

Medicaid Electronic Health Record Incentive Program

Eligible Hospital Manual



OHA SHARED SERVICES Office of Health Information Technology Medicaid Health IT Project

Medicaid Electronic Health Record Incentive Program

Eligible Hospital Manual

TABLE OF CONTENTS

Introduction	4
The Medicaid EHR Incentive Program application process	5
Preparation steps	5
Application steps	6
Step-by-Step guidance on registration and application	7
Background on the program	10
Participation guidelines	10
Hospital type	11
Patient volume	11
Adopt, Implement, Upgrade, or Demonstrate Meaningful Use of Certified EHR Technology	13
Payments	15
Medicaid EHR incentive payment calculation	15
The overall EHR amount	
The medicaid share	19
Using MAPIR	23
Step 1 — Getting started	24
Step 2 — Confirm R&A and contact info	26
Step 3 — Eligibility	27
Step 4 — Patient volumes	29
Step 5 — Attestation	36
Step 6 — Review application	41
Step 7 — Submit your application	42
Post submission activities	46
Additional user information	48
Validation messages table	49
Resources and contacts	50
	50

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).

Hospitals and eligible health care providers who serve Oregon's most vulnerable individuals can access 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 Program, and the Oregon Health Authority's Division of Medical Assistance Programs administers the Medicaid EHR Incentive Program. Acute care hospitals (which include Critical Access Hospitals) that meet the eligibility criteria for both the Medicare and the Medicaid EHR Incentive Programs may receive payments from both programs.

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 Hospitals must first register with 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 also included in this document.

Separately, the Hospital Worksheet, available online (http://www.medicaidehrincentives. oregon.gov/OHA/mhit/docs/EP-worksheet-v4.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 the program website: www.MedicaidEHRIncentives.oregon.gov.

THE MEDICAID EHR INCENTIVE PROGRAM APPLICATION PROCESS

This section of the manual provides information about:

- What to do to prepare for registration and application for the incentive program
- How to register and apply
- Participation and eligibility guidelines

It is suggested that someone on your staff reviews this entire manual before going back and following the specific steps in this section.

Some things to know before you start:

- Your organization will need to register with the federal Centers for Medicare and Medicaid Services for this program first.
- To apply for the Oregon Medicaid incentive program, you will need to use the Medical Assistance Provider Incentive Repository (MAPIR), which is a Web-based program. This manual provides step-by-step instructions for using MAPIR.
- If you have additional questions that aren't answered in this manual, you can use the incentive program's website at www.MedicaidEHRIncentives.oregon.gov and/or call the Oregon Health Authority-Division of Medical Assistance Programs help desk at 503-945-5898 for one-on-one assistance.

FOR ADDITIONAL INFORMATION ONLINE:

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

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

PREPARATION STEPS

Before an application can be completed, the following steps need to be taken.

- Adopt, implement, or upgrade to a certified EHR system. If you have not completed these steps, seek assistance with EHR systems as needed. (www.medicaidehrincentives.oregon.gov/ OHA/mhit/ehr-support.shtml).
- Be an Oregon Health Plan hospital. If you are not currently enrolled as an active Oregon Health Plan hospital, enroll now (www.oregon.gov/OHA/healthplan/tools_prov/ providerenroll.shtml).

- Register the hospital's National Provider Identifier (NPI) with the Division of Medical Assistance Programs (DMAP). If you have not registered your hospital's NPI with DMAP, contact them now (http://dhsforms.hr.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).
- Be ready to receive direct deposit from DMAP. The Medicaid EHR Incentive Program will deposit incentive payments directly into your designated account.
- Enroll in direct deposit (www.oregon.gov/OHA/healthplan/tools_prov/providerenroll.shtml). If you are already enrolled in direct deposit, please make sure that the account that is setup is the same account where you want incentive payments to be deposited.
- Secure access to and/or update your information in the Web Portal (https://www.or-medicaid. gov/ProdPortal/Default.aspx).
- The provider web portal will be used to access the software application that will be used for provider attestations. The person who completes the Medicaid EHR Incentive Program application must be assigned to the hospital's web portal account. DMAP enrolled providers who do not have access to the web portal will need to contact provider services to update or gain access to the web portal. The person with authority to assign roles for the hospital in the Provider Web Portal can assign a specific hospital representative to the role of "EHR Incentive" to complete the attestation (www.oregon.gov/dhs/healthplan/webportal.shtml).
- Be enrolled in the CMS Provider Enrollment, Chain and Ownership System (PECOS) (https://pecos.cms.hhs.gov/pecos/login.do). All eligible hospitals must be enrolled in PECOS to participate in either the Medicaid or Medicare EHR Incentive Programs. Obtain a CMS Identity & Access Management (I&A) User ID and Password. Additional hospital staff will need to request access to the EHR Incentive Programs application through Identity & Access Management and be approved by the Hospital's Authorized Official (https://nppes.cms.hhs. gov/NPPES/IASecurityCheck.do).
- Review this Manual to understand the program and prepare for attestation. Enter your data into the Eligible Hospitals Worksheet (www.medicaidehrincentives.oregon.gov/OHA/mhit/docs/ EP-worksheet-v4.xls) to help organize your information to attest with Oregon.

