

Medicaid Electronic Health Record Incentive Program

Eligible Professional Manual for
Federally Qualified Health Centers
and Rural Health Centers

Oregon
Health
Authority

Eligible Professional Manual for Federally Qualified Health Centers and Rural Health Centers

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Introduction

The American Recovery and Reinvestment Act of 2009 was enacted on February 17, 2009. The Act provides for incentive payments to Eligible Professionals (EPs) and Eligible Hospitals (EHs) to promote the adoption and meaningful use of certified electronic health records (EHRs).

Eligible health care providers who serve Oregon's most vulnerable individuals can access up to \$63,750 over six years in federal incentive funds to help support the implementation and use of certified electronic health record systems in clinics and hospitals across the state.

The use of electronic health records improves the quality of care provided to patients by providing immediate access to patients' medical histories, reducing repetitive testing and preventing harmful drug or treatment interactions.

The Centers for Medicare and Medicaid Services (CMS) administers the Medicare EHR Incentive Programs, and the Oregon Health Authority's Division of Medical Assistance Programs administers the Medicaid EHR Incentive Program. Providers must choose between the Medicare and Medicaid incentives. Program requirements differ between the two programs, and Medicaid incentives are about \$20,000 more than Medicare incentives per eligible provider.

Prepare & Apply

The Oregon Administrative Rules for the Medicaid EHR Incentive Program can be found at <http://www.dhs.state.or.us/policy/healthplan/guides/mehri/main.html>.

The Medicaid EHR Incentive Program application process overview

Initiating an application for a Medicaid EHR incentive payment requires a two-step, overnight process. Providers must first register with CMS, and then apply (or "attest") with the State of Oregon.

The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by the Oregon Health Authority- Division of Medical Assistance Programs' Medicaid EHR Incentive Program that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments to help defray the costs of a certified EHR system.

CMS opened registration for Oregon providers starting on September 5, 2011, and Oregon began accepting applications for the Medicaid EHR Incentive Program on September 26, 2011.

Graphic: Preparation and Application Steps for Incentive Program



High-level information about the incentive program, including eligibility requirements and frequently asked questions, is included on our program website: www.MedicaidEHRIncentives.oregon.gov.

Preparation Steps

Before an application can be completed, the following steps need to be taken. There is a video (<http://youtu.be/bnoSc4wjwH8>) to help step through these items. It has a particular focus on accessing the Provider Web Portal, but the first 15 minutes is a general overview of the process. These can be done prior to the program start date, and many providers may already have some of these in place as part of their normal business activities:

1. Adopt, implement, or upgrade to a certified EHR system. If you have not done these, seek [assistance with EHR systems](http://www.medicadehrincentives.oregon.gov/OHA/mhit/ehr-support.shtml) as needed (<http://www.medicadehrincentives.oregon.gov/OHA/mhit/ehr-support.shtml>).
2. Be an Oregon Health Plan provider. If you are not currently enrolled as an active Oregon Health Plan provider, [enroll](http://www.oregon.gov/OHA/healthplan/tools_prov/providerenroll.shtml) now (http://www.oregon.gov/OHA/healthplan/tools_prov/providerenroll.shtml).
3. NPI is registered with the Division of Medical Assistance Programs (DMAP). If you have not registered your NPI with DMAP, [contact them now](https://apps.state.or.us/Forms/Served/oe1038.pdf) (<https://apps.state.or.us/Forms/Served/oe1038.pdf>). If you do not have an NPI, apply for one with the [National Plan and Provider Enumeration System](#)

(NPPES; <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>).

4. **Sign up** for direct deposit for the Oregon Health Plan (http://www.oregon.gov/dhs/healthplan/tools_prov/providerenroll.shtml#signup). The Medicaid EHR Incentive Program will deposit incentive payments directly into your designated account.
5. Oregon's financial system must be set up to allow direct deposit to the correct tax identification number (TIN) bank account.
6. Assignment of payment is not done until registering with CMS in the R&A system by identifying the TIN and NPI of the recipient.
7. Whether or not you plan on assigning a payment, please ensure now that the account to receive the payment is set up for direct deposit with DMAP. The provider's TIN would be a social security number.
8. Access to the Provider Web Portal. The DMAP [Provider Web Portal](#) will be the only mechanism for providers to apply for Oregon Medicaid EHR incentive payments (<https://www.or-medicaid.gov/ProdPortal/default.aspx>). The person who completes the Medicaid EHR Incentive Program application must be assigned to the provider's web portal account. If a provider would like a representative to complete the incentive application, the representative must be designated in the system. Starting on September 26, 2011, the provider and/or person with authority to assign roles for the provider in the Provider Web Portal, must assign the representative to the role of "EHR Incentives." If you or providers in your clinic need to enroll with the Provider Web Portal, please be aware that it can take 4 – 6 weeks for the enrollment process.

Application Steps

1. Register now with CMS. The Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A; <https://ehrincentives.cms.gov/hitech/login.action>) serves as a federal repository to register hospitals and track payments to hospitals for the Medicare and Medicaid EHR Incentive Programs. Registration is required for all providers seeking incentive payments. For more information on what you need to do to prepare for registration with CMS, see the Registration User Guide PDF (http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf). CMS also has a video (www.youtube.com/watch?v=kL-d7zj44Fs) available to help explain the registration process.
2. Review this [Manual](#) to understand the program and prepare for attestation.
3. Enter your data into the Eligible Providers Worksheet (<http://www.medicaidhrincentives.oregon.gov/OHA/mhit/docs/>

[eligible-professional-worksheet.xls](#)) to help organize your information to attest with Oregon.

4. Review this Manual’s appendix section on how to complete your application in the MAPIR system.
5. Complete an application with Oregon’s Medicaid EHR Incentive Program. Starting on September 26, 2011, providers can log on to the [Provider Web Portal](#) to access the Medicaid EHR Incentive Program application (<https://www.or-medicare.gov/ProdPortal/default.aspx>).

Payments

Maximum amount

An eligible professional can receive a total of \$63,750 over the course of six years.

Years of participation

Payment years do not need to be consecutive (for example, if providers do not meet the meaningful use criteria, they may skip payment years). Eligible Providers (EPs) must initiate participation no later than 2016.

Payment structure

In the first year of the program, EPs will receive \$21,250 and \$8,500 over the subsequent five years of participation up to payment year 2021. Incentive payments for pediatricians who meet the 20% Medicaid patient volume but fall short of the 30% Medicaid patient volume can receive \$14,167 in the first year and \$5,667 in subsequent years.

Provider Incentive Payment Payout Examples

| Payment year | EP participates in consecutive years, starting in 2011 | EP participates in non-consecutive years | EP initiates payments in 2016 |
|--------------|--|--|-------------------------------|
| 2011 | \$21,250 | \$0 | \$0 |
| 2012 | \$8,500 | \$21,250 | \$0 |
| 2013 | \$8,500 | \$0 | \$0 |
| 2014 | \$8,500 | \$8,500 | \$0 |
| 2015 | \$8,500 | \$8,500 | \$0 |

| Payment year | EP participates in consecutive years, starting in 2011 | EP participates in non-consecutive years | EP initiates payments in 2016 |
|---------------------|---|---|--------------------------------------|
| 2016 | \$8,500 | \$8,500 | \$21,250 |
| 2017 | \$0 | \$0 | \$8,500 |
| 2018 | \$0 | \$0 | \$8,500 |
| 2019 | \$0 | \$8,500 | \$8,500 |
| 2020 | \$0 | \$8,500 | \$8,500 |
| 2021 | \$0 | \$0 | \$8,500 |
| Total | \$63,750 | \$63,750 | \$63,750 |

Processing and Payments

Most applications are requiring some additional clarification or documentation from applicants. Therefore, after you submit your application, you should anticipate getting a communication from program staff asking for some additional documentation.

Once your application has been completely reviewed, you have provided any necessary supplemental documentation, and your application is approved, you will then receive your payment within 45 days of approval.

Your payment will be processed as an Electronic Fund Transfer, and will be indicated on the Provider Remittance Advice (RA) as Systems Payouts – Non-claim specific.

Participation Guidelines

Length of participation

DURATION OF PROGRAM

The Medicaid EHR Incentive Program begins in 2011 and concludes in 2021.

YEARS OF PARTICIPATION

Providers may participate for up to six years and may skip participation years.

IMPLEMENTATION YEARS

Providers can start the program in any year from 2011 to 2016. Eligible professionals have 60 days after the end of the payment year to apply for an incentive payment. The payment year for eligible professionals is based on the calendar year (i.e., Jan. 1 - Dec. 31). For example, Feb. 29, 2012 is the last day to apply for a 2011 payment.

One state

Providers may receive an incentive payment from only one state for a payment year.

One incentive program

Providers must choose to participate in either the Medicare EHR Incentive Program or the Medicaid EHR Incentive Program. They may not participate in both in any given payment year.

Switch between Medicare and Medicaid

A one-time switch between the Medicare and Medicaid EHR Incentive Program is allowed after receiving at least one incentive payment, and only for a payment year before 2015. If an eligible professional (EP) switches programs, in no case may an EP exceed \$63,750 in incentive payments (which is the Medicaid limit of \$63,750).

Assignment of payment

Assignment of payment is permitted but must meet the following criteria:

- The assignment must be voluntary.
- The assignment may only be to the eligible professional's employer or an entity that has a contractual arrangement to bill and receive payment for the eligible professional's covered professional services.

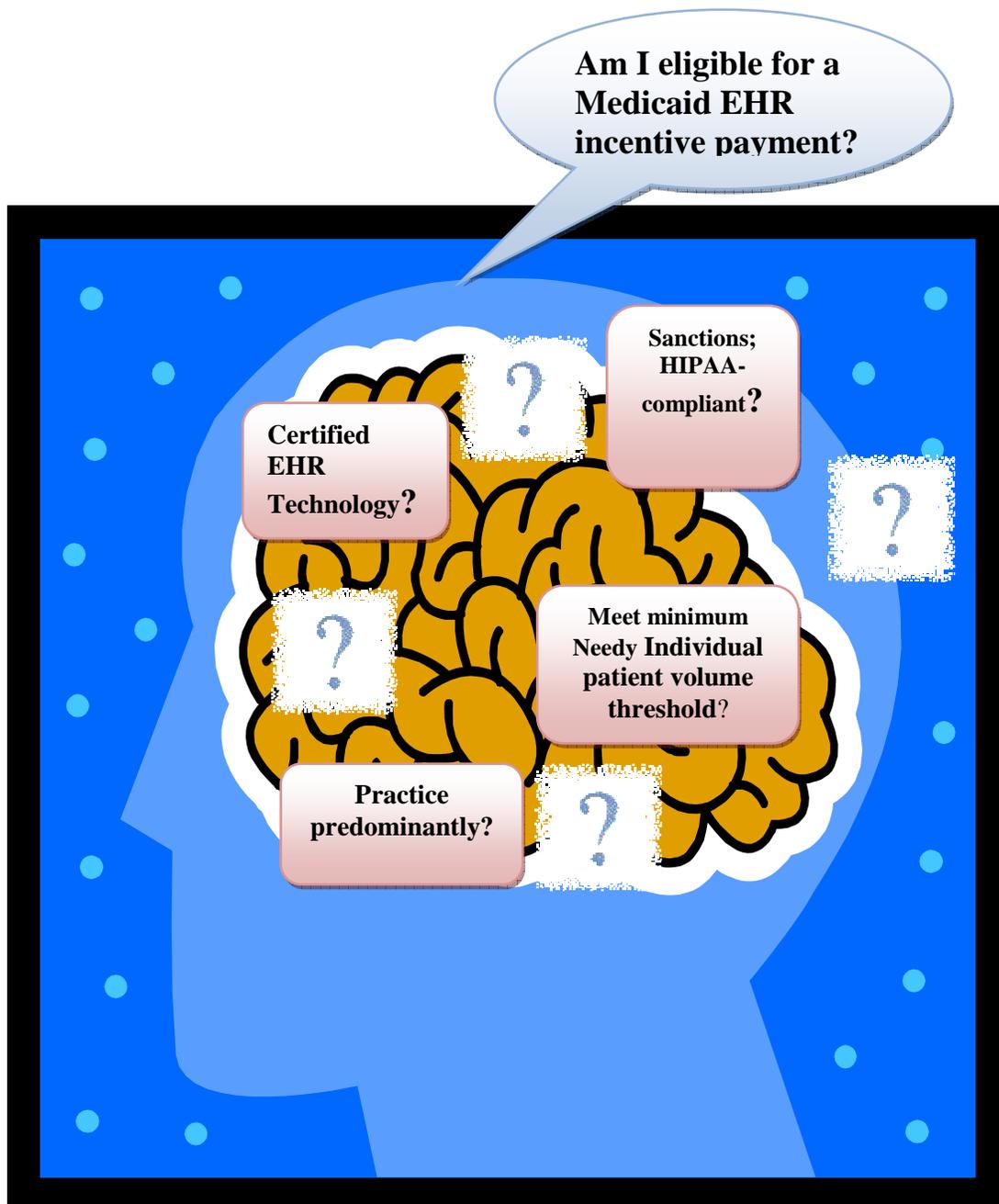
- The decision on whether or not an incentive payment is to be assigned is an issue for the eligible professional and employer or contractual entity to decide. CMS and Oregon will not become involved to resolve disputes about assignment of payment. In the case of fraud, Oregon's Medicaid EHR Incentive Program staff will report the information to the appropriate law enforcement agency.
- The entire incentive payment amount must be assigned to one entity for any given payment year.

HOW WILL THE QUESTION BE ASKED IN OREGON'S MAPIR APPLICATION SYSTEM?

Assignment of payment is set up at the CMS Registration site. Information needed to assign a payment includes the assignee's TIN and NPI. The payee information will display at the top of each MAPIR screen based on the information given at the CMS Registration site.

NOTE: The payee for an incentive payment must be enrolled with Oregon's Division of Medical Assistance Programs (DMAP). The enrollment must be in place before an Oregon's Medicaid EHR Incentive Program application can be completed.

Eligibility and participation in the Medicaid EHR Incentive Program: An overview of eligibility requirements



Eligibility

Provider types

RULE

The following eligible provider types, or Medicaid Eligible Professionals (EP), for the Medicaid EHR Incentive Program include the following:

- Physicians (MD, DO) - Doctor of Medicine and Doctor of Osteopathy
- Nurse Practitioners (NP), including Nurse Practitioner Nurse-Midwives
- Dentists
- Physician Assistants (PA) who practice in an FQHC or RHC that is led by a physician assistant. “So led” means when an FQHC or RHC has a physician assistant who is:
 - a. The primary provider in the clinic;
 - b. A clinical or medical director at the clinical site of practice; or
 - c. An owner of the RHC.

DETAIL

The eligible professional needs to meet and follow the scope of practice regulations, as defined in 42 CFR Part 440. Licensing board and data in MMIS will be used to verify provider types.

HOW WILL THE QUESTION BE ASKED IN OREGON’S MAPIR APPLICATION SYSTEM?

Providers will be asked to select their provider type in both the CMS registration system and again in the application for an Oregon Medicaid EHR incentive payment.

Adopt, Implement, or Upgrade (AIU) to certified EHR technology

RULE

In the first year of participation, providers do not need to meet meaningful use reporting requirements. Rather, they will attest to the adoption, implementation or upgrade (AIU) of certified EHR technology.

- Adopt: Acquire, purchase, or secure access to certified EHR technology
- Implement: Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements
- Upgrade: Expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including

staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the ONC EHR certification criteria

HOW IT IS DETERMINED

A CMS EHR Certification ID is obtained from the [ONC Certified HIT Product List](http://onc-chpl.force.com/ehrcert) (CHPL; <http://onc-chpl.force.com/ehrcert>) which has a complete up-to-date list of certified EHR systems.

DETAIL

Adopt, Implement, or Upgrade is unique to the Medicaid EHR Incentive Program. Providers who participate in the Medicare EHR Incentive Program must report meaningful use in all years of participation. There is no reporting period for AIU, which means providers can adopt at any time prior to applying for an incentive payment.

Complete EHRs and EHR modules are required to be certified through an [Authorized Testing and Certified Body](http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3120) (ATCB; <http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3120>) designated by the Office of the National Coordinator (ONC). The certified EHRs on the list are identified with the name of the certifying ATCB, the ONC certification number, vendor information, product information, and product version number. All modules used must be selected even if a complete certified EHR is used – e.g., a certified complete system is used with a separate data repository that is certified as a module. Both must be selected.

HOW WILL THE QUESTION BE ASKED IN OREGON'S MAPIR APPLICATION SYSTEM?

Adopt, Implement, or Upgrade: Providers will select whether they have adopted, implemented or upgraded to certified EHR technology.

Certified EHR Technology: Providers will be asked to enter their 15 digit CMS EHR ID from the ONC Certified HIT Product List website.

Documentation: At the end of the application, providers should upload documentation as proof of adopting, implementing, or upgrading to a certified EHR technology. CMS is requiring that Oregon validate this eligibility criterion by verifying at least one of the four following types of documentation:

- copy of a software licensing agreement
- contract
- invoices
- receipt that validates your acquisition

Vendor letters, and other documents may also be submitted as a supplement to the items on the documentation list above. However, these supplemental documents will not satisfy program eligibility requirements on their own.

Provider type — Hospital-based Providers

RULE

Hospital-based providers are not eligible for the Medicare or Medicaid EHR Incentive Programs because hospitals can receive incentives directly. “Hospital-based” means 90% or more of “covered services” are provided in an inpatient or emergency department setting. **This rule does not apply to eligible professionals who practice predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).**

HOW WILL THE QUESTION BE ASKED IN OREGON’S MAPIR APPLICATION SYSTEM?

Providers will be asked to answer “yes” or “no” as to whether they are hospital-based when they apply for an incentive payment. How this question is answered does not affect eligibility for providers who practice predominantly in an FQHC or RHC.

Practices Predominantly in an FQHC or RHC

RULE

Eligible professionals who practice predominantly in an FQHC or RHC may use “needy individuals” rather than strictly “Medicaid” in the patient volume calculation. Needy individuals include the following:

- Person who is receiving assistance under Title XIX (Medicaid);
- Person who is receiving assistance under Title XXI (CHIP);
- Person who is furnished uncompensated care by the provider;
- Person for whom charges are reduced by the provider on a sliding scale basis based on the individual's ability to pay

Tribal owned and operated clinics are considered FQHCs for purposes of the Medicaid EHR Incentive Program according to guidance by CMS FAQ #10417 (https://questions.cms.hhs.gov/app/answers/detail/a_id/10417/kw/10417).

