
Medical Assistance Provider Incentive Repository



User Guide

For Eligible Professionals

The Vermont Medicaid Promoting Interoperability/ Electronic Health Record Incentive Program

Program Year 2019: Part 1

Getting Started

to

Patient Volumes

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

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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

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>

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, 2D, 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/EhripProgramHistory/Apply>

Part 1

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

Part 2D

- PY2019 Attestation Phase: Meaningful Use
- Meaningful Use General Requirements
- Stage 3 MU Objectives
- Program Year 2019 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.

MAPIR

Name:	Not Available
Applicant NPI:	Not Available
Status:	Not Registered at R&A

Our records indicate that you have not registered at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).

You must register at the R&A prior to applying for the Medicaid EHR Incentive Program. Please click [here](#) to access the R&A registration website.

If you have successfully completed the R&A registration, please email the Vermont Medicaid EHRIP Team for assistance: ahs.dvhaEHRIP@vermont.gov

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/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

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.

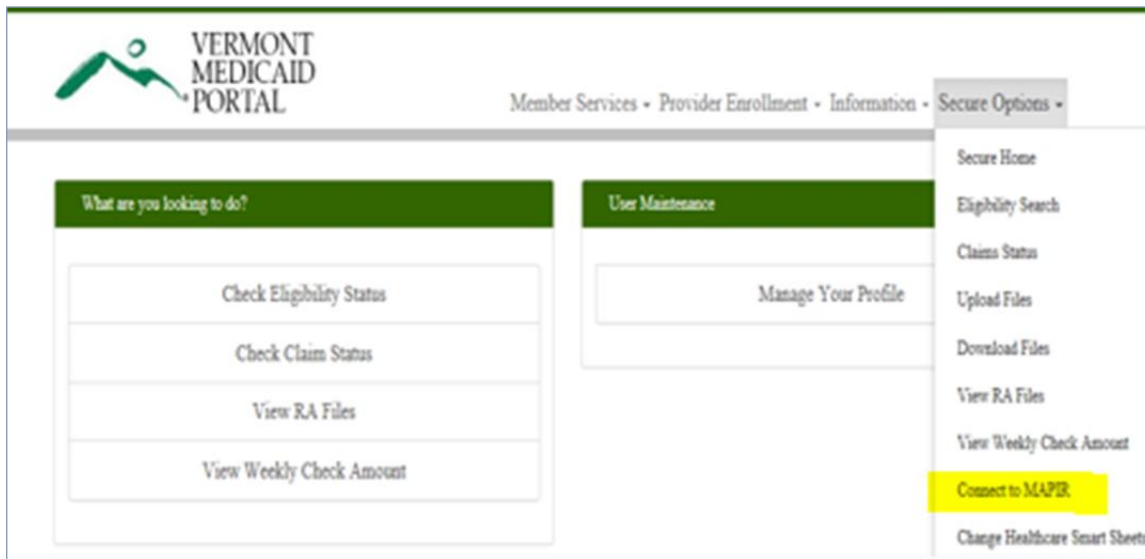
Payment Year	1	Program Year	2012
<div>MAPIR</div> <div> <p>Name: Medicaid Hospital</p> <p>Applicant NPI: 1234567890</p> <p>Status: Registration In Progress</p> </div>			
<hr/> <p style="text-align: center;">IMPORTANT:</p> <p>Our records indicate that your registration is in progress at the CMS Medicare 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.</p> <p>The R&A website https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp will have instructions on how to save your registration after a modification.</p> <p>You must choose "Submit Registration" at the R&A after you have reviewed and confirmed the information is correct.</p> <p>Please allow 24 to 48 hours after saving your registration at the R&A before accessing your EHR Medicaid Incentive application.</p> <p>If you have successfully completed the CMS R&A registration, please contact <state defined ID> for assistance.</p>			

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 either *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 drop down 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 MINIMUM 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.

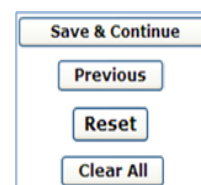
There is a **Contact Us** link with contact instructions should you have questions regarding MAPIR or the Medicaid EHR Incentive Payment Program: ahs.dvahEHRIP@vermont.gov

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.