APPLICATION STEPS

 Register 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 (www.cms.gov/EHRIncentivePrograms/Downloads/ EHRHospital_RegistrationUserGuide.pdf). CMS also has a video (www.youtube.com/user/ CMSHHSgov?feature=mhum#p/search/21/ExOQOaYwie4) available to help explain the registration process. Note: Hospitals are encouraged to register with CMS for both Medicaid and Medicare EHR Incentive Programs, whether eligible for one or both. There is no penalty if a hospital registers for both and is found eligible only for one, but it is more difficult to add a program once registration has begun.

 Complete an application with Oregon's Medicaid EHR Incentive Program. Hospitals can log on to the Provider Web Portal to access the Medicaid EHR Incentive Program application (https://www.or-medicaid.gov/ProdPortal/default.aspx).

STEP-BY-STEP GUIDANCE ON REGISTRATION AND APPLICATION

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:

Figure 1: R&A Registration Status

MAPIR	
Name:	Not Available
Applicant NPI:	Not Available
Status:	Not Registered at R&A
Our records indicate	that you have not registered at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation
Our records indicate System (R&A). You muct conister at	that you have not registered at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation
Our records indicate System (REA). You must register at website.	that you have not registered at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation the R&A prior to applying for the Medicaid EHR Incentive Program. Please dick <u>here</u> to access the R&A registration

Please access the federal Web site below for instructions on how to do this or to register.

For general information regarding the Incentive Payment Program: www.cms.gov/ EHRIncentivePrograms

To register: https://ehrincentives.cms.gov/hitech/login.action

CMS also has a video (www.youtube.com/user/CMSHHSgov?feature=mhum#p/search/21/ ExOQOaYwie4) available to help explain the registration process.

COMPLETE YOUR R&A REGISTRATION.

You will not be able to start your MAPIR application process unless you have successfully completed this federal registration process. Once 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 (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 after 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 the manuals and worksheet 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 (http://medicaidehrincentives.oregon.gov/OHA/mhit/docs/EH-worksheet-v4.xls)
- The CMS EHR Certification ID that you obtained from the ONC Certified Health IT Product List (CHPL) Web site (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 (www.oregon.gov/dhs/healthplan/ webportal.shtml). Once an individual has started the MAPIR application process with her portal login, she 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 log in or assign a clerk the role of EHR Incentives.

Figure 2: Medicaid Portal welcome



Click on **Providers** to log in.

Figure 3: Portal Login



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 to access MAPIR by selecting **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.** If the clerk does not have access rights to assign roles, the administrator of the account 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.

Figure 4: MAPIR application

Figure 5: MAPIR confirmation

Change	ommis\A506636785 Friday, September 16, 2011	Health	Bilst Ensteil.Us Ex8
Home Contact Us Directory Search Clients Account Claims Elig home demographic maintenance drug search enrollment	ibility Trade Files Prior Authorization Providers PDC Hela enrollment tracking search links, benefits and liss inquiry elimincestive	1 [Cultif	Finday 09/16/2011 9/54:53 40/ PDT
This site is designed i Ma	io be compatible with following browsers: zoiofi internet Ecolorer 5	Name	N#1
Harcoolt I	nternal Eliphonr 7 Server Pick 1 Notala Francia 20	CCN: Convert States - Deview Application	Hespitel Thr
What's New		The Devley Application series	Finite Manufacture for the anternal to draw for tool analysis. Taken Debr 10
Provider (D: 306/36/786 MCC) Taxonomy: 2552400000x Zig: Code: 91702 - 2978		gemerale a printer triendly verserr	ust the information. Salect Continue to renum to the Just page served.
TAN No. Journ Laund TAN	Messages	Submitted	
Medicaid Electronic Health nut\$2011: Submitted - Se art Providers > F4P Torentics from the mo	r Record (CHR) Incentive Application Blatus in men	RBA Verification	
		Legal Business Name	Hospital NP1
		TEN	biyopital TTV-
NOTICE: This information may be sensitive and/or private, thus subject	on KLPAA provacy and executivy regulations. This information is not to be shared or distributed to or 4 which at hummer must be form:	Business Address	

You are now logged into MAPIR and will see the Provider Name, Applicant NPI, and the current status of the 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.

