FMMIS/DSS Fiscal Agent Operations
Medical Assistance Provider Incentive Repository (MAPIR)

Part 1 – Getting Started to Patient Volumes for Eligible Professionals

Version 6.2
January 30, 2020

Agency for Health Care Administration
2562 Executive Center Circle E. Suite 100
Tallahassee, FL 32301

DXC Technology
2562 Executive Center Circle E. Suite 200
Tallahassee, FL 32301
### Document Information Page

<table>
<thead>
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<td>Document ID:</td>
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<tr>
<td>Version:</td>
<td>Version 6.2</td>
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<tr>
<td>QA Reviewer:</td>
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<td>QA Review Approval Date:</td>
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<tr>
<td>Location:</td>
<td>Located in iTRACE.</td>
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<tr>
<td>Owner:</td>
<td>FMMIS/DSS PMO</td>
</tr>
<tr>
<td>Author:</td>
<td>Matthew Nelsen (<a href="mailto:matthew.nelsen@dxc.com">matthew.nelsen@dxc.com</a>)</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Dylan Dunlap</td>
</tr>
<tr>
<td>Approval Date:</td>
<td>2/3/2020</td>
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Note: The controlled master of this document is available online via iTRACE.
Amendment History Page

Refer to the MAPIR Administrative User Manual Revision Log for an archived history of the revisions made to this manual.

Summary of Recent Changes

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<tr>
<td>Version 5.6</td>
<td>April 8, 2016</td>
<td>Mitch Shepard</td>
<td>Split the MAPIR Eligible Professionals User Guide v5.5 into 4 separate parts:</td>
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<tr>
<td>Version 6.0</td>
<td>October 30, 2017</td>
<td>Matthew Nelsen</td>
<td>Updated for MAPIR Eligible Professionals User Guide v6.0 as documented in CO 118076. Added:</td>
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<td>• Part 2C.</td>
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<td>• Removed Part 2A and Part 2B because programs are expired; and</td>
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<td>• Renamed Part 2C “Part 2” and updated for Program Year 2018.</td>
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<td>• Removed developer-targeted instructions from content;</td>
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<td>• Removed references to manuals for Part 2A and 2B;</td>
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<td>• Added Florida-specific reference to “Florida Medicaid Secure Web Portal” and “MMIS”;</td>
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<td>• Updated screenshots;</td>
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<td>• Removed developer-targeted instructions from screenshots; and</td>
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<td>• Added text to Step 1: “Getting Started”.</td>
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<tr>
<td>Document Version #</td>
<td>Modified Date</td>
<td>Modified By</td>
<td>Section, Page(s) and Text Revised</td>
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• Updated section “Step 1 – Getting Started”;  
• Updated section “Step 2 – Confirm R&A and Contact Info”;  
• Updated section “Step 3 – Eligibility”;  
• Updated section “Step 4 – Patient Volumes” and the following subsections: Patient Volume Practice Type (Part 1 of 3) and Patient Volume 90 Day Period (Part 2 of 3);  
• Updated section “Patient Volume – Individual”;  
• Updated section “Patient Volume – Practitioner Panel (Individual & FQHC/RHC)” ;  
• Updated section “Patient Volume – Group”;  
• Updated section “Patient Volume – FQHC/RHC Individual”; and  
• Updated section “Patient Volume – FQHC/RHC Group”.

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Introduction

The American Recovery and Re-investment Act of 2009 was enacted on February 17, 2009. This act provides for incentive payments to Eligible Professionals (EP), Eligible Hospitals (EH), and Critical Access Hospitals to promote the adoption and meaningful use of interoperable health information technology and qualified electronic health records (EHR).

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

Per the final federal rule, Eligible Professionals under the Medicaid EHR Incentive Program include:

1. Physicians (primarily doctors of medicine and doctors of osteopathy);
2. Nurse practitioners;
3. Certified nurse-midwives;
4. Dentists; and
5. Pediatricians.

