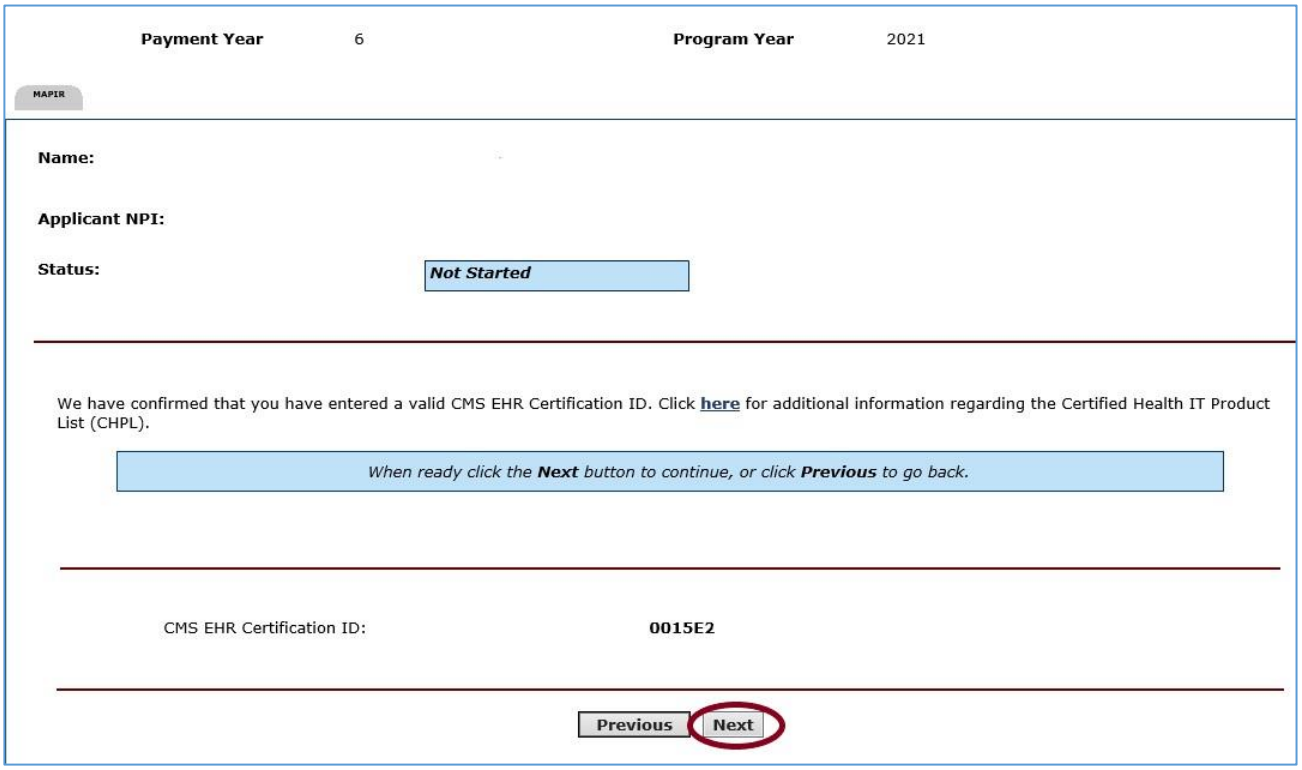
Note
In Program year 2021 you will attest to Stage 3 only, and must be utilizing a 2015 Edition CEHRT. The CEHRT ID must have "15E" in the third through fifth digits.

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



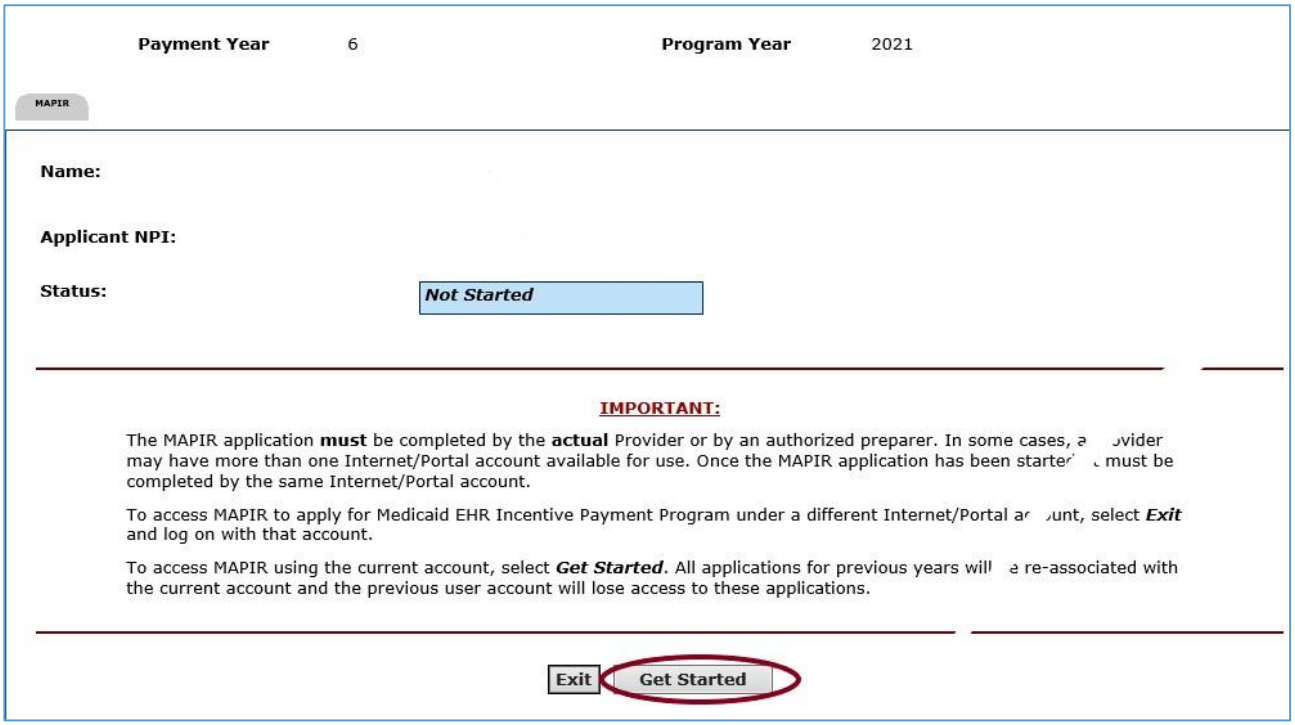
This screen confirms you successfully entered your CMS EHR Certification ID.

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.

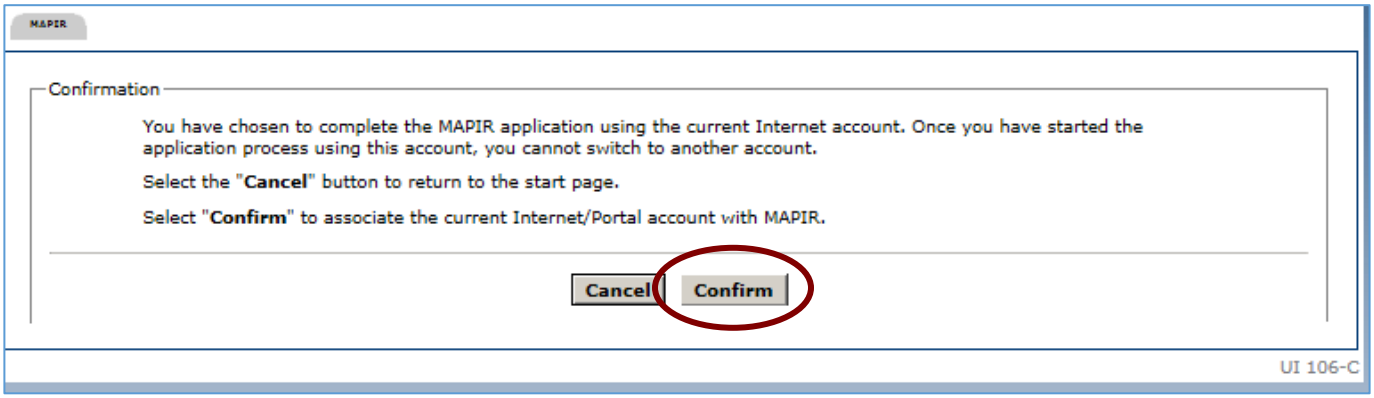


Confirm Internet/Portal Account

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.

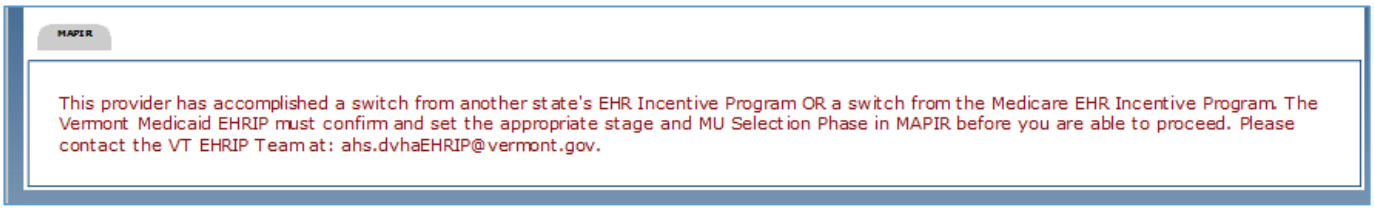
If you are the new user for the provider and want to access the previous applications, you will need to contact the EHRIP Team for assistance: ahs.dvhaEHRIP@vermont.gov

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



History of a State-to-State Switch

If the provider has a history of a State-to-State Switch incentive application, you will not be able to proceed beyond this point without assistance. MAPIR is unable to *automatically* assign a Stage to the incentive application. You will see this screen instructing you to contact the VT PIP/EHRIP Team for assistance:



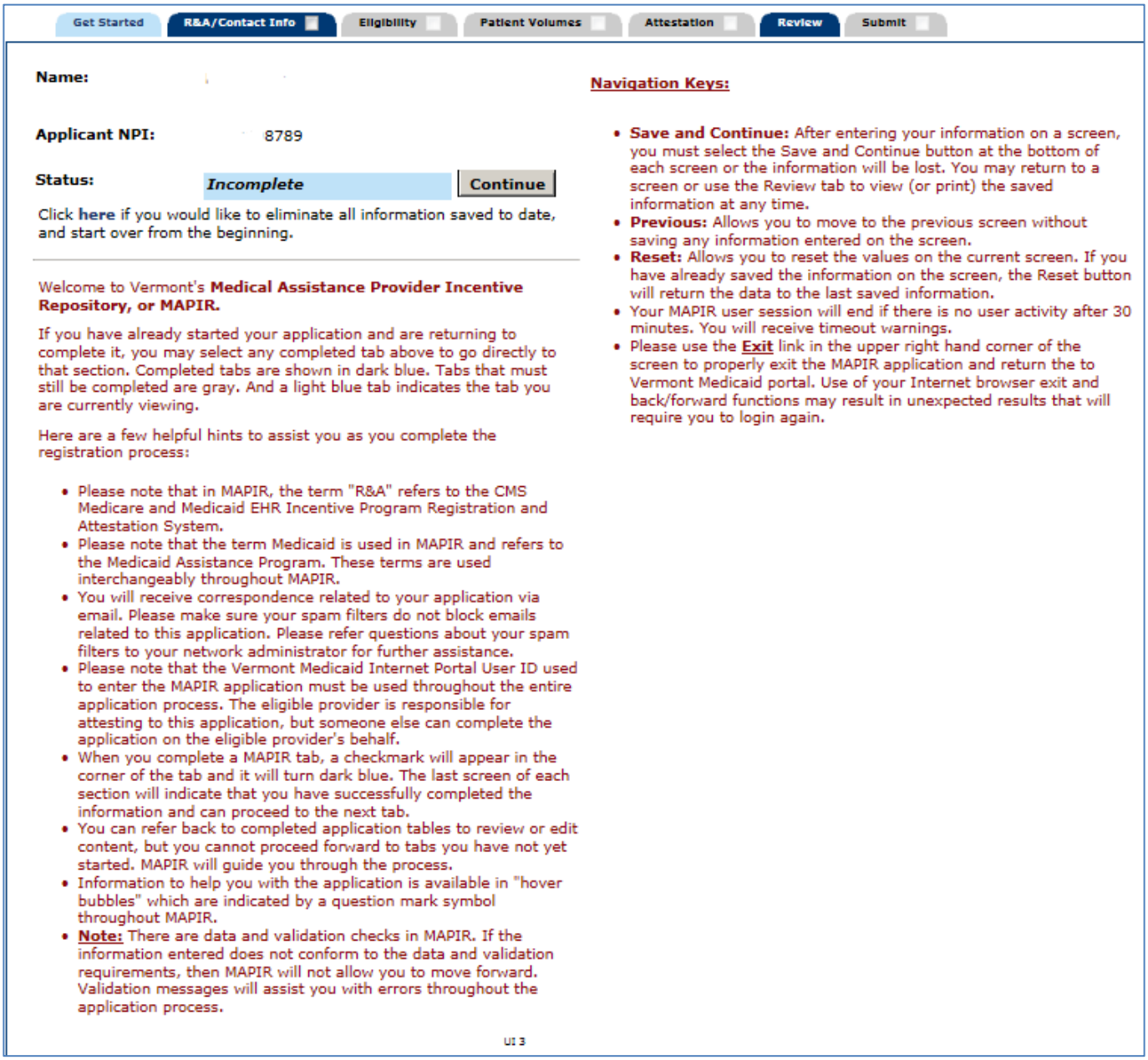
"This provider has accomplished a switch from another state's EHR Incentive Program OR a switch from the Medicare EHR Incentive Program. The Vermont Medicaid EHRIP must confirm and set the appropriate stage and MU Selection Phase in MAPIR before you are able to proceed. Please contact the VT EHRIP Team at: ahs.dvhaEHRIP@vermont.gov."