HOW IT IS DETERMINED

In the most recent calendar year prior to the payment year, more than 50 percent of an eligible professional’s total patient encounters over a period of 6 months must have occurred at a FQHC or RHC. For example, if a provider is applying for an incentive payment in 2011, they would use their encounters in 2010 to determine whether or not they practice predominantly in an FQHC/RHC.

DETAIL

Total count of all encounters that occurred in the FQHC over a selected 6-month timeframe

Total count of all encounters that occurred in all settings

EXAMPLE

Nurse Practitioner worked in an FQHC and a small private clinic in 2010. She is applying for a Medicaid EHR incentive payment for payment year 2011 and is hoping she “practices predominantly” in the FQHC setting so that she is able to use “needy individuals” in her patient volume. She will choose the 6-month timeframe where the majority of her encounters would occur at the FQHC location.

TOTAL ENCOUNTERS FROM APRIL 1 – OCTOBER 1

| Place of Service | Number of paid Medicaid Encounters |
|------------------|------------------------------------|
| FQHC | 200 |
| Office | 186 |
| Total | 386 |

EXAMPLE CALCULATION

Total count of all encounters that occurred in the FQHC over a selected 6-month timeframe

Total count of all encounters that occurred in all settings

200

386



EXAMPLE OUTCOME

Nurse Practitioner A did “practice predominantly” for payment year 2011. 52% of all encounters in a 6-month period took place in the FQHC.

HOW WILL THE QUESTION BE ASKED IN OREGON’S MAPIR APPLICATION SYSTEM?

Providers will be asked “yes” or “no” as to whether they practice predominantly in an FQHC or an RHC.

Patient volume

OVERVIEW

Providers who practice predominantly in an FQHC or RHC must meet at least 30% needy individual calculated at the individual provider or the group/clinic level. Part of the application process for the Medicaid EHR Incentive Program requires the applicant to provide and attest to their patient volume data. We understand that this might be a challenge for some providers, particularly if they are still in the process of moving from paper to an EHR, but compiling that information is part of the application process. The Medicaid EHR Incentive Program staff is not able to provide patient data to providers to use in their applications. Data sources used to support patient volume attestations are required to be retained for seven years.

$$\frac{\text{Total needy individual* patient encounters**}}{\text{Total patient encounters}}$$

*Needy individuals include the following:

Person who is receiving assistance under Title XIX (Medicaid);

Person who is receiving assistance under Title XXI (CHIP);

Person who is furnished uncompensated care by the provider;

Person for whom charges are reduced by the provider on a sliding scale basis based on the individual's ability to pay

**Only if you work predominantly in an FQHC or RHC may you use "needy individuals" in the patient volume calculation. To be considered a provider who works predominantly in an FQHC/RHC, over 50% of your total patient encounters over a period of six months in the most recent calendar year must occur at the FQHC/RHC location.

Out of State Medicaid patients may be included in the patient volume.

Pediatricians are allowed special eligibility and payment rules. If you are a pediatrician practicing predominately in an FQHC or RHC, you may qualify for a reduced 2/3 payment if you have a Medicaid patient volume of 20% or greater and less than 30%. You may not use Needy Individual patient volume to meet this qualification.

New information has recently become available from the Centers for Medicare and Medicaid Services (CMS) to clarify which Eligible Professionals (EP) can apply for Medicaid EHR incentive payments when using Group Patient Volume in an FQHC or RHC.

Eligible Professionals (EP) in FQHCs and RHCs must attest to “practicing predominantly” in an FQHC or RHC setting in order to be able to use “needy individuals” to determine their patient volume. When providers in a clinic use a group patient volume calculation, all eligible professionals in that clinic must use that group calculation. If an EP has joined the staff in the current calendar year, but did not practice predominantly in another FQHC or RHC in the previous calendar year and cannot attest to practicing predominantly, that EP will not qualify for an incentive payment for the current year. That EP would need to wait until the following year when the practitioner might be able to attest to practicing predominantly in an FQHC or RHC this year.

If the EPs in the FQHC or RHC calculated individual patient volume, rather than using the group patient volume calculation, then the EP who cannot attest to practicing predominantly in an FQHC or RHC setting in the previous year, could be eligible for a Medicaid EHR incentive payment if the provider met the patient volume threshold using only Medicaid encounters.

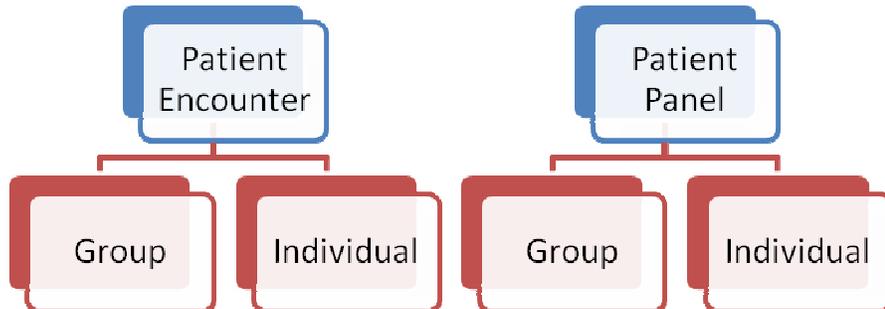
INDIVIDUAL PROVIDER PATIENT VOLUME OPTION

Providers can choose to calculate their patient volume individually, selecting one or more clinic locations where they practiced in the prior calendar year, and reporting aggregate patient encounters for a continuous, representative 90-day period.

GROUP/CLINIC PATIENT VOLUME OPTION

If you are part of a practice or clinic, the patient volume may be calculated on a group level, which means the encounters for all practitioners (eligible and non-eligible providers) in a group practice are used to determine patient volume. You will need to individually demonstrate meaningful use of certified EHR technology after your first year and each eligible provider will be eligible for one incentive payment each year, regardless of the number of practices or locations.

There are multiple ways to calculate patient volume; patient encounter and the more complex, patient panel. Most providers who will qualify for the Medicaid EHR Incentive Program will meet the minimum needy individual patient volume threshold using the patient encounter method which is represented in most of the program documentation and guideline detail. However, for those providers who do not qualify using the patient encounter method, patient panel is an option.



Patient Volume: Patient Encounter — Individual

RULE

Providers must meet at least 30% needy individual patient volume and if choosing to calculate at the individual provider level will only use their own individual encounters.

HOW IT IS DETERMINED

Providers select any representative 90-day period in the prior calendar year and count all needy individual encounters and divide by the total number of encounters for that same timeframe.

DETAIL

Providers must only count their rendered encounters for needy individuals in the numerator and all patient encounters that occurred in that same timeframe in the denominator:

$$\frac{\text{Needy individual encounters}}{\text{Total patient encounters}}$$

EXAMPLE

Doctor X is applying for a Medicaid EHR incentive payment for payment year 2011. She has chosen a representative 90-day period to report patient volume in 2010 from January 15 – April 15, 2010.

EXAMPLE ENCOUNTERS – JANUARY 15, 2010 – APRIL 15, 2010

| Payee | Number of rendered encounters |
|------------------------|-------------------------------|
| Medicaid and CHIP | 200 |
| Other Needy | 200 |
| Total Needy | 400 |
| Total encounter volume | 700 |

EXAMPLE CALCULATION

$$\frac{\text{Needy individual encounters}}{\text{Total patient encounters}} = \frac{400}{700}$$


EXAMPLE OUTCOME: DOCTOR X MEETS THE PATIENT VOLUME THRESHOLD FOR PAYMENT YEAR 2011. 57% OF ALL ENCOUNTERS WERE RENDERED TO NEEDY INDIVIDUALS, MAKING DOCTOR X POTENTIALLY ELIGIBLE FOR A MEDICAID EHR INCENTIVE PAYMENT.

HOW WILL THE QUESTION BE ASKED IN OREGON'S MAPIR APPLICATION SYSTEM?

The application will calculate the percentage for patient volume. Providers will enter their rendered encounters for the 90 day timeframe:

| | |
|--|---|
| Medicaid and CHIP Encounter Volume | Total OHP encounters plus any out of state Medicaid and CHIP encounters |
| Other needy individual Encounter Volume | Total encounters where care was provided at no cost or discounted based on the ability to pay |
| Total Needy Encounter volume | Add total Medicaid and CHIP encounter volume to Other needy individual Encounter Volume |
| Total encounter volume (denominator) | Total encounters |

Patient Volume: Patient Encounter — Group

RULE

Providers must meet at least 30% needy individual patient volume when they choose to calculate patient volume at the group or clinic level.

HOW IT IS DETERMINED

The clinic selects any representative 90-day period in the prior calendar year, count all needy individual paid encounters, and divide by the total number of encounters for that same timeframe.

DETAIL

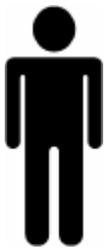
Encounters billed by the group are all included in the calculation. This includes both eligible provider types for the incentive program as well as all other provider types whose encounters contributed to the patient volume during the timeframe selected by the clinic. The group patient volume may not be appropriate in all circumstances and may only be used when all of the following apply:

- The group's patient volume is appropriate to use in the patient volume calculation for the eligible professional;
 - The provider was a part of the practice at any time in the prior calendar year, and
 - The provider served at least one Oregon Health Plan patient (where Oregon Health Plan paid at least part of the service) at any practice in the prior calendar year
- There is an auditable data source (required to be retained for seven years) to support the group's patient volume data;
- All eligible professionals in the group must use the same patient volume calculation method for the payment year;

- The group uses the entire practice or clinic’s patient volume, including non-eligible providers who are billing, rendering and ancillary providers, and does not limit patient volume in any way; and
- If an eligible professional works inside and outside of the group, then the patient volume calculation includes only those encounters associated with the group, and not the eligible professional’s outside encounters.

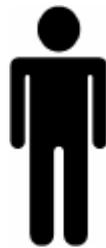
HOW THIS WORKS

All encounters for each provider in the group are added together to achieve the patient volume threshold



Physician A –

100 needy Individual patient encounters
 400 Total patient encounters
 25% Individual needy Individual volume



Nurse Practitioner B –

100 needy Individual patient encounters
 200 Total patient encounters
 50% Individual needy Individual volume



Registered Nurse C –

100 needy Individual patient encounters
 150 Total patient encounters
 66% Individual needy Individual volume

Group Calculation:

Total needy individual encounters = 300

Total patient encounters = 750

Group patient volume = 40%

Result: Physician A and Nurse Practitioner B can apply for an incentive payment using the group patient volume

EXAMPLE

In 2010 Doctor B was a part of Practice ABC and served at least one (but probably more) Oregon Health Plan patient at that location. In April 2010, Doctor B moved to FQHC XYZ. Practice XYZ adopted certified EHR technology in 2011 and the five eligible professionals in the clinic, including Doctor B, are applying for a Medicaid EHR incentive payment. They will be using January 1 – March 30, 2010 as their 90-day patient volume period, and will apply using their group patient volume.

Even though Doctor B did not contribute to any of Practice XYZ's needy individual encounters for the 90-day patient volume period, the doctor can still use Practice XYZ's group patient volume. The reason is that Doctor B was a part of Practice XYZ in 2010 and had at least one Oregon Health Plan encounter in the previous practice.

EXAMPLE ENCOUNTERS – JANUARY 1, 2010 – MARCH 30, 2010

| Payee | Number of billed encounters for the clinic |
|--|---|
| OHP (Medicaid and CHIP) | 1000 |
| All other needy individuals (sliding scale based on the ability to pay and free care) | 956 |
| Total encounters | 2700 |

EXAMPLE CALCULATION

| | |
|------------------------------|---|
| OHP + Other Needy encounters | |
| ----- | |
| Total patient encounters | |
| 1956 | |
| ----- | |
| 2700 |  |

EXAMPLE OUTCOME

The five eligible professionals meet the patient volume threshold for payment year 2011. 72.4% of all encounters were rendered to needy individual clients, making each eligible professional potentially eligible for a Medicaid EHR incentive payment

HOW WILL THE QUESTION BE ASKED IN OREGON’S MAPIR APPLICATION SYSTEM?

The application will calculate the percentage for patient volume. Providers will enter their groups billed encounters for the 90-day timeframe:

| | |
|--|---|
| Medicaid and CHIP Encounter Volume | Total OHP encounters plus any out of state Medicaid and CHIP encounters billed by the group |
| Other Needy Individual Encounter Volume | Total encounters where care was provided at no cost or discounted based on the ability to pay for the group |
| Total Needy Encounter volume | Add Medicaid and CHIP Encounter Volume plus Other Needy Individual Encounter Volume |
| Total encounter volume (denominator) | Total encounters |

Patient Volume: Patient Panel — Individual

RULE

If providers cannot meet at least 30% needy individual patient volume threshold using the patient encounter method, they may choose to calculate using the patient panel method using the individual provider's panel.

HOW IT IS DETERMINED

Providers select any representative 90-day period in the prior calendar year and apply it to the following formula:

$$\frac{\left[\begin{array}{l} \text{Total needy individual patients} \\ \text{assigned to the provider's panel* with} \\ \text{at least one encounter in the prior year} \end{array} \right] + \left[\begin{array}{l} \text{Unduplicated needy} \\ \text{individual encounters} \end{array} \right]}{\left[\begin{array}{l} \text{Total patients assigned to the} \\ \text{provider's panel* with at least one} \\ \text{encounter in the prior year} \end{array} \right] + \left[\begin{array}{l} \text{Unduplicated} \\ \text{encounters} \end{array} \right]}$$

*Panel is defined as: A managed care panel, medical or health home program panel, or similar provider structure with capitation or case assignment that assigns patients to providers.

DETAIL

This method may be impossible for some providers who do not have an auditable data source or the ability to determine which patients are on a panel. The following table can be used to determine if this methodology is something providers can use to calculate their patient volume.

| FQHC/RHC Patient Panel Individual Calculation | | | | |
|--|------------------------------|---|---|------------------------------|
| Step | Calculation Component | Action | Example Notes | Example formula input |
| Step 1 | Time frame | Pick a 90-day period in the prior calendar year | | Jan 1,2010 - Mar 31,2010 |
| Step 2 | Numerator 1 | Count needy individual patients on your panel in the selected 90-day period who had at least one encounter in the entire prior calendar year. | Example - 300 needy individual patients on a panel in the 90-day period. Of those, 250 were seen at least once in 2010. | 250 |
| Step 3 | Numerator 2 | Count all other needy individual encounters for patients not assigned to any panel who were seen in the selected 90- day period | Example - 100 additional needy individual patients were seen who were not on any other providers' panel. | 100 |
| Step 4 | Total Numerator | Add Step 1 and Step 2 | 250+100 | 350 |
| Step 5 | Denominator 1 | Count all patients on your panel in the 90-day period selected who had at least one encounter in the entire prior CY | Example - 500 total patients on a panel in 90-day period; of those, 450 were seen in Jan-Dec 2010 | 450 |
| Step 6 | Denominator 2 | Count all other encounters for patients not assigned to any panel who were seen in the selected 90-day period | Example - 200 additional patients were seen who were not on any other providers' panel | 200 |
| Step 7 | Total Denominator | Add step 5 and step 6 | 450 + 200 | 650 |
| Step 8 | Calculate Patient Volume | Divide results of Step 4 by results of Step 7 | 350/650 | 54% |

HOW WILL THE QUESTION BE ASKED IN OREGON'S MAPIR APPLICATION SYSTEM?

The application will calculate the percentage for patient volume. The application page that FQHC and RHC providers use does not accurately reflect that needy individuals are used rather than Medicaid only. Providers will enter their panel figures for the 90-day timeframe:

| | |
|---|---|
| 90-day period | Enter start date and the 90-day period is calculated |
| Total Medicaid Patients on the Individual Practitioner Panel 1 (numerator) | ((Total OHP) + (any out-of-state Medicaid or CHIP patients) + (patients who received free care or care at a reduced rate based on the ability to pay)) who were on your panel in the 90-day timeframe, and were seen at least once in the prior calendar year |
| Unduplicated Medicaid Only Encounter Volume 2 (numerator) | ((Total OHP) + (out-of-state Medicaid or CHIP) + (care provided at no cost or discounted based on the ability to pay) for patients who were not on your panel but had an encounter in the 90-day timeframe. |
| Total Patients on the Individual Practitioner Panel 1 (Denominator) | Total panel who were seen at least once in the prior calendar year |
| Unduplicated Encounter Volume 2 | Total patient encounters seen in the 90-day timeframe who were not on your panel |

Patient Volume: Patient Panel — Group

RULE

If providers cannot meet the threshold of at least 30% needy individual patient volume using the patient encounter method, they may choose to calculate using the patient panel method using the group's panel, or all practitioners in the group's panel. An auditable data source must be available should a group or clinic choose to calculate their patient volume in this manner. Data sources used to support patient volume attestations are required to be retained for seven years.

HOW IT IS DETERMINED

Encounters billed by the group are all included in the calculation. This includes both eligible provider types for the incentive program as well as all other provider types whose encounters contributed to the patient volume during the timeframe selected by the clinic. The group patient volume may not be appropriate in all circumstance and may only be used when all of the following apply:

- The group's patient volume is appropriate to use in the patient volume calculation for the eligible professional;
 - The provider was a part of the practice at any time in the prior calendar year, and

- The provider served at least one Oregon Health Plan patient (where Oregon Health Plan paid at least part of the service) at any practice in the prior calendar year
- There is an auditable data source (required to be retained for seven years) to support the group’s patient volume data;
- All eligible professionals in the group must use the same patient volume calculation method for the payment year;
- The group uses the entire practice or clinic’s patient volume, including non-eligible providers who are billing, rendering and ancillary providers, and does not limit patient volume in any way; and
- If an eligible professional works inside and outside of the group, then the patient volume calculation includes only those encounters associated with the group, and not the eligible professional’s outside encounters.

Providers select any representative 90-day period in the prior calendar year and apply it to the following formula:

| | | |
|--|---|--|
| Total needy individual patients assigned to the group’s panel* with at least one encounter in the prior year | + | Unduplicated needy individual encounters |
| | | |
| Total patients assigned to the group’s panel* with at least one encounter in the prior year | + | Unduplicated encounters |

*Panel is defined as: A managed care panel, medical or health home program panel, or similar provider structure with capitation or case assignment that assigns patients to providers.

