

As you navigate the Medicaid Portal to the *Connect to MAPIR* link and work on provider attestations, you may encounter error messages, missing links, MAPIR alerts, or general question on how to enter data correctly. Below is a round-up of frequently-asked questions that will be updated periodically. Please do not hesitate to reach us for questions that are not addressed in this document: ahs.dvhaEHRIP@vermont.gov

(CMS FAQ): What should I do if I am unable to login to the Registration System, or have forgotten my password?

If you are an existing user and need to reset your password, please visit the I&A System; or contact the External User Services Help Desk at Phone: 1-866-484-8049

Website: <https://eus.custhelp.com>

Email: EUSsupport@cgi.com

Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital(s). An Identity and Access Management system (I&A) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not have an I&A web user account, create a login in the I&A System. Refer to the I&A Quick Reference Guide. The guide includes information on how to:

- Create an account
- Retrieve and reset usernames and passwords
- Register to access CMS systems on behalf of an organization
- Add and manage staff within an organization
- Work in CMS systems on behalf of an individual or organization

To locate your NPI number, visit: <https://nppes.cms.hhs.gov/NPPES>

User name and password are case sensitive.

(CMS FAQ): A surrogate user (agent/office manager) is unable to select a provider for update in the Registration System, in spite of having an association with the provider in the I&A system.

The Surrogate user should check that an active association exists in the NPPES system for the provider's NPI. If an association does not exist, create an association in NPPES with the provider NPI. If the association is available in NPPES, verify that a valid association exists in the I&A system. Successful updates of association contacts in I&A system do not automatically create the same association in the NPPES system. The association has to be created in NPPES system first.

(CMS FAQ): How can I get guidance or assistance relating to the Registration System?

Contact the NLR Production Support Help Desk at Email: NLRProdSupport@cms.hhs.gov

Phone: 1-833-238-0203 (Toll free)

Why did I get an email of "Notice of No Provider Activity - Vermont Medical Assistance Electronic Health Record (EHR) Incentive Program?" I started an application, but intend to work on applications in stages. Is there a time limit, other than the March 31 deadline to submit for the Program Year?

The email is an automatic message that MAPIR generates after an application is started, and hasn't had any updates or activity for 10 days. It was designed as a helpful reminder, nothing more, and there is no time limit on accessing and working on the attestation...other than the March 31st deadline to submit all Program Year 2018 applications.

We are switching EHR systems and upgrading to 2015 Edition CEHRT later in 2019. We're not sure we will complete the process in time to report 90 days of meaningful use in Program Year 2019. What are the consequences of not attesting in 2019 or getting the 2015 Edition CEHRT upgrade in time? Can we attest again in Program Year 2020? Plus, aren't there differences between the Medicaid and Medicare Promoting Interoperability Program requirements?

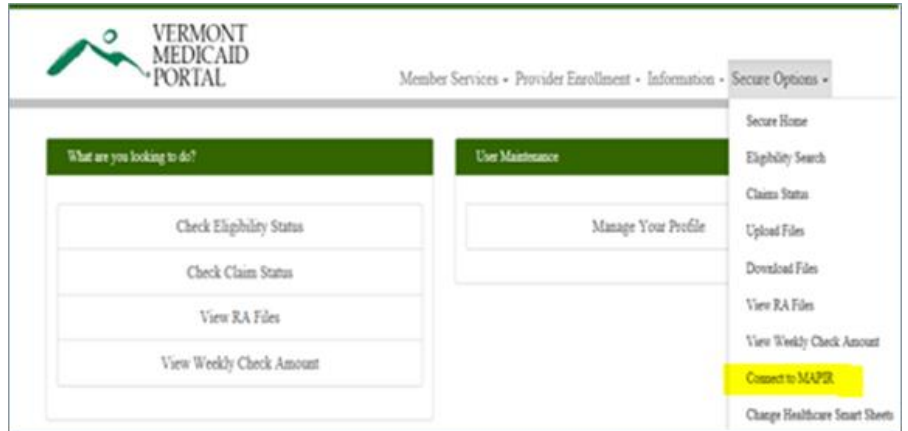
For our **Medicaid** Promoting Interoperability Program, there are no penalties for not participating in Program Year 2019. You can absolutely come back in 2020 as long as the provider has not yet received 6 years of payments.