A member of the PIP/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 (if received during business hours).

Get Started

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.

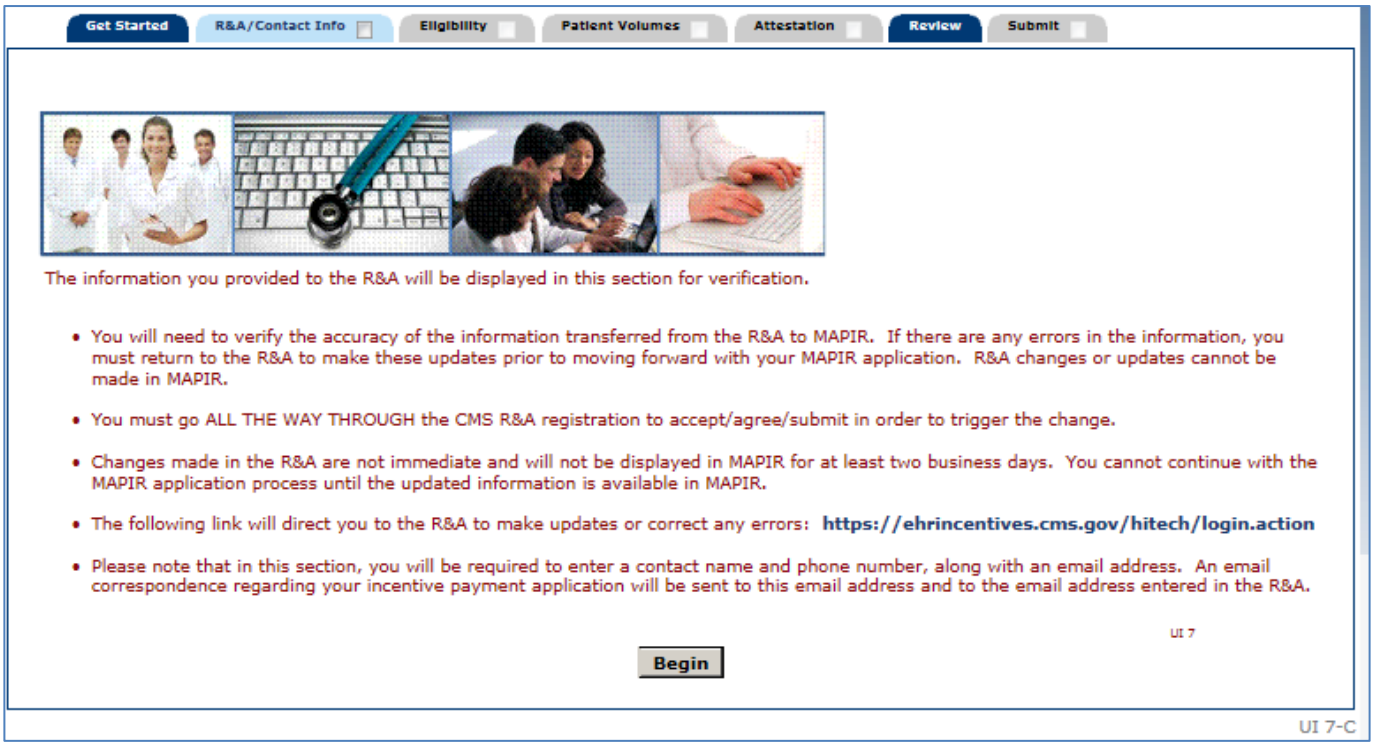


Step 2 – Confirm R&A and Contact Info

When you completed the R&A registration, your registration information was sent to Vermont's 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.



See the *Using MAPIR* section of this guide on page 10 for information on using the **Print**, **Contact Us**, and **Exit** links.

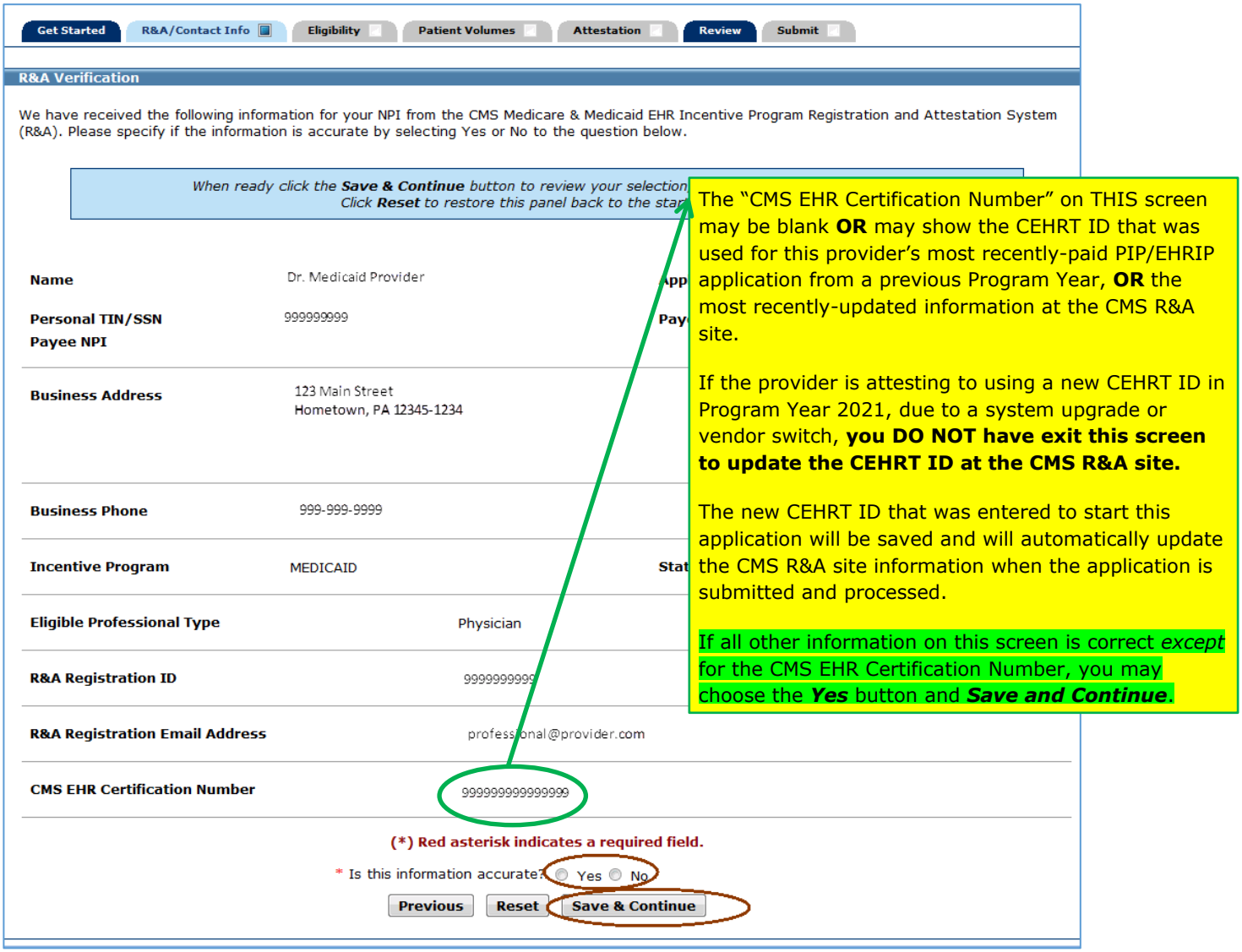
Check your information carefully to ensure all of it is accurate.

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.



The "CMS EHR Certification Number" on THIS screen may be blank **OR** may show the CEHRT ID that was used for this provider's most recently-paid PIP/EHRIP application from a previous Program Year, **OR** the most recently-updated information at the CMS R&A site.

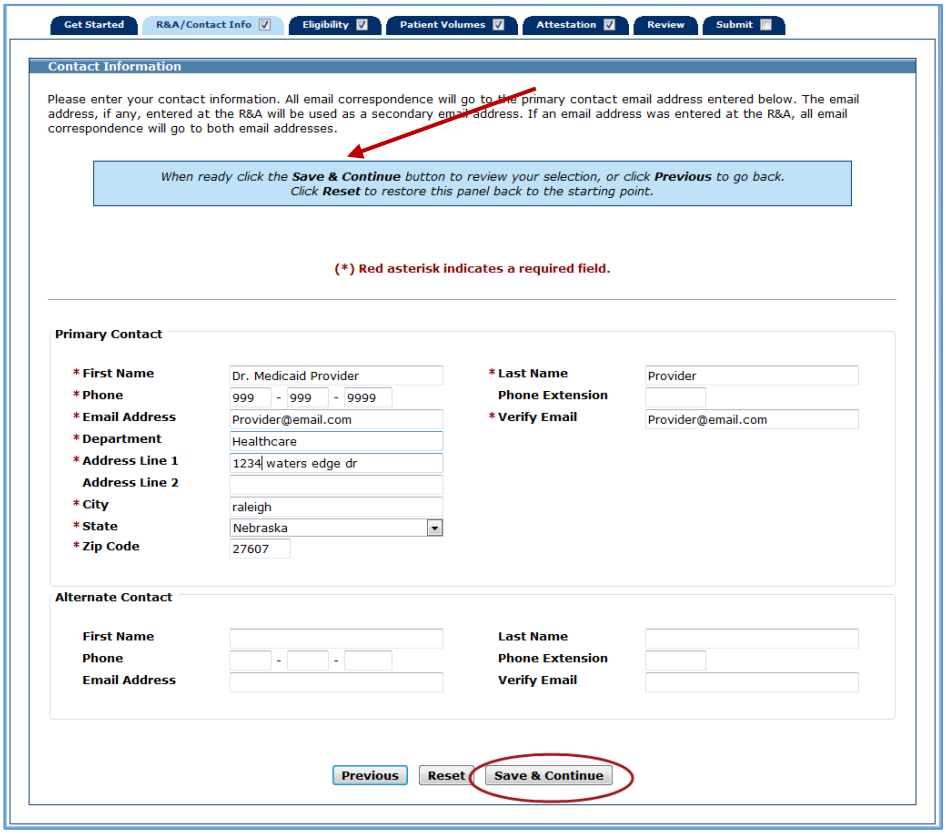
If the provider is attesting to using a new CEHRT ID in Program Year 2021, due to a system upgrade or vendor switch, **you DO NOT have exit this screen to update the CEHRT ID at the CMS R&A site.**

The new CEHRT ID that was entered to start this application will be saved and will automatically update the CMS R&A site information when the application is submitted and processed.

If all other information on this screen is correct *except* for the CMS EHR Certification Number, you may choose the ***Yes*** button and ***Save and Continue***.

Enter the required contact information.

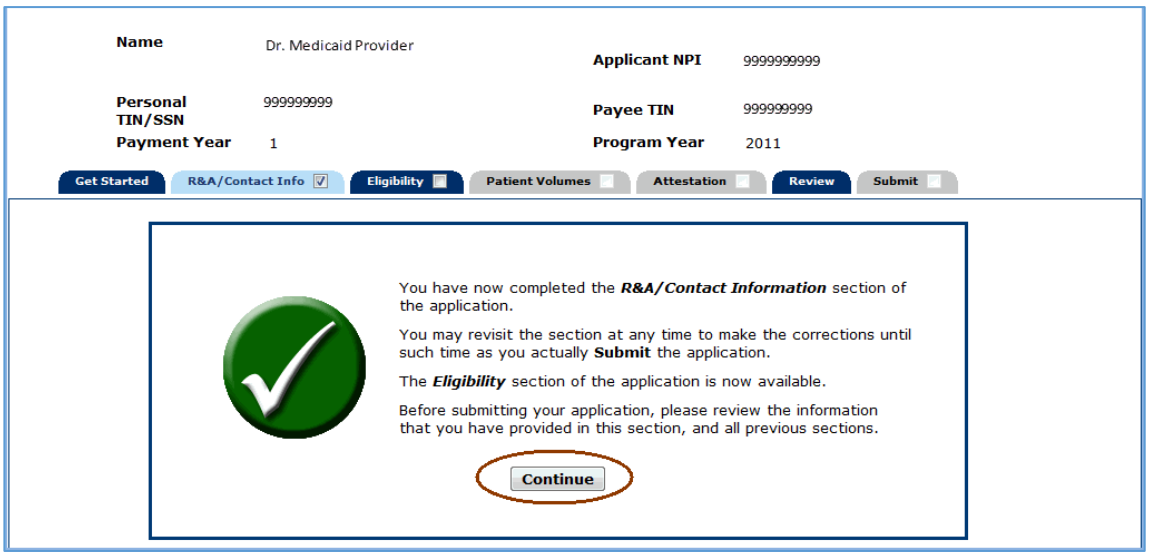
Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or last saved data.



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.