BACKGROUND ON THE PROGRAM

PARTICIPATION GUIDELINES

LENGTH OF PARTICIPATION

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

YEARS OF PARTICIPATION

Medicaid eligible hospitals that adopt, implement, upgrade, or meaningfully use certified EHR technology may begin receiving incentive payments in any year from federal fiscal year (FFY) 2011 to FFY 2016. The last year for an eligible hospital to begin to receive payment is FFY 2016. In addition, after FFY 2016, payments must be consecutive; a hospital will not receive an incentive payment if it did not receive a payment in the prior fiscal year. A multi-site hospital with one CMS Certification Number (CCN) is considered one hospital for purposes of calculating payment.

ONE STATE

Hospitals may receive a Medicaid EHR incentive payment from only one state for a payment year.

DUAL ELIGIBLE FOR BOTH EHR INCENTIVE PROGRAMS

Hospitals may participate in both the Medicare EHR Incentive Program and the Medicaid EHR Incentive Program in any given payment year.

IMPLEMENTATION YEAR

Eligible hospitals have 60 days after the end of the payment year to apply for an incentive payment. The payment year for eligible hospitals is based on the federal fiscal year (i.e., Oct. 1 - Sept. 30). For example, Nov. 30, 2011 was the last day to apply for a 2011 payment.

APPLICATION PROCESSING AND PAYMENT TIMING

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.

HOSPITAL TYPE

The two types of hospitals included in the Medicaid EHR Incentive Program are acute care and children's. Hospitals will be asked to select their hospital types in the CMS registration and attestation system and then confirm that information in their applications for Oregon Medicaid EHR incentive payments.

DEFINITIONS

Acute care hospital — A healthcare facility, including but not limited to a critical access hospital:

- with a CMS certification number (CCN) that ends in 0001-0879 or 1300-1399; and
- where the average length of patient stay is 25 days or fewer.

Children's hospital — A separately certified hospital, either freestanding or hospital-within-a-hospital that:

- has a CMS certification number that ends in 3300–3399; and
- predominantly treats individuals under 21 years of age.

A multi-site hospital with one CCN is considered one hospital for purposes of calculating payment.

OREGON-SPECIFIC INFORMATION

Indian Health Service-owned hospitals and cancer hospitals may be eligible if they meet the certification requirements to have a CCN in the required ranges. Because the eligibility criteria limit CCNs to those ending in 0001-0879 or 1300-1399, it is unlikely that any Indian Health Service-owned hospitals or cancer hospitals in Oregon will meet this definition.

Similarly, because the eligibility criteria limit children's hospitals to those with CCNs that end in 3300-3399, no children's hospitals in Oregon are expected to qualify. Existing Oregon children's hospitals all fall within larger hospital systems with CCNs that fall outside the specified range.

PATIENT VOLUME

An acute care hospital must meet at least 10% Medicaid patient volume; however, a children's hospital is exempt from meeting a patient volume threshold.

Patient volume is determined using encounters for a 90-day period, selected by the hospital, in the prior federal fiscal year which runs from October 1 to September 30.

A Medicaid encounter means:

- Services rendered to an individual per inpatient discharge (service code 21) where Medicaid paid for part or all of the service, premiums, copayments, or cost-sharing; or
- Services rendered in an emergency department (place of service code 23) on any one day where Medicaid paid for part or all of the service, premiums, copayments, and cost-sharing.

CHIP PROXY

The following information will help hospitals determine their patient volume, especially regarding the Children's Health Insurance Plan (CHIP). Because the Oregon Health Plan (OHP) includes both Medicaid and CHIP funding, hospitals do not have a way of knowing which funding streams cover their OHP patients. The federal rule around the Medicaid EHR Incentive Program does not allow encounters paid by CHIP to be counted as part of the Medicaid patient volume. To simplify calculations, Oregon determined a CHIP proxy of 4.4% (based on statewide averages) which has been approved by CMS for patient volume calculations. Hospitals applying for an Oregon Medicaid EHR incentive should calculate their patient volume by applying the CHIP proxy. Hospitals reduce their OHP encounters by 4.4% before submitting their patient volume using the following formula:

Oregon's "Patient Encounter" Calculation requirement using CHIP proxy

Figure 6: Patient encounter calculation
Oregon Health Plan encounters* x 0.956%
Total patient encounters

*In any representative 90-day period in the prior federal fiscal year.

If you do not meet the patient volume threshold using the CHIP proxy, and believe you meet the patient volume threshold because you have reason to believe that your CHIP patient volume is lower than 4.4%, please contact the Incentive Program staff for assistance at the time of attestation to determine your actual Medicaid patient volume.