To align the quality payment programs, Medicare EPs that meet specific criteria are required to attest to the MIPS program or potentially be subject to payment adjustment. It's best to visit the Quality Payment Program website to learn more about the MIPS program requirements. The QPP website has a look-up tool that indicates if a provider is required to participate. Here are the websites that can help you find out if your providers have to participate in MIPS:

Quality Payment Program (QPP) Home page <https://qpp.cms.gov/>
MIPS Overview Page <https://qpp.cms.gov/mips/overview>
QPP Participation Status <https://qpp.cms.gov/participation-lookup?npi=1003042714>

I'm logged into the Vermont Medicaid Portal, but cannot find the "Connect to MAPIR" link.

Sometimes a glitch happens, and the first we know about a system failure is your email reporting trouble. One recent morning, we received several mails within a couple of hours all reporting the same issue: inability to see the "Connect to MAPIR" link. We were able to follow up with our technical partners and the issue was resolved. Keep sending us messages regarding any technical issues or problems you may have!



If there are no reported system issues, and you still cannot see the "Connect to MAPIR" link, please follow these steps to resolve: <https://healthdata.vermont.gov/ehrip/Help/Access>, scroll down to "2. Cannot See the **Connect to MAPIR** link or Cannot Find a Provider ID in MAPIR." And, of course, you can contact the Vermont PIP/EHRIP Team: ahs.dvhaEHRIP@vermont.gov

A provider new to our organization is an Eligible Professional and has received Medicaid EHRIP payments at their former practice in Rhode Island in previous Program Years. When I go to start an application, I do not find the provider's ID in MAPIR.

The PIP/EHRIP Team can research a provider's status at the CMS Registration and Attestation site, and we can see that this provider's information needs to be updated. They are still registered with their former practice in Rhode Island. You may review, update and correct the CMS R&A information here:

<https://ehrincentives.cms.gov/hitech/login.action>

You must GO ALL THE WAY THROUGH the screens at the CMS R&A registration site to accept/agree/submit. This triggers completion of the changes and creates a file update that will be sent to MAPIR in 24-48 hours.

If you need assistance with accessing and updating the provider's information, you can contact CMS R&A Support: NLRProdSupport@cms.hhs.gov or call toll free: (833) 238-0203 Monday to Friday, 8:00 a.m. to 5:00 p.m. Voicemail is available outside of regular operating hours.

Contact the Vermont Medicaid PIP/EHRIP Team with any difficulty in getting assistance:

ahs.dvhaEHRIP@vermont.gov

Why can't I see a provider's ID in the drop-down list in MAPIR to select their provider ID and start an application?

The PIP/EHRIP Team can research the provider's NPI to confirm that they are registered to receive Medicaid PIP/EHRIP payments with your organization. If they are, but you still cannot find the provider ID in MAPIR, the issue is usually with the Trading Partner ID association. You can confirm and resolve that by following the steps we have listed at our Troubleshooting webpage <https://healthdata.vermont.gov/ehrip/Help/Access>, scroll down to "2. Cannot See the **Connect to MAPIR** link or Cannot Find a Provider ID in MAPIR."

For general assistance with Trading Partner ID questions, you can contact Medicaid Provider Services: (802) 879-4450 Option #3, or email vtedicoordinator@dx.com

When entering a provider's 90-day patient volume for their PY2018 application, I have selected "Calendar Year Preceding Payment Year." I am trying to use 1/1/2018 as the start date, but MAPIR won't let me. The error message indicates "The date you have specified is invalid." What am I doing wrong?

When selecting the Patient Volume option "Calendar Year Preceding Payment Year," you need to choose a 90-period from 2017. In this particular instance, the CMS wording of "Payment Year" was extremely confusing. It should really say "Program Year." The *Calendar Year preceding Program Year* would be 2017. The MAPIR Collaborative has recognized this confusion for a while, but we are finally fixing the wording in an upcoming MAPIR system upgrade. For this option, you would enter a start date from 2017, and ensure that the 90-day period does not overlap any dates with the provider's 90-day Patient Volume period from their Program Year 2017 attestation, if relevant.

If you instead choose to select a 90-day Patient Volume Period that is "12 Months Preceding Attestation Date," you would still be unable to select 1/1/18, as that date falls BEFORE the allowable time period. Using this option for Patient Volume time period means the earliest start date is always changing, based on the date you start the attestation in MAPIR. We advise folks using this option to select a start date well into the calendar year – any time after 7/1/17 is safest.