Physician assistants who furnish services in a Federally Qualified Health Center or Rural Health Center that is led by a physician assistant

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an Eligible Professional must meet one (1) of the following criteria:

1. Have a minimum 30% Medicaid patient volume;
2. Have a minimum 20% Medicaid patient volume, and is a pediatrician; and
3. Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals.

**Note:**

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

To apply for the Medicaid EHR Incentive Payment Program, Eligible Professionals must first register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A). Once registered, they can submit an application and attest online using MAPIR.

This manual provides step-by-step directions for using MAPIR and submitting your application to the Medicaid EHR Incentive Payment Program.
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References Related MAPIR Documentation


To review Submission and Review of the application, see MAPIR User Guide for EP Part 3.

To review the MAPIR Review tab to Application Submission, see MAPIR User Guide for EP Part 4.
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1 Before You Begin

There are several pre-requisites to applying for state 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 state Medicaid communications.

3. Gather the necessary information to facilitate the completion of the application and attestation process.

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

1.1 Complete Your R&A Registration

You must register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (also known as R&A) before accessing MAPIR. If you access MAPIR and have not completed this registration, you will receive the following screen.

Please access the federal 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
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.

1.2 Changes to Your R&A Registration

Please be aware that when accessing your R&A registration information, should any changes be initiated but not completed, the R&A may report “Registration in Progress”. This will result in your application being placed in a hold status within MAPIR until the R&A indicates that any pending changes have been finalized. You must complete your registration changes on the R&A website prior to accessing MAPIR or certain capabilities will be unavailable. For example, it will not be possible to submit your application, create a new application, or abort an incomplete application. If you access MAPIR to perform the above activities and have not completed your registration changes, you will receive the following screen.

Should the R&A report your registration “Registration in Progress” and an application be incomplete or under review (following the application submission), MAPIR will send an email message reporting that such notification has been received if a valid email address was provided by either the R&A, or by the provider on the incentive application in MAPIR. Please allow at least two (2) days from the time you complete your federal registration changes before accessing MAPIR due to the necessary exchange of data between these two systems.

Identify One Individual to Complete the MAPIR Application

MAPIR is accessed via the Florida Medicaid Secure Web Portal. Once an individual has started the MAPIR application process with their Internet/portal account, they cannot switch to another
account during that program year. MAPIR will allow the user to save the information entered and return later to complete an application; however, only the same individual’s Internet/portal account will be permitted access to the application once it has been started.

Gather the Necessary Information to Facilitate the Completion of the Required Data

MAPIR will request specific information when you begin the application process. To facilitate the completion of the application, it is recommended that you understand what information will be required. At a minimum, you should have the following information available:

- Information submitted to the R&A;
- Medicaid Patient Volume and associated timeframes; and
- The CMS EHR Certification ID that you obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (https://chpl.healthit.gov/).
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2 Using MAPIR

MAPIR uses a tab arrangement to guide you through the application. You must complete the tabs in the order presented. You can return to previous tabs to review the information or make modifications until you submit the application. You cannot proceed without completing the next tab in the application progression, with the exception of the Get Started and Review tabs which you can access anytime.

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

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

A Print link is displayed in the upper right-hand corner of most screens to allow you to print information entered.

You can also use your Internet browser print function to print screen shots at any time within the application.

There is a Contact Us link with contact instructions should you have questions regarding MAPIR or the Medicaid Incentive Payment 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 left).

You should use the Save & Continue button on the screen before exiting or data entered on that screen will be lost.

The Previous button always displays the previous MAPIR application window without saving any changes to the application.

The Reset button will restore all unsaved data entry fields to their original values.

The Clear All button will remove standard activity selections for the screen in which you are working.
A (*) red asterisk indicates a required field. Help icons, located next to certain fields, display help content specific to the associated field when you hover the mouse over the icon.

**Note:**
Use the MAPIR Navigation buttons in MAPIR to move to the next and previous screens. Do not use the browser buttons as this could result in unexpected results.