DETAIL

This method may be impossible for some providers or groups who do not have an auditable data source or the ability to determine which patients are on a panel.

EXAMPLE

| FQHC/RHC Patient Panel Group Calculation | | | | |
|---|------------------------------|---|---|------------------------------|
| Step | Calculation Component | Action | Example Notes | Example formula input |
| Step 1 | Time frame | Pick a 90-day period in the prior calendar year | | Jan 1,2010 - Mar 31,2010 |
| Step 2 | Numerator 1 | Count needy individual patients on the group's panel in the selected 90-day period who had at least one encounter in the entire prior calendar year | Example - 1000 needy individual patients on the group's panel in the 90 day period. Of those, 250 were seen at least once in 2010 | 1000 |
| Step 3 | Numerator 2 | Count all encounters for other needy individual patients not assigned to any panel who were seen in the selected 90 day period | Example - 500 additional needy individual patients were seen who were not on any other providers' panels | 500 |
| Step 4 | Total Numerator | Add Step 1 and Step 2 | 1000+500 | 1500 |
| Step 5 | Denominator 1 | Count <u>all</u> patients on your panel in the 90-day period selected who had at least one encounter in the entire prior CY | Example - 2000 total patients on a panel in 90-day period; of those, 1500 were seen in Jan-Dec 2010 | 1500 |
| Step 6 | Denominator 2 | Count <u>all</u> other encounters for patients not assigned to any panel who were seen in the selected 90 day period | Example - 1000 additional patients were seen who were not on any other providers' panels | 1000 |
| Step 7 | Total Denominator | Add step 5 and step 6 | 1500+1000 | 2500 |
| Step 8 | Calculate Patient Volume | Divide results of Step 4 by results of Step 7 | 1500/2500 | 60% |

HOW WILL THE QUESTION BE ASKED IN OREGON'S MAPIR APPLICATION SYSTEM?

The application will calculate the percentage for patient volume. The application page that FQHC and RHC providers use does not accurately reflect that needy individuals are used rather than Medicaid only and that an entire group or clinic can use this page. Providers will enter their panel figures for the 90 day timeframe:

| | |
|---|---|
| Total Medicaid Patients on the Individual Practitioner Panel 1 (numerator) | ((Total OHP) + (out of state Medicaid or CHIP patients) + (patients who received free care or care at a reduced rate based on the ability to pay)) who were on any panel in the group in the 90-day timeframe, and were seen at least once in the prior calendar year |
| Unduplicated Medicaid Only Encounter Volume 2 (numerator) | ((Total OHP) + (out-of-state Medicaid or CHIP) + (care provided at no cost or discounted based on the ability to pay) for patients who were not on any practitioner's panel in the group but had an encounter in the 90-day timeframe. |
| Total Patients on the Individual Practitioner Panel 1 (Denominator) | Total panel who were seen at least once in the prior calendar year |
| Unduplicated Encounter Volume 2 (denominator) | Total patient encounters seen in the 90-day timeframe who were not on any provider's panel |

Other eligibility criteria

SANCTIONS, HIPAA, LICENSED IN ALL STATES

- Providers may not have any current or pending sanctions with Medicare or Medicaid in any state;
- Providers must be in compliance with all parts of the HIPAA regulations
- Providers must be licensed in all states in which they practice

HOW WILL THE QUESTION BE ASKED IN OREGON'S MAPIR APPLICATION SYSTEM?

Providers will be asked to answer “yes” or “no” to questions surrounding sanctions, licensing, and HIPAA.

Resources and Contacts

Thank you for your interest and participation in the Medicaid EHR Incentive Program!

For more information:

Oregon Health Authority
Division of Medical Assistance Programs
500 Summer Street NE
Salem, Oregon 97301

Email: Medicaid.EHRIncentives@state.or.us

Website: www.MedicaidEHRIncentives.oregon.gov

Phone: 503-945-5898

Fax: 503-378-6705

**Oregon's Application System for the
Medicaid Electronic Health Record (EHR)
Incentive Program: Medical Assistance
Provider Incentive Repository (MAPIR)**

User Guide
For Eligible Professionals
Practicing Predominantly in an FQHC or RHC

September 26, 2011

Introduction

The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by the Oregon Health Authority- Division of Medical Assistance Programs' Medicaid Electronic Health Record (EHR) Incentive Program that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments to help defray the costs of a certified EHR system.

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 providers can submit an application and attest online in Oregon using MAPIR.

This manual provides step-by-step directions for using MAPIR and submitting an application to Oregon's Medicaid EHR Incentive Program.

The eligibility and qualification requirements are explained in the [Provider in an FQHC/RHC Manual](#). The Provider Worksheet (<http://www.medicaidehrincentives.oregon.gov/OHA/mhit/docs/eligible-professional-worksheet.xls>) helps organize your information to attest with Oregon. High-level information about the Medicaid EHR Incentive Program, including eligibility requirements and frequently asked questions, is included on our program website: www.MedicaidEHRIncentives.oregon.gov.

Before You Begin Applying in MAPIR

Preparation

1. Read the Provider in an [FQHC/RHC Manual](#)
2. Enter data into the [Provider Worksheet](#)
3. Register with CMS in the [R&A system](#)
4. Review the MAPIR Provider Manual
5. Log into the Provider Web Portal (<http://www.oregon.gov/dhs/healthplan/webportal.shtml>) to start

There are several pre-requisites to applying for the Medicaid EHR incentive payments using MAPIR.

1. Complete 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 the Medicaid EHR Incentive Program staff.
3. Gather the necessary information to facilitate the completion of the application and attestation process.

Complete your R&A registration.

You must register at the R&A before accessing MAPIR. If you access MAPIR and have not completed this registration, you will receive the following screen.

The screenshot shows the MAPIR web portal interface. At the top, there is a grey header with the text "MAPIR". Below the header, there is a table with the following information:

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

Below the table, there is a red horizontal line. Underneath the line, there is a message that reads: "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 contact the <state> for assistance."

Please access the federal Website below for instructions on how to do this or to register:

For general information regarding the Incentive Payment Program:

<http://www.cms.gov/EHRIncentivePrograms>

To register: <https://ehrincentives.cms.gov/hitech/login.action>. CMS also has a video (www.youtube.com/watch?v=kL-d7zj44Fs) available to help explain the registration process.

You will not be able to start your MAPIR application process unless you have successfully completed this federal registration process. When MAPIR has received and matched your provider information, you will receive an email to begin the MAPIR application process. Please allow at least two days from the time you complete your federal registration 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 Oregon's Provider Web Portal (<http://www.oregon.gov/dhs/healthplan/webportal.shtml>). Once an individual has started the MAPIR application process with his portal account, he cannot switch to another account during that payment year. MAPIR will allow the user to save the information entered and return later to complete an application; however, only the same individual's 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 manual to understand what information will be required. At a minimum, you should have the following information available:

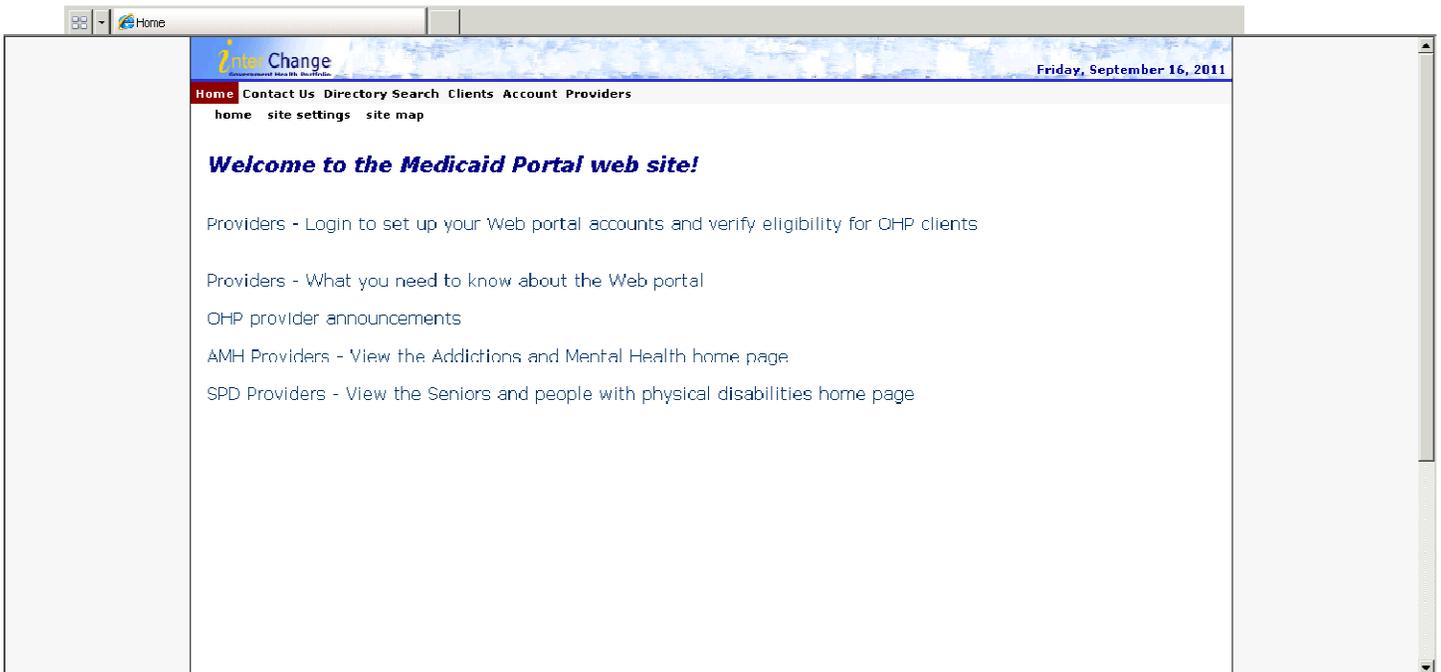
- Information submitted to the R&A
- A completed [worksheet](#) that includes Patient Volume and associated timeframes
- The CMS EHR Certification ID that you obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) Website (<http://onc-chpl.force.com/ehrcert>).

All documentation that supports your attestation must be retained for seven years.

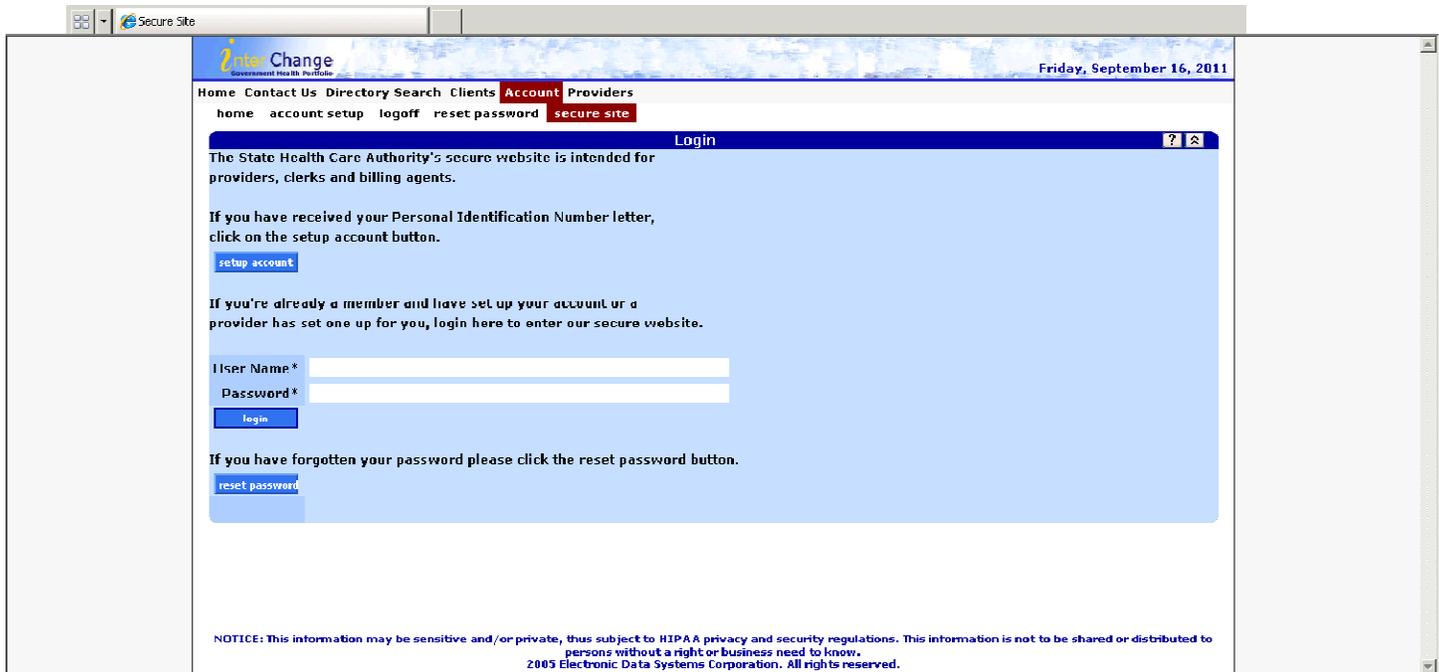
Using the Provider Web Portal to access MAPIR

MAPIR is accessed through Oregon's Provider Web Portal (<http://www.oregon.gov/dhs/healthplan/webportal.shtml>). Once an individual has started the MAPIR application process with his portal login, he cannot use a different user login during that payment year. MAPIR will allow the user to save the information entered and return later to complete an application; however, only the same individual's portal account will be permitted access to the application after it has been started.

Select the first hyperlink for Providers to login or assign a clerk the role of **EHR Incentives**.



Type in User Name and Password. Select **Login** button.



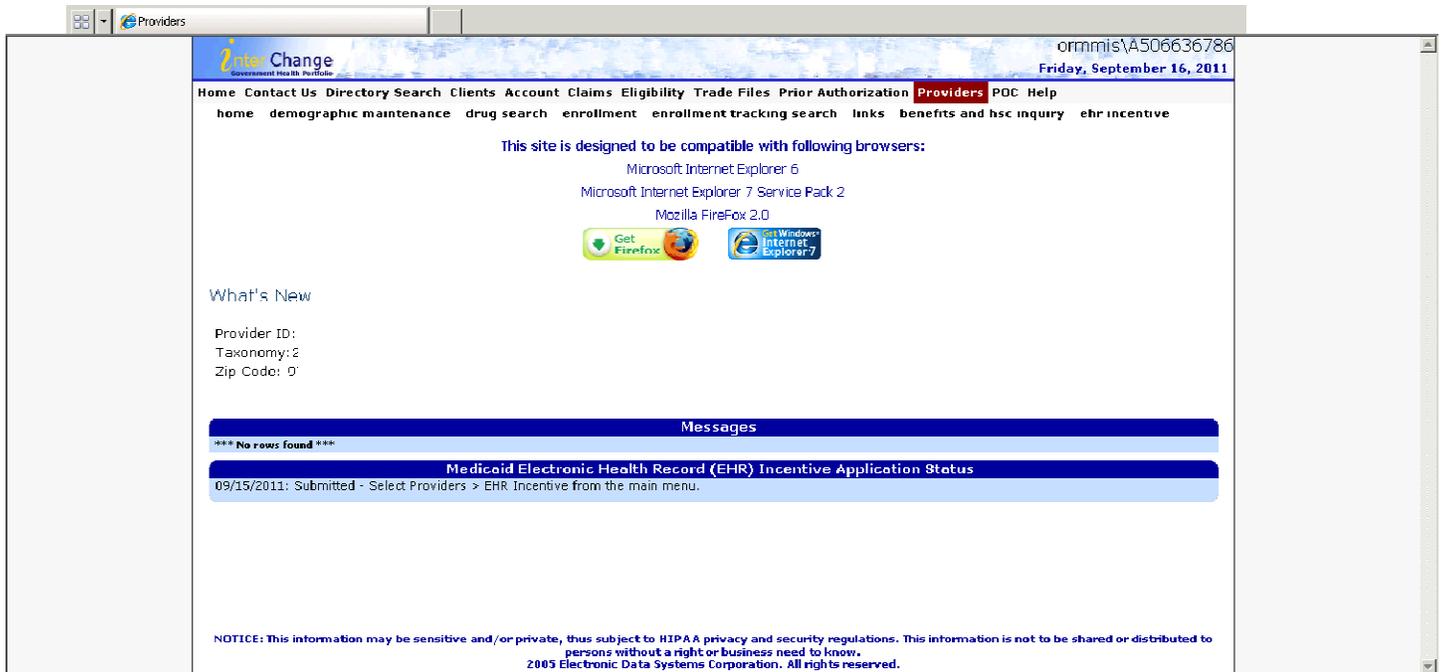
Accessing the EHR Incentive (MAPIR) application in the Provider Web Portal

For the hospital and provider types that are eligible for the Medicaid EHR Incentive Program you will see the Medicaid Electronic Health Record (EHR) Incentive Application Status message on the screen. This message shows the path the access MAPIR, which is to select **EHR Incentive** from the **Providers** menu.