CLARIFICATIONS

Figure 7	7: Data	ı for th	e patient	volume	calculation
----------	---------	----------	-----------	--------	-------------

Variable	Medicaid data for patient volume calculation
Unit	Discharges and Encounters
Patient Type	Inpatient and ED
Funding	Apply CHIP proxy to OHP to determine Medicaid
Dual Eligibles	Included
Healthy Newborns	Included (if in POS 21 or POS 23)
Time Period	90 Days
Time Frame	Previous Federal Fiscal Year

Nursery inpatient bed-days and discharges within Place of Service (POS) 21 or 23 may be included in the patient volume calculation. (Note: Nursery inpatient bed-days and discharge counts are not included when calculating the hospital incentive payment amount.)

Outpatient hospital visits (place of service code 22) do not count as encounters. The place of service code 22 is used for diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

ADOPT, IMPLEMENT, UPGRADE, OR DEMONSTRATE MEANINGFUL USE OF CERTIFIED EHR TECHNOLOGY

CERTIFIED EHR TECHNOLOGY

Complete EHRs and EHR modules are required to be certified through an Authorized Testing and Certified Body (ATCB; http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3120) designated by the Office of the National Coordinator (ONC). A complete, up-to-date list of certified products can be found on the ONC Certified HIT Product List (CHPL; http://onc-chpl.force.com/ ehrcert). This same ONC website is also used to obtain the CMS certification ID which is required on the application for an incentive payment.

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. Certified EHR technology may be a single complete system or comprised of multiple modules. When making selections on the website, 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.

ADOPT, IMPLEMENT, UPGRADE, AND MEANINGFUL USE

In the first year of participation, hospitals that are applying only for a Medicaid EHR incentive payment do not need to meet meaningful use reporting requirements. For this reason many hospitals may 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

Adopt, Implement, or Upgrade is unique to the Medicaid EHR Incentive Program. Hospitals that 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 hospitals can adopt at any time prior to applying for an incentive payment.

If a hospital has already been deemed by the Medicare EHR Incentive Program to demonstrate meaningful use for the payment year, then that hospital will attest as a meaningful user for Oregon's Medicaid EHR Incentive Program. These meaningful use hospitals do not have to meet any meaningful use criteria in Oregon to qualify for the Medicaid EHR incentive payment for the same payment year. This includes the public health immunization criteria.

Figure 8

WHAT DOCUMENTATION IS NEEDED TO DEMONSTRATE AIU?

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

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.

MEDICAID EHR INCENTIVE PAYMENT CALCULATION

The Medicaid EHR Incentive Program hospital calculation is a one-time calculation of a total incentive payment, which is distributed over three years in Oregon. The calculation consists of two main components:

- 1. The Overall EHR Amount
- 2. The Medicaid Share

PAYMENT STRUCTURE

Payments are disbursed to an eligible hospital on a rolling basis following verification of eligibility for the payment year. An eligible hospital is paid the aggregate incentive amount over three years of qualified participation in the Medicaid EHR Incentive Program. The Medicaid incentive payment amount is calculated once to determine the total amount a hospital could receive in incentive payments. In Oregon, incentives will be paid out over three years as follows:

- Payment Year 1: 50% Aggregate EHR Hospital Incentive Amount
- Payment Year 2: 40% Aggregate EHR Hospital Incentive Amount
- Payment Year 3: 10% Aggregate EHR Hospital Incentive Amount

DATA

The Medicaid EHR hospital incentive payment calculation data includes but are not limited to the hospital's Medicare cost report. Oregon is asking that Eligible Hospitals submit the Medicare cost reports supporting the information attested to for the payment calculation. This information is needed to assure expedient processing. All documentation that supports your attestation must be retained for seven years. CMS's FAQ on what information should be used in the payment calculation can be found at https://questions.cms.gov/ if you search text for 10771, which is the FAQ number. The following table lists the Medicare cost report data elements included in the hospital payment calculation:

Component	2552-96 (Old)	2552-10 (New)
Medicaid IP	Worksheet S-3, Part I,	Worksheet S-3, Part I,
Bed Days	Column 5, Lines 1, $2 \propto 0^{-10}$	COIUIIIII 7, LIIIES 1, 2 & O-12
Total IP Bed	Worksheet S-3, Part I,	Worksheet S-3, Part I,
Days	Column 6, Lines 1, 2 & 6-10	Column 8, Lines 1, 2 & 8-12
Total	Worksheet S-3, Part I,	Worksheet S-3, Part I,
Discharges	Column 15, Line 12	Column 15, Line 14
Total	Worksheet C, Part I,	Worksheet C, Part I,
Charges	Column 8, Line 101	Column 8, Line 200
Charity	* Worksheet S-10,	Worksheet S-10,
Charges	Column 1, Line 30	Column 3, Line 20

Figure 9: Medicare cost report data elements

^c CMS has provided clarification that Charity Charges must have uncompensated care removed from this line of the cost report for this program. If the hospital has included uncompensated care in this line, it must be subtracted out before being entered into the application. Oregon requires that hospitals only report paid days in their calculation of inpatient bed days. If the hospital's cost report data contains unpaid days, the hospital will be expected to submit an auditable report along with the cost report that demonstrates the difference between the cost report data and the paid days that are attested to in MAPIR.