PLEASE NOTE: The 90-day patient volume period is not tied to the 90-day EHR Reporting Period. The 90 days during which a provider is meeting their Meaningful Use criteria can be any contiguous 90 days within 2018. The start date of 1/1/18 is perfectly fine for the EHR Reporting Period for a Program Year 2018 attestation.

You can get more information and illustrations on how to correctly configure Patient Volume time periods with our guidance, complete with colorful charts and graphs: <https://healthdata.vermont.gov/ehrip/PatientVolume>

We are trying to attest for a provider, but we see in the CMS Registration and Attestation site that he is registered for Medicare, not Medicaid. The CMS R&A is not allowing me to switch the program affiliation to Medicaid. Can we do this?

No. The last year for a provider to switch from the Medicare to Medicaid EHRIP was before the application deadline for submissions for Program Year 2014. Going forward, a provider must have received at least one Medicaid PIP/EHRIP payment in order to be qualified to participate in the program.

We have a provider who is failing a Meaningful Use measure threshold. Patient volume and all other Objectives and Measures are being met. Do we complete an application in MAPIR anyway?

No. Meaningful Use is an all-or-nothing construct. If the provider does not meet the threshold for one of the objectives or measures, they will not meet the requirements for Meaningful Use, and they will not submit an application in MAPIR for an EHR Incentive Payment for the Program Year. They will be eligible to resume participation in the next Program Year.

Really? But they were so close! This provider is failing just one MU measure by less than 1%.

It is important to check to see if the measure in question is an objective that allows actions outside the 90-day EHR Reporting Period. For those providers challenged to meet revised, higher thresholds for certain Meaningful Use measures in Program Year 2018, remember that the data on certain actions can be included in the numerator even if the action occurred before, during or after the 90-day EHR Reporting Period (but within the calendar year). Each objective's specification sheet lists the information under the 'Additional Information' section of any objective that allows this. Click here for a complete list of Modified Meaningful Use Stage 2 and Stage 3 Objectives with links to the CMS Specification Sheets:

[Actions Allowable Outside 90-Day Reporting Period](#) (PDF, 400 KB)

One of our Eligible Professionals left our employment and went to another practice in August 2018. The provider's new practice has taken him on as an EP. Can we still submit a MAPIR application for him for Program Year 2018?

No. Eligibility for the EHR Incentive Program is provider-based, not practice-based. An Eligible Professional who leaves a practice retains their eligibility to participate in the EHRIP with their new practice or jurisdiction. Unless there is a specific authorized agreement between the provider and your practice for a Program Year 2018 EHRIP payment, you will not submit an EHRIP application in MAPIR on behalf of this provider.

When we checked the status of one of our providers, she was required to report under the MIPS Quality Payment Program. Upon checking more recently, she was NOT required to report under MIPS. Could that have changed?

Yes. MIPS is administered by CMS Medicare Quality Payment Program initiative, and reporting requirement determinations have to do with Medicare billing levels, among many other criteria. We advise folks to follow up with the MIPS Support Center regarding eligibility, policy and technical assistance: <https://qpp.cms.gov/about/help-and-support>

Are you able to determine if a provider coming to us from another state is eligible to receive a Medicaid EHR Incentive payment? We searched the CMS R&A site by name and NPI and could not find his record.

Yes, we are able to research his NPI, and this provider is eligible to receive a Medicaid PIP/EHRIP payment, but his Registration and Attestation information at the CMS site must be updated. He is accomplishing a **State-to-State switch**, and you will need to update his information at the [CMS R&A site](#) to align with your practice. If you need assistance to switch his affiliation from his old practice, you can contact the CMS R&A Helpdesk:

If you need help with the CMS website, contact their help desk at NLRProdSupport@cms.hhs.gov or call toll free: (833) 238-0203 Monday to Friday, 8:00 a.m. to 5:00 p.m. Voicemail is available outside of regular operating hours.

One of our providers is scheduled to receive his fifth Medicaid Promoting Interoperability/EHR Incentive Program payment. However, he has been out since June, so we will not attest for him for Program Year 2018. Can his year-six PIP/EHRIP payment be next year?

Yes, Eligible Professionals may continue to skip years in the Medicaid PIP/EHRIP. If this provider will not attest for Program Year 2018, he can resume participation and apply for a third-year payment in Program Year 2019.

I have completed a provider's attestation, and submitted it in MAPIR. But I then discovered an error in the data I entered. I can't access the application to correct it. What should I do?