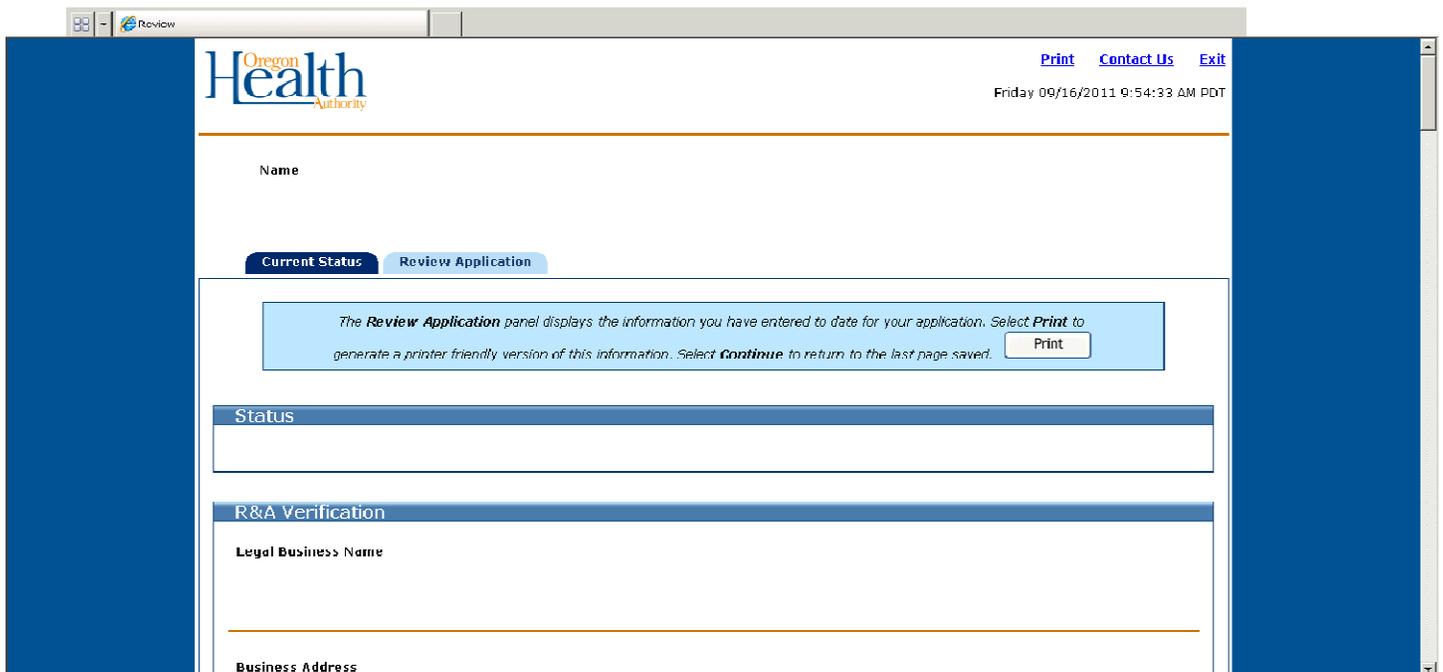
Clerks who have Provider Web Portal access rights to assign roles will be able to self-assign the appropriate role of **EHR Incentive** to themselves. If the clerk does not have access rights to assign roles, either the provider or the clerk who does have rights will have to assign the role of **EHR Incentive**.

Once you select **Providers** in the menu along the top of the page and scroll to **EHR Incentive** from the dropdown list, or select **EHR Incentive** from the horizontal list across the second row of menu items, then the MAPIR application will open in a new window.

If you are having problems accessing MAPIR through the Provider Web Portal, there is a video (<http://youtu.be/bnoSc4wjwH8>) to help step through the process. The first 15 minutes is a general overview of the process to enroll and access the Provider Web Portal.



You are now logged into MAPIR and will see the Provider Name, Applicant NPI, and the current status of the Provider’s MAPIR application. The identifying information that the provider entered at the CMS R&A system will be shown across the top. The **Review Application** tab will give providers an overview of the information they have entered in the MAPIR application.



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.

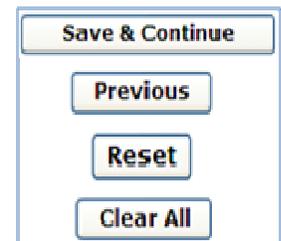
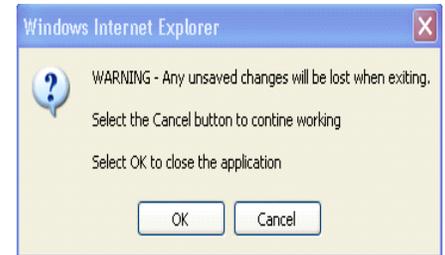
Once you submit your application, you can no longer modify the data. It will only be viewable through the Review tab. Also, the tab arrangement will change after submission to allow you to view status information.

As you proceed through the application process, you will see your identifying information such as Name, National Provider Identifier (NPI), and Tax Identification Number (TIN) 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 Program.

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

Login to the Provider Web Portal and locate the EHR Incentive (MAPIR) selection.

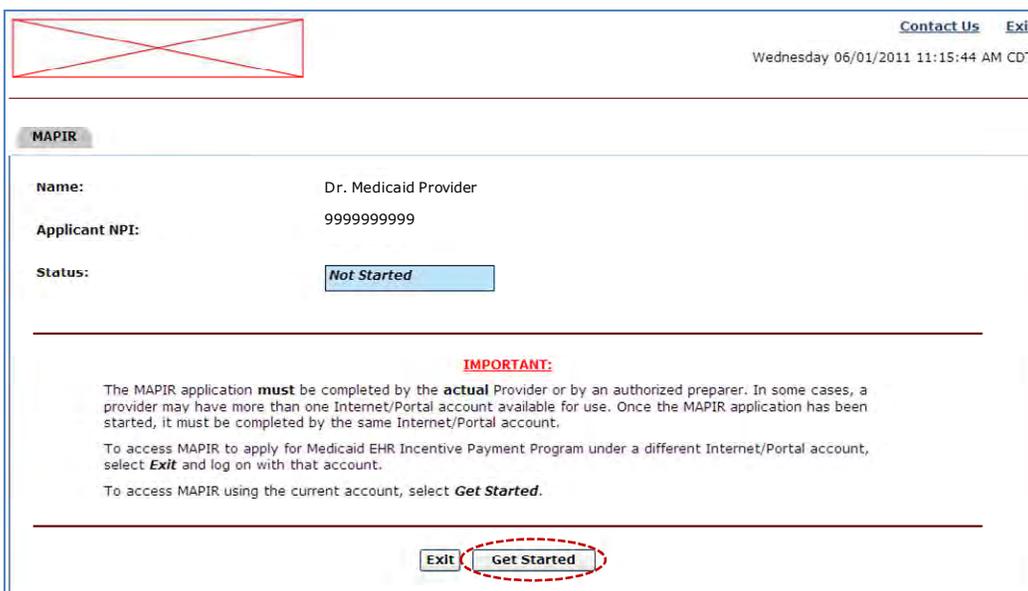
Click the link to access the EHR Incentive portal and locate the (**MAPIR**) screen.

Below is the first screen you will access to begin the MAPIR application process. A status of *Not Registered at R&A* indicates 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 Oregon. If you feel this status is not correct you can click the Contact Us link in the upper right for information to contact the Medicaid EHR Incentive Program. A status of *Not Started* indicates that the R&A and state MMIS information have been matched and you can begin the application process.

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

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

Click **Get Started** to access the **Get Started** screen or **Exit** to close the program.



The screenshot shows the MAPIR application interface. At the top right, there are links for "Contact Us" and "Exit", and a timestamp "Wednesday 06/01/2011 11:15:44 AM CDT". A red box highlights a placeholder area in the top left. Below the header, the "MAPIR" section displays the following information:

| | |
|----------------|-----------------------|
| Name: | Dr. Medicaid Provider |
| Applicant NPI: | 9999999999 |
| Status: | Not Started |

Below this information, there is an "IMPORTANT:" notice in red text, followed by a paragraph of instructions regarding account usage and navigation. At the bottom, there are two buttons: "Exit" and "Get Started". The "Get Started" button is circled with a red dashed line.

The **Get Started** screen contains information that includes your **Name** and **Applicant NPI**. Also included is the current status of your application.

Click **Begin** to proceed to the **R&A/Contact Info** section.

Oregon Health Authority [Print](#) [Contact Us](#) [Exit](#)
Thursday 08/11/2011 1:31:12 PM PDT

Name:
Applicant NPI:
Personal TIN/SSN:
Payee TIN:

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

Name:
Applicant NPI:
Status: Incomplete

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

Get Started Guidance Page

Welcome to Oregon's **MAPIR** system where you can apply for Medicaid Electronic Health Record (EHR) incentive payments.

Tips: Please read the following tips to assist you in this process.

1. Review the [manuals and worksheets](#) on Oregon's Medicaid EHR Incentive Program's website before starting the application process.
2. Your MAPIR user session will end if there is no user activity after 20 minutes. You will receive timeout warnings. Make sure to select the **Save and Continue** button to avoid losing information.
3. 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.
4. You can refer back to completed application tabs to review or edit content, but you cannot skip tabs or proceed *forward* to tabs until you have completed the prior tab.
5. If the application is completed in more than one session, you must log in using the same User ID each time. For example, if the application was started by the provider's preparer, their User ID must be used to log in when completing the application.
6. You will receive automated emails from MAPIR regarding your application. Please make sure your spam filter does not block emails from the address: Medicaid.EHRIncentives@state.or.us.
7. Returning users may select any tabs that must still be completed (displayed in gray) or completed tabs (displayed in dark blue).

Navigation Buttons

- **Save and Continue:** After entering your information on a screen, you must select the Save and Continue button 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 information on the screen, the **Reset** button will return the data to the last saved information.
- To help you with the application information is available in "hover bubbles" which are indicated by a question mark symbol throughout MAPIR.
- **Exit:** Please use the **Exit** link in the upper right hand corner of the screen to properly exit the MAPIR application and return to the Provider Web Portal. Use of your Internet browser's exit and back/forward functions may result in unexpected results that will require you to login again.
- **Contact Us:** The Medicaid EHR Incentive Program staff contact information can be found on each MAPIR page by selecting the **Contact Us** link in the upper right hand corner of the screen.

Step 2 – Confirm R&A and Contact Info

When you completed the R&A registration, your registration information is sent to Oregon’s Medicaid EHR Incentive Program. This section will ask you to confirm the information sent by the R&A and matched with Oregon’s program information. It is important to review this information carefully.

The R&A information can only be changed at the R&A or by contacting CMS directly at **EHR Information Center** by calling 1-888-734-6433 (primary number) or 888-734-6563 (TTY number). **Hours of Operation** are 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays.

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.

R&A/Contact Info

Oregon Health Authority [Print](#) [Contact Us](#) [Exit](#)

Wednesday 08/17/2011 2:15:02 PM PDT

| | | | |
|------------------|-----|---------------|-----------|
| Name | JER | Applicant NPI | 188163044 |
| Personal TIN/SSN | 263 | Payee TIN | 263933169 |

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

CMS R&A System Guidance Page

The information you provided to the CMS Medicare and Medicaid EHR Incentive Programs Registration and Attestation System (R&A) will be displayed in this section for verification.

- You will need to verify the accuracy of the information you submitted as displayed in 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 Oregon Medicaid EHR incentive application. R&A changes or updates cannot be made here in MAPIR.
- Changes made in the R&A will not be displayed for at least two business days in MAPIR. You will not be able to continue with Oregon’s Medicaid EHR incentive application until the updated information is available.
- 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, phone number, and email address. An email regarding your incentive application will be sent to both this email address and to the email address entered at the R&A.

[Begin](#)

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

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

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

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

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or last saved data. The Reset button will not reset R&A information. If the R&A information is not correct, you will need to return to the R&A to correct it.

Name Applicant NPI
 Personal TIN/SSN Payee TIN

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 1234 TESTING Dr

Business Phone

Incentive Program MEDICAID State OR

Eligible Professional Type Physician

R&A Registration ID 1000000001

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

Enter a **Contact Name** and **Contact Phone**.

Enter a **Contact Email Address** twice for verification.

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 screenshot shows a web browser window with the title "R&A/Contact Info". The page header includes the "Oregon Health Authority" logo and navigation links for "Print", "Contact Us", and "Exit". The date and time "Wednesday 08/10/2011 9:00:18 AM PDT" are displayed in the top right. Below the header is a navigation bar with buttons for "Get Started", "R&A/Contact Info" (which is highlighted), "Eligibility", "Patient Volumes", "Attestation", "Review", and "Submit".

The main content area is titled "Contact Information" and contains the following text: "Please enter your contact information. All email correspondence will go to the email address entered below. The email address, if any, entered at the R&A will be used as secondary email address. If an email address was entered at the R&A, all email correspondence will go to both email addresses." Below this is a blue instruction box: "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."

A red asterisk note states: "(*) Red asterisk indicates a required field."

The form fields are as follows:

- *Contact Name**: A single text input field.
- *Contact Phone**: A form with three input boxes for area code, prefix, and number, followed by an "Ext" label and a final input box.
- *Contact Email Address**: A label followed by the text "Enter twice to verify:" and two stacked text input fields.

At the bottom of the form are three buttons: "Previous", "Reset", and "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.

The screenshot shows a web browser window with the title "R&A/Contact Info". The page header includes the "Oregon Health Authority" logo on the left and navigation links for "Print", "Contact Us", and "Exit" on the right. The date and time "Wednesday 08/10/2011 9:01:59 AM PDT" are displayed. Below the header, there are input fields for "Name", "Personal TIN/SSN", "Applicant NPI", and "Payee TIN". A horizontal menu contains several tabs: "Get Started", "R&A/Contact Info" (which is selected and has a checkmark), "Eligibility", "Patient Volumes", "Attestation", "Review", and "Submit". The main content area features a large green circular icon with a white checkmark. To the right of the icon, the following text is displayed: "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." A "Continue" button is centered below the text.

Step 3 – Eligibility

The Eligibility section will ask questions to allow the Medicaid EHR Incentive Program to make a determination regarding your eligibility for the Medicaid EHR incentive payment. You will also enter your required CMS EHR Certification ID.

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

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

Eligibility

[Print](#) [Contact Us](#) [Exit](#)

Wednesday 08/10/2011 9:02:46 AM PDT

Name
Personal TIN/SSN

Applicant NPI

Payee TIN

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



Eligibility Guidance Page

To participate in the Medicaid EHR Incentive Program, you must first provide some basic information to confirm your eligibility for the program.

Please review the [Incentive Program Provider Manual](#) for detailed information. If you practice predominantly in an FQHC/RHC, please refer to the [Incentive Program FQHC/RHC Provider Manual](#). Links to these manuals are provided on each of the following guidance pages to assist you throughout the application process.

[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.

Eligibility

Oregon Health Authority [Print](#) [Contact Us](#) [Exit](#)
Wednesday 08/10/2011 9:16:09 AM PDT

Name **Applicant NPI**
Personal TIN/SSN **Payee TIN**

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

Eligibility Questions (Part 1 of 3)

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 the State of Oregon? Yes No 

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

This screen will ask questions to determine your eligibility for the Medicaid EHR Incentive 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.

Eligibility

Oregon Health Authority [Print](#) [Contact Us](#) [Exit](#)
Wednesday 08/10/2011 9:25:03 AM PDT

Name: _____ Applicant NPI: _____
Personal TIN/SSN: _____ Payee TIN: _____

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

Eligibility Questions (Part 2 of 3)

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 

* Are you subscribed to O-HITEC, Oregon's Regional Extension Center (REC) or another Extension Center for technical assistance? Yes No

* Have you received technical assistance from another entity besides O-HITEC or another REC? Yes No

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

This Eligibility screen asks for information about your **CMS EHR Certification ID**.

Enter the 15-character **CMS EHR Certification ID**.

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.

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

A CMS EHR Certification ID can be obtained from the *ONC Certified Health IT Product List (CHPL) website* (<http://onc-chpl.force.com/ehrcert>)

Eligibility

Oregon Health Authority

Print Contact Us Exit

Wednesday 08/10/2011 9:31:59 AM PDT

Name Applicant NPI
Personal TIN/SSN Payee TIN

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

Eligibility Questions (Part 3 of 3)

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

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

(No dashes or spaces should be entered.)

Previous Reset Save & Continue

This screen confirms you successfully entered your **CMS EHR Certification ID**.
Click **Save & Continue** to proceed, **Previous** to go back.

Eligibility

 [Print](#) [Contact Us](#) [Exit](#)
Thursday 08/11/2011 11:10:02 AM PDT

Name **Applicant NPI**
Personal TIN/SSN **Payee TIN**

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

Eligibility Questions (Part 3 of 3)

We have confirmed that you have entered the correct CMS EHR Certification ID. Click [here](#) for additional information regarding the Certified Health IT Product List (CHPL).

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

CMS EHR Certification ID: **99999999999999**

Previous **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 Volume** section.

The screenshot shows a web browser window titled "Eligibility" with the Oregon Health Authority logo in the top left. In the top right, there are links for "Print", "Contact Us", and "Exit", along with the date and time: "Thursday 08/11/2011 11:10:24 AM PDT". Below the header, there are input fields for "Name", "Personal TIN/SSN", "Applicant NPI", and "Payee TIN". A navigation bar contains buttons for "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes", "Attestation", "Review", and "Submit". The main content area features a large green circular icon with a white checkmark. To the right of the icon, the text reads: "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." A "Continue" button is centered below the text.

Step 4 - Patient Volume

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

There are three parts to Patient Volume:

Part 1 of 3 contains two questions which will determine the method you use for entering patient volume in Part 3 of 3.

Part 2 of 3 establishes the 90 day period for reporting patient volume.

Part 3 of 3 contains screens to add new locations for reporting **Medicaid Patient Volume**, selecting at least one location for **Utilizing Certified EHR Technology**, and entering patient volume for the chosen reporting period.

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

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

Name

Applicant NPI

Personal
TIN/SSN

Payee TIN

Get Started

R&A/Contact Info Eligibility Patient Volumes Attestation

Review

Submit 

Patient Volume Guidance Page

In the next section you will select a patient volume calculation method and the 90-day period you wish to use for establishing that you have met the appropriate patient volume requirements.

[Manuals and worksheets](#) are available on the Medicaid EHR Incentive Program's website to guide you through this section.

Helpful Tips:

- The patient volume 90-day period is any representative, continuous 90-day period of time in the prior calendar year.
- The patient volume calculation methods include:
 1. Individual Practitioner (patient encounters)
 2. Group/Clinic (patient encounters)
 3. Practitioner's Panel*

*Practitioner's Panel: You must first attempt to calculate patient volume using the Individual Practitioner or Group/Clinic methods to see if you meet the patient volume threshold. If you do not meet the patient volume threshold, and you are a managed care provider, then the Practitioner's Panel may be an option, but only if you have an auditable data source to validate your data.

Please review the [Incentive Program Provider Manual](#), or if you practice predominantly in an FQHC/RHC please refer to the [Incentive Program FQHC/RHC Provider Manual](#), to determine if this calculation method is appropriate for you. If you decide to use the Practitioner's Panel method, then we request that you contact the Medicaid EHR Incentive Program staff directly at 503-945-5898 before completing the patient volume section of your application.

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.

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.