THE MEDICAID EHR INCENTIVE PAYMENT CALCULATION

Aggregate EHR Amount (product of the Overall EHR amount and Medicaid Share)

OVERALL EHR AMOUNT

The Overall EHR Amount is the product of an Initial Amount, the Medicare Share, and a Transition Factor calculated for each of four theoretical payment years and then summed.

Theoretical Year:	Year 1	Year 2	Year 3	Year 4
Initial amount (also see table below to calculate discharge-related amount) =	(a base amount of \$2,000,000) + (Year 1 discharge- related amount)	(a base amount of \$2,000,000) + (Year 2 discharge- related amount)	(a base amount of \$2,000,000) + (Year 3 discharge- related amount)	(a base amount of \$2,000,000) + (Year 4 discharge- related amount)
Medicare share =	1	1	1	1
Transition factor =	1.00	0.75	0.50	0.25
Total Yearly EHR amount:	(Initial amount) x (Medicare share) x (Transition factor)			
Overall EHR Amount =	Sum of the 4 Yearly EHR Amounts			

INITIAL AMOUNT (CALCULATED FOR EACH THEORETICAL PAYMENT YEAR)

The initial amount is the sum of a base amount and a discharge-related amount. The base amount is \$2,000,000, and the discharge-related amount provides an additional \$200 for estimated discharges between 1,150 and 23,000 discharges. No payment is made for discharges prior to the 1,150th discharge or for discharges after the 23,000th discharge. See table below.

	Hospitals with \leq 1,149 discharges during the payment year	Hospitals with \ge 1,150 \le 23,000 discharges during the payment year	Hospitals with $\ge 23,001$ discharges during the payment year
Base Amount	\$2,000,00	\$2,000,000	\$2,000,000
Discharge-Related Amount		\$200 x (n – 1,149) (n is the number of discharges during the payment year)	\$200 x (23,001 – 1,149)
Adjusted by average annual rate of growth	Average of most recent th	nree years annual rate of g	rowth in total discharges

Total Initial Amount	\$2,000,000	Between \$2,000,000 and \$6,370,400 depending on the number of discharges	Limited by law to \$6,370,400
----------------------	-------------	--	----------------------------------

Hospital discharge data are derived from discharges during the hospital fiscal year that ends during the federal fiscal year prior to the hospital fiscal year that serves as the first payment year. For example, a hospital wants to apply for an incentive payment for the first time in August 2012 and the hospital's fiscal year ends on Jun 30, 2010. The prior federal fiscal year ended on 9-30-2011. Therefore, the hospital would use discharges from their 2011 hospital fiscal year because the hospital fiscal year end 6-30-2011 falls within the federal fiscal year 10-01-2010 to 9-30-2011. See Figure 11 for more examples.

MEDICAID SHARE:

The Medicaid share incorporates the proportion of Medicaid bed days out of total bed days adjusted for charity care. See formula below:

Estimated # of inpatient-bed-days attributable to Medicaid*, including: fee-for-service, managed care, pre-paid inpatient health plan, or pre-paid ambulatory care plan		
	$\left(\frac{\bullet}{\bullet}\right)$	
Estimated total # of inpatient-bed-days	(24)	Estimated total amount of the eligible hospital's charges during that period minus charity care
for the eligible hospital during that period	(X)	Estimated total amount of the eligible hospital's charges during that period including charity care

* Most hospitals will be eligible for both a Medicare and a Medicaid EHR incentive payment. For purposes of calculating the Medicaid share, a patient cannot be counted in the numerator if they would count for purposes of calculating the Medicare share for a Medicare incentive payment. Thus, in this respect the inpatient bed day of a dually eligible patient could not be counted in the Medicaid share numerator.

AVERAGE ANNUAL GROWTH RATE:

To calculate the average annual growth rate the hospital will report the total discharges from the four most recent hospital fiscal year cost reports. Total discharges are the sum of all inpatient discharges. The annual growth rate calculation for each year is: [(Total Discharges for the Year) – (Total Discharges for the Previous Year)] \div (Total Discharges for the Previous Year). See the following example:

Fiscal Year	Total Discharges	Calculating Annual Growth Rate	Annual Growth Rate
2010	A	(A − B) ÷ B x 100	<i>E%</i>
2009	В	(B - C) ÷ C x 100	F%
2008	С	(<i>C</i> − <i>D</i>) ÷ <i>D</i> x 100	<i>G%</i>
2007	D		
Average Annual Gr	owth Rate	(E + F + G) ÷ 3	X%