As you complete your incentive application, you may receive validation messages requiring you to correct the data you entered. These messages will appear above the navigation button. See the Additional User Information section for more information.

Many MAPIR screens contain help icons to give the provider additional details about the information being requested. Moving your cursor over the will reveal additional text providing more details.
Step 1  Getting Started

Log in to the state portal and locate the MAPIR link.

Click the link to access the MAPIR screen.

The screen on the following page is the Medicaid EHR Incentive Program Participation Dashboard. This is the first screen you will access to begin the MAPIR application process.

This screen displays your incentive applications. The incentive applications that you are eligible to apply for are enabled. Your incentive applications that are in a Completed status are also enabled; however, you may only view these applications.

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

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

The Stage is automatically associated with a stage of Meaningful Use that is required by the current CMS rules, or by the rules that were in effect at the time when the application was submitted. This column displays the Stage and Attestation Phase attained by the current and previous applications. The Stage column will be blank for incentive applications in a Not Started status.

The Payee TIN link can be selected to view a status summary table of all providers associated with your Payee TIN.
If you click on the Payee TIN link, a status summary table on the Payee TIN Application Report screen will display. The information in the status summary table is based upon recent incentive applications that share your Payee TIN.

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

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

The information in the status summary table is read only and can be extracted into a CSV file by clicking the Extract to CSV file button.
Click the **Return to Dashboard** button to navigate back to the MAPIR Dashboard.

For further information on the Meaningful Use stages, please see the EP Manual on the Attestation tab for the associated program year.

If it is your first year participating (Payment Year 1), the Stage column will be blank. Once you have submitted the incentive application, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

If it is not your first year participating (Payment Year greater than 1), the Stage column will only display the Stage, not the Attestation Phase, until you submit the incentive application.

**Note:**

*MAPIR will only load and store Payment Years greater than 6.*

The **Status** will vary, depending on your progress with the incentive application. The first time you access the system, the status should be **Not Started**. From this screen you can choose to edit and view incentive applications in an Incomplete or Not Started status. You can only view incentive applications that are in a Completed, Denied, or Expired status.

Also from this screen, you can choose to abort an incentive application that is in an **Incomplete** status. When you click **Abort** on an incentive application, all progress will be eliminated for the incentive application.

When an incentive application has completed the payment process, the status will change to **Completed**.

The screen on the following page displays an EP that is in the second year of Stage 1. The Attestation Phase is not displayed because the incentive application has not been submitted. Select an application and click **Continue**.
**Note:**

A state may allow a grace period which extends the specific Payment Year for a configured length of time. If two (2) applications are showing for the same Payment Year, but different Program Years, one of your incentive applications is in the grace period. In this situation, the following message will display at the bottom of the screen:

**You are in the grace period for program year <Year> which began on <Date> and ends on <Date>. The grace period extends the amount of time to submit an application for the previous program year. You have the option to choose the previous program year or the current program year.**

You may only submit an application for one (1) Program Year so once you select the application, the row for the application for the other Program Year will no longer display. If the incentive application is not completed by the end of the grace period, the status of the application will change to *Expired* and you will no longer have the option to submit the incentive application for that Program Year.

The R&A Not Registered or In Progress screen displays a status of *Not Registered at R&A* to indicate that you have not registered at the R&A, or the information provided during the R&A registration process does not match that on file with the State Medicaid Program. A Status of *Registration In Progress* indicates that you have initiated but not completed R&A registration changes. If you feel this status is not correct you can click the Contact Us link in the upper right for information on contacting the State Medicaid program office. A status of *Not Started* indicates that the R&A and Florida Medicaid Management Information System (FMMIS) 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.

You cannot begin an incentive application while a multi-year adjustment is pending. If a financial adjustment is in process for one (1) or more program year incentive applications, you may be required to review and approve the adjustment. The Medicaid EHR Incentive Program Participation Dashboard will display the following message and button.