Patient Volumes

 [Print](#) [Contact Us](#) [Exit](#)

Thursday 08/11/2011 11:12:31 AM PDT

Name
Personal TIN/SSN

Applicant NPI
Payee TIN

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 

Practitioner Panel 

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

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.

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

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.

Patient Volumes

Oregon Health Authority [Print](#) [Contact Us](#) [Exit](#)
Thursday 08/11/2011 11:13:14 AM PDT

Name **Applicant NPI**
Personal TIN/SSN **Payee TIN**

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

Patient Volume 90 Day Period (Part 2 of 3)

Please enter the **Start Date** of any representative, continuous 90 day period within the preceding calendar year prior to reporting (**End Date** will be calculated).

Note: The **Start Date** must fall within the preceding calendar year prior to reporting.

*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.

*** Start Date:**
mm/dd/yyyy

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

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.

The screenshot shows a web browser window titled "Patient Volumes". The header includes the Oregon Health Authority logo and navigation links for "Print", "Contact Us", and "Exit". The date and time are displayed as "Thursday 08/11/2011 11:14:28 AM PDT". Below the header, there are fields for "Name", "Personal TIN/SSN", "Applicant NPI", and "Payee TIN". A series of buttons are visible: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes" (active), "Attestation", "Review", and "Submit". The main content area is titled "Patient Volume 90 Day Period (Part 2 of 3)". It contains instructions: "Please enter the **Start Date** of any representative, continuous 90 day period within the preceding calendar year prior to reporting (**End Date** will be calculated)." and a note: "Note: The **Start Date** must fall within the preceding calendar year prior to reporting." A blue box contains the instruction: "When ready click the **Save & Continue** button to continue, or click **Previous** to go back." Below this, the "Start Date" is set to "Oct 01, 2010" and the "End Date" is set to "Dec 29, 2010". At the bottom, there are "Previous" and "Save & Continue" buttons.

Patient Volume (Part 3 of 3)

In order to meet the requirements of the Medicaid EHR Incentive Program you must provide information about your patient volume. 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 Oregon 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 volume. Not all information you enter will be used in the patient volume percentage calculation. Information not used will be reviewed by the Medicaid EHR Incentive 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.

*****PLEASE REFER TO THE [PROVIDER IN AN FQHC/RHC MANUAL AND PROVIDER WORKSHEET](#) TO COMPLETE THE SPECIFIC PATIENT VOLUME DATA FIELDS. FAILURE TO DO SO MAY SIGNIFICANTLY ALTER THE ACCURACY OF YOUR ATTESTATION*****

Part of the application process for the Medicaid EHR Incentive Program requires the applicant to provide and attest to their patient volume data. We understand that this might be a challenge for some providers, particularly if they are still in the process of moving from paper to an EHR, but compiling that information is part of the application process. The Medicaid EHR Incentive Program staff is not able to provide patient data to providers to use in their applications. Data sources used to support patient volume attestations are required to be retained for seven years.

PATIENT VOLUME – FQHC/RHC INDIVIDUAL

The following pages will show you how to apply for the Medicaid EHR Incentive Program as an FQHC/RHC Individual provider.

Practice locations – MAPIR will present a list of locations that Oregon 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**.

Patient Volumes

[Print](#) [Contact Us](#) [Exit](#)
 Monday 08/15/2011 2:37:33 PM PDT

| | |
|------------------|---------------|
| Name | Applicant NPI |
| Personal TIN/SSN | Payee TIN |

| | | | | | | |
|-----------------------------|--|---|---|--|---|---|
| Get Started | R&A/Contact Info <input checked="" type="checkbox"/> | Eligibility <input checked="" type="checkbox"/> | Patient Volumes <input checked="" type="checkbox"/> | Attestation <input type="checkbox"/> | Review <input type="checkbox"/> | Submit <input type="checkbox"/> |
|-----------------------------|--|---|---|--|---|---|

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

The State of Oregon 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 | | | | |

[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.

Print Contact Us Exit
Tuesday 05/31/2011 11:00:19 AM CDT

Name Dr. Medicaid Provider **Applicant NPI** 999999999
Personal TIN/SSN 999999999 **Payee TIN** 999999999

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

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 **Patient Volume** 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.

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.

[Print](#) [Contact Us](#) [Exit](#)
 Tuesday 05/31/2011 11:01:12 AM CDT

| | | | |
|-------------------------|-----------------------|----------------------|-----------|
| Name | Dr. Medicaid Provider | Applicant NPI | 999999999 |
| Personal TIN/SSN | 999999999 | Payee TIN | 999999999 |

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

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, or click **Previous** to go back. 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 | 999999990001 | Main Location | 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 | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |

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

Patient Volumes

 [Print](#) [Contact Us](#) [Exit](#)

Monday 08/15/2011 2:42:57 PM PDT

Name Applicant NPI
Personal TIN/SSN Payee TIN

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



Individual Practitioner FQHC/RHC Patient Volume Guidance Page

This tab is for applicants who "practice predominately" in an FQHC or RHC, and wish to calculate and attest to patient volume as an individual practitioner.

- "Practices predominately" means that **more than 50 percent** of your patient encounters occur at an FQHC or RHC. The calculation is **based on a 6 month period** in the most recent calendar year.
- If you are a provider who practices predominantly in an FQHC or RHC, you will need to demonstrate that you have at least 30% patient volume of "needy individuals." Needy individual encounters include the following:
 1. Medicaid;
 2. Children's Health Insurance Program (CHIP);
 3. uncompensated care; and
 4. sliding scale care based on the ability to pay.

Clinic Locations: The system will retrieve and display your practice location(s) that are on file with the Division of Medical Assistance Programs (DMAP). At least one of the locations you select for reporting patient volume must be the location where you will attest to have adopted, implemented, or upgraded to certified EHR technology. If you wish to report patient volume for a location or site that is not listed, use the **Add Location** button. Please note that a location added in MAPIR is not added to your DMAP file.

For the 90-day period selected in the previous section, you will enter the Medicaid and CHIP encounters, (which includes all Oregon Health Plan encounters), other needy individual encounters (uncompensated care, sliding scale care), the total needy individual encounters, and the total encounters for each clinic location. Please note that you may, but are not required to, include out-of-state encounters.

For more detailed information please refer to the [Incentive Program FQHC/RHC Provider Manual](#).

[Begin](#)

*****PLEASE REFER TO THE PROVIDER IN AN [FQHC/RHC MANUAL](#) AND PROVIDER [WORKSHEET](#) TO COMPLETE THE SPECIFIC PATIENT VOLUME DATA FIELDS. FAILURE TO DO SO MAY SIGNIFICANTLY ALTER THE ACCURACY OF YOUR ATTESTATION*****

Medicaid Patient Volume Percentage Formula – FQHC/RHC Individual

Total Needy Individual Encounter Volume

Divided by

Total Encounter Volume

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.

Name

Applicant NPI

Personal TIN/SSN

Payee TIN

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

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 Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid for part or all of the service;
- 2) Services rendered on any one day to an individual for where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and or cost-sharing;
- 3) Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

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 <i>(Numerator)</i> | Other Needy Individual Encounter Volume <i>(Numerator)</i> | Total Needy Encounter Volume <i>(Total Numerator)</i> | Total Encounter Volume <i>(Denominator)</i> |
| | | | * <input type="text"/> | * <input type="text"/> | * <input type="text"/> | * <input type="text"/> |

Previous

Reset

Save & Continue

This screen displays the locations you are utilizing certified EHR technology, patient volume you entered, all values summarized, and the 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 needy individual patient volume requirement.

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

PATIENT VOLUME – FQHC/RHC GROUP

The following pages will show you how to apply for the Medicaid EHR Incentive Program as an FQHC/RHC Group provider.

Practice locations – MAPIR will present a list of locations that Oregon 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**.

Patient Volumes

 [Print](#) [Contact Us](#) [Exit](#)
Monday 08/15/2011 3:17:31 PM PDT

Name Applicant NPI
Personal TIN/SSN Payee TIN

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

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

The State of Oregon 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 | | | | |

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

Print Contact Us Exit
Tuesday 05/31/2011 11:09:17 AM CDT

Name Dr. Medicaid Provider **Applicant NPI** 999999999
Personal TIN/SSN 999999999 **Payee TIN** 999999999

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

Patient Volume - FOHC/RHC 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 plan to utilize certified EHR technology. You must select at least one location for utilizing certified EHR technology.

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.



| | | | |
|-------------------------|-----------------------|----------------------|------------|
| Name | Dr. Medicaid Provider | Applicant NPI | 9999999999 |
| Personal TIN/SSN | 9999999999 | Payee TIN | 9999999999 |

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

Patient Volume - FQHC/RHC 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**

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

 [Print](#) [Contact Us](#) [Exit](#)
Monday 08/15/2011 3:24:24 PM PDT

Name Applicant NPI
Personal TIN/SSN Payee TIN

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



Group FQHC/RHC Patient Volume Guidance Page

This tab is for applicants who "practice predominately" in FQHC/RHCs and who wish to calculate and attest to patient volume as a group. **Note: You should enter the group NPI(s) in the group practice provider ID field.**

- 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 a FQHC or RHC. The calculation is based on a period of 6 months in the most recent calendar year.
- Needy population encounters can include the following: Medicaid, Children's Health Insurance Program, uncompensated care and sliding scale encounters based on the ability to pay.

Clinic Locations: The system will retrieve and display the group's practice location(s) that are on file with the Division of Medical Assistance Programs (DMAP). At least one of the locations you select for reporting patient volume must be the location where you will attest to have adopted, implemented, or upgraded to certified EHR technology. If you wish to report patient volume for a location or site that is not listed, use the **Add Location** button. Please note that a location added in MAPIR is not added to your DMAP file.

Most providers attesting to patient volume as a group will have only one group practice NPI. However, for group practices with multiple clinic locations you can enter up to **four (4)** group practice-related NPIs. **If you have more than four (4) group practice NPIs**, please indicate this by checking the box "**additional group practice provider IDs.**" Please send all additional group practice NPI numbers and group names, along with applicant's name and NPI, by email to: Medicaid.EHRIncentives@state.or.us. Note that the combined patient volume of all group practice-related clinics should be entered in the encounter volume fields.

Patient Volume Data: For the 90-day period selected in the previous section you will enter the Medicaid and CHIP encounters, (which includes all Oregon Health Plan encounters), other needy individual encounters (uncompensated care, sliding scale care), the total needy individual encounters (Medicaid/CHIP plus uncompensated care/sliding scale care), and the total encounters for each clinic location. Please note that you may, but are not required to, include out-of-state encounters in these categories.

For more detailed information please refer to the [Incentive Program FQHC/RHC Provider Manual](#).

[Begin](#)

*****PLEASE REFER TO THE PROVIDER IN AN [FQHC/RHC MANUAL](#) AND PROVIDER [WORKSHEET](#) TO COMPLETE THE SPECIFIC PATIENT VOLUME DATA FIELDS. FAILURE TO DO SOMAY SIGNFICANTLY ALTER THE ACCURACY OF YOUR ATTESTATION*****

Patient Volume Percentage Formula – FQHC/RHC Group

Total Needy Individual Encounter Volume

Divided by

Total Encounter Volume

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 Volume**.

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

Name
Personal TIN/SSN

Applicant NPI
Payee TIN

[Get Started](#)

[R&A/Contact Info](#)

[Eligibility](#)

[Patient Volumes](#)

[Attestation](#)

[Review](#)

[Submit](#)

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

Please indicate in the box(es) provided, the Group Provider ID(s) you will use to report patient volume requirements. **You must enter at least one Group Practice Provider ID.**

* 

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.**

Needy Individual Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid for part or all of the service;
- 2) Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing;
- 3) Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

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) |
|---|--|---|---|
| * <input type="text"/> | * <input type="text"/> | * <input type="text"/> | * <input type="text"/> |

This screen displays the locations where you are utilizing EHR technology, patient volume you entered, all values summarized, and the 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 needy individual patient volume requirement.

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

[Print](#) [Contact Us](#) [Exit](#)
 Tuesday 05/31/2011 11:14:19 AM CDT

| | | | |
|-------------------------|-----------------------|----------------------|-----------|
| Name | Dr. Medicaid Provider | Applicant NPI | 999999999 |
| Personal TIN/SSN | 999999999 | Payee TIN | 999999999 |

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

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 | N/A | New Location | 123 Main Street Anytown, AL 12345- |
| Yes | 9999999990001 | Main Location | 123 First Street Anytown, PA 12345-1234 |

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.

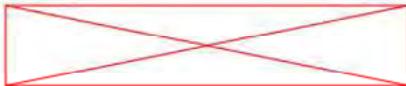
The screenshot shows a web browser window titled "Patient Volumes". The header includes the "Oregon Health Authority" logo on the left and navigation links for "Print", "Contact Us", and "Exit" on the right. Below the header, there are input fields for "Name", "Applicant NPI", "Personal TIN/SSN", and "Payee TIN". A horizontal menu contains several tabs: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes" (checked), "Attestation" (unchecked), "Review", and "Submit" (disabled). The main content area features a large green circular icon with a white checkmark. To the right of the icon, the text reads: "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." A "Continue" button is centered below the text.

PATIENT VOLUME – PRACTITIONER PANEL (INDIVIDUAL FQHC/RHC & GROUP FQHC/RHC)

*****IF YOU ARE CONSIDERING USING THE PRACTITIONER PANEL, PLEASE CONTACT THE MEDICAID EHR INCENTIVE PROGRAM STAFF FIRST BEFORE PROCEEDING*****

The following pages will show you how to apply for the Medicaid EHR Incentive Program as an Individual FQHC/RHC Practitioner Panel or Group FQHC/RHC Practitioner Panel Practice locations – MAPIR will present a list of locations that Oregon 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**.



Name Dr. Medicaid Provider **Applicant NPI** 9999999999
Personal TIN/SSN 999999999 **Payee TIN** 999999999

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

Patient Volume - Practitioner Panel (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, or click **Previous** to go back.
 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 | 999999990001 | Main Location | 123 First Street Anytown, PA 12345-1234 | |

Add Location

- [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.

[Print](#) [Contact Us](#) [Exit](#)
Wednesday 06/01/2011 4:27:18 PM CDT

Name Dr. Medicaid Provider **Applicant NPI** 999999999
Personal TIN/SSN 999999999 **Payee TIN** 999999999

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

Patient Volume - Practitioner Panel (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 **Patient Volume** 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.

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.

Patient Volumes

[Print](#) [Contact Us](#) [Exit](#)

Monday 08/15/2011 3:27:05 PM PDT

| | |
|------------------|---------------|
| Name | Applicant NPI |
| Personal TIN/SSN | Payee TIN |

| | | | | | | |
|-------------|--|---|--|--------------------------------------|---------------------------------|---------------------------------|
| Get Started | R&A/Contact Info <input checked="" type="checkbox"/> | Eligibility <input checked="" type="checkbox"/> | Patient Volumes <input type="checkbox"/> | Attestation <input type="checkbox"/> | Review <input type="checkbox"/> | Submit <input type="checkbox"/> |
|-------------|--|---|--|--------------------------------------|---------------------------------|---------------------------------|

Patient Volume - Practitioner Panel (Part 3 of 3)

The State of Oregon 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 | | | ---- | |

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

Patient Volumes

Oregon Health Authority [Print](#) [Contact Us](#) [Exit](#)
Monday 08/15/2011 3:49:13 PM PDT

Name **Applicant NPI**
Personal TIN/SSN **Payee TIN**

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



Patient Panel - Patient Volume Guidance Page

This tab is for applicants who wish to calculate and attest to patient volume using the patient panel calculation method. This method is complex and should only be used when other efforts (individual and group encounter methods) to achieve the required patient volume thresholds have been unsuccessful. If you feel you may qualify using this method, please call the Medicaid EHR Incentive Program staff at **503-945-5898** before proceeding with this application.

The patient panel calculation method requires an auditable data source for each of the elements shown below:

| | | |
|---|---|---|
| Total Medicaid (or needy individual*) patients assigned to the provider** with at least one encounter in the prior year | + | Unduplicated Medicaid (or needy individual*) encounters** |
| Total patients assigned to the provider** with at least one encounter in the prior year | + | Unduplicated encounters** |

Unduplicated: a patient counted as assigned to a provider that also had an encounter should only be counted once in the calculation

* For providers who practice predominantly in an FQHC or RHC, use "needy individuals".

** In any representative, continuous 90-day period in the preceding calendar year.

For more detailed information please refer to the [Incentive Program FQHC/RHC Provider Manual](#).

[Begin](#)

*****IF YOU ARE CONSIDERING USING THE PRACTITIONER PANEL, PLEASE CONTACT THE MEDICAID EHR INCENTIVE PROGRAM STAFF FIRST BEFORE PROCEEDING***

Patient Volume Percentage Formula – Individual FQHC/RHC Practitioner Panel

(Total Needy Individual Patients on the Practitioner Panel + Unduplicated Needy Individual Only Encounter Volume)

Divided by

(Total Patient Panel Encounters + Total Unduplicated Encounter Volume)

or

Patient Volume Percentage Formula – Group FQHC/RHC Practitioner Panel

(Total Needy Individual Patients on the Group’s Practitioner Panel + Group’s Unduplicated Needy Individual Only Encounter Volume)

Divided by

(Total Group’s Patient Panel Encounters + Total Group’s Unduplicated Encounter Volume)

Enter patient volume for each location listed in 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.

Name

Applicant NPI

Personal TIN/SSN

Payee TIN

[Get Started](#)

[R&A/Contact Info](#)

[Eligibility](#)

[Patient Volumes](#)

[Attestation](#)

[Review](#)

[Submit](#)

Patient Volume - Practitioner Panel (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.***

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

- (1) The total Medicaid patients assigned to the EP in any representative continuous 90-day period in the preceding calendar year with at least one encounter taking place during the year prior to the 90-day period.
- (2) Unduplicated Medicaid encounters in the same 90-day period.
- (3) The total patients assigned to the provider in that same 90-day period with at least one encounter taking place during the year prior to the 90-day period.
- (4) All unduplicated encounters in the same 90-day period.