Figure 11: Selecting the correct year for discharge

HOSPITAL FISCAL YEAR END	2012 PAYMENT YEAR
March	April 1, 2010 through March 31, 2011
April	May 1, 2010 through April 30, 2011
June	July 1, 2010 through June 30, 2011
July	August 1, 2010 through July 31, 2011
September	October 1, 2010 through September 30, 2011
December	January 1, 2010 through December 31, 2010

THE OVERALL EHR AMOUNT

The Overall EHR Amount is the base amount of \$2,000,000 added to a discharge-related amount and then multiplied by a transition factor. This figure is calculated over four years beginning with the hospital fiscal year ending in the federal fiscal year that serves as the payment year. For example, to receive a payment for 2011, the first year is the hospital fiscal year that ends in federal fiscal year 2011 (October 1, 2010 through September 30, 2011). The discharge-related amount is projected for the three years following the first payment year by adjusting total discharges using the average annual rate of growth of the hospital's total discharges for the previous three years. To arrive at the discharge-related amount, the estimated total discharges for each year between 1,150 and 23,000 are multiplied by 200.

HOW IT IS DETERMINED

The Overall EHR Amount is determined by calculating, for each of the theoretical four years of payment: the initial amount multiplied by the transition factor, and then adding all four years together.

Figure 12: Overall EHR amount

+

+

OVERALL EHR INCENTIVE AMOUNT IS THE SUM OF

Year 1 amount = (2,000,000 + (200 * (Year 1 discharges up to 23,001 - 1,149))) * (Transition Factor = 1)

Year 2 amount = (2,000,000 + (200 * ((Year 1 discharges + (Year 1 discharges * Average Annual Growth Rate) up to 23,001) - 1,149))) * (Transition Factor = 0.75)

Year 3 amount = (2,000,000 + (200 * ((Year 2 discharges + (Year 2 discharges * Average Annual Growth Rate) up to 23,001) - 1,149))) * (Transition Factor = 0.5)

Year 4 amount = (2,000,000 + (200 * ((Year 3 discharges + (Year 3 discharges * Average Annual Growth Rate) up to 23,001) - 1,149))) * (Transition Factor = 0.25)

THE INITIAL AMOUNT

Initial Amount = a base amount of 2,000,000 + a discharge-related amount for each year.

THE DISCHARGE-RELATED AMOUNT

The discharge-related amount provides an additional \$200 for discharges between 1,150 and 23,000 for each of the four years. No discharge-related payment is made for discharges less than 1,150, or for discharges greater than 23,000.

AVERAGE ANNUAL GROWTH RATE

The average annual growth rate is calculated by determining the annual percentage change in total discharges from the payment year and the three most recent years for which data are available. Each year's percentage change is then averaged and that resulting percentage is the average annual growth rate. This average is then applied to the first year's total discharges to either increase or decrease the total discharges in theoretical years 2 through 4. Note that if a hospital's average annual rate of growth is negative over the three-year period, it is applied as such.

TRANSITION FACTOR

The transition factor is applied to the initial amount, so that the initial amount diminishes by 25% for each year.

THE MEDICAID SHARE

The Medicaid Share determines the Medicaid portion of the Overall EHR Amount. Charity care charges are removed from the formula to increase incentive payments for hospitals with a higher proportion of charity care. CMS has provided clarification that Charity Charges must have uncompensated care removed from this line of the cost report for this program. If the hospital has included uncompensated care in this line, it must be subtracted out before being entered into the application.

The formula for the Medicaid Share is as follows:

Figure 13: Medicaid Share

MEDICAID SHARE =

Estimated # of inpatient-bed days attributable to Medicaid, managed care, pre-paid inpatient health plan, or pre-paid ambulatory health plan

Х

Estimated total # of inpatient-bed-days for the eligible hospital during that period Estimated total amount of the eligible hospital's charges during that period minus charity care

Estimated total amount of the eligible hospital's charges during that period including charity care

DUAL ELIGIBLE PATIENTS

The numerator of the Medicaid Share calculation must exclude inpatient-bed-days for patients who are eligible for both Medicaid and Medicare. Due to the fact that hospitals are eligible for both Medicaid incentives, and hospitals are not to be paid twice for the same patient, these dual-eligible patients must be excluded from Medicaid. However, the denominator, total inpatient-bed-days, must include these dual eligibles.

PAYMENT YEAR

The Federal Fiscal Year (FFY) for which an eligible hospital is attesting to qualify for an incentive payment.

THE MEDICAID AGGREGATE EHR INCENTIVE PAYMENT AMOUNT

The Medicaid Aggregate EHR amount is the Overall EHR Amount multiplied by the Medicaid Share. An example of the payment calculation can be found on page 21-22. This is the amount that will be broken into three incentive payments and paid to hospitals for each of three qualified payment years. The lines from the Medicare cost report that correspond to each data element are identified on page 15-16.