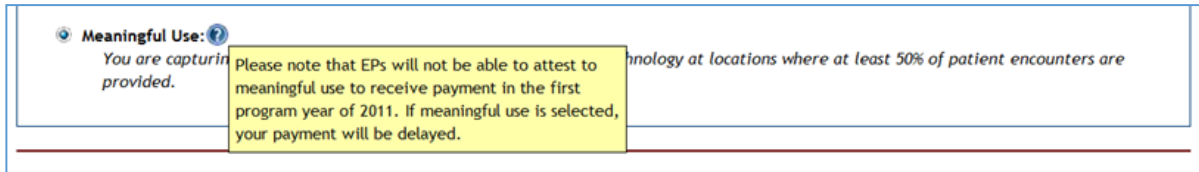
A (*) red asterisk indicates a required field. Help icons, located next to certain fields, display help content specific to the associated field when you hover the mouse over the icon.

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.

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.

NEW IN PY2019: The Payee TIN link can be selected to view a status summary table of all providers associated with your Payee TIN.

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI 6496

TIN

CCN

Payee TIN 2039

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
<input type="radio"/>	Adoption	Completed	1	2014	\$21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 3 Meaningful Use	Incomplete	2	2019	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.
<input type="radio"/>	Future	Future	3	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	4	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	5	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	6	Future	Unknown	None at this time

Program Year 2019 applications will be accepted starting 01/02/2020, and must be submitted by midnight on February 29th, 2020.

For guidance on PY2019 MU Stage 3 attestation requirements, please see our website:
<https://healthdata.vermont.gov/ehrip/PY2019>

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.

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.

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

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

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.

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.

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

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

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

For more information on reviewing an adjustment, please review the MAPIR 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 2019 and subsequent program years, 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.

Payment Year	4	Program Year	2019
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MAPIR

Name:

Applicant NPI: 6956

Status: **Not Started**

All Program Year 2019 attestations must utilize a 2015 CEHRT edition capable of supporting Stage 3 Meaningful Use. The CEHRT ID will have "15E" in the third through fifth digits.

The EHRIP/Promoting Interoperability Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from your vendor, or 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:

(No dashes or spaces should be entered.)

Exit

Reset

Next

UI 481

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.

The screenshot shows a web application interface for MAPIR. At the top, there are two fields: "Payment Year" with the value "4" and "Program Year" with the value "2019". Below these is a "MAPIR" button. The main section contains the following information:

- Name:** (empty field)
- Applicant NPI:** 956
- Status:** Not Started (highlighted in blue)

Below this information is a message: "We have confirmed that you have entered a valid CMS EHR Certification ID. Click [here](#) for additional information regarding the Certified Health IT Product List (CHPL)."

Below the message is a blue box with the text: "When ready click the **Next** button to continue, or click **Previous** to go back."

Below the box is a horizontal line, followed by the text "CMS EHR Certification ID:" and the value "0015E3M830NQF7Q".

At the bottom are two buttons: "Previous" and "Next".

In the bottom right corner, the text "UI 482" is visible.

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

Payment Year	4	Program Year	2019
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MAPIR

Name:

Applicant NPI: '6956

Status: **Not Started**

IMPORTANT:

The MAPIR application **must** be completed by the **actual** Provider or by an authorized preparer. In some cases, a provider may have more than one Internet/Portal account available for use. Once the MAPIR application has been started, it must be completed by the same Internet/Portal account.

To access MAPIR to apply for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select **Exit** and log on with that account.

To access MAPIR using the current account, select **Get Started**. All applications for previous years will be re-associated with the current account and the previous user account will lose access to these applications.

Exit **Get Started**

UI 1-C

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.

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

MAPIR

Confirmation

You have chosen to complete the MAPIR application using the current Internet account. Once you have started the application process using this account, you cannot switch to another account.

Select the "Cancel" button to return to the start page.

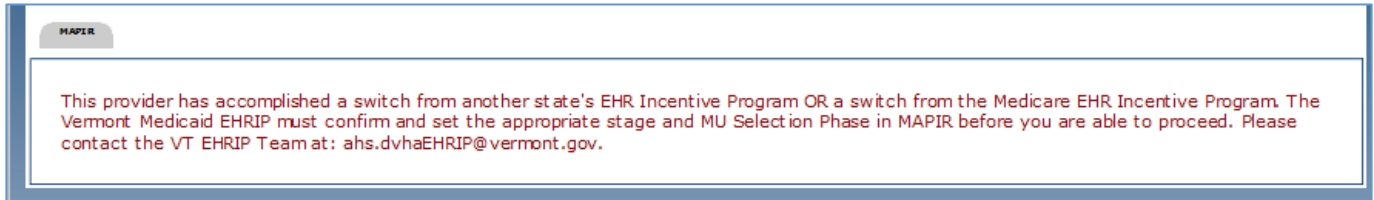
Select "Confirm" to associate the current Internet/Portal account with MAPIR.