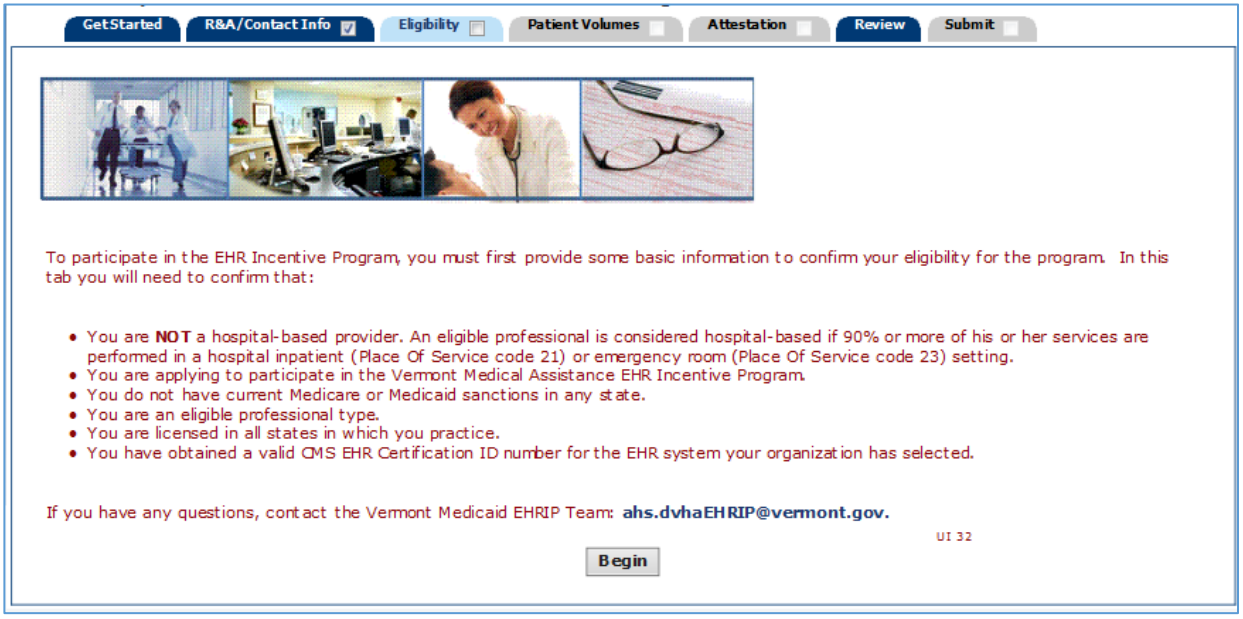


Step 3 – Eligibility

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.

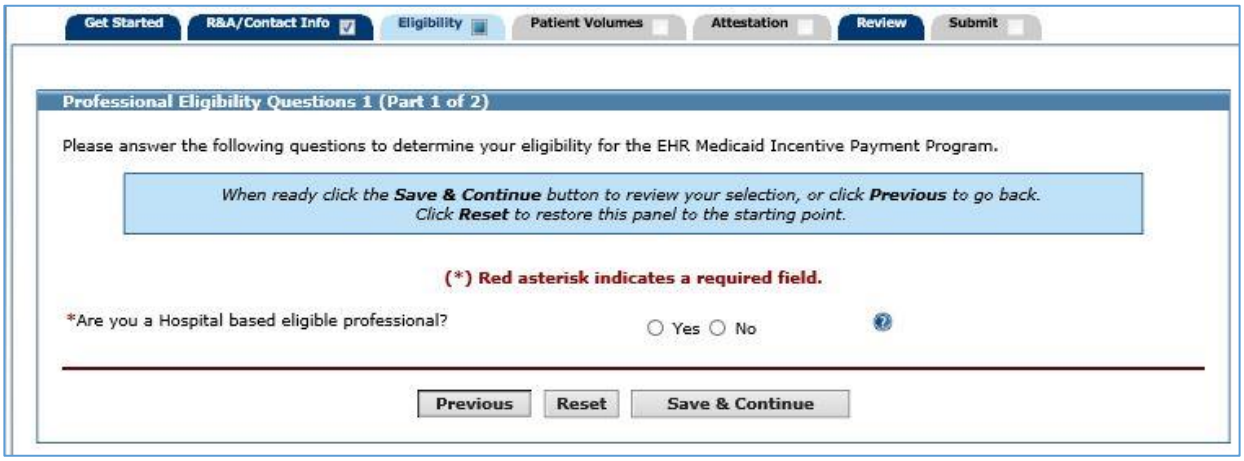
The initial **Eligibility** screen contains information about this section.

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



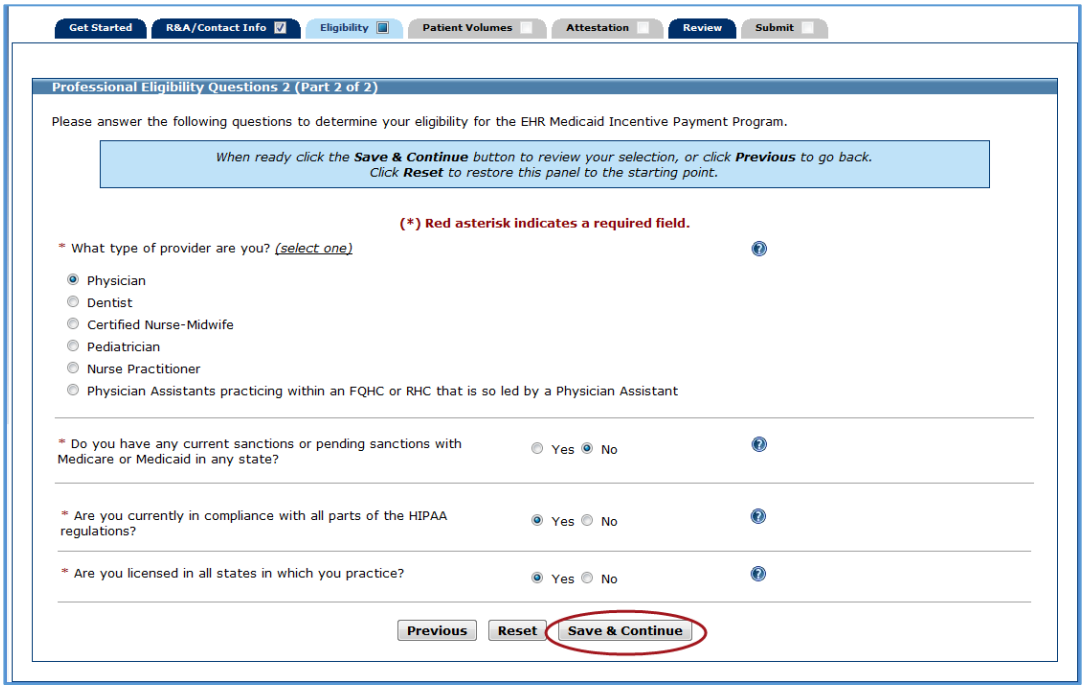
Select **Yes** or **No** to the eligibility question.

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.

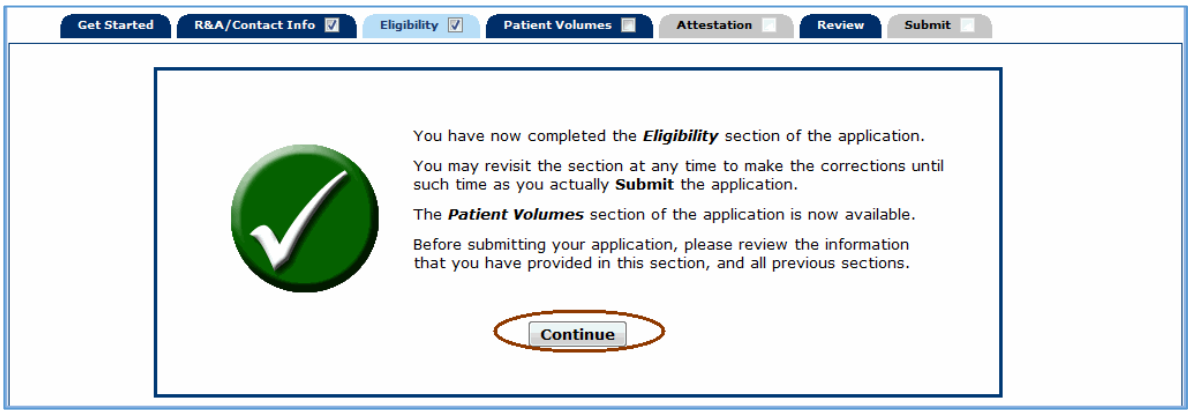
Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.



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.

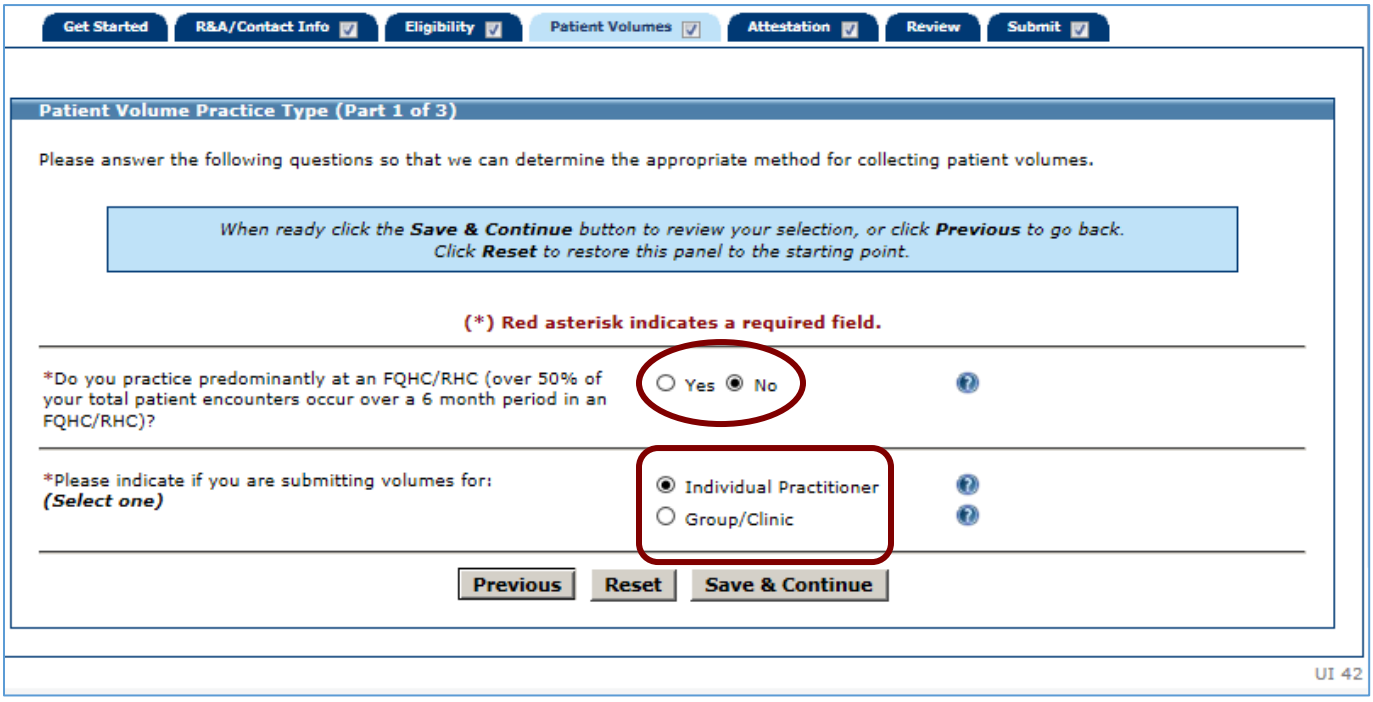
Patient Volume Practice Type (Part 1 of 3)

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.



Selecting the *Patient Volume 90 Day Period*

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.

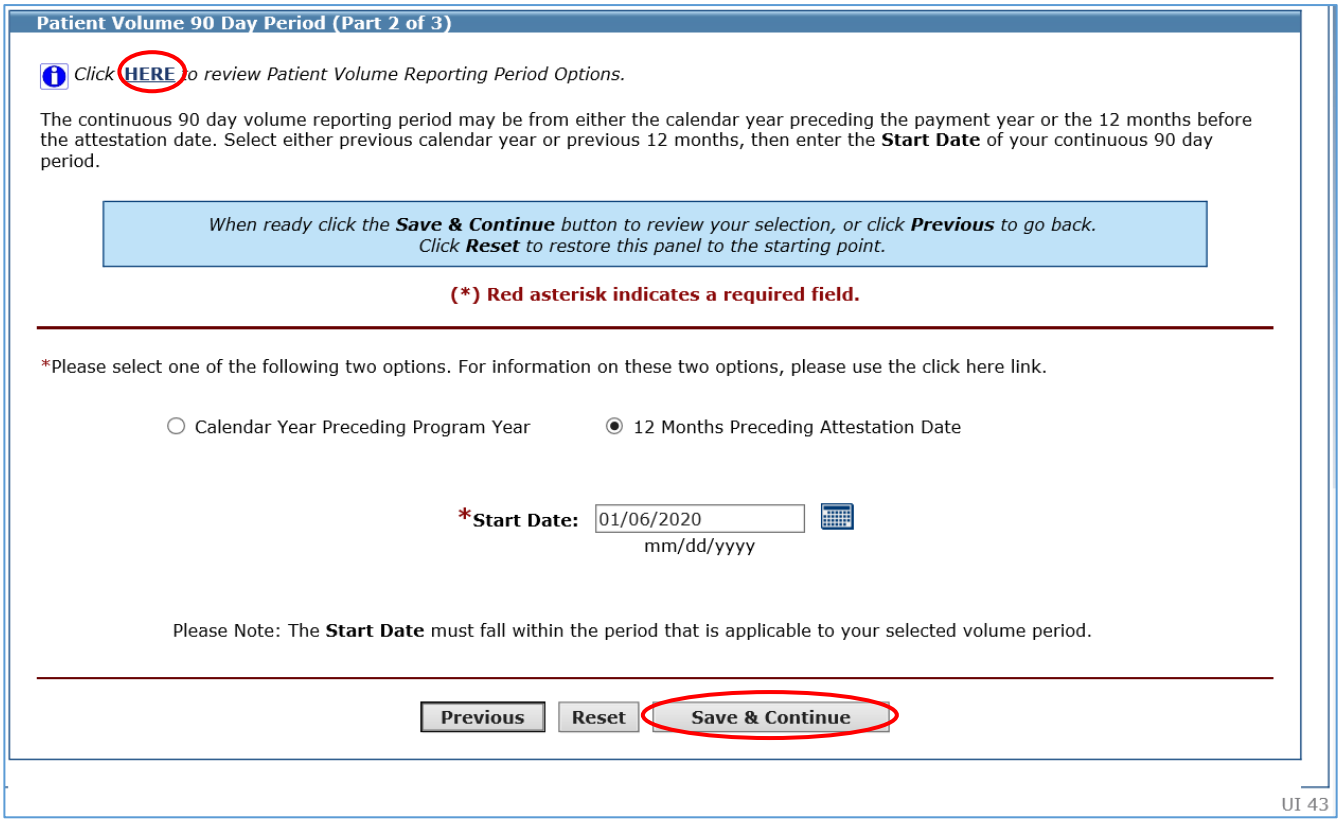
Select if you would like your 90 day patient volume reporting period to be from either the **Calendar Year Preceding the Payment Year** or the **12 Months Preceding Attestation Date**.