![A financial adjustment is in process for one or more program year applications and may require your approval. Please select Review Adjustment for further information.](image)

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

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

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

The system will perform an online validation of the CMS EHR Certification ID you entered.
Note:
As of July 1, 2015, CMS retired the 2011 Edition CEHRT IDs. This means that if you were issued a 2011 Edition CEHRT ID you may now be using a system that has since then been retired from the Certified Health IT Product List (CHPL). If all the following apply to you, MAPIR will bypass the online validation of the CMS EHR Certification ID, allowing you to use your 2011 Edition CEHRT ID:

- Your Incentive application was started in MAPIR Release 5.5 or higher.
- Your incentive application has a Program Year 2011 through 2014.
- Your CEHRT ID entered is a 2011 Edition.

After Program Year 2014, MAPIR will no longer bypass the online validation described above.

In the 2017 Program Year, you will need to attest to Modified Stage 2 or Stage 3 Meaningful Use for a 2014 or 2015 Edition CEHRT. In Program Year 2018 and subsequent program years, you will attest to Stage 3 only.

A CMS EHR Certification ID can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (https://chpl.healthit.gov/).

This screen confirms you successfully entered your CMS EHR Certification ID. Click Next to continue, or click Previous to go back.
### Note:

MAPIR will no longer display options for Stage 2 attestation for Program Year 2019 or higher incentive applications. Stage 3 attestation is required.

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

If you click **Exit** or close the browser prior to clicking the **Get Started** button, you will lose the data you entered on the previous screens.
If you selected an incentive application that you are not associated with, you will receive a message indicating a different Internet/Portal account has already started the Medicaid EHR Incentive Payment Program application process and that the same Internet/Portal account must be used to access the application for this Provider ID. If you are the new user for the provider and want to access the previous applications, you will need to contact your <Single State Defined ID> for assistance.

Click **Confirm** to associate the current Internet/Portal account with this incentive application.
The *Get Started* screen contains information that includes your *Name* and *Applicant NPI*. Also included is the current status of your incentive application.

Click **Continue** to proceed to the R&A/Contact Info section.
Step 2  Confirm R&A and Contact Info

When you completed the R&A registration, your registration information was sent to the State Medicaid program. This section will ask you to confirm the information sent by the R&A and matched with the State Medicaid program information. It is important to review this information carefully. The R&A information can only be changed at the R&A but Contact Information can be changed at any time prior to application submission.

The initial R&A/Contact Info screen contains information about this section.

Click **Begin** to access the R&A/Contact Info screen to confirm information and to enter your contact information.
See the Using MAPIR section of this guide for information on using the Print, Contact Us, and Exit links.

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

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

After reviewing the information click Yes or No.

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

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

**(*) Red asterisk indicates a required field.**

### Primary Contact

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<tr>
<td>First Name</td>
<td>Dr. Medicaid Provider</td>
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<tr>
<td>Phone</td>
<td>999 999 9999</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:Provider@email.com">Provider@email.com</a></td>
</tr>
<tr>
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<td>Healthcare</td>
</tr>
<tr>
<td>Address Line 1</td>
<td>1234 waters edge dr</td>
</tr>
<tr>
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<tr>
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### Alternate Contact

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<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

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.
This screen confirms you successfully completed the R&A/Contact Info section.

Note the check box located in the R&A/Contact Info tab. You can return to this section to update the Contact Information at any time prior to submitting your application.

Click **Continue** to proceed to the Eligibility section.
Step 3  Eligibility

The Eligibility section will ask questions to allow the State Medicaid program to make a determination regarding your eligibility for the Medicaid EHR Incentive Payment Program. 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).
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.
This screen will ask questions to determine your eligibility for the EHR Medicaid Incentive Payment Program. Please select your provider type from the list and answer the questions.