Cancel **Confirm**

UI 106-C

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.

Name: [Redacted]

Applicant NPI: 8789

Status: **Incomplete** **Continue**

Click [here](#) if you would like to eliminate all information saved to date, and start over from the beginning.

Welcome to Vermont's **Medical Assistance Provider Incentive Repository, or MAPIR**.

If you have already started your application and are returning to complete it, you may select any completed tab above to go directly to that section. Completed tabs are shown in dark blue. Tabs that must still be completed are gray. And a light blue tab indicates the tab you are currently viewing.

Here are a few helpful hints to assist you as you complete the registration process:

- Please note that in MAPIR, the term "R&A" refers to the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System.
- Please note that the term Medicaid is used in MAPIR and refers to the Medicaid Assistance Program. These terms are used interchangeably throughout MAPIR.
- You will receive correspondence related to your application via email. Please make sure your spam filters do not block emails related to this application. Please refer questions about your spam filters to your network administrator for further assistance.
- Please note that the Vermont Medicaid Internet Portal User ID used to enter the MAPIR application must be used throughout the entire application process. The eligible provider is responsible for attesting to this application, but someone else can complete the application on the eligible provider's behalf.
- When you complete a MAPIR tab, a checkmark will appear in the corner of the tab and it will turn dark blue. The last screen of each section will indicate that you have successfully completed the information and can proceed to the next tab.
- You can refer back to completed application tables to review or edit content, but you cannot proceed forward to tabs you have not yet started. MAPIR will guide you through the process.
- Information to help you with the application is available in "hover bubbles" which are indicated by a question mark symbol throughout MAPIR.
- **Note:** There are data and validation checks in MAPIR. If the information entered does not conform to the data and validation requirements, then MAPIR will not allow you to move forward. Validation messages will assist you with errors throughout the application process.

Navigation Keys:

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

UI 3

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.

The information you provided to the R&A will be displayed in this section for verification.

- You will need to verify the accuracy of the information transferred from the R&A to MAPIR. If there are any errors in the information, you must return to the R&A to make these updates prior to moving forward with your MAPIR application. R&A changes or updates cannot be made in MAPIR.
- You must go ALL THE WAY THROUGH the CMS R&A registration to accept/agree/submit in order to trigger the change.
- Changes made in the R&A are not immediate and will not be displayed in MAPIR for at least two business days. You cannot continue with the MAPIR application process until the updated information is available in MAPIR.
- The following link will direct you to the R&A to make updates or correct any errors: <https://ehrincentives.cms.gov/hitech/login.action>
- Please note that in this section, you will be required to enter a contact name and phone number, along with an email address. An email correspondence regarding your incentive payment application will be sent to this email address and to the email address entered in the R&A.

Begin

UI 7

UI 7-C

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

R&A Verification

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

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

Name	Dr. Medicaid Provider	Applicant NPI	9999999999
Personal TIN/SSN	999999999	Payee TIN	
Business Address	123 Main Street Hometown, PA 12345-1234		
Business Phone	999-999-9999		
Incentive Program	MEDICAID	State	
Eligible Professional Type	Physician		
R&A Registration ID	9999999999		
R&A Registration Email Address	professional@provider.com		
CMS EHR Certification Number	9999999999999999		

(*) Red asterisk indicates a required field.

* Is this information accurate? ☒ Yes ☐ No

Previous **Reset** **Save & Continue**

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 2018, 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**.

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

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

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

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

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

Enter the required contact information.

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

Contact Information

Please enter your contact information. All email correspondence will go to the primary contact email address entered below. The email address, if any, entered at the R&A will be used as a secondary email address. If an email address was entered at the R&A, all email correspondence will go to both email addresses.

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

(*) Red asterisk indicates a required field.

Primary Contact

* First Name	Dr. Medicaid Provider	* Last Name	Provider
* Phone	999 - 999 - 9999	Phone Extension	
* Email Address	Provider@email.com	* Verify Email	Provider@email.com
* Department	Healthcare		
* Address Line 1	1234 waters edge dr		
Address Line 2			
* City	raleigh		
* State	Nebraska		
* Zip Code	27607		

Alternate Contact

First Name		Last Name	
Phone		Phone Extension	
Email Address		Verify Email	

Previous **Reset** **Save & Continue**

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.