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

PLEASE NOTE: The Patient Volume 90-Day period for an individual practitioner, or a provider listed in a Group Patient Volume Definition, cannot be the same as a previous Program Year's patient volume period. CMS Rules do not allow recycling or overlapping a patient volume period from a previous Program Year attestation.
More information about selecting the correct patient volume time period is available at our website: https://healthdata.vermont.gov/ehrip/patientvolume

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.

The "Click Here" link may be selected to view a more in-depth definition for Patient Volume Reporting Period.



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.

Patient Volume 90 Day Period (Part 2 of 3)

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

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

Start Date: Jan 06, 2020
End Date: Apr 04, 2020

Please note: The dates you have selected above may be invalid if you attempt to submit your application at a later date. If you receive an error message, you will need to change the 90-day patient volume date range and corresponding data. MAPIR will not allow the application to proceed until the date range meets the requirements.

Previous | Save & Continue

UI 468

Screen for 12 Months Preceding Attestation Date.

Patient Volume 90 Day Period (Part 2 of 3)

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

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

Start Date: Oct 01, 2020
End Date: Dec 29, 2020

Please note: The dates you have selected above may be invalid if you attempt to submit your application at a later date. If you receive an error message, you will need to change the 90-day patient volume date range and corresponding data. MAPIR will not allow the application to proceed until the date range meets the requirements.

Previous | Save & Continue

Patient Volume (Part 3 of 3)

In order to meet the requirements of the Medicaid EHR Promoting Interoperability/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	31
Group	35
FQHC/RHC* Individual	40
FQHC/RHC* Group	44

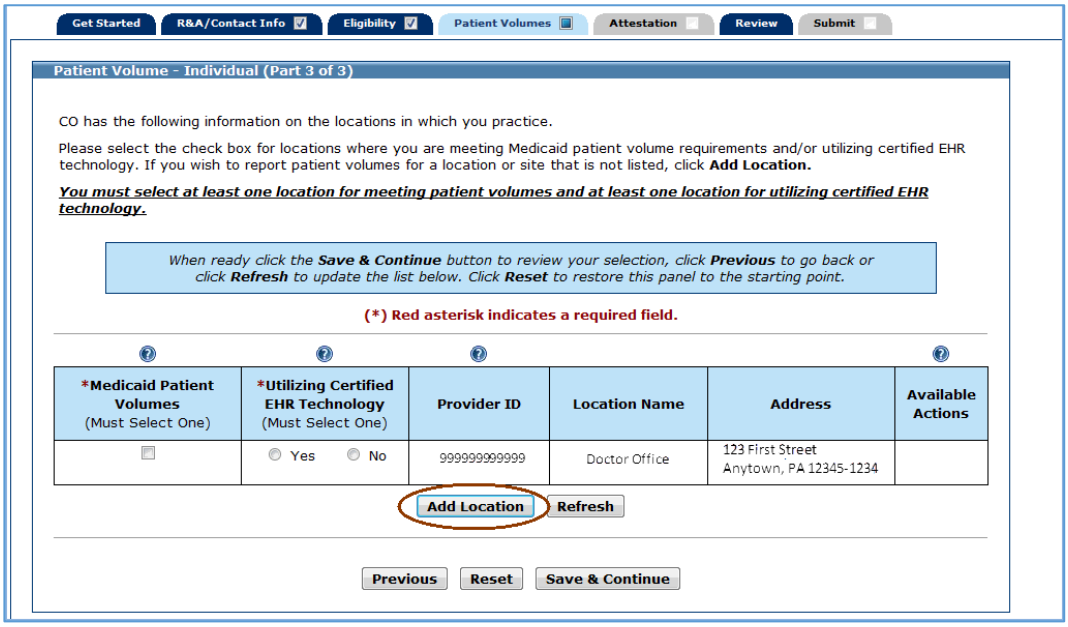
* Federally Qualified Health Center/Rural Health Clinic

Patient Volume: Individual

The following pages will show you how to apply for the EHR Promoting Interoperability/Incentive program as an Individual provider. If you are not applying as an Individual provider, refer to the table on page 30 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.

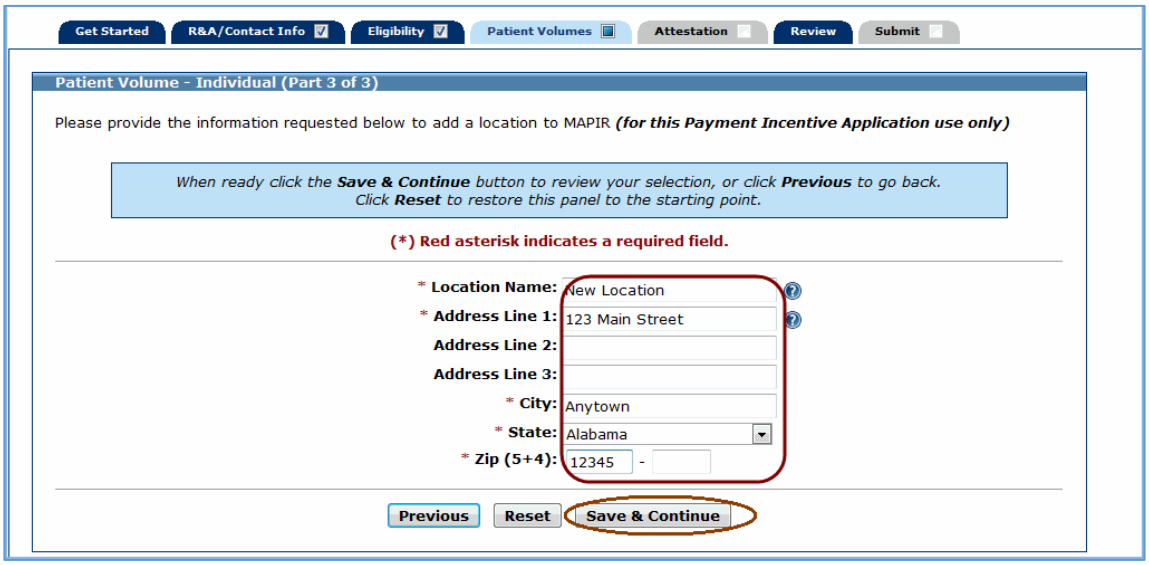
Add new locations by clicking **Add Location**. Please note that a location added in MAPIR is NOT added to Vermont Medicaid.



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.



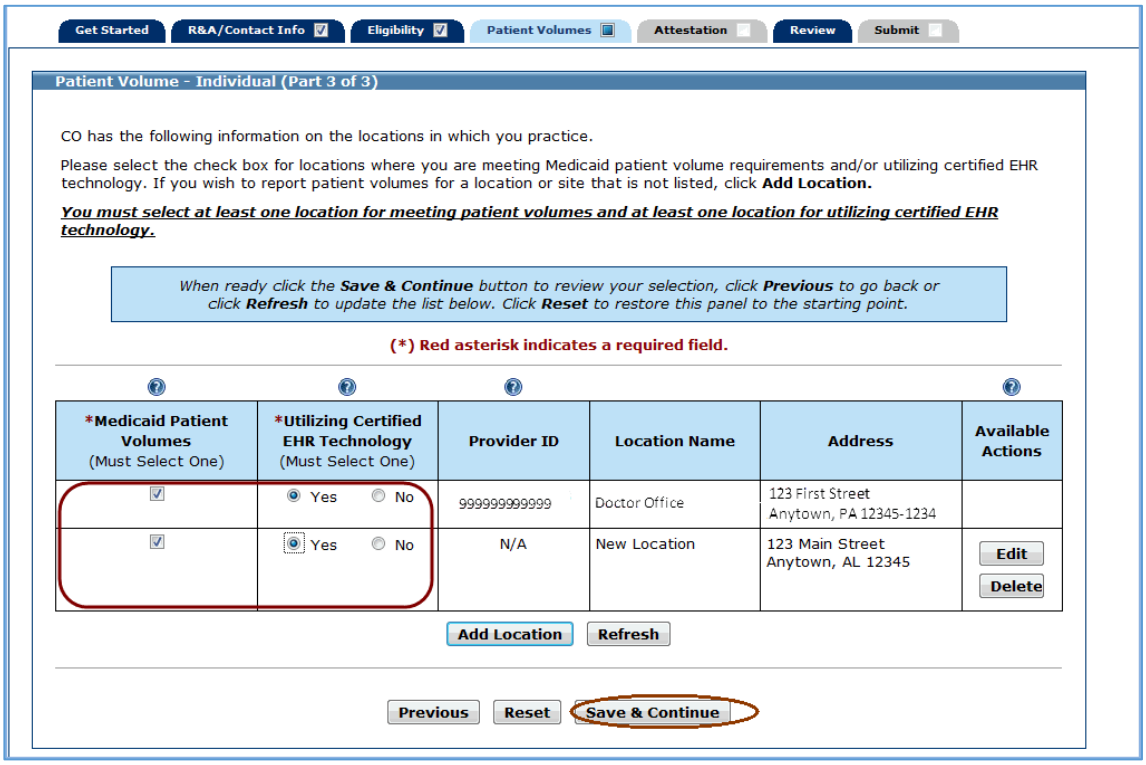
For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting patient requirements and at least one location for utilizing certified EHR technology.

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.

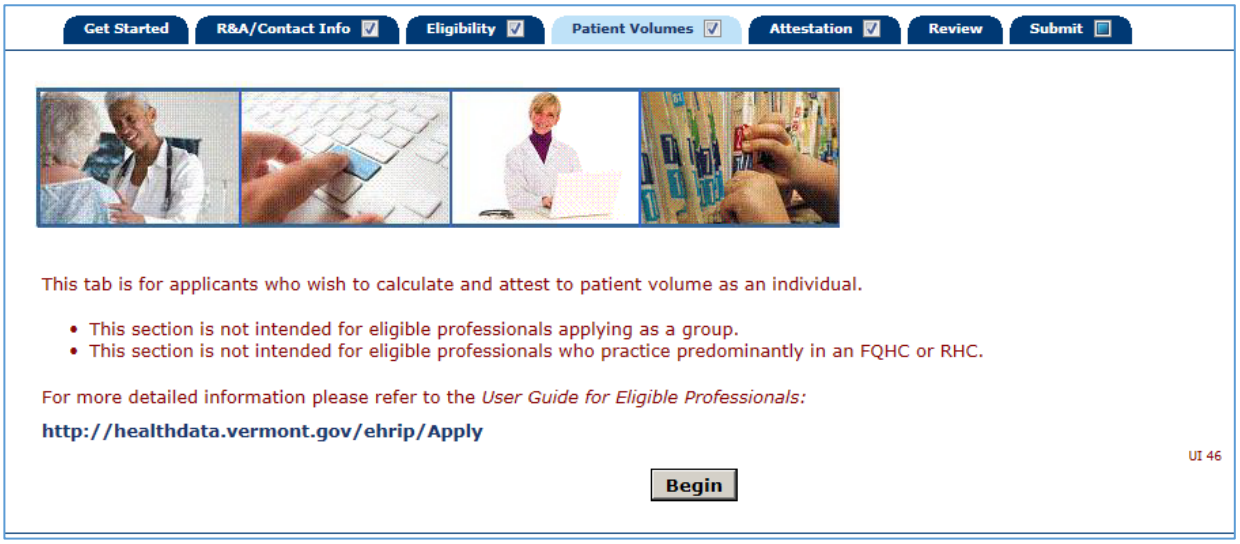
Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

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.