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

<table>
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<td>Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.</td>
</tr>
<tr>
<td>When ready click the <strong>Save &amp; Continue</strong> button to review your selection, or click <strong>Previous</strong> to go back. Click <strong>Reset</strong> to restore this panel to the starting point.</td>
</tr>
</tbody>
</table>

(*) 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 led by a Physician Assistant

- **Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?**
  - [ ] Yes
  - [X] 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
This screen confirms you successfully completed the *Eligibility* section.
Note the check box in the *Eligibility* tab.
Click **Continue** to proceed to the Patient Volumes section.
Step 4 Patient Volumes

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

There are three (3) parts to Patient Volumes:

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

The initial Patient Volumes screen contains information about this section.

Click Begin to proceed to the Patient Volume Practice Type (Part 1 of 3) screen.
Step 4.1 Patient Volume Practice Type (Part 1 of 3)

Patient Volume Practice Type (Part 1 of 3) contains two (2) 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.
Step 4.2 Patient Volume 90 Day Period (Part 2 of 3)

For all practice types MAPIR will ask you to enter the start date of the ninety (90) day patient volume reporting period in which you will demonstrate the required Medicaid patient volume participation level.

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

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

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.

The “Click Here” link may be selected to view a more in-depth definition for Patient Volume Reporting Period.
Review the Start Date and End Date information. The 90 Day End Date has been calculated for you.
Click Save & Continue to continue, or click Previous to go back.

**Figure 1: Screen for Calendar Year Preceding Payment Year**

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

Start Date: Feb 01, 2018
End Date: May 01, 2018

**Figure 2: Screen for twelve (12) Months Preceding Attestation Date**

Please note: If you attempt to submit your application at a later date, the dates you selected above may be invalid at that time. If this occurs, you will receive an error message and you will need to change the dates and your patient volume numbers in order to meet the requirements and submit your application.

Start Date: Feb 20, 2019
End Date: May 20, 2019
Step 4.3 Patient Volume (Part 3 of 3)

To meet the requirements of the Medicaid EHR Incentive Program you must provide information about your patient volumes. The information will be used to determine your eligibility for the incentive program. The responses to the questions for Practice Type (Part 1 of 3) on the first Patient Volume screen determine the questions you will be asked to complete, and the information required. The information is summarized below:

1. Practice locations – MAPIR will present a list of practice locations that the State Medicaid program office has on record. If you have additional practice locations you have the option to add them. When all locations are added, you will enter the required information for all your practice locations.

2. Utilizing Certified EHR Technology – You must select the practice locations where you are utilizing certified EHR technology. At least one (1) practice location must be selected.

3. Patient volume – You are required to enter the information for the patient volume ninety (90) day period you entered.

Depending on your practice type you will be asked for different information related to patient volumes. Not all information you enter will be used in the patient volume percentage calculation. Information not used will be reviewed by the State Medicaid program to assist with determining your eligibility. The specific formula for each practice type percentage calculation is listed within the section for that practice type.

The table below directs you to the page number in this guide to provide details for completing this section.

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Step 4 - 6</td>
</tr>
<tr>
<td>Practitioner Panel (Individual and FQHC/RHC*)</td>
<td>Step 4 - 12</td>
</tr>
<tr>
<td>Group</td>
<td>Step 4 - 18</td>
</tr>
<tr>
<td>FQHC/RHC* Individual</td>
<td>Step 4 - 24</td>
</tr>
<tr>
<td>FQHC/RHC* Group</td>
<td>Step 4 - 30</td>
</tr>
</tbody>
</table>

*Federally Qualified Health Center/Rural Health Clinic*
**Patient Volume – Individual**

The following pages will show you how to apply for the EHR Incentive program as an Individual provider. If you are not applying as an Individual provider, refer to the table on page Step 4 - 5 for more information about your practice type.

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

Add new locations by clicking **Add Location**.

---

<table>
<thead>
<tr>
<th>Name</th>
<th>Applicant NPI Payee TIN Program Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Volume – Individual (Part 3 of 3)**

CD 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.**

*Red asterisk indicates a required field.