The PIP/EHRIP Team can put the application back into "Incomplete" status so you can correct the data and resubmit the application. Just send an email to: ahs.dvhaEHRIP@vermont.gov

I am getting ready to attest and it looks like in order to update the CMS CEHRT ID, I have to log into the CMS registration and attestation website. Typically is this something that needs to be done each year for each provider?

No. As explained on page 21 of the [EP User Guide Part 1](#), the **R&A Verification** screen in MAPIR will ask the preparer or provider to confirm that the information at the CMS Registration and Attestation site for the Eligible Professional is correct. The information on this screen is populated from the data feed that is sent directly from CMS. The fields on this screen are not interactive, and you cannot alter the information that is displaying. You can only answer "**Yes**" or "**No**" to the question "**Is this information accurate?**" at the bottom of the screen (see screenshot on next page).

[Get Started](#)
[R&A/Contact Info](#)
[Eligibility](#)
[Patient Volumes](#)
[Attestation](#)
[Review](#)
[Submit](#)

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		Applicant NPI	
Personal TIN/SSN		Payee TIN	
Payee NPI			
Business Address			
Business Phone			
Incentive Program	MEDICAID	State	VT
Eligible Professional Type			
R&A Registration ID			
R&A Registration Email Address			
CMS EHR Certification Number			

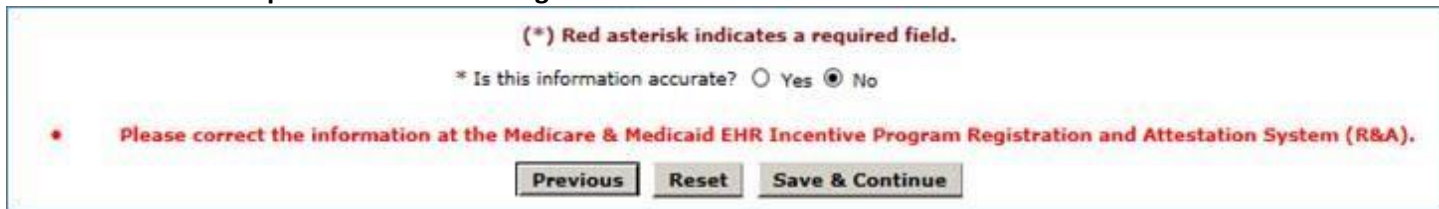
(*) Red asterisk indicates a required field.

* Is this information accurate? Yes No

[Previous](#)
[Reset](#)
[Save & Continue](#)

The "CMS EHR Certification Number" on this screen may be **blank** OR may show an **obsolete 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 you answer “**No**,” MAPIR will warn that the information needs to be corrected at the CMS R&A site. **You will NOT be able to move past this screen as long as the “No” is selected.**



(*) Red asterisk indicates a required field.

* Is this information accurate? Yes No

• Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).

Previous Reset Save & Continue

If a new, updated CEHRT ID (different than the one displaying on this screen) was entered in order to start this application, it will be saved and will automatically update the CMS R&A site information when the application is submitted and processed.

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

If any other information on the screen requires correction **EXCEPT for the CEHRT ID**, you will need to access the provider’s information at the [CMS R&A site](#) to ensure that the NPI, Payee NPI, Payee TIN, contact email, etc. is accurate. Please note that it will take 24 to 48 hours for edits to propagate through from the CMS system to the MAPIR system. DO NOT make any other changes at either the CMS R&A site or in MAPIR until the information is updated. Every time a change at the CMS R&A site occurs, the clock is re-set on the time it takes for the provider’s MAPIR application to be updated.

A recent email notification reminded us we are in Program Year 2019 now. When it is time to report on 2019 requirements, will we still be using a 90-day reporting period?

In Program Year 2019, all providers will once again be attesting to a minimum 90-day PI/MU/EHR Reporting Period for the **Meaningful Use Objectives and Measures**. The Program Year 2019 Reporting Period for **Clinical Quality Measures** will be a full year (although a provider has the option of using a 90-day period for CQM reporting if they are meeting MU for the first time). Program Year 2019 information is kept updated here: <https://healthdata.vermont.gov/ehrip/PY2019>

Stage 3 of Meaningful Use will be required for Program Year 2019, right?

Yes, all providers must attest with 2015 edition CEHRT and meet Stage 3 Meaningful Use criteria. More information about Program Year 2019 requirements is posted [at our website](#).