(*) Red asterisk indicates a required field.

| ? | ? | ? | ? | ? | ? | ? |
|-------------|---------------|---------|--|--|---|--|
| Provider Id | Location Name | Address | Total Medicaid Patients on the Practitioner Panel ¹ <i>(Numerator)</i> | Unduplicated Medicaid Only Encounter Volume ² <i>(Numerator)</i> | Total Patients on Practitioner Panel ³ <i>(Denominator)</i> | Total Unduplicated Encounter Volume ⁴ <i>(Denominator)</i> |
| | | | * <input type="text"/> | * <input type="text"/> | * <input type="text"/> | * <input type="text"/> |

This screen displays the locations you are utilizing certified EHR technology, patient volume you entered, all values summarized, and the 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 needy individual patient volume requirement

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

[Print](#) [Contact Us](#) [Exit](#)
 Wednesday 06/01/2011 4:39:07 PM CDT

Name Dr. Medicaid Provider

Personal TIN/SSN 999999999

Applicant NPI 999999999

Payee TIN 999999999

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

Patient Volume - Practitioner Panel (Part 3 of 3)

Current **patient volumes** totals are depicted below. Please review the current totals to verify that the information you 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 | 9999999990001 | Main Location | 123 First Street Anytown, PA 12345-1234 | <i>Total Medicaid Patients:</i> 100 <i>Unduplicated Medicaid:</i> 400 <i>Total Panel Encounters:</i> 100 <i>Total Unduplicated Volumes:</i> 800 | 56% |
| Yes | N/A | New Location | 123 Main Street Anytown, AL 12345 | <i>Total Medicaid Patients:</i> 135 <i>Unduplicated Medicaid:</i> 100 <i>Total Panel Encounters:</i> 145 <i>Total Unduplicated Volumes:</i> 800 | 25% |

| Sum Total Medicaid Patients on the Individual Practitioner Panel | Sum Unduplicated Medicaid Only Encounter Volume | Sum Total Patient Panel Encounters | Sum Total Unduplicated Encounter Volumes | Total % |
|--|---|------------------------------------|--|---------|
| 235 | 500 | 245 | 1600 | 40% |

Previous
Save & Continue

Step 5 – Attestation

This section will ask you to provide information about your **EHR System Adoption Phase**. Adoption phases include **Adoption, Implementation, or Upgrade**. Based on the adoption phase you select, you may be asked to complete additional information about activities related to that phase. For the first year of participation in the Medicaid EHR Incentive Program, Eligible Professionals are only required to attest to **Adoption, Implementation, or Upgrade**.

This initial Attestation screen provides information about this section.

Click **Begin** to continue to the **Attestation** section.

Attestation

Oregon Health Authority

[Print](#) [Contact Us](#) [Exit](#)

Thursday 08/11/2011 12:01:46 PM PDT

Name
Personal TIN/SSN

Applicant NPI
Payee TIN

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

Attestation Guidance Page

In this portion of MAPIR, you will need to attest to various Medicaid EHR Incentive Program participation requirements, including your EHR system adoption phase, payment designation, and accuracy.

EHR System Adoption Phase

You will be asked to confirm whether you are adopting, implementing, or upgrading (AIU) certified EHR technology. For implement or upgrade, you will need to describe whether tasks are Planned/In Progress or Complete.

Please note that you will not be able to attest to meaningful use (MU) in the first program year of 2011.

Payment Designations

If you assigned your payment when you registered at the CMS Registration & Attestation System (R&A), you will need to confirm that the assignment is voluntary. You will also need to confirm the payment address of the designated payee.

Once your attestation is complete, you will be directed to the Review tab. Please review all information for accuracy and completeness, and revise your application as needed.

After you have reviewed your application and you move to the **Submit** tab, MAPIR will display program eligibility messages based on your attestations.

Note: Once you submit your application, your application will be locked for processing and you will not be able to make any changes.

For more detailed information please refer to the [Incentive Program Provider Manual](#). If you practice predominantly in an FQHC/RHC, please refer to the [Incentive Program FQHC/RHC Provider Manual](#).

[Begin](#)

Attestation Phase (Part 1 of 3)

The Attestation Phase (Part 1 of 3) screen asks for the **EHR System Adoption Phase**.

After making your selection, the next screen you see will depend on the phase you selected.

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.

The screenshot shows a web browser window titled "Attestation" with the Oregon Health Authority logo. The page includes navigation links for "Print", "Contact Us", and "Exit", and a timestamp of "Thursday 08/11/2011 12:03:07 PM PDT". Below the header, there are input fields for "Name", "Personal TIN/SSN", "Applicant NPI", and "Payee TIN". A series of buttons allows navigation between steps: "Get Started", "R&A/Contact Info", "Eligibility", "Patient Volumes", "Attestation" (which is highlighted), "Review", and "Submit".

The main content area is titled "Attestation Phase (Part 1 of 3)" and contains the following text:

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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.

Three radio button options are presented:

- Adoption:** You have acquired or are installing certified EHR technology.
- Implementation:** You are installing certified EHR technology and have started one of the following:
 - A training program for the certified EHR technology
 - Data entry of patient demographic and administrative data into the EHR
 - Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).
- Upgrade:** You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

At the bottom of the form are three buttons: "Previous", "Reset", and "Save & Continue".

For **Adoption** continue to the next page of this guide.

ADOPTION PHASE

For **Adoption** select the Adoption button. 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.

[Print](#) [Contact Us](#) [Exit](#)

Tuesday 05/31/2011 11:17:31 AM CDT

| | | | |
|-------------------------|-----------------------|----------------------|------------|
| Name | Dr. Medicaid Provider | Applicant NPI | 9999999999 |
| Personal TIN/SSN | 999999999 | Payee TIN | 999999999 |

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

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

*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.*

Adoption:

You have acquired or are installing certified EHR technology.

Implementation:

You are installing certified EHR technology and have started one of the following:

- A training program for the certified EHR technology
- Data entry of patient demographic and administrative data into the EHR
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

Upgrade:

You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

Previous Reset **Save & Continue**

Implementation Phase (Part 2 of 3)

For **Implementation** select the Implementation button.

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.

[Print](#) [Contact Us](#) [Exit](#)

Tuesday 05/31/2011 11:17:31 AM CDT

| | | | |
|-------------------------|-----------------------|----------------------|-----------|
| Name | Dr. Medicaid Provider | Applicant NPI | 999999999 |
| Personal TIN/SSN | 999999999 | Payee TIN | 999999999 |

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

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

*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.*

Adoption: ?
You have acquired or are installing certified EHR technology.

Implementation: ?
You are installing certified EHR technology and have started one of the following:

- A training program for the certified EHR technology*
- Data entry of patient demographic and administrative data into the EHR*
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).*

Upgrade: ?
You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

Previous Reset Save & Continue

Select your **Implementation Activity** by selecting the **Planned** or **Complete** button.
 Click **Other** to add any additional **Implementation Activities** you would like to supply.
 Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data. This is an example of a completed screen.

[Print](#) [Contact Us](#) [Exit](#)
 Tuesday 05/31/2011 11:26:00 AM CDT

Name Dr. Medicaid Provider
Personal TIN/SSN 999999999

Applicant NPI 999999999
Payee TIN 999999999

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

Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an implementation.

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.
 After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

| *Implementation Activity | Planned | Complete |
|--|-----------------------|----------------------------------|
| Workflow Analysis | <input type="radio"/> | <input type="radio"/> |
| Workflow Redesign | <input type="radio"/> | <input checked="" type="radio"/> |
| Software Installation | <input type="radio"/> | <input type="radio"/> |
| Hardware Installation | <input type="radio"/> | <input checked="" type="radio"/> |
| Peripherals Installation | <input type="radio"/> | <input checked="" type="radio"/> |
| Internet Connectivity / Broadband | <input type="radio"/> | <input type="radio"/> |
| Uploading Patient Data | <input type="radio"/> | <input type="radio"/> |
| Electronic Prescribing | <input type="radio"/> | <input checked="" type="radio"/> |
| Health Information Exchange (i.e. labs, pharmacy) | <input type="radio"/> | <input type="radio"/> |
| Physical Redesign of Workspace | <input type="radio"/> | <input type="radio"/> |
| Training | <input type="radio"/> | <input type="radio"/> |
| Other (Click to Add) | | |

Previous
Reset
Clear All
Save & Continue

This screen shows an example of entering activities other than what was in the Implementation Activity listing.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data. After saving, click **Clear All** to remove standard activity selections.

[Print](#) [Contact Us](#) [Exit](#)
Tuesday 05/31/2011 11:28:01 AM CDT

| | | | |
|-------------------------|-----------------------|----------------------|-----------|
| Name | Dr. Medicaid Provider | Applicant NPI | 999999999 |
| Personal TIN/SSN | 999999999 | Payee TIN | 999999999 |

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

Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an implementation.

*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.
After saving, click the **Clear All** button to remove standard activity selections.*

(*) Red asterisk indicates a required field.

| *Implementation Activity | Planned | Complete |
|--|----------------------------------|----------------------------------|
| Workflow Analysis | <input checked="" type="radio"/> | <input type="radio"/> |
| Workflow Redesign | <input type="radio"/> | <input checked="" type="radio"/> |
| Software Installation | <input type="radio"/> | <input type="radio"/> |
| Hardware Installation | <input type="radio"/> | <input checked="" type="radio"/> |
| Peripherals Installation | <input type="radio"/> | <input checked="" type="radio"/> |
| Internet Connectivity / Broadband | <input type="radio"/> | <input type="radio"/> |
| Uploading Patient Data | <input type="radio"/> | <input type="radio"/> |
| Electronic Prescribing | <input type="radio"/> | <input checked="" type="radio"/> |
| Health Information Exchange (i.e. labs, pharmacy) | <input type="radio"/> | <input type="radio"/> |
| Physical Redesign of Workspace | <input type="radio"/> | <input type="radio"/> |
| Training | <input type="radio"/> | <input type="radio"/> |
| Other: <input type="text" value="Reviewed EHR Certification Information"/> | <input type="radio"/> | <input checked="" type="radio"/> |

Review the **Implementation Activity** you selected.

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

[Print](#) [Contact Us](#) [Exit](#)

Tuesday 05/31/2011 11:30:12 AM CDT

Name Dr. Medicaid Provider
Personal 999999999
TIN/SSN

Applicant NPI 999999999
Payee TIN 999999999

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

Attestation Phase (Part 2 of 3)

Please review the list of the activities where you have **planned** or **completed** an implementation.

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

| Implementation Activity | Planned | Complete |
|--|---------|----------|
| Workflow Analysis | ✓ | |
| Workflow Redesign | | ✓ |
| Hardware Installation | | ✓ |
| Peripherals Installation | | ✓ |
| Electronic Prescribing | | ✓ |
| (Other) Reviewed EHR Certification Information | | ✓ |

Previous **Save & Continue**

Upgrade Phase (Part 2 of 3)

For **Upgrade** select the Upgrade button.

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.

Select your **Upgrade Activities** by selecting the **Planned** or **Complete** button for each activity.

Click **Other** to add any additional **Upgrade Activities** you would like to supply.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data. After saving, click **Clear All** to remove standard activity selections.

[Print](#) [Contact Us](#) [Exit](#)
Thursday 06/02/2011 10:50:21 AM CDT

| | | | |
|------------------------------------|------------------------------------|--|------------------------|
| Name Personal TIN/SSN | Dr. Medicaid Provider 999999999 | Applicant NPI Payee TIN | 999999999 999999999 |
|------------------------------------|------------------------------------|--|------------------------|

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

Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an upgrade.

*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.
After saving, click the **Clear All** button to remove standard activity selections.*

(*) Red asterisk indicates a required field.

| *Upgrade Activity | Planned | Complete |
|--|----------------------------------|----------------------------------|
| Upgrading Software Version | <input checked="" type="radio"/> | <input type="radio"/> |
| Upgrading Hardware or Peripherals | <input type="radio"/> | <input type="radio"/> |
| Clinical Decision Support | <input type="radio"/> | <input checked="" type="radio"/> |
| Electronic Prescribing | <input type="radio"/> | <input type="radio"/> |
| Computerized Provider Order Entry | <input type="radio"/> | <input type="radio"/> |
| Adding Functionality / Modules (personal health record, mental health, dental) | <input type="radio"/> | <input type="radio"/> |
| Other (Click to Add) | | |

Previous**Reset****Clear All****Save & Continue**

This screen shows an example of entering activities other than what was in the Upgrade Activity listing.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data. After saving, click **Clear All** to remove standard activity selections.

Print Contact Us Exit
Thursday 06/02/2011 10:52:57 AM CDT

Name Dr. Medicaid Provider Applicant NPI 999999999
Personal 999999999 Payee TIN 999999999
TIN/SSN

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

Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an upgrade.

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.
After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

| *Upgrade Activity | Planned | Complete | |
|--|----------------------------------|----------------------------------|--------|
| Upgrading Software Version | <input checked="" type="radio"/> | <input type="radio"/> | |
| Upgrading Hardware or Peripherals | <input type="radio"/> | <input type="radio"/> | |
| Clinical Decision Support | <input type="radio"/> | <input checked="" type="radio"/> | |
| Electronic Prescribing | <input type="radio"/> | <input type="radio"/> | |
| Computerized Provider Order Entry | <input type="radio"/> | <input type="radio"/> | |
| Adding Functionality / Modules (personal health record, mental health, dental) | <input type="radio"/> | <input type="radio"/> | |
| Other: Reviewed EHR Certification Information | <input type="radio"/> | <input checked="" type="radio"/> | Delete |

Other (Click to Add)

Previous Reset Clear All Save & Continue

Review the **Upgrade Activities** you selected.

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

[Print](#) [Contact Us](#) [Exit](#)

Thursday 06/02/2011 10:57:12 AM CDT

| | | | |
|-------------------------|-----------------------|----------------------|-----------|
| Name | Dr. Medicaid Provider | Applicant NPI | 999999999 |
| Personal TIN/SSN | 999999999 | Payee TIN | 999999999 |

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

Attestation Phase (Part 2 of 3)

Please review the list of activities where you have **planned** or **completed** an upgrade.

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

| Upgrade Activity | Planned | Complete |
|--|---------|----------|
| Upgrading Software Version | ✓ | |
| Clinical Decision Support | | ✓ |
| (Other) Reviewed EHR Certification Information | | ✓ |

Previous **Save & Continue**

Attestation Phase (Part 3 of 3)

Part 3 of 3 of the Attestation Phase contains a question regarding assignment of your incentive payment and confirmation of the address to which the incentive payment will be sent.

Click **Yes** to confirm you are receiving this payment as the payee indicated or you are assigning this payment voluntarily to the payee and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Click the **Payment Address** from the list below to be used for your Incentive Payment.

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

Attestation

[Print](#)
[Contact Us](#)
[Exit](#)

Thursday 08/11/2011 12:05:41 PM PDT

Name **Applicant NPI**

Personal TIN/SSN **Payee TIN**

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

Attestation Phase (Part 3 of 3)

Please answer the following questions so that we can determine your eligibility for the 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.

* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.
 Yes
 No
 ?

NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact Oregon Health Authority. ?

| *Payment Address <small>(Must Select One)</small> | Provider ID | Location Name | Address | Additional Information |
|--|-------------|---------------|---------|------------------------|
| <input type="radio"/> | | | | |

Previous
Reset
Save & Continue

This screen confirms you successfully completed the **Attestation** section.

Note the check box in the Attestation tab.

Click **Continue** to proceed to the **Review** tab.

The screenshot shows a web browser window titled "Attestation". The page header includes the "Oregon Health Authority" logo on the left and navigation links for "Print", "Contact Us", and "Exit" on the right. Below the header, there are input fields for "Name", "Personal TIN/SSN", "Applicant NPI", and "Payee TIN". A horizontal menu of tabs is displayed below these fields, with "Attestation" selected and marked with a checkmark. Other tabs include "Get Started", "R&A/Contact Info", "Eligibility", "Patient Volumes", "Review", and "Submit".

The main content area features a large green circular icon with a white checkmark. To the right of the icon, the following text is displayed:

- You have now completed the **Attestation** section of the application.
- You may revisit this section any time to make corrections until such time as you actually **Submit** the application.
- The **Submit** section of the application is now available.
- Before submitting the application, please **Review** the information you have provided in this section, and all previous sections.

At the bottom of this message box is a button labeled "Continue".

Step 6 – Review Application

The Review section allows you to review all information you entered into your application. If you find errors you can click the associated tab and proceed to correct the information. Once you have corrected the information you can click the **Review** tab to return to this section. From this screen you can print a printer-friendly copy of your application for review.

Please review all information carefully before proceeding to the Submit section. After you have submitted your application you will not have the opportunity to change it.

Click **Print** to generate a printer-friendly version of this information.

When you have reviewed all information click the **Submit** tab to proceed.

This is screen 1 of 4 of the Review tab display.

Review

Oregon Health Authority [Print](#) [Contact Us](#) [Exit](#)

Wednesday 08/17/2011 2:31:16 PM PDT

Name **Applicant NPI**
Personal TIN/SSN **Payee TIN**

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

*The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the **Submit** Tab itself to finish the application process.*

[Print](#)

Status

Incomplete

R&A Verification

| Name | Applicant NPI |
|-----------------------------------|---------------|
| Personal TIN/SSN | Payee TIN |
| Payee NPI | |
| <hr/> | |
| Business Address <hr/> | |
| Business Phone <hr/> | |
| Incentive Program | State |
| MEDICAID | OR |
| <hr/> | |
| Eligible Professional Type | Physician |
| <hr/> | |

This is screen 2 of 4 of the Review tab display.

| | |
|--------------------------------------|-----|
| R&A Registration ID | |
| R&A Registration Email | |
| CMS EHR Certification Number | |
| Is this information accurate? | Yes |

| Contact Information | |
|------------------------------|------------------------------|
| Contact Name | mister tester |
| Contact Phone | 123 - 456 - 7890 Ext |
| Contact Email Address | anemailaddressimadeup@hp.com |

| Eligibility Questions (Part 1 of 3) | |
|---|------------|
| Are you a Hospital based eligible professional? | Yes |
| 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 the State of Oregon. | Yes |

| Eligibility Questions (Part 2 of 3) | |
|--|------------------|
| What type of provider are you? | Physician |
| Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state? | No |
| Are you currently in compliance with all parts of the HIPAA regulations? | Yes |

This is screen 3 of 4 of the Review tab display.

Are you licensed in all states in which you practice?

Yes

Are you subscribed to O-HITEC, Oregon's Regional Extension Center (REC) or another Extension Center for technical assistance?

No

Have you received technical assistance from another entity besides O-HITEC or another REC?