---

<table>
<thead>
<tr>
<th>*Medicaid Patient Volumes (Must Select One)</th>
<th>*Utilizing Certified EHR Technology (Must Select One)</th>
<th>Provider ID</th>
<th>Location Name</th>
<th>Address</th>
<th>Available Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐ Yes ☐ No</td>
<td>9999999999999</td>
<td>Doctor Office</td>
<td>123 First Street, Anytown, PA 12345-1234</td>
<td></td>
</tr>
</tbody>
</table>

---

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 the panel to the starting point.
If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.
For each location, check whether you will report Medicaid Patient Volumes and whether you plan to Utilize Certified EHR Technology. You must select at least one (1) location for meeting patient requirements and at least one (1) location for utilizing certified EHR technology.

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

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

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

Click Save & Continue to review your selection or click Previous to go back. Click Reset to restore this panel to the starting point or last saved data.
Click **Begin** to proceed to the screens where you will enter patient volumes.
Medicaid Patient Volume Percentage Formula - Individual

(Medicaid Encounter Volume / Total Encounter Volume)

Enter patient volumes for each location listed on the screen.
Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

<table>
<thead>
<tr>
<th>Provider Id</th>
<th>Location Name</th>
<th>Address</th>
<th>Medicaid Only Encounter Volume</th>
<th>Medicaid Total Encounter Volume</th>
<th>Total Encounter Volume (Denominator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>999999999999</td>
<td>Doctor Office</td>
<td>123 First Street, Anytown, PA 12345</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>N/A</td>
<td>New Location</td>
<td>123 Main Street, Anytown, AL 12345</td>
<td>400</td>
<td>1500</td>
<td></td>
</tr>
</tbody>
</table>

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

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed or **Previous** to go back.
Patient Volume – Practitioner Panel (Individual & FQHC/RHC)

The following pages will show you how to apply for the EHR Incentive program as an Individual Practitioner Panel or FQHC/RHC Practitioner Panel provider. If you are not applying as either practice type, refer to the table on page Step 4 - 5 for more information.

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

Review the listed locations. Add new locations by clicking Add Location.
If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.
For each location, check whether you will report Medicaid Patient Volumes and whether you plan to Utilize Certified EHR Technology. You must select at least one (1) location for meeting patient requirements and at least one (1) location for utilizing certified EHR technology.

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

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

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

Click Save & Continue to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point or last saved data.
Click **Begin** to proceed to the screens where you will enter patient volumes.
Medicaid Patient Volume Percentage Formula - Practitioner Panel

(Total Medicaid Patients on the Practitioner Panel + Unduplicated Medicaid Only Encounter Volume) Divided by (Total Patient Panel Encounters + Total Unduplicated Encounter Volume)

Enter patient volumes 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.
This screen displays where you practice predominantly (FQHC or RHC), the locations you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed, or click **Previous** to go back.
Patient Volume – Group

The following pages will show you how to apply for the EHR Incentive program as a Group provider. If you are not applying as a Group provider, refer to the table on page Step 4-5 for more information.

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

Review the listed locations. Add new locations by clicking Add Location.
If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.
For each location check whether you are **Utilizing Certified EHR Technology**.

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

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

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

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

---

### Patient Volume - Group (Part 3 of 3)

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

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volume 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.*

<table>
<thead>
<tr>
<th>#</th>
<th>Utilizing Certified EHR Technology (Must Select One)</th>
<th>Provider ID</th>
<th>Location Name</th>
<th>Address</th>
<th>Available Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes ○ No</td>
<td>123 First Street</td>
<td>Doctor Office</td>
<td>123 First Street Anytown, PA 12345-1234</td>
<td><strong>Edit</strong></td>
</tr>
<tr>
<td>2</td>
<td>Yes ○ No</td>
<td>N/A</td>
<td>New Location</td>
<td>123 Main Street Anytown, AL 1234S</td>
<td><strong>Delete</strong></td>
</tr>
</tbody>
</table>

---

Step 4-20

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Applicant NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal TIN/SSN</td>
<td>Payee TIN</td>
</tr>
<tr>
<td>Payment Year</td>
<td>Program Year</td>
</tr>
</tbody>
</table>

**SPLASH PANEL:** The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.
Medicaid Patient Volume Percentage Formula - Group

Medicaid Encounter Volumes
Divided by
Total Encounter Volume

Enter Group Practice Provider IDs.