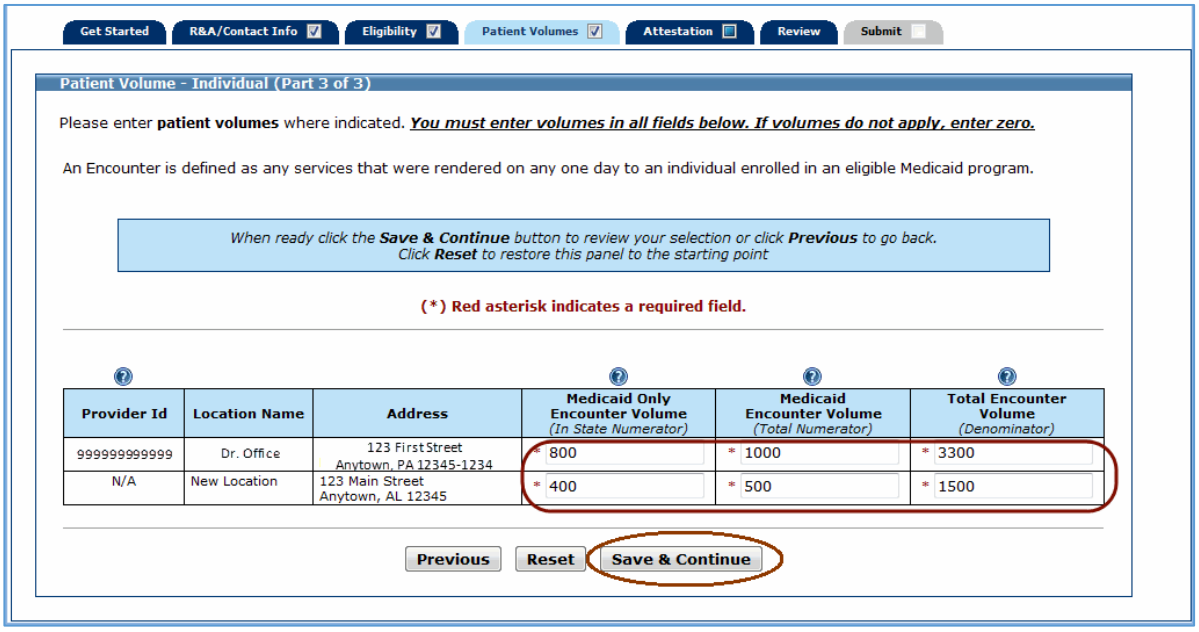
Medicaid Patient Volume Percentage Formula - Individual

(Medicaid Encounter Volume / Total Encounter Volume)

For more information on the correct definition of Medicaid Encounter, please visit our website:
https://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.

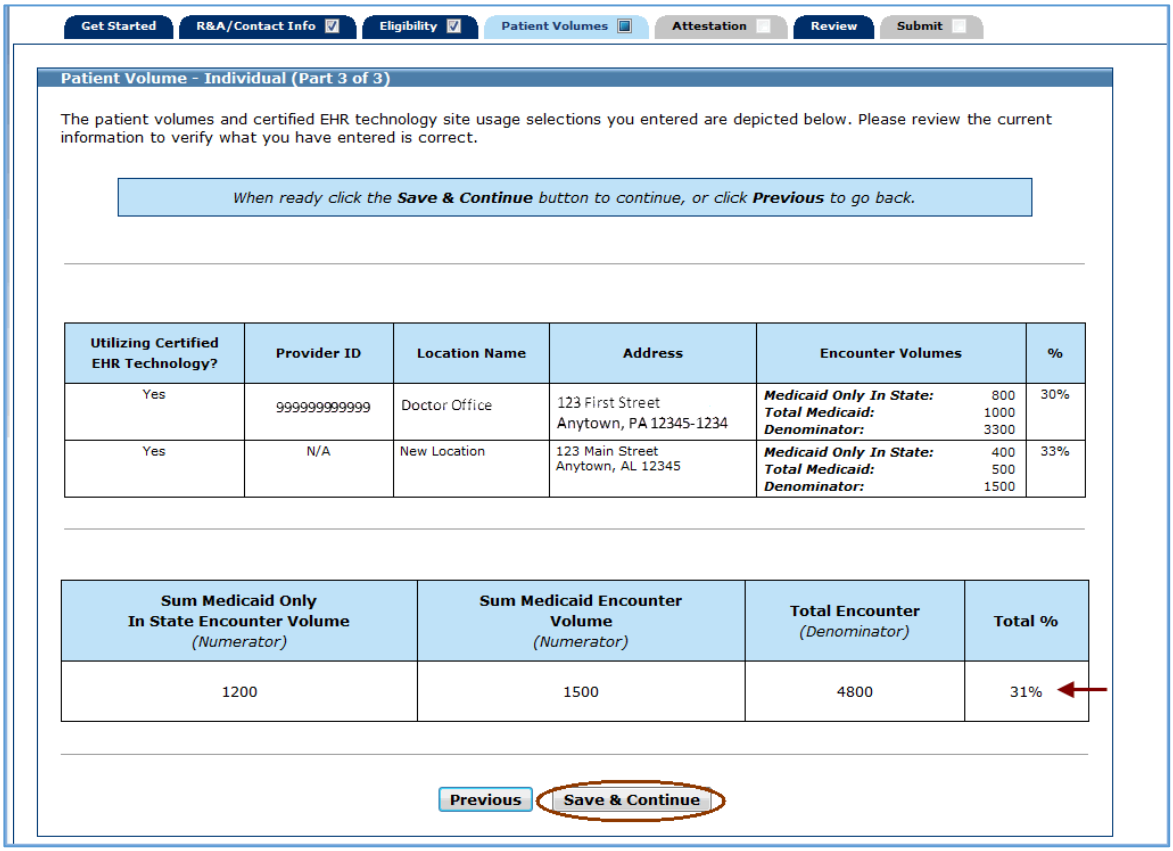


This screen displays the locations where you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

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.



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

Patient Volume - 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 continue, or click **Previous** to go back.*

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	***Medicaid Only In State:*** 800 ***Total Medicaid:*** 1000 ***Denominator:*** 3300	30%
Yes	N/A	New Location	123 Main Street Anytown, AL 12345	***Medicaid Only In State:*** 400 ***Total Medicaid:*** 500 ***Denominator:*** 1500	33%

Sum Medicaid Only In State Encounter Volume *(Numerator)*	Sum Medicaid Encounter Volume *(Numerator)*	Total Encounter *(Denominator)*	Total %
1200	1500	4800	31%

Previous | Save & Continue

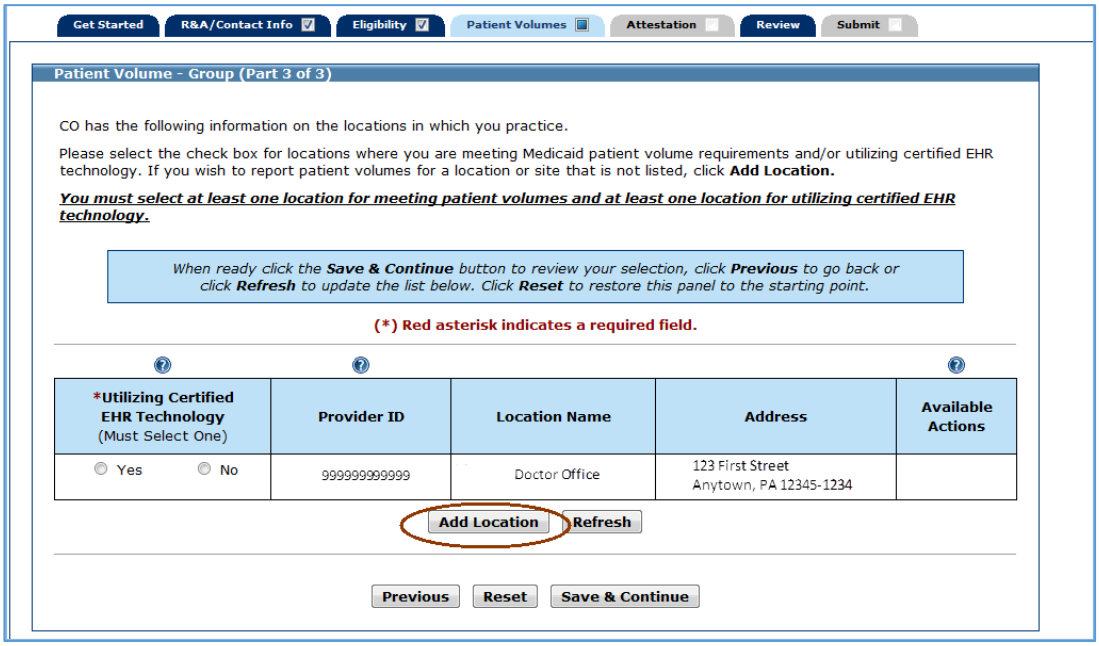
Patient Volume – Group

The following pages will show you how to apply for the Promoting Interoperability/EHR Incentive program as a Group provider. If you are not applying as a Group provider, refer to the Patient Volume table on page 30 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
You must indicate if you are using certified EHR technology at every location listed on this screen by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

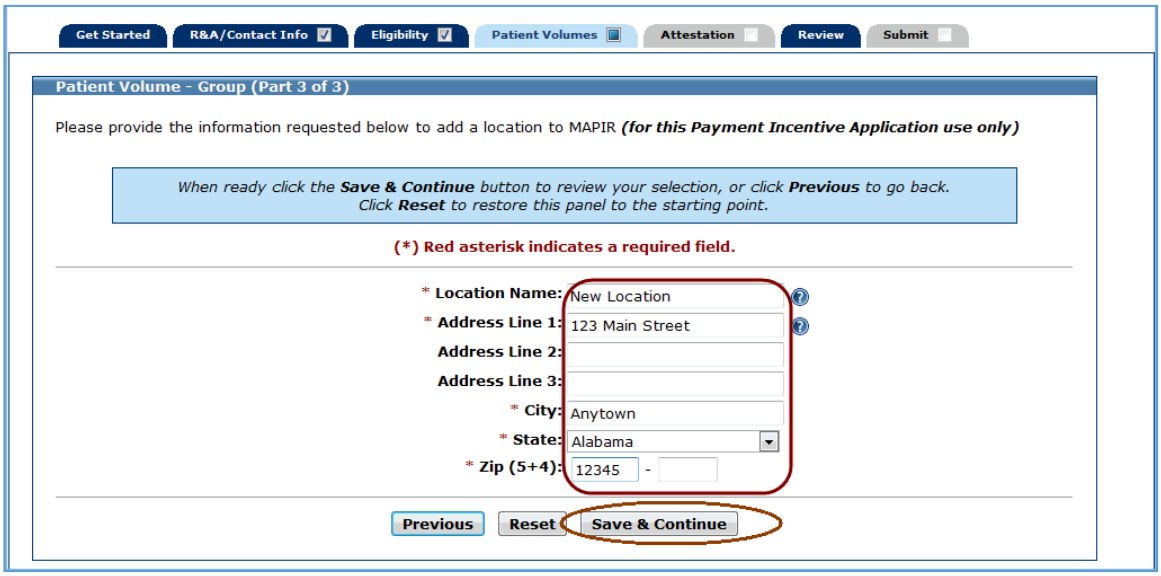
Review the listed locations. Add new locations by clicking **Add Location**. Please note that a location added in MAPIR is NOT added to Vermont Medicaid.



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.



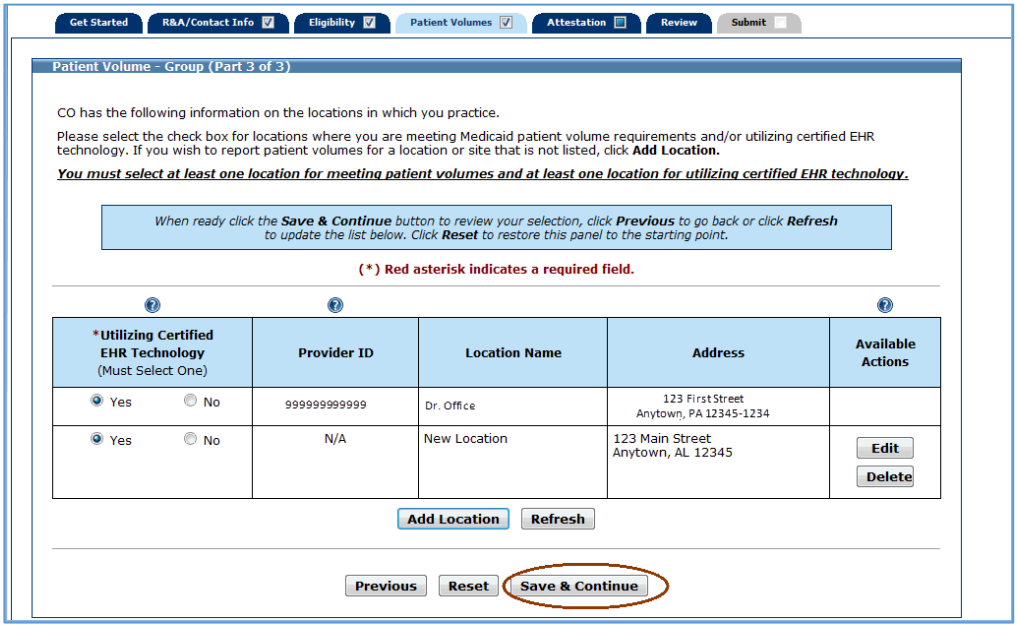
For each location check whether you are **Utilizing Certified EHR Technology**.