No

Eligibility Questions (Part 3 of 3)

CMS EHR Certification ID:

Patient Volume Practice Type (Part 1 of 3)

Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?

No

Please indicate if you are submitting volumes for:

Individual Practitioner

Patient Volume 90 Day Period (Part 2 of 3)

Start Date: Oct 01, 2010

End Date: Dec 29, 2010

This is screen 4 of 4 of the Review tab display.

| Patient Volume Individual (Part 3 of 3) | | | | | |
|---|-------------|---------------|---------|---|-----|
| Utilizing Certified EHR Technology? | Provider ID | Location Name | Address | Encounter Volumes | % |
| Yes | | | | Medicaid Only In State: 98 Total Medicaid: 98 Denominator: 100 | 98% |

| Sum Medicaid Only In State Encounter Volume <i>(Numerator)</i> | Sum Medicaid Encounter Volume <i>(Numerator)</i> | Total Encounter <i>(Denominator)</i> | Total % |
|---|---|---|---------|
| 98 | 98 | 100 | 98% |

| Attestation Phase (Part 1 of 3) | |
|-----------------------------------|----------|
| EHR System Adoption Phase: | Adoption |

| Attestation Phase (Part 3 of 3) | | | | | | | | | |
|---|---------------|---------------|------------------------|------------------------|--|--|--|--|--|
| <p>Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.</p> | Yes | | | | | | | | |
| <p>You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.</p> | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Provider ID</th> <th>Location Name</th> <th>Address</th> <th>Additional Information</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Provider ID | Location Name | Address | Additional Information | | | | | |
| Provider ID | Location Name | Address | Additional Information | | | | | | |
| | | | | | | | | | |

[Top](#)

Step 7 – Submit Your Application

The final submission of your application involves the following steps:

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

Questions – You will be asked a series of questions that do not affect your application. The answers will provide information to Oregon’s Medicaid EHR Incentive Program about program participation.

File Upload – You will have the opportunity to upload PDF files with documentation supporting your application. This information could include additional information on patient volume, locations, or your certified EHR system.

CMS is requiring that Oregon validate the eligibility criterion for Adopt/Implement/Upgrade by verifying at least one of the four following types of documentation:

- copy of a software licensing agreement
- contract
- invoices
- receipt that validates your acquisition

Vendor letters and other documents may also be submitted as a supplement to the items on the documentation list above. However, these supplemental documents will not satisfy program eligibility requirements on their own.

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

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

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

Name

Applicant NPI

Personal
TIN/SSN

Payee TIN

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

Submit Guidance Page

In this section, the MAPIR "Check Errors" panel displays validation messages that have occurred during the application process. If you have any validation messages, you will be prompted to review the specific information or response that may impact your program eligibility. You are still able to submit the application with these errors, but they may impact the approval determination and delay your processing time as additional information may be required.

A questionnaire is included in this section with voluntary questions that will help us understand providers' perspectives. Please take a few moments to complete this and provide us with your feedback.

You will have the opportunity to upload supporting documentation relevant to your attestation. Documentation may be uploaded only in Adobe PDF format, and must be no larger than 2MB in size.

Note: You will be required to provide your electronic signature on the **Application Submission Sign Electronically** page within MAPIR. This signature indicates the preparer's and the provider's confirmation that the information is correct.

After you have completed the electronic signature process, the **Submit Application** button will be presented. *You must select the **Submit Application** button to complete the application process. Your application will not be processed if you do not complete this step.*

For more detailed information please refer to the **Incentive Program Provider Manual**. If you practice predominantly in an FQHC/RHC, please refer to the **Incentive Program FQHC/RHC Provider Manual**. If you have any questions or concerns pertaining to your application and/or need to resolve an error, please contact the Incentive Program staff.

[Begin](#)

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

You can correct these errors or leave them as is. You can submit this application with errors; however, errors may impact your eligibility and incentive payment amount.

To correct errors:

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

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

The screenshot shows a web browser window titled "Submit" with the Oregon Health Authority logo. The page header includes "Print", "Contact Us", and "Exit" links, along with the date and time "Thursday 08/11/2011 12:27:01 PM PDT". Below the header, there are fields for "Name", "Personal TIN/SSN", "Applicant NPI", and "Payee TIN". A navigation bar contains tabs: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes" (checked), "Attestation" (checked), "Review", and "Submit". The main content area has a "Status" section with the word "Incomplete" in red. Below this, a text box explains that the MAPIR "Check Errors" panel displays errors and provides instructions on how to use the "Review", "Save & Continue", and "Submit" buttons. A specific error message is displayed: "As a Hospital based professional, you are not eligible to participate." Below this message are buttons for "Review" and "Save & Continue".

The Application Questionnaire screen includes optional questions. Answer the optional questions by selecting **Yes** or **No**.

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

Submit

Oregon Health Authority [Print](#) [Contact Us](#) [Exit](#)
Thursday 08/11/2011 12:27:34 PM PDT

Name **Applicant NPI**
Personal TIN/SSN **Payee TIN**

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

Application Questionnaire

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

Question 1:
Given the complexity of the incentive program requirements, did you find this application process easy to follow? Yes No

Question 2:
Did you visit our website (www.MedicaidEHRIncentives.oregon.gov) for program information or review our provider help manuals? Yes No

Question 3:
If you used the website or provider manual, did you find the information helpful? Yes No

Question 4:
Did you choose to include out-of-state patient encounters in your patient volume? Yes No

Question 5:
To be eligible for further incentive payments, you must meet meaningful use requirements. Are you planning on attesting to Meaningful Use in 2012? Yes No

Question 6:
Has your EHR system improved the quality of your patient care? Yes No

Question 7:
The remaining questions are related to your experience exchanging health information electronically: in the past year, have you used e-prescribing? Yes No

Question 8:
In the past year, have you sent lab orders or received lab results electronically?

Yes No

Question 9:
In the past year, have you exchanged health data electronically with an external, unaffiliated provider, clinic, or hospital?

Yes No

Question 10:
In the past year, have you submitted any immunization records electronically to Oregon's public health department?

Yes No

Previous

Reset

Save & Continue

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

Note: Only files that are in portable data format (PDF) and a maximum of 2 megabytes (MB) in size are acceptable documentation to upload.

The screenshot shows a web browser window with the Oregon Health Authority logo and navigation links (Print, Contact Us, Exit). The page title is "Application Submission (Part 1 of 2)". It contains a progress bar with buttons for "Get Started", "R&A/Contact Info", "Eligibility", "Patient Volumes", "Attestation", "Review", and "Submit". The main content area includes instructions on uploading files, a "Browse..." button, an "Upload File" button, and "Previous", "Reset", and "Save & Continue" buttons at the bottom.

Submit

Oregon Health Authority

Print Contact Us Exit

Thursday 08/11/2011 12:29:48 PM PDT

Name Applicant NPI
Personal TIN/SSN Payee TIN

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

Application Submission (Part 1 of 2)

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

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

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

All files must be in **PDF** format, and must be no larger than **2 MB** in size.

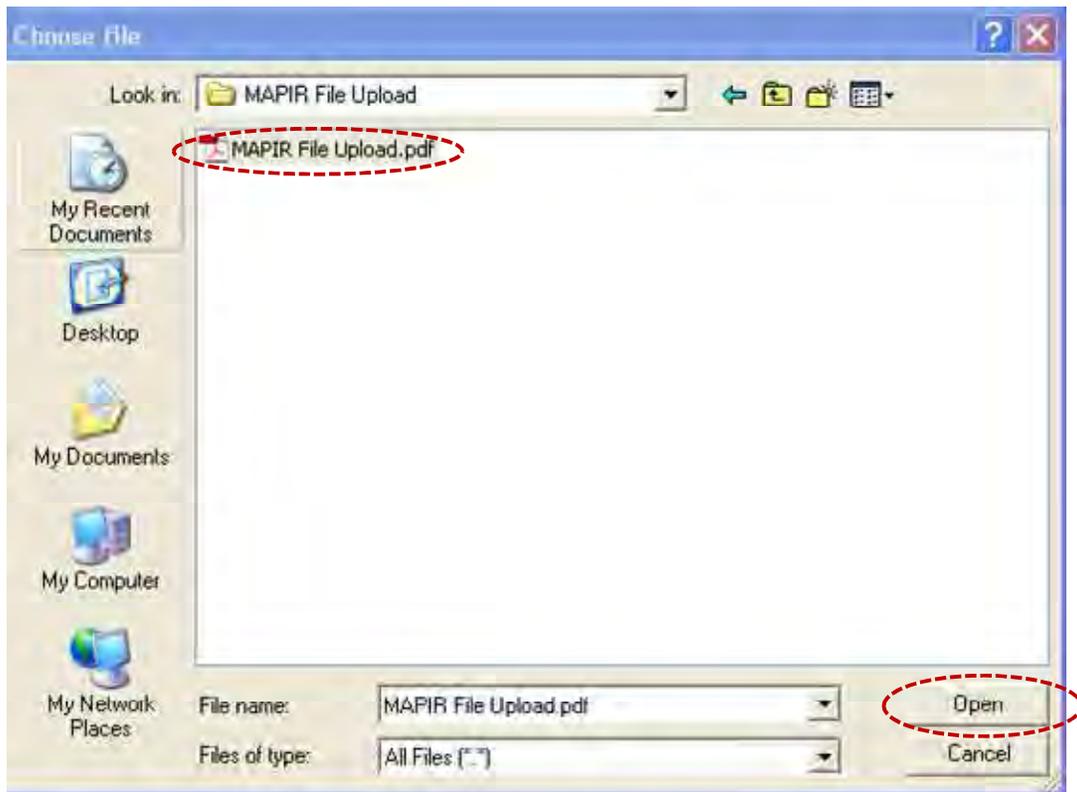
Browse...

Upload File

Previous Reset Save & Continue

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

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



Check the file name in the file name box.
Click **Upload File** to begin the file upload process.

The screenshot shows a web browser window with the title "Submit". The page header includes the Oregon Health Authority logo and navigation links for "Print", "Contact Us", and "Exit". The date and time are "Thursday 08/11/2011 12:29:48 PM PDT".

Below the header, there are input fields for "Name", "Applicant NPI", "Personal TIN/SSN", and "Payee TIN". A progress bar shows several steps: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes" (checked), "Attestation" (checked), "Review", and "Submit" (disabled).

The main content area is titled "Application Submission (Part 1 of 2)". It contains the following text:

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

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

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

All files must be in **PDF** format, and must be no larger than **2 MB** in size.

There is a text input field with a "Browse..." button to its right. Below the input field is an "Upload File" button.

At the bottom of the form are three buttons: "Previous", "Reset", and "Save & Continue".

Note the “File has been successfully uploaded.” message. Review the uploaded file list in the Uploaded Files box.

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

All of the files you uploaded will be listed in the **Uploaded Files** section of the screen.

To delete an uploaded file click **Delete** in the Available Actions column.

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

The screenshot shows the MAPIR application submission interface. At the top right, there are links for [Print](#), [Contact Us](#), and [Exit](#), along with the date and time: Tuesday 05/31/2011 12:15:15 PM CDT. Below this, a header section displays the user's information: Name (Personal TIN/SSN), Dr. Medicaid Provider (999999999), Applicant NPI (999999999), and Payee TIN (999999999). A navigation bar contains buttons for [Get Started](#), [R&A/Contact Info](#) (checked), [Eligibility](#) (checked), [Patient Volumes](#) (checked), [Attestation](#) (checked), [Review](#), and [Submit](#).

The main content area is titled "Application Submission (Part 1 of 2)". It contains instructions: "You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files." Below this is a blue box with instructions: "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." Further down, it says "To upload a file, type the full path or click the **Browse...** button." and "All files must be in **PDF** format, and must be no larger than **2 MB** in size." There is a text input field and a [Browse...](#) button, followed by an [Upload File](#) button.

The "Uploaded Files" section contains a table with the following data:

| File Name | File Size | Date Uploaded | Available Actions |
|-----------------------|-----------|---------------|------------------------|
| MAPIR File Upload.pdf | 57801 | 05/31/2011 | Delete |

Below the table, a red message states: "• File has been successfully uploaded." At the bottom of the form, there are three buttons: [Previous](#), [Reset](#), and [Save & Continue](#).

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

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

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

The screenshot shows a web browser window with the title "Submit". The page header features the "Oregon Health Authority" logo on the left and navigation links for "Print", "Contact Us", and "Exit" on the right. Below the header, the date and time "Thursday 08/11/2011 12:30:07 PM PDT" are displayed. The main content area is divided into two columns: "Name" and "Applicant NPI" on the top row, and "Personal TIN/SSN" and "Payee TIN" on the bottom row. A horizontal menu contains buttons for "Get Started", "R&A/Contact Info", "Eligibility", "Patient Volumes", "Attestation", "Review", and "Submit". The "Application Submission (Part 1 of 2)" section contains the text "Please answer the following questions." and a blue instruction box: "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." Below this is a red asterisk note: "(*) Red asterisk indicates a required field." A checkbox is followed by the text: "*By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel)." Below that, a radio button selection is provided: "*Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:" with options for "Provider" and "Preparer". At the bottom of the form are three buttons: "Previous", "Reset", and "Save & Continue".

This screen depicts **Provider** selection.

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

Submit

Oregon Health Authority

Print Contact Us Exit

Thursday 08/11/2011 12:30:07 PM PDT

Name Applicant NPI
Personal TIN/SSN Payee TIN

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

Application Submission (Part 1 of 2)

Please answer the following questions.

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

(*) Red asterisk indicates a required field.

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

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

Previous Reset Save & Continue

This screen depicts the Provider signature screen.

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

Click **Sign Electronically** to proceed.

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

Name
Personal TIN/SSN

Applicant NPI
Payee TIN

[Get Started](#)

[R&A/Contact Info](#)

[Eligibility](#)

[Patient Volumes](#)

[Attestation](#)

[Review](#)

[Submit](#)

Application Submission (Part 2 of 2)

As the actual **provider** who has completed this application, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.

I understand that the Medicaid EHR incentive payments submitted under this provider number will be from federal funds, and that any falsification, or concealment of a material fact may be prosecuted under federal and state laws.

The Medicaid EHR Incentive Program staff may ask for additional information on anything submitted as part of this incentive payment application. The Oregon Health Authority and Department of Human Services will pursue repayment in all instances of improper or duplicate payment.

(*) Red asterisk indicates a required field.

Electronic Signature of Provider Receiving Incentive Payment:

* **Provider Initials:** * **NPI:** * **Personal TIN:**

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

[Previous](#)

[Reset](#)

[Sign Electronically](#)

This screen depicts the signature screen for a Preparer on behalf of the provider. As the preparer of this application on behalf of the provider, please attest to the accuracy of all information entered.

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

The screenshot shows a web application interface for MAPIR. At the top right, there are links for 'Print', 'Contact Us', and 'Exit', along with the date and time: 'Tuesday 05/31/2011 12:51:05 PM CDT'. A red box with an 'X' is drawn over the top left corner. Below the header, the user information is displayed: 'Name Personal TIN/SSN' with the value 'Dr. Medicaid Provider 999999999', and 'Applicant NPI Payee TIN' with the value '999999999 999999999'. A navigation bar contains buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Application Submission (Part 1 of 2)' and contains the following text: 'Please answer the following questions.' followed by a blue box with instructions: '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.' Below this is a red asterisk note: '(*) Red asterisk indicates a required field.' The next section has a checked checkbox with the text: '*By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel)'. Below that is a radio button selection: '*Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:' with 'Provider' and 'Preparer' options. At the bottom, there are three buttons: 'Previous', 'Reset', and 'Save & Continue'. Red dashed circles highlight the checkbox, the 'Preparer' radio button, and the 'Save & Continue' button.

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

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

Click **Sign Electronically** to review your selection, or click **Previous** to return.

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

Print Contact Us Exit
Tuesday 05/31/2011 12:51:44 PM CDT

Name Personal TIN/SSN Dr. Medicaid Provider 999999999
Applicant NPI Payee TIN 999999999

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

Application Submission (Part 2 of 2)

As the *preparer* of this location on behalf of the provider, please *attest* to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.
State specific text to support the attestation

(*) Red asterisk indicates a required field.

Electronic Signature of Preparer:

* Preparer Name: Professional Preparer * Preparer Relationship: Preparer

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

Previous Reset Sign Electronically

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

No information is required on this screen.

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

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

Click **Submit Application** to continue.

Submit
Print Contact Us Exit



Thursday 08/11/2011 12:45:02 PM PDT

Name
Personal
TIN/SSN

Get Started

Applicant NPI
Payee TIN

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

Application Submission (Part 2 of 2)

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

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

| | CY 2011 | CY 2012 | CY 2013 | CY 2014 | CY 2015 | CY 2016 |
|---------|----------|----------|----------|----------|----------|----------|
| CY 2011 | \$21,250 | | | | | |
| CY 2012 | \$8,500 | \$21,250 | | | | |
| CY 2013 | \$8,500 | \$8,500 | \$21,250 | | | |
| CY 2014 | \$8,500 | \$8,500 | \$8,500 | \$21,250 | | |
| CY 2015 | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$21,250 | |
| CY 2016 | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$21,250 |
| CY 2017 | | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$8,500 |
| CY 2018 | | | \$8,500 | \$8,500 | \$8,500 | \$8,500 |
| CY 2019 | | | | \$8,500 | \$8,500 | \$8,500 |
| CY 2020 | | | | | \$8,500 | \$8,500 |
| CY 2021 | | | | | | \$8,500 |
| TOTAL | \$63,750 | \$63,750 | \$63,750 | \$63,750 | \$63,750 | \$63,750 |

Submit Application

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

No information is required on this screen.

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

Click **Submit Application**.