If you listed four (4) Group Practice Provider IDs and the patient volume numbers at the bottom reflect more than the four (4) IDs you listed, please check the box directly below the provider IDs.

Enter Patient Volumes for the locations.

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

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

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

An Encounter is defined as any services that were rendered on any one day to an individual enrolled in an eligible Medicaid program.
This screen displays the volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed, or click **Previous** to go back.
Patient Volume – FQHC/RHC Individual

The following pages will show you how to apply for the EHR Incentive program as an FQHC/RHC Individual provider. If you are not applying as an FQHC/RHC Individual provider, refer to the table on page Step 4-5 for more information.

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

Review the listed locations. Add new locations by clicking Add Location.

<table>
<thead>
<tr>
<th>Practice locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations, you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information. Review the listed locations. Add new locations by clicking Add Location.</th>
<th>Print</th>
<th>Contact Us</th>
<th>Exit</th>
</tr>
</thead>
</table>

**Patient Volume – FQHC/RHC Individual (Part 3 of 3)**

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

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

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

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

(*) Red asterisk indicates a required field.

<table>
<thead>
<tr>
<th>*Medicaid Patient Volumes (Must Select One)</th>
<th>*Using Certified EHR Technology (Must Select One)</th>
<th>Provider ID</th>
<th>Location Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐ Yes ☐ No</td>
<td>99999999999999</td>
<td>Doctor Office</td>
<td>123 First Street Anytown, PA 12345-1234</td>
</tr>
</tbody>
</table>

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.
For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one (1) location for meeting patient requirements and at least one (1) location for utilizing certified EHR technology.

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

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

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

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.
Click **Begin** to proceed to the screens where you will enter patient volumes.
Medicaid Patient Volume Percentage Formula – FQHC/RHC Individual

Total Needy Encounter Volume
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.
This screen displays the locations you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage. Review the information for accuracy.

Note the Total % patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click Save & Continue to proceed, or click Previous to go back.
Patient Volume – FQHC/RHC Group

The following pages will show you how to apply for the EHR Incentive program as an FQHC/RHC Group provider. If you are not applying as an FQHC/RHC Group provider, refer to the table on page Step 4 - 5 for more information.

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

Review the listed locations. Add new locations by clicking Add Location.
If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

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

Click **Reset** to restore this panel to the starting point or last saved data.
For each location, check whether you plan to utilize certified EHR technology. You must select at least one (1) location for utilizing certified EHR technology.

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

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

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

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

Click **Reset** to restore this panel to the starting point or last saved data.
Click **Begin** to proceed to the screens where you will enter patient volumes.
Medicaid Patient Volume Percentage Formula – FQHC/RHC Group

Total Needy Encounter Volume
Divided by
Total Encounter Volume

Enter Group Practice Provider IDs.
If you listed four (4) Group Practice Provider IDs and the patient volume numbers at the bottom reflect more than the four (4) IDs you listed, please check the box directly below the provider IDs.

Enter Patient Volumes.
Click Save & Continue to proceed, or click Previous to go back. Click Reset to restore this panel to the starting point or last saved data.
This screen displays the locations where you are utilizing EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage. Review the information for accuracy.

Note the Total % patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click Save & Continue to proceed, or click Previous to go back.
This screen confirms you successfully completed the Patient Volume section.
Note the check box in the Patient Volume tab.
Click **Continue** to proceed to the **Attestation** section.