CLARIFICATIONS

	Medicaid Threshold (10% patient volume calculation)	Medicaid Share (payment calculation)
Unit	Discharges and Encounters	Days
Patient Type	Inpatient and ED	Inpatient
Qualification	Medicaid paid	Medicaid paid
Dual Eligibles	Included	Excluded
Healthy Newborns	Included (if in POS 21/23)	Excluded
Time Period	90 Days	1 Year
Time Frame	Previous Federal Fiscal Year	Hospital Fiscal Year*
CHIP	Apply CHIP proxy	No CHIP proxy

Figure 14: Differences between the patient volume and payment calculations

* Hospital fiscal year, "ending in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year." 42 CFR §495.310(g)

Oregon requires that hospitals report only paid days in their calculations of inpatient bed days. If the hospital's cost report data contains unpaid days, the hospital will be expected to submit an auditable report along with the cost report that demonstrates the difference between the cost report data and the paid days that are attested to in MAPIR.

The CHIP proxy will not be applied to the Medicaid inpatient bed days for the hospital payment calculation because Oregon hospitals are able to distinguish CHIP from Medicaid in the inpatient setting.

Nursery days and discharges are excluded from the payment calculation because they are not considered acute inpatient services.

EXAMPLE HOSPITAL PAYMENT CALCULATION

Fiscal Year	Total Discharges	Calculating Annual Growth Rate	Annual Growth Rate
2010	2,000	(2,000 – 1,918) ÷ 1,918 x 100	4.3%
2009	1,918	(1,918 – 1,835) ÷ 1,835 x 100	4.5%
2008	1,835	(1,835 – 1,745) ÷ 1,745 x 100	5.2%
2007	1,745		
Average Annua	I Growth Rate	(4.4+4.5+5.2) ÷ 3	4.7%

Figure 15: Example of Average Annual Growth Rate Calculation

Figure 16: Example of medicaid share calculation

Medicaid Share	7,000	0.00
calculation	21,000 x (8,700,000/10,000,000)	= 0.38

Figure 17: Example Aggregate EHR Incentive Amount Calculation

Aggreg	ate EHR li	ncentive Amoui	nt				
	Initial am	ount					Aggregate
	Base amount	Discharge relate	ed amount	Transition factor	Yearly EHR amount (Initial x Transition)	Medicaid share	EHR Incentive Amount (Yearly EHR Amount x Medicaid share)
		Discharges (Years 2-4 adjusted by 4.7% average annual rate of growth)	Total discharge related amount				
Year 1	\$2m	200 x (2000- 1149)	170,200	1	\$2,170,200		
Year 2	\$2m	200 x (2094- 1149)	189,000	0.75	\$1,641,750		
Year 3	\$2m	200 x (2192- 1149)	208,600	0.5	\$1,104,300		
Year 4	\$2m	200 x (2295- 1149)	229,200	0.25	\$557,300		
Total					\$5,473,550	0.38	\$2,079,949

Figure 18: Example Fields

Fields to enter into MAPIR	Example hospital data
FY 2010 total discharges	2,000
FY 2009 total discharges	1,918
FY 2008 total discharges	1,835
FY 2007 total discharges	1,745
Medicaid inpatient bed days	7,000
Inpatient bed days	21,000
Total charges excluding charity care	\$8,700,000
Total charges for the period	\$10,000,000

Figure 19: Example Incentive Payment Disbursement

Payment Year	Aggregate Payment %	Payment Amount
Year 1	50%	\$1,039,974.50
Year 2	40%	\$831,979.60
Year 3	10%	\$207,994.90
Total	100%	\$2,079,949.00

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 current 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.

Figure 20: Help icons

	0	0	0	0	0
Fiscal Year	Total Dischar	For each reporting fiscal year, enter the total number of inpatient discharges for all patients regardless of health insurance coverage for all	patient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2009-09/30/2010	* 10890	locations listed	_	• 5 109878943	- 5 10990988
10/01/2008-09/30/2009	- 0070				

STEP 1 — GETTING STARTED

- 1. Log in to the state Medicaid portal (www. or-medicaid.gov/ProdPortal/Default.aspx) and locate the **MAPIR** link.
- 2. Click the link to access the **MAPIR** screen.

The screen below, the Medicaid EHR Incentive Program Participation Dashboard, is the first screen you will see when you begin the MAPIR application process.

This screen displays your incentive applications. Only the incentive applications that you are eligible to apply for are enabled.