Name Dr. Medicaid Provider **Applicant NPI** 999999999

Personal TIN/SSN 999999999 **Payee TIN** 999999999

Payment Year 1 **Program Year** 2011

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



You have now completed the **R&A/Contact Information** section of the application.

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

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

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

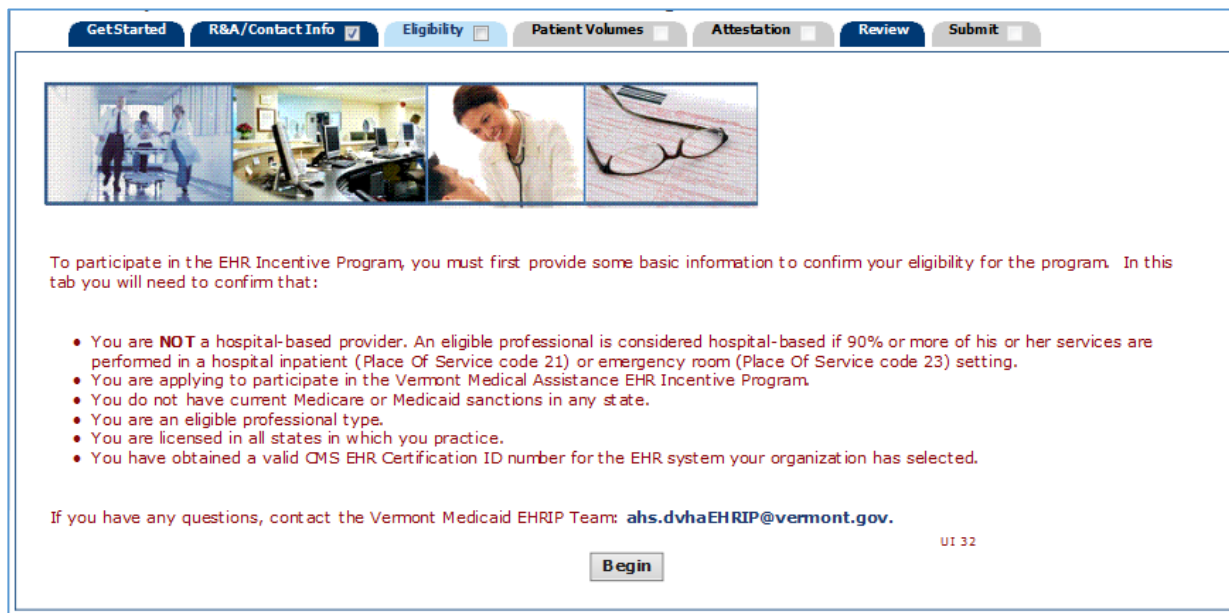
Continue

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).



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

To participate in the EHR Incentive Program you must first provide some basic information to confirm your eligibility for the program. In this tab you will need to confirm that:

- You are **NOT** a hospital-based provider. An eligible professional is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient (Place Of Service code 21) or emergency room (Place Of Service code 23) setting.
- You are applying to participate in the Vermont Medical Assistance EHR Incentive Program.
- You do not have current Medicare or Medicaid sanctions in any state.
- You are an eligible professional type.
- You are licensed in all states in which you practice.
- You have obtained a valid CMS EHR Certification ID number for the EHR system your organization has selected.