Note
You must indicate if you are using certified EHR technology at every location listed on this screen by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

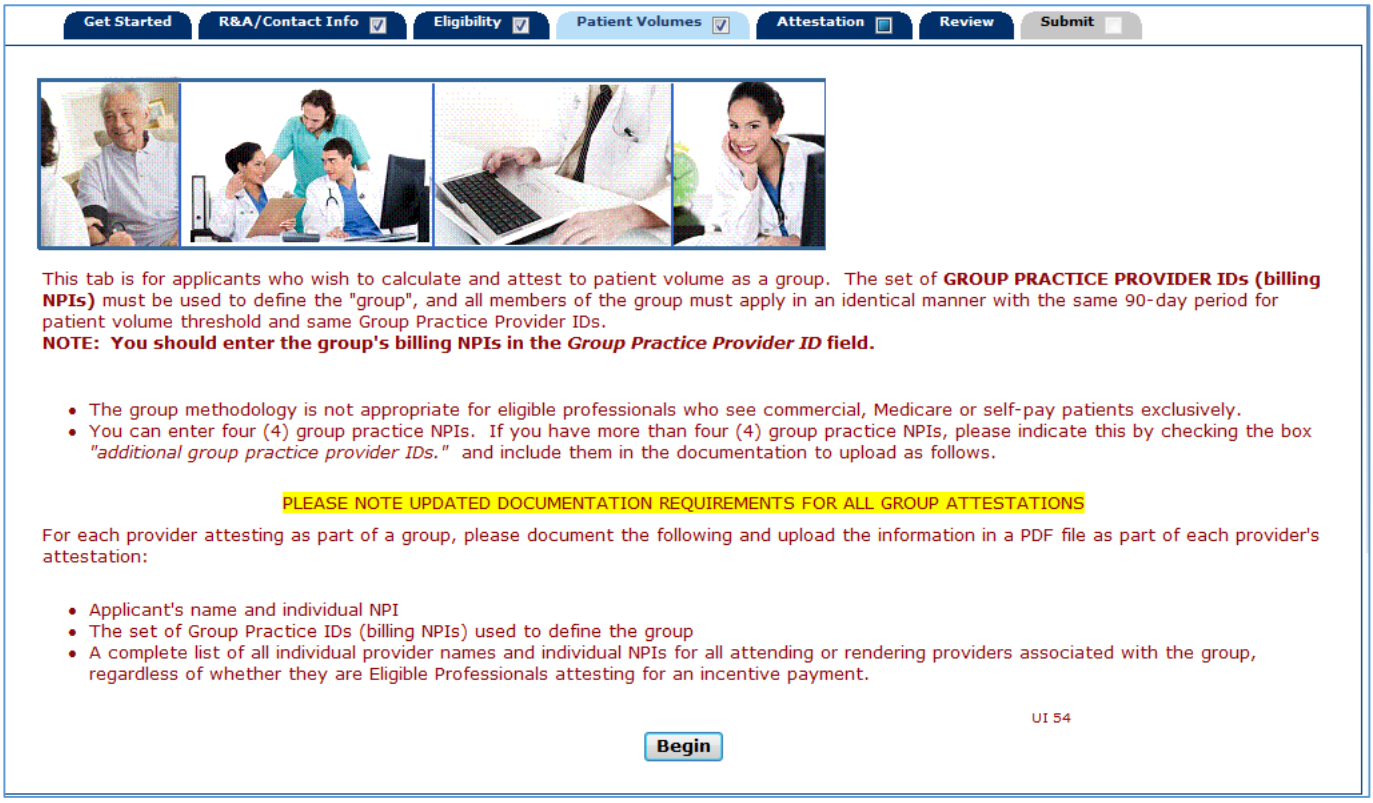
Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

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.



Medicaid Patient Volume Percentage Formula - Group

[Medicaid Encounter Volumes] ÷ [Total Encounter Volume]

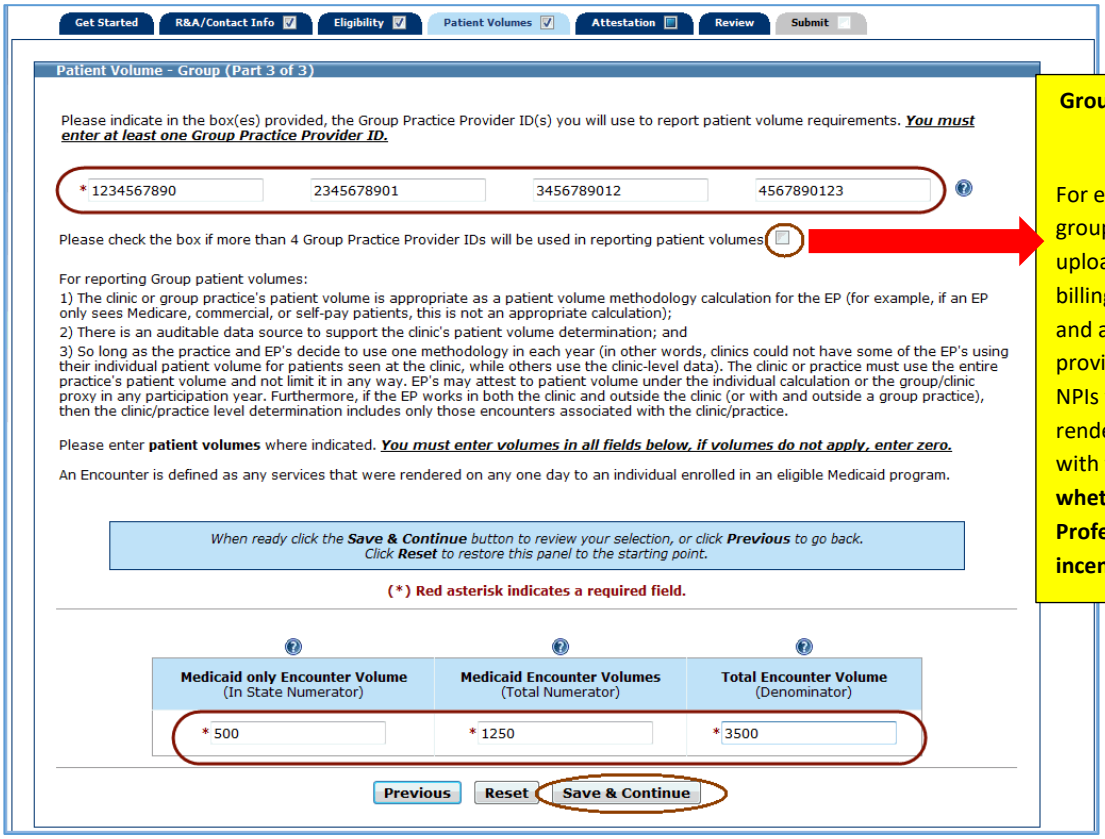
PLEASE NOTE: For more information on the correct definition of Medicaid Encounter, please visit our website:
https://healthdata.vermont.gov/ehrip/PatientVolume

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

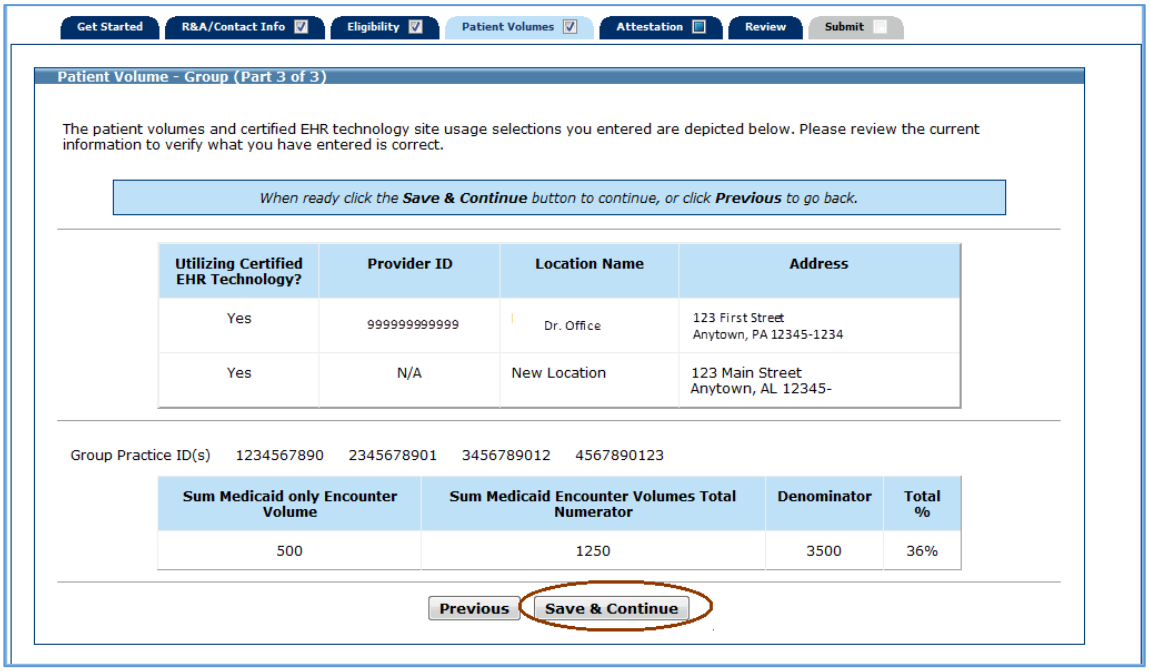
For each provider attesting with group patient volume, you must upload the complete set of billing NPIs defining the group, and a complete list of individual provider names and individual NPIs for all attending or rendering providers associated with the group, **regardless of whether they are Eligible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

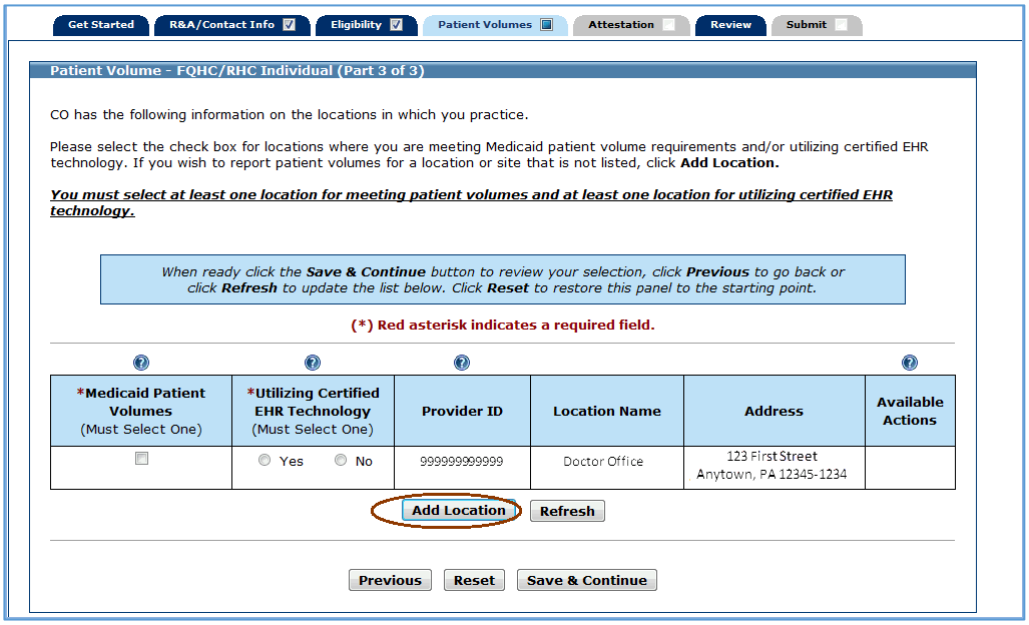


Patient Volume – FQHC/RHC Individual

The following pages will show you how to apply for the Promoting Interoperability/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 30 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.

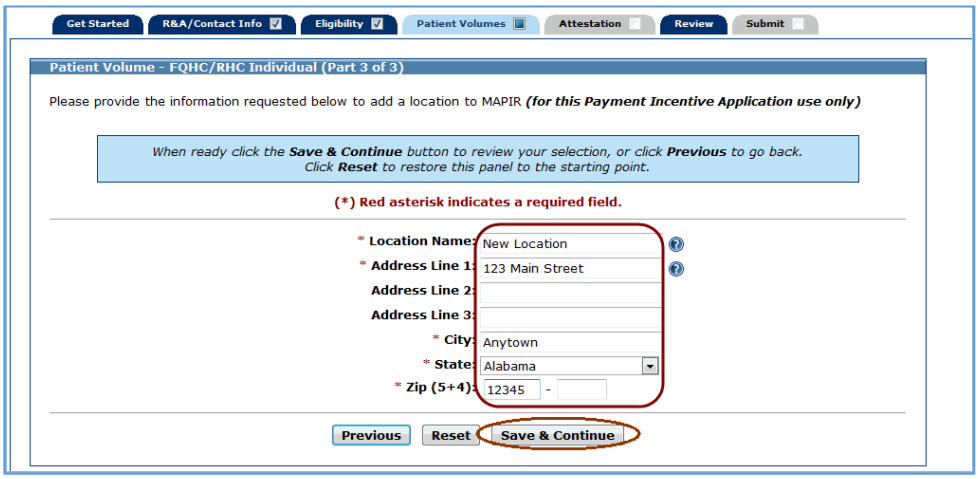
Review the listed locations. Add new locations by clicking **Add Location**. Please note that a location added in MAPIR is NOT added to Vermont Medicaid.



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.