[Print](#) [Contact Us](#) [Exit](#)
 Tuesday 05/31/2011 12:48:09 PM CDT

Name Dr. Medicaid Provider
Personal TIN/SSN 999999999

Applicant NPI 999999999
Payee TIN 999999999

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

Application Submission (Part 2 of 2)

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

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

| | CY 2011 | CY 2012 | CY 2013 | CY 2014 | CY 2015 | CY 2016 |
|--------------|----------|----------|----------|----------|----------|----------|
| CY 2011 | \$14,167 | | | | | |
| CY 2012 | \$5,667 | \$14,167 | | | | |
| CY 2013 | \$5,667 | \$5,667 | \$14,167 | | | |
| CY 2014 | \$5,667 | \$5,667 | \$5,667 | \$14,167 | | |
| CY 2015 | \$5,667 | \$5,667 | \$5,667 | \$5,667 | \$14,167 | |
| CY 2016 | \$5,665 | \$5,667 | \$5,667 | \$5,667 | \$5,667 | \$14,167 |
| CY 2017 | | \$5,665 | \$5,667 | \$5,667 | \$5,667 | \$5,667 |
| CY 2018 | | | \$5,665 | \$5,667 | \$5,667 | \$5,667 |
| CY 2019 | | | | \$5,665 | \$5,667 | \$5,667 |
| CY 2020 | | | | | \$5,665 | \$5,667 |
| CY 2021 | | | | | | \$5,665 |
| TOTAL | \$42,500 | \$42,500 | \$42,500 | \$42,500 | \$42,500 | \$42,500 |

Submit Application

The check indicates your application has been successfully submitted.
Click **OK**.

 [Print](#) [Contact Us](#) [Exit](#)
Friday 09/16/2011 5:43:12 PM PDT

| | |
|------|--------------|
| Name | NPI |
| CCN | Hospital TIN |

[Current Status](#) [Review Application](#)



Your application has been successfully submitted, and will be processed within 30 business days.
You will receive an email message when processing has been completed.

When your application has been successfully submitted, you will see the application status of Submitted.

Click **Exit** to exit MAPIR.

The screenshot shows the Oregon Health Authority MAPIR application status page. At the top left is the Oregon Health Authority logo. At the top right are links for "Print", "Contact Us", and "Exit", along with the date and time: "Friday 09/16/2011 9:44:01 AM PDT". Below the header, there are labels for "Name", "NPI", "CCN", and "Hospital TIN". Two tabs are visible: "Current Status" and "Review Application". The "Review Application" tab is active, showing the application status as "Submitted". To the right of the status is the logo for the "INCENTIVE PROGRAM". Below the status, there is a section titled "Navigation Buttons" with three bullet points: "Save and Continue", "Previous", and "Reset".

Current Status **Review Application**

Name: _____ NPI: _____
CCN: _____ Hospital TIN: _____

Status: **Submitted**

Select **Review Application** to view the information that was entered on the application that was submitted.

Navigation Buttons

- **Save and Continue:** After entering your information on a screen, you must select the Save and Continue button 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 information on the screen, the **Reset** button will return the data to the last saved information.

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

The screenshot shows a message box with a red border and a red 'X' in the top left corner. The text inside the box reads: "Your session has ended. To complete the log out process, you must close your browser." followed by a red dashed arrow pointing left. The date and time "Tuesday 05/31/2011 3:35:26 PM CDT" are visible in the top right corner. Below the message box is a "MAPIR" tab.

Tuesday 05/31/2011 3:35:26 PM CDT

MAPIR

[Exit MAPIR](#)

Your session has ended. To complete the log out process, you must close your browser. ←

Post Submission Activities

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

Most applications are requiring some additional clarification or documentation from applicants. Therefore, after you submit your application, you should anticipate getting a communication from program staff asking for some additional documentation.

Once your application has been completely reviewed, you have provided any necessary supplemental documentation, and your application is approved, you will then receive your payment within 45 days of approval.

Your payment will be processed as an Electronic Fund Transfer, and will be indicated on the Provider Remittance Advice (RA) as Systems Payouts – Non-claim specific.

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

Name: Applicant NPI:
Personal TIN/SSN: Payee TIN:

[Current Status](#) [Review Application](#) [Submission Outcome](#)

Name:

Applicant NPI:

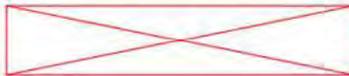
Status:



Navigation Buttons

- **Save and Continue:** After entering your information on a screen, you must select the Save and Continue button 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 information on the screen, the **Reset** button will return the data to the last saved information.

You can click the **Submission Outcome** tab to view the results of submitting your application.



Name: Dr. Medicaid Provider
Personal TIN/SSN: 999999999

Applicant NPI: 999999999
Payee TIN: 999999999

[Current Status](#) [Review Application](#) [Submission Outcome](#)

 The MAPIR "Review" panel displays the information that you have entered to date for your application. Select "Print" to generate a printer friendly version of this information.

Status
Completed

Payment Amount
You have been approved to receive a payment in the amount of \$21,250.00

Provider Information
Name: Dr. Medicaid Provider
Applicant NPI: 999999999

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

| Status | Definition |
|------------------------------|---|
| Submitted | The provider has completed attestation and clicked Submit. The application is locked to prevent editing and no further changes can be made. |
| Pended for Review | The application is ready for a manual review by the Medicaid EHR Incentive Program staff before proceeding to the payment process. |
| Review Complete | The Medicaid EHR Incentive Program staff reviews the "Pended for Review" applications and determines that the provider is eligible for the incentive payment pending a final CMS check. |
| Payment Approved | A determination has been made that the application has been approved for payment. |
| Payment Requested | A payment request transaction has been sent to the MMIS to generate a financial remittance to the provider. |
| Payment Disbursed | The remittance advice data has been received by MAPIR. |
| Appeal Initiated – Review | An appeal has been lodged with the proper state authority by the provider and Medicaid EHR Incentive Program staff has been notified of the action. |
| Appeal Approved – Adjustment | The adjustment appeal has been approved and Medicaid EHR Incentive Program staff has been notified of the action and provided with the amount to process the adjustment. |
| Appeal Denied | The appeal has been denied and Medicaid EHR Incentive Program staff has been notified of the action. |
| Denied | A determination has been made that the provider does not qualify for an incentive payment based on one or more of the eligibility rules. |
| Completed | The application has run a full standard process and completed successfully with a payment to the provider. |
| Canceled | MAPIR has received an INACTIVE notification from the R&A. No further activity is allowed. |

Additional User Information

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

Start Over and Delete All Progress - If you would like to start your application over from the beginning you can click the Get Started tab. Click the [here](#) link on the screen to start over from the beginning. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

The screenshot displays the Oregon Health website interface. At the top left is the "Oregon Health" logo. On the top right, there are links for "Print", "Contact Us", and "Exit", along with the date and time: "Friday 09/16/2011 4:17:40 PM PDT". Below the header, there are input fields for "Name", "Applicant NPI", "Personal TIN/SSN", and "Payee TIN". A navigation bar contains tabs: "Get Started", "R&A/Contact Info", "Eligibility", "Patient Volumes", "Attestation", "Review", and "Submit". The "Review" tab is currently selected. The main content area shows the "Name:" field, "Applicant NPI:" field, and a "Status:" section with "Incomplete" and "Continue" buttons. A link labeled "here" is provided for starting over. To the right is the "EHR INCENTIVE PROGRAM" logo. Below the status section is a "Get Started Guidance Page" with a welcome message and tips. A "Navigation Buttons" box on the right lists: "Save and Continue", "Previous", and "Reset".

Name:

Applicant NPI:

Status:

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

Get Started Guidance Page

Welcome to Oregon's **MAPIR** system where you can apply for Medicaid Electronic Health Record (EHR) Incentive payments.

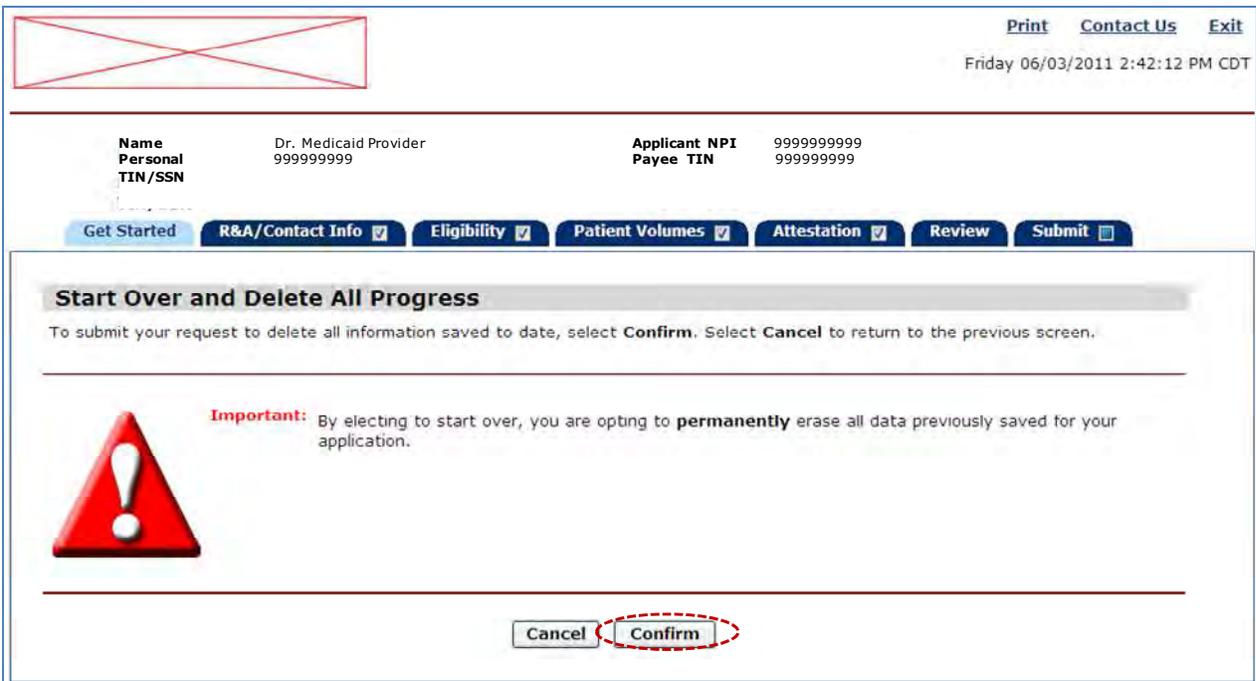
Tips: Please read the following tips to assist you in this process.

1. Review the [requirements and workflow](#) for Oregon's Medicaid EHR

Navigation Buttons

- **Save and Continue:** After entering your information on a screen, you must select the Save and Continue button 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 information on the screen, the **Reset** button will return the data to the last saved information.

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



Print Contact Us Exit
Friday 06/03/2011 2:42:12 PM CDT

| | | | |
|-----------------------|---------------------------------|-------------------------|---------------------|
| Name Personal TIN/SSN | Dr. Medicaid Provider 999999999 | Applicant NPI Payee TIN | 999999999 999999999 |
|-----------------------|---------------------------------|-------------------------|---------------------|

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

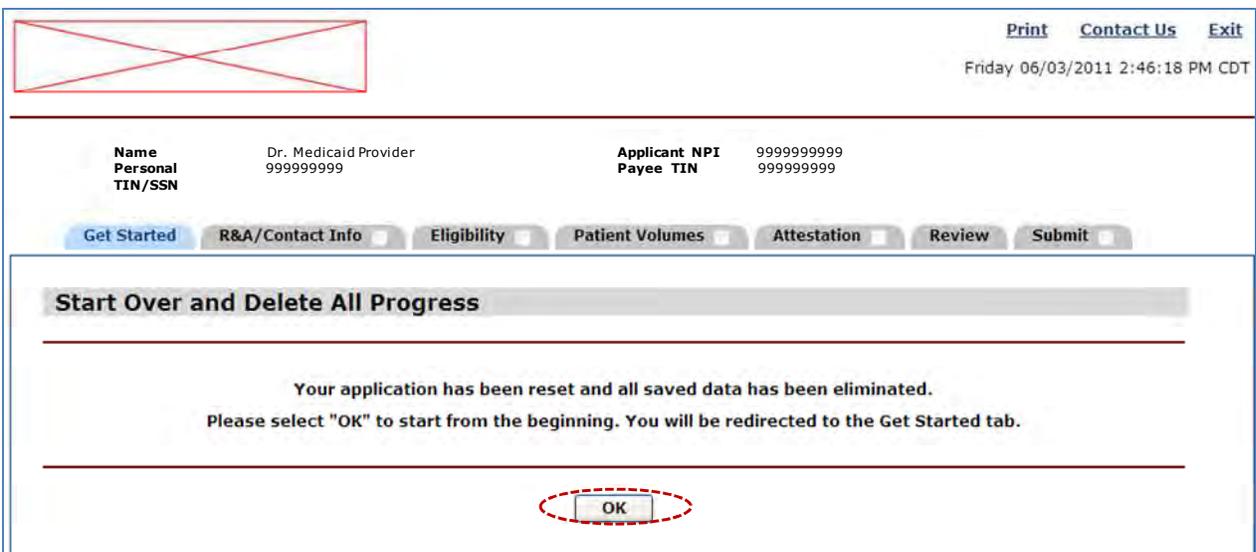
Start Over and Delete All Progress

To submit your request to delete all information saved to date, select **Confirm**. Select **Cancel** to return to the previous screen.

 **Important:** By electing to start over, you are opting to **permanently** erase all data previously saved for your application.

Cancel **Confirm**

If you clicked **Confirm** you will receive the following confirmation message. To continue, click **OK**.



Print Contact Us Exit
Friday 06/03/2011 2:46:18 PM CDT

| | | | |
|-----------------------|---------------------------------|-------------------------|---------------------|
| Name Personal TIN/SSN | Dr. Medicaid Provider 999999999 | Applicant NPI Payee TIN | 999999999 999999999 |
|-----------------------|---------------------------------|-------------------------|---------------------|

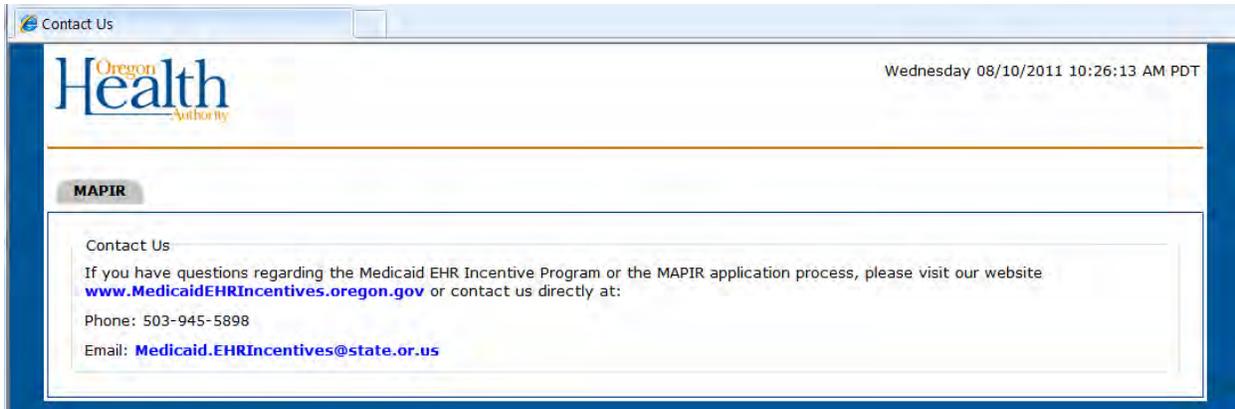
Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Start Over and Delete All Progress

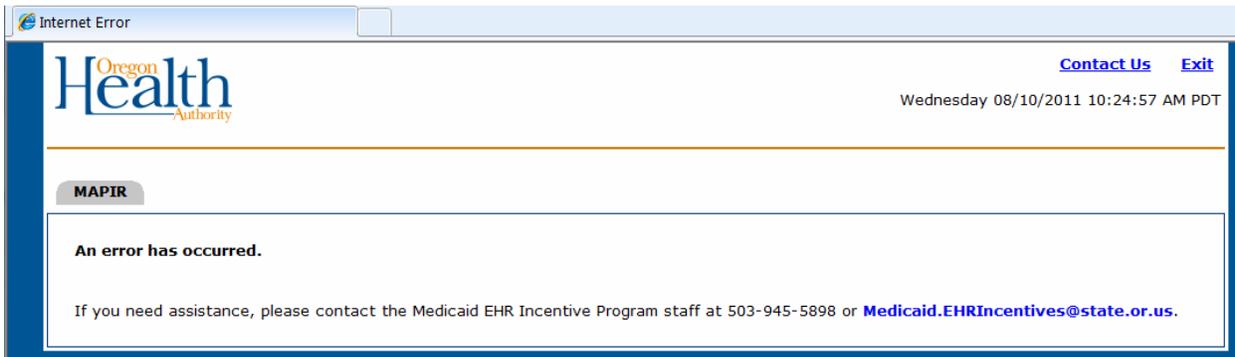
Your application has been reset and all saved data has been eliminated.
Please select "OK" to start from the beginning. You will be redirected to the Get Started tab.

OK

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



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



Validation Messages –The following is an example of the validation message – **You have entered an invalid CMS EHR Certification ID.** Check and reenter your CMS EHR Certification ID. The Validation Messages Table lists validation messages you may receive while using MAPIR.

The screenshot shows a web application interface with a navigation bar at the top containing links for [Print](#), [Contact Us](#), and [Exit](#). The date and time are displayed as Thursday 06/02/2011 2:11:22 PM CDT. Below the navigation bar, user information is displayed: Name Personal TIN/SSN: Dr. Medicaid Provider 999999999; Applicant NPI: 999999999; Payee TIN: 999999999. A series of tabs are visible: **Get Started**, **R&A/Contact Info**, **Eligibility** (selected), **Patient Volumes**, **Attestation**, **Review**, and **Submit**. The main content area is titled "Eligibility Questions (Part 3 of 3)". It contains instructions: "The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number." Below this is a blue box with instructions: "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." A red asterisk indicates a required field. The prompt reads: "Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:". The input field contains "0000000000000000" and a red error message below it says "(No dashes or spaces should be entered.)". At the bottom, a red error message states: "• You have entered an invalid CMS EHR Certification ID. ←-----". Three buttons are at the bottom: **Previous**, **Reset**, and **Save & Continue**.

Validation Messages Table

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

Acronyms and Terms

CHIP – Children’s Health Insurance Program

CHPL – ONC Certified Healthcare IT Product List

CMS – Centers for Medicare and Medicaid Services

EH – Eligible Hospital

EHR –Electronic Health Record

EP – Eligible Professional

FQHC/RHC – Federally Qualified Health Center/Rural Health Clinic

MAPIR – Medical Assistance Provider Incentive Repository

NPI – National Provider Identifier

ONC – Office of the National Coordinator for Health Information Technology

R&A – CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System

TIN – Taxpayer Identification Number