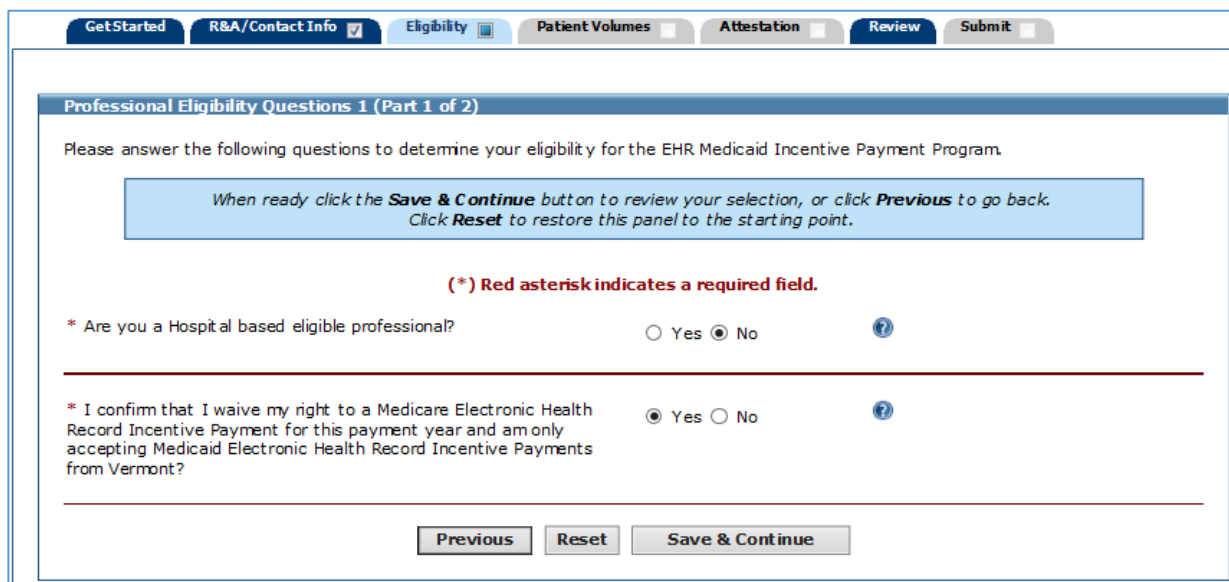
If you have any questions, contact the Vermont Medicaid EHRIP Team: ahs.dvhaEHRIP@vermont.gov.

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Begin

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

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



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

Professional Eligibility Questions 1 (Part 1 of 2)

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

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.

* Are you a Hospital based eligible professional? ☐ Yes ☒ No ?

* I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Vermont? ☒ Yes ☐ No ?

Previous **Reset** **Save & Continue**

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.

Professional Eligibility Questions 2 (Part 2 of 2)

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

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.

* What type of provider are you? (select one)

☒ Physician
☐ Dentist
☐ Certified Nurse-Midwife
☐ Pediatrician
☐ Nurse Practitioner
☐ Physician Assistants practicing within an FQHC or RHC that is so led by a Physician Assistant

* Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state? ☐ Yes ☒ No

* Are you currently in compliance with all parts of the HIPAA regulations? ☒ Yes ☐ No

* Are you licensed in all states in which you practice? ☒ Yes ☐ No

Previous **Reset** **Save & Continue**

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.

You have now completed the **Eligibility** section of the application.

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

The **Patient Volumes** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

Continue

Step 4 - Patient Volumes

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

There are three parts to Patient Volumes:

- Part 1 of 3 contains two questions which will determine the method you use for entering patient volumes in Part 3 of 3.
- Part 2 of 3 establishes the 90 day period for reporting patient volumes.
- Part 3 of 3 contains screens to add new locations for reporting **Medicaid Patient Volumes**, selecting at least one location for **Utilizing Certified EHR Technology**, and entering patient volumes for the chosen reporting period.

The initial **Patient Volumes** screen contains information about this section.

Click **Begin** to proceed to the **Patient Volume Practice Type (Part 1 of 3)** screen.

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Please review the definition of 'Medicaid encounter' and a summary of patient volume reporting period options at our website:
<http://healthdata.vermont.gov/ehrip/PatientVolume>

We also strongly recommend supporting documentation for a provider's patient volume be uploaded to the attestation, using the Patient Volume Data Tool Template: <http://healthdata.vermont.gov/ehrip/PatientVolume/Datatool>

The next section of the application will collect data to verify Medicaid patient encounter volume. Eligible professionals must meet the Medicaid patient volume threshold which is typically a minimum of 30 percent, but can be 20 percent or higher for pediatricians.

You have a number of options for reporting your Medicaid patient volume depending on your provider type and service location:

- Individual Practitioner
- FQHC/RHC Individual Practitioner
- Group/Clinic
- FQHC/RHC Group

Medicaid patient volume is measured over a continuous 90-day period in the previous calendar year OR preceding 12-month period from the date of attestation. You will enter the start date and MAPIR will calculate the end date.

To avoid common errors in selecting a valid 90-day patient volume period, please review our helpful guide:
https://healthdata.vermont.gov/sites/healthdata/files/PV_ReportingPeriodOptions_ClickHere.pdf

If selected for audit, the Eligible Professional will be required to provide the Patient Volume Data Tool.

Once you have determined how you wish to report patient volumes and for what time period, MAPIR will display your practice location(s) on file with VT Medicaid.