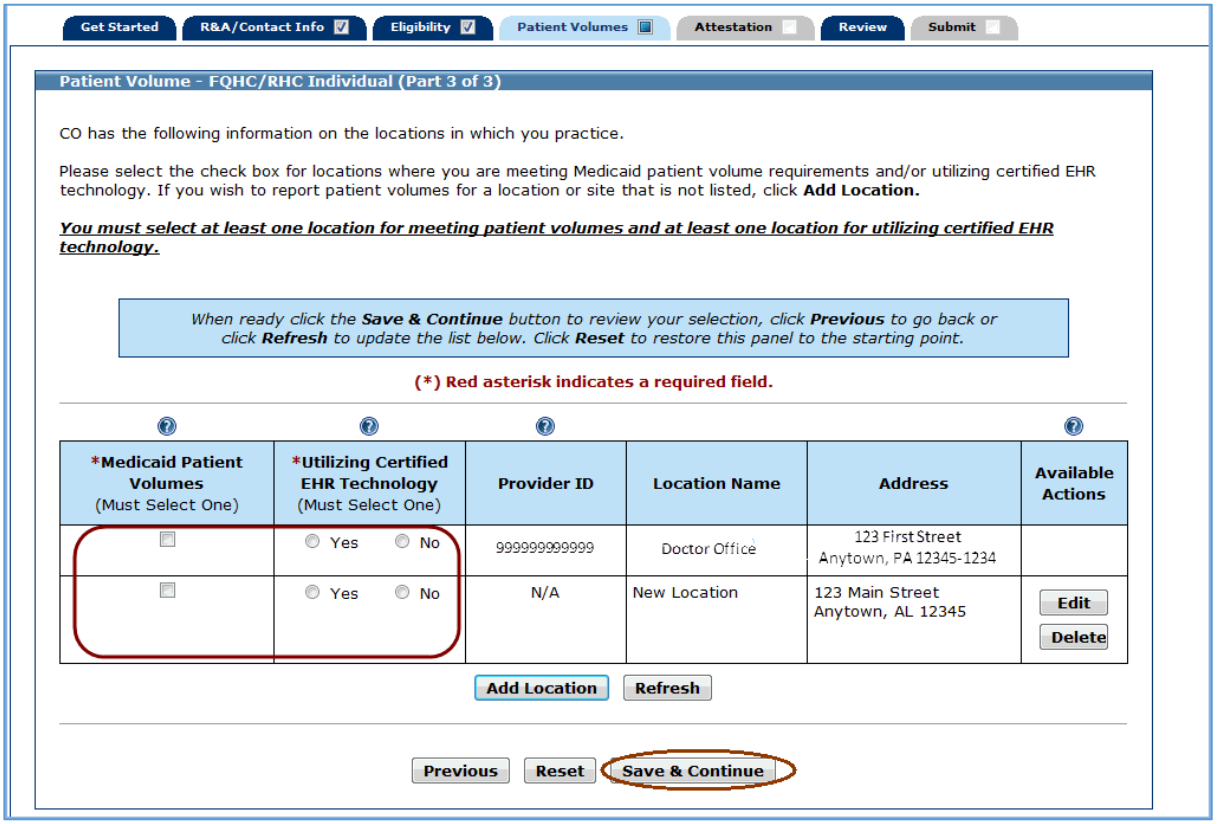
For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting patient requirements and at least one location for utilizing certified EHR technology.

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.

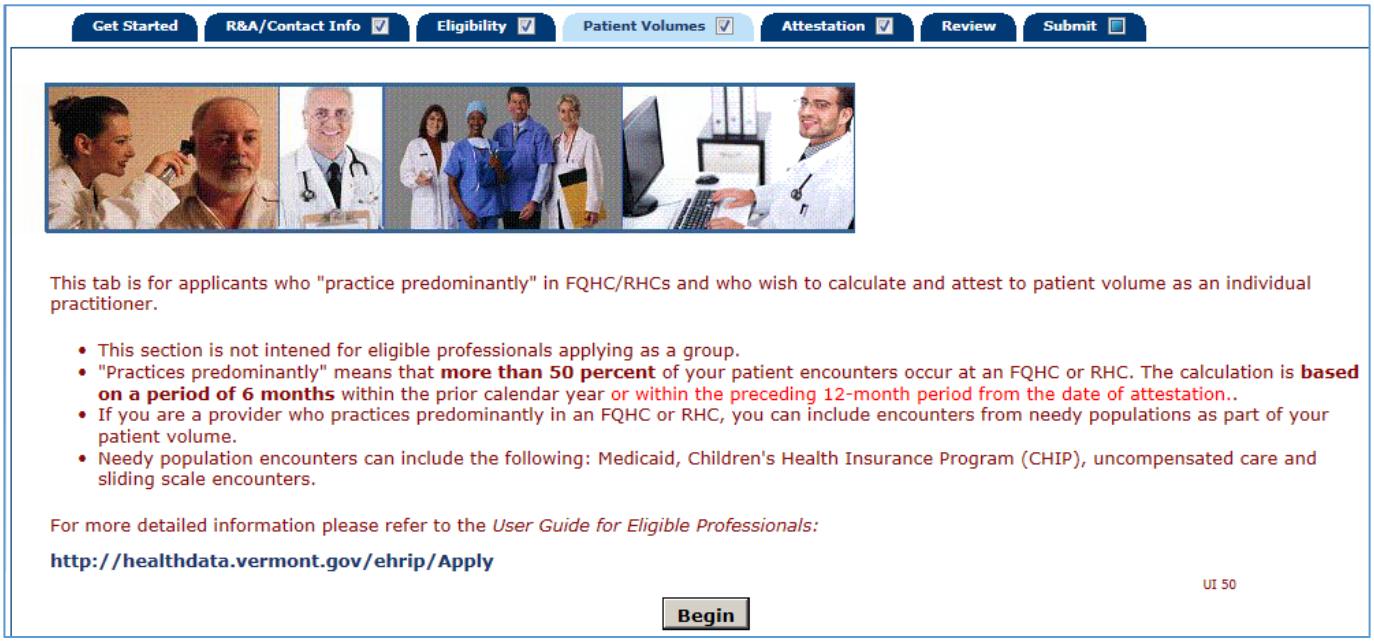
Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

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.



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



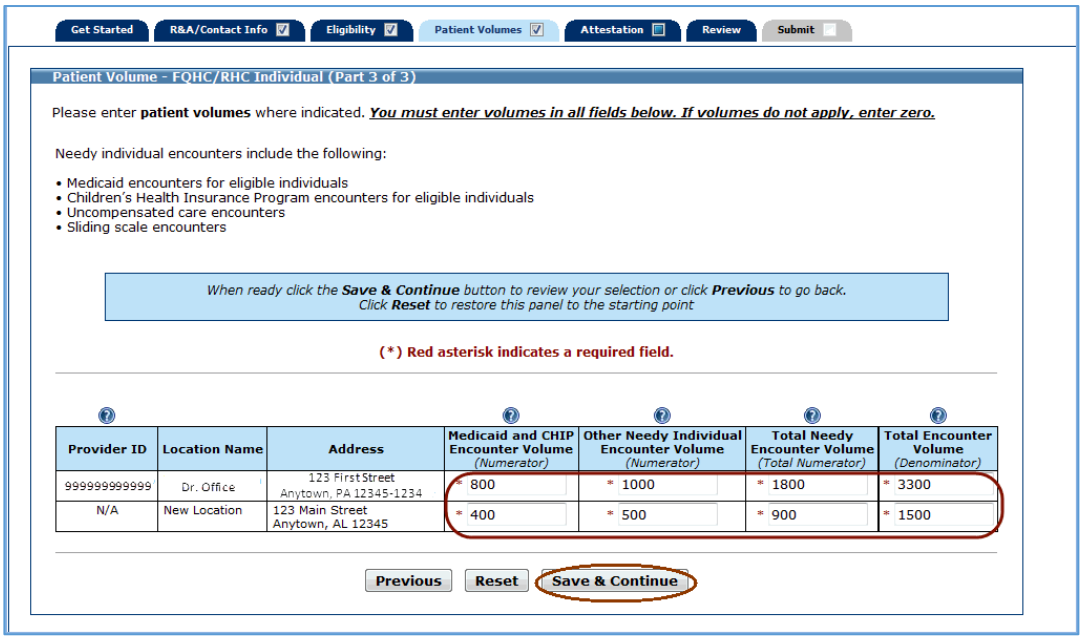
Medicaid Patient Volume Percentage Formula: FQHC/RHC Individual

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

PLEASE NOTE: See our website for more information on how to calculate *Total Needy Encounters:* https://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.

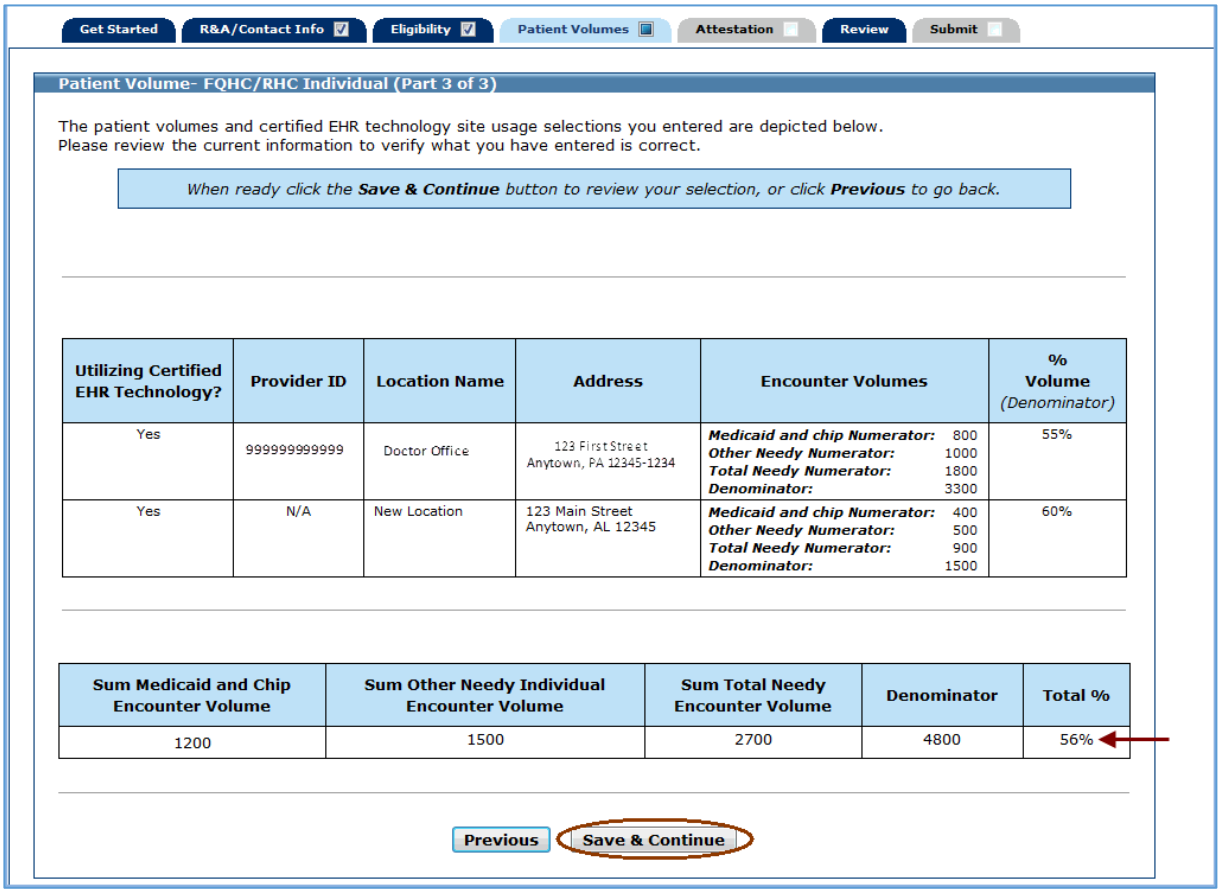


This screen displays the locations you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

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.



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%

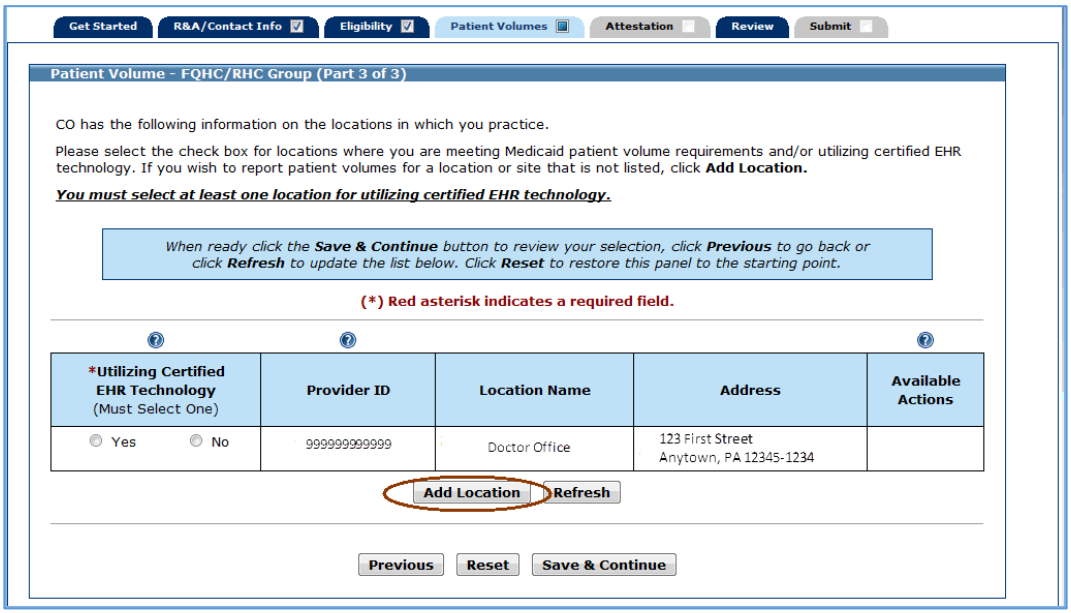
Sum Medicaid and Chip Encounter Volume	Sum Other Needy Individual Encounter Volume	Sum Total Needy Encounter Volume	Denominator	Total %
1200	1500	2700	4800	56%

Patient Volume – FQHC/RHC Group

The following pages will show you how to apply for the Promoting Interoperability/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 30 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.