- You must select at least one location where you are meeting Medicaid patient volume thresholds AND you are utilizing EHR technology.
- If you wish to report patient volumes for a location or site that is not listed, use the Add Location feature.

Please note that a location added in MAPIR does not get added to Vermont Medicaid.

Begin


UI 41

UI 41-C

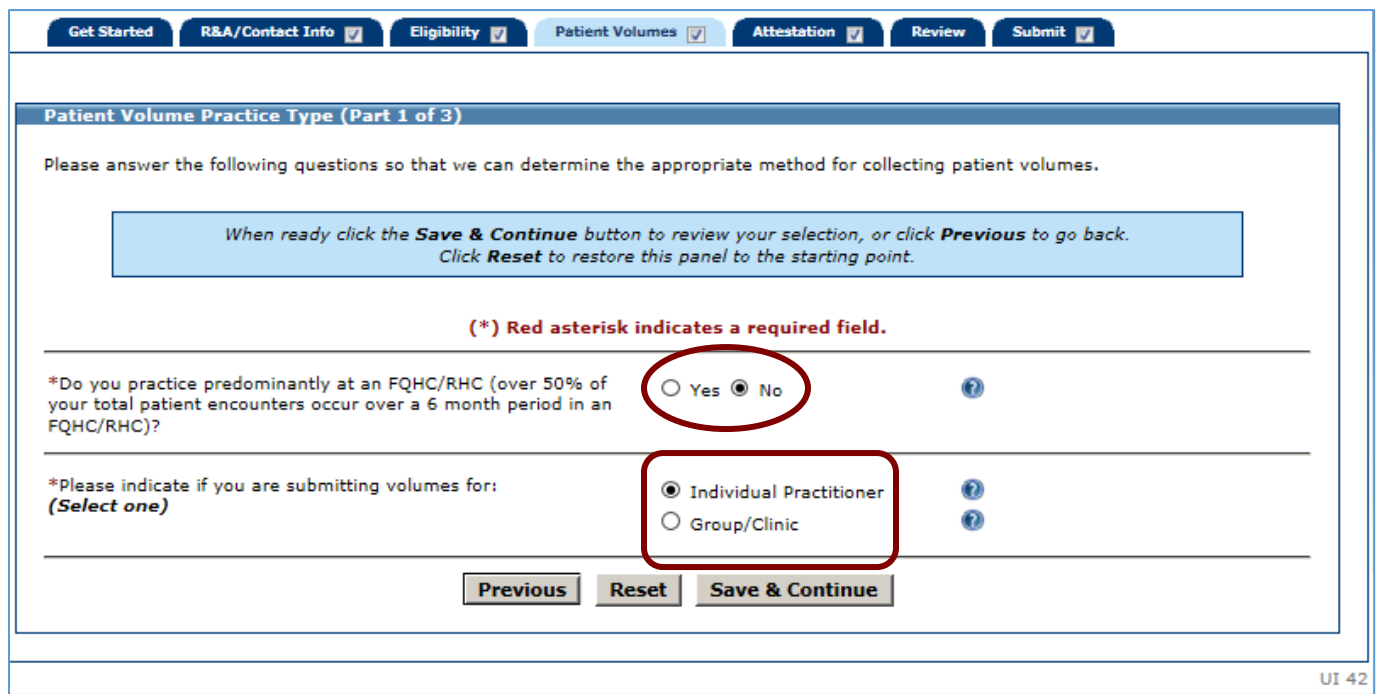
Patient Volume Practice Type (Part 1 of 3)

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.



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

Patient Volume Practice Type (Part 1 of 3)

Please answer the following questions so that we can determine the appropriate method for collecting patient volumes.

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.

*Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)? ☐ Yes ☒ No ?

*Please indicate if you are submitting volumes for: (Select one) ☒ Individual Practitioner ☐ Group/Clinic ?

Previous Reset Save & Continue

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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.

Patient Volume 90 Day Period (Part 2 of 3)

Click [HERE](#) to review Patient Volume Reporting Period Options.

The continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before the attestation date. Select either previous calendar year or previous 12 months, then enter the **Start Date** of your continuous 90 day period.

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.

*Please select one of the following two options. For information on these two options, please use the click here link.

☒ Calendar Year Preceding Program Year ☐ 12 Months Preceding Attestation Date

*Start Date:
mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

Previous **Reset** **Save & Continue**

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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: Jun 01, 2018
End Date: Aug 29, 2018

Previous **Save & Continue**

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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: Aug 01, 2019
End Date: Oct 29, 2019

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

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	29
Group	33
FQHC/RHC* Individual	36
FQHC/RHC* Group	42

* 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 25 for more information about your practice type.

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

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

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location **Refresh**

Previous **Reset** **Save & Continue**

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.

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

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.

* Location Name: New Location

* Address Line 1: 123 Main Street

Address Line 2:

Address Line 3:

* City: Anytown

* State: Alabama

* Zip (5+4): 12345 -

Previous **Reset** **Save & Continue**

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.

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Patient Volume - Individual (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	Edit Delete

Add Location
Refresh

Previous
Reset
Save & Continue

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



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

This tab is for applicants who wish to calculate and attest to patient volume as an individual.

- This section is not intended for eligible professionals applying as a group.
- This section is not intended for eligible professionals who practice predominantly in an FQHC or RHC.

For more detailed information please refer to the *User Guide for Eligible Professionals*:
<http://healthdata.vermont.gov/ehrip/Apply>

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Begin

Medicaid Patient Volume Percentage Formula - Individual

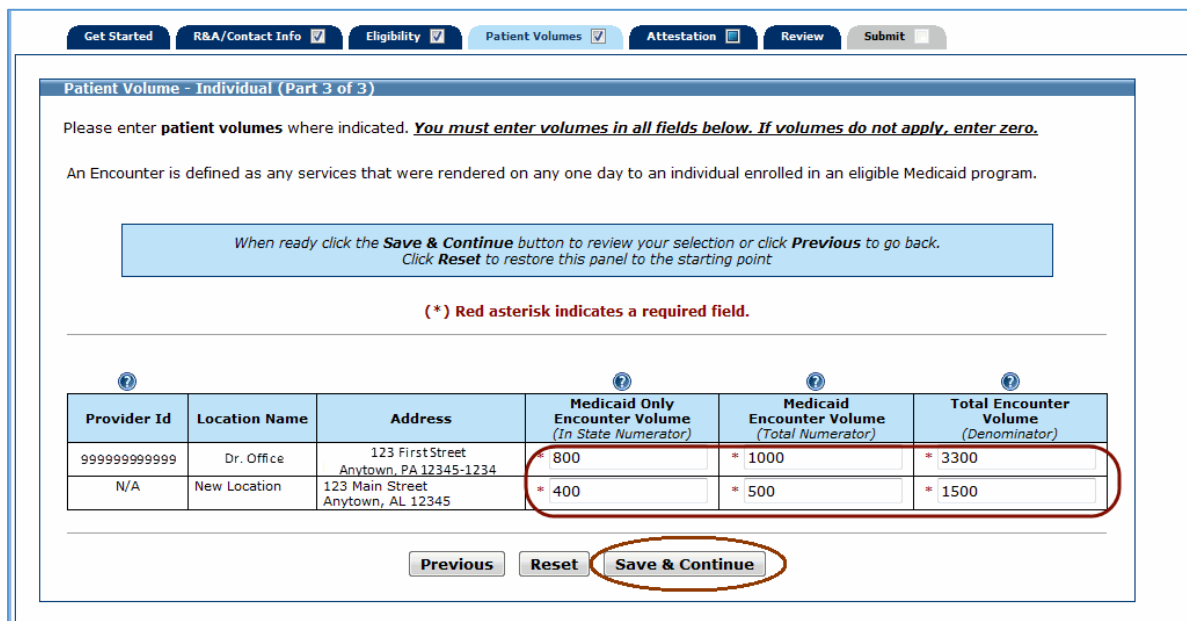
(Medicaid Encounter Volume / Total Encounter Volume)

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.



Patient Volume - Individual (Part 3 of 3)

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

An Encounter is defined as any services that were rendered on any one day to an individual enrolled in an eligible Medicaid program.

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.

Provider Id	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
999999999999	Dr. Office	123 First Street Anytown, PA 12345-1234	* 800	* 1000	* 3300
N/A	New Location	123 Main Street Anytown, AL 12345	* 400	* 500	* 1500

Previous Reset **Save & Continue**

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.

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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 25 for more information.

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

Note

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.

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

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

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

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

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location **Refresh**

Previous **Reset** **Save & Continue**

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.

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

Patient Volume – Group (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

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.

* Location Name: New Location ?

* Address Line 1: 123 Main Street ?

Address Line 2:

Address Line 3:

* City: Anytown

* State: Alabama

* Zip (5+4): 12345 -

Previous Reset **Save & Continue**

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.