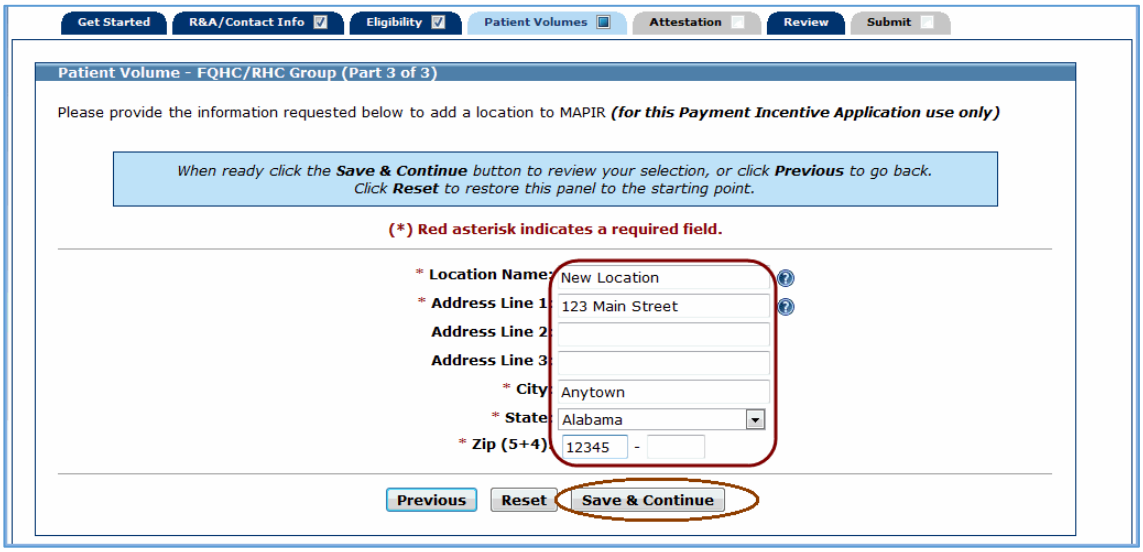


If you clicked **Add Location** on the previous screen, you will see the following screen.

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.

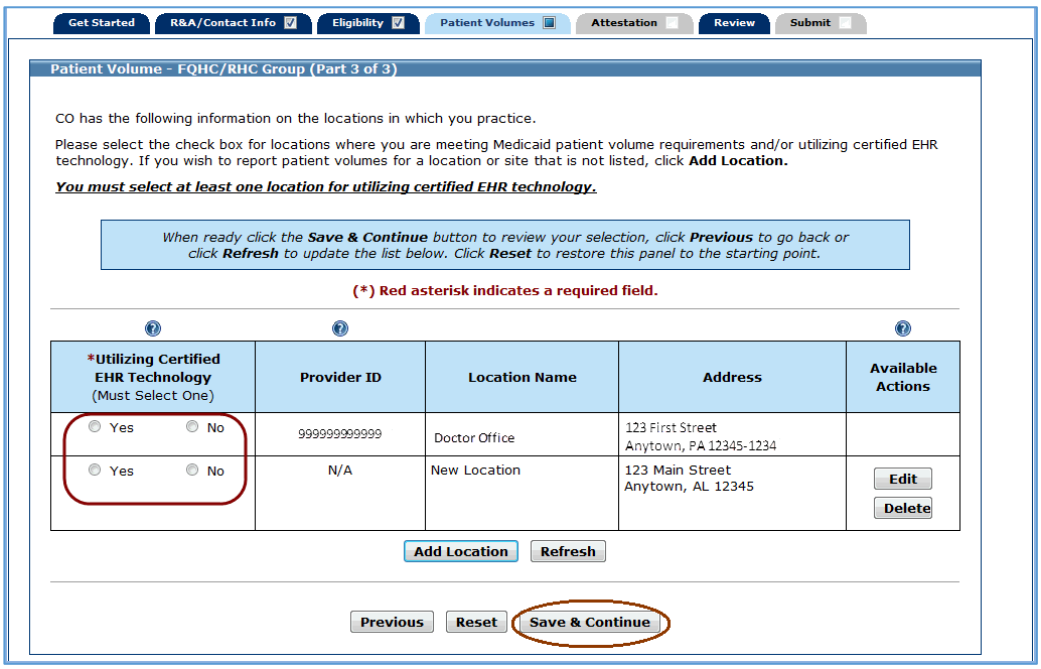
Note
For every location listed on this screen, even if you did not select it as a location to meet patient requirements (**Medicaid Patient Volume** column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the **Utilizing Certified EHR Technology**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

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

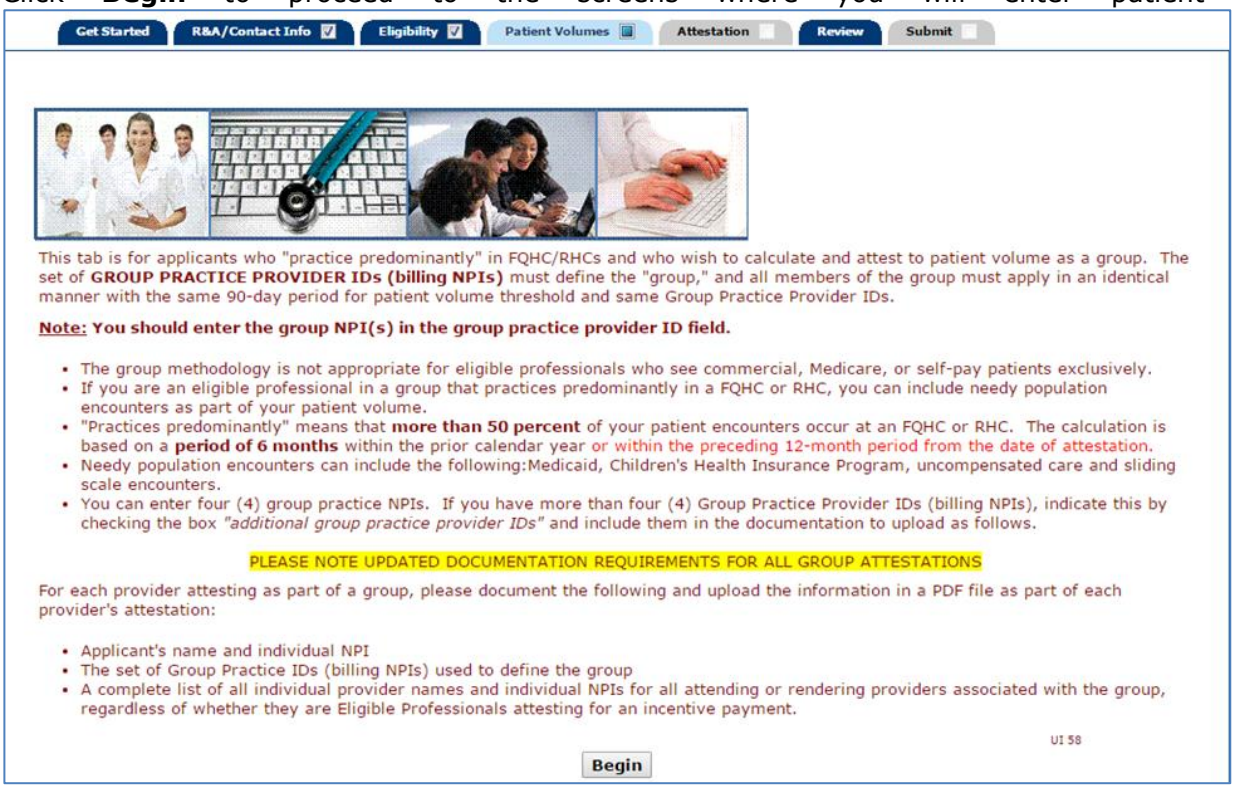
Note
The **Edit** and **Delete** options are not available for locations already on file.

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.



Medicaid Patient Volume Percentage Formula: FQHC/RHC Group

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

PLEASE NOTE: See our website for more information on how to calculate *Total Needy Encounters:* https://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.

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.

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

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 le one Group Practice Provider ID.***

* 1234567890 | 2345678901 | 3456789012 | 4567890123

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volumes.

Group Volumes

For reporting Group patient volumes:

1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);

2) There is an auditable data source to support the clinic's patient volume determination; and

3) So long as the practice and EP's decide to use one methodology in each year (in other words, clinics could not have some of the EP's us their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entir practice's patient volume and not limit it in any way. EP's may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

Please enter **patient volumes** where indicated. ***You must enter volumes in all fields below, if volumes do not apply, enter zero.***

Needy individual encounters include the following:

- Medicaid encounters for eligible individuals
- Children's Health Insurance Program encounters for eligible individuals
- Uncompensated care encounters
- Sliding scale encounters

*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.

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

Previous | Reset | Save & Continue

Group Volume Documentation Requirement

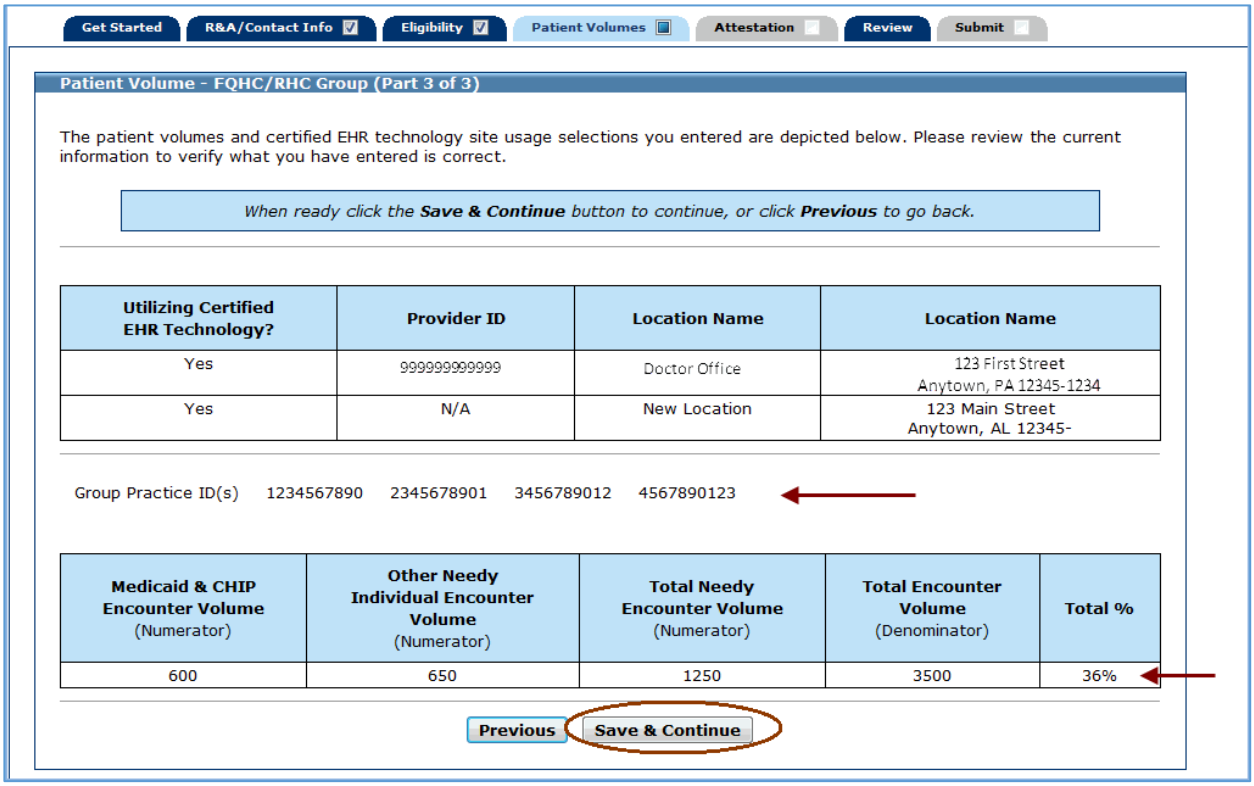
For each provider attesting with group patient volume, you must upload the complete set of billing NPIs defining the group, and a complete list of individual provider names and individual NPIs for all attending or rendering providers associated with the group, **regardless of whether they are Eligible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

This screen displays the 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.

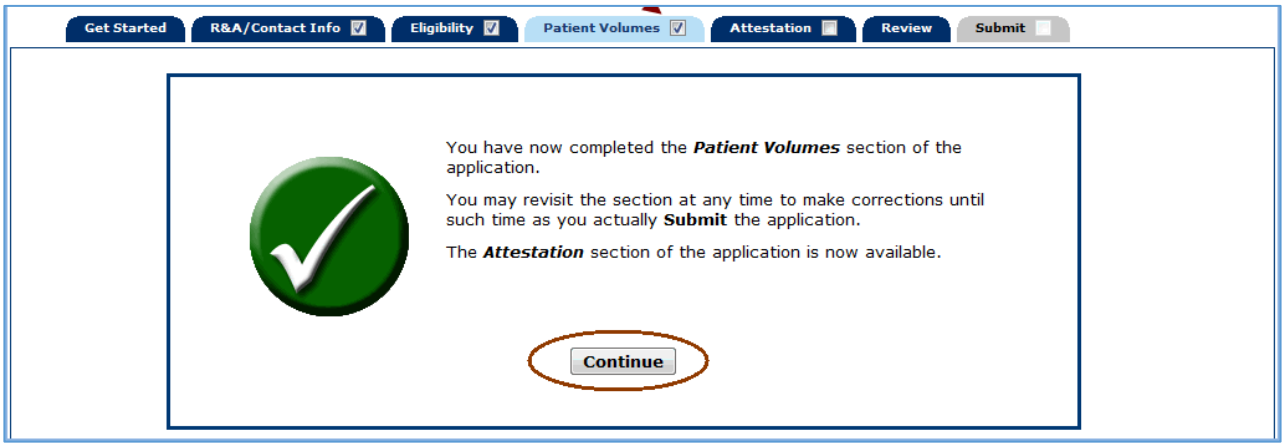
Click **Save & Continue** to proceed, or click **Previous** to go back.



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.



For Eligible Professionals applying for Program Year 2021, proceed to EP User Guide Part 2C

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