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

Patient Volume – Group (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.


*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="radio"/> Yes <input type="radio"/> No	999999999999	Dr. Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	Edit Delete

Add Location Refresh

Previous Reset **Save & Continue**

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

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

NOTE: You should enter the group's billing NPIs in the Group Practice Provider ID field.

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

PLEASE NOTE UPDATED DOCUMENTATION REQUIREMENTS FOR ALL GROUP ATTESTATIONS

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

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

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[Begin](#)

Medicaid Patient Volume Percentage Formula - Group

$$[\text{Medicaid Encounter Volumes}] \div [\text{Total Encounter Volume}]$$

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.

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.**

* 1234567890 2345678901 3456789012 4567890123

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient 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 using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire 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.**

An Encounter is defined as any services that were rendered on any one day to an individual enrolled in an eligible Medicaid program.

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 only Encounter Volume (In State Numerator)	Medicaid Encounter Volumes (Total Numerator)	Total Encounter Volume (Denominator)
* 500	* 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 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.

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Patient Volume - Group (Part 3 of 3)

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

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

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

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123

Sum Medicaid only Encounter Volume	Sum Medicaid Encounter Volumes Total Numerator	Denominator	Total %
500	1250	3500	36%

Previous
Save & Continue

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 25 for more information.

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

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

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

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location **Refresh**

Previous **Reset** **Save & Continue**

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.

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

Please provide the information requested below to add a location to MAPIR (for this Payment Incentive Application use only)

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.

* Location Name: New Location

* Address Line 1: 123 Main Street

Address Line 2:

Address Line 3:

* City: Anytown

* State: Alabama

* Zip (5+4): 12345 -

Previous **Reset** **Save & Continue**

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.

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

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

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

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

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

(*) Red asterisk indicates a required field.


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

Add Location
Refresh

Previous
Reset
Save & Continue

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

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This tab is for applicants who "practice predominantly" in FQHC/RHCs and who wish to calculate and attest to patient volume as an individual practitioner.

- This section is not intended for eligible professionals applying as a group.
- "Practices predominantly" means that **more than 50 percent** of your patient encounters occur at an FQHC or RHC. The calculation is **based on a period of 6 months** within the prior calendar year **or within the preceding 12-month period from the date of attestation..**
- If you are a provider who practices predominantly in an FQHC or RHC, you can include encounters from needy populations as part of your patient volume.
- Needy population encounters can include the following: Medicaid, Children's Health Insurance Program (CHIP), uncompensated care and sliding scale encounters.

For more detailed information please refer to the *User Guide for Eligible Professionals*:
<http://healthdata.vermont.gov/ehrip/Apply>

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Begin

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.

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

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.

Provider ID	Location Name	Address	Medicaid and CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
999999999999	Dr. Office	123 First Street Anytown, PA 12345-1234	800	* 1000	* 1800	* 3300
N/A	New Location	123 Main Street Anytown, AL 12345	* 400	* 500	* 900	* 1500

Previous Reset **Save & Continue**

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.

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

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

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

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

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

Previous
Save & Continue

Patient Volume – FQHC/RHC Group

The following pages will show you how to apply for the 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 25 for more information.

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

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

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

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

You must select at least one location for utilizing certified EHR technology.

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

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location **Refresh**

Previous **Reset** **Save & Continue**

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.

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

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.

* Location Name: New Location

* Address Line 1: 123 Main Street

Address Line 2:

Address Line 3:

* City: Anytown

* State: Alabama

* Zip (5+4): 12345 -

Previous **Reset** **Save & Continue**

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.

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

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

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

You must select at least one location for utilizing certified EHR technology.

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

(*) Red asterisk indicates a required field.


*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	Edit Delete

Add Location Refresh

Previous Reset **Save & Continue**

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

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

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

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

PLEASE NOTE UPDATED DOCUMENTATION REQUIREMENTS FOR ALL GROUP ATTESTATIONS

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

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

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Begin

Medicaid Patient Volume Percentage Formula: FQHC/RHC Group

$$[\text{Total Needy Encounter Volume}] \div [\text{Total Encounter Volume}]$$

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.

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.**

* 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 using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire 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.

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

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

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

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

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123 ←

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


Previous **Save & Continue**

This screen confirms you successfully completed the Patient Volume section.

Note the check box in the Patient Volume tab.

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

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



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

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

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

Continue

For Eligible Professionals applying for Program Year 2019, proceed to EP User Guide Part 2D

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

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