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.**

3. Select an application and click **Continue.**

Figure 21: Dashboard

PL			TIN		
) Red asterisk indicat	es a required	field.	0	0	
*Application (Select to Continue)	Status	Payment Year	Program Year	Incentive Amount	Available Actions
0	Not Started	1	2012	Unknown	Select the "Continue" button to begin this application.
1.1.1	Patterp	(g)	Fulbres	Unikranjen	Attring and press
1.201	Kotore	20	Nucurie .	LWARENWEE	None at the Line
- 1 A	Tature		Puttern	xmkmown:	None at this term

Note: Oregon allows a grace period which extends the time to apply in a Payment Year for 60 days. If two applications are showing for the same Payment Year, but different Program Years, one of your incentive applications is in the grace period. In this situation, 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 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.

Figure 22: Start screen



This screen will display with the information for the incentive application you selected. 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 the state Medicaid Program. 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 state MMIS information have been matched and you can begin the application process.

For more information on statuses, refer to the Additional User Information section later in this guide. Click **Get Started** to access the **Get Started** screen or **Exit** to close the program.

If you selected an incentive application that you are not associated with, you will receive a message indicating that 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 *Oregon Medicaid EHR Incentive Program* for assistance.

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

Figure 23: Confirmation



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

Figure 24: Guidance page



STEP 2 — CONFIRM R&A AND CONTACT INFO

When you complete 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 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.

Figure 25: R&A guidance



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

- 1. 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. If you return to the R&A at any time after your original registration, please make certain that the submit button is

selected before you leave the R&A website or else your application with Oregon may be delayed.

- 3. After reviewing the information click **Yes** or **No**.
- 4. Click Save & Continue to review your selection, or click Previous to go back. Click Reset to restore this panel back to the starting point. 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.

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

Figure 26: R&A verification

When ready click the Sa	ve & Continue button to review your selection, or cick Previous to go back. ck Reset to restore this panel back to the starting pent.
Legal Business Name	Hospital NP1
CCN	Hospital TIN
Business Address	
Business Phone	
Incentive Program	State
ligible Hospital Type	
R&A Registration ID	
R&A Registration Email Address	
CMS EHR Certification Number	

Enter a Contact Name and Contact Phone.

- 1. 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.

Figure 27: Contact information



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.

Figure 28: Contact information confirmation



STEP 3 — ELIGIBILITY

The Eligibility section will ask questions to allow the Medicaid EHR Incentive Program to make a determination regarding your eligibility for a 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 2)**.



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 to the starting point.

Figure 30: Eligibility questions page 1

When ready click the Save & Continue button t Click Reset to restore th	o review your selection, or is pared to the starting por	click Previous to go back. 12
(*) Red asterisk in	dicates a required field.	
Please confirm that you are thoosing the Medicaid incentive program.	C Yes C No.	
Do you have any sanctions or pending sanctions with Medicare or fedicaid in the State of Oregon?	Dives (C No.)	e
Is your facility currently in compliance with all parts of the HEPAA washabons?	C Yes TO No	
Is your facility licensed to operate in all states in which services are andered?	yen O hor	e
Are you subscribed to D-HTEC, Oregon's Regional Extension Center (REC) or another Extension Center for technical assistance?	to Yer to be	
Have you received technical assistance from another enbty beeides D-HITEC or another REC?	S Yes 10 No.	

The **Eligibility Questions (Part 2 of 2)** 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 back to the starting point.

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 Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (http://onc-chpl.force.com/ehrcert)

Figure 31: Eligibility questions page 2

ealth					Print Tuesday 08/10	Contact.Us 5/2011 2:05:50
Name CCN Get Started RAJ	i/Contact Info 👩	tligibliny 🔳	NP1 Hospital TIN Potient Volumes	Attestation	Review	Submit
Lightbilly Officiations the EHR Incentive Payment have obtained from the ON pertification number.	(Part 2 of 2) Program requires the L Certified Health IT Pro	ase of technolog doct List (CHPL & Continue but	ry certified for this program) website. Click <u>here</u> to ac toor to review your selected	n, Please enter the cess the CHPL we rv, or citik Previou	e CMS EHR Certific biste, You must e s to po biscil,	ation ED that yo nter a valid
-	0	(*) Red asteri	re this panel to the startin sk indicates a required fi	g pare.		
Please enter the 13 mars	cter CMS EHR Certificat	ion ID for the Co	mplete EHR System:	e.)		

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

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

Figure 32: Eligibility part 2

ealth				Tuesday 08/10	6/2011 2:06:14
				_	_
reame CCN		Hospital TIN			
Get Started R&A/Contact Info	Eligibility a	Patient Volumes	Attestation	Review	Submit
Ead-Min Dura tone (Deet 1 of 1)			and the second s	_	Contraction of the
Product List (CHPL).	the Save & Contin	nue auton to continue, or	dick Previous to p	o Back	ne Cerched Hes
Product List (CHPL).	the Save & Contin	nine Button to continue, or	click Previous to p	o Dack	
Holud Litt (CHU): When ready doin Ons Brit Centification 10:	the Save & Contin	nue dutton to continue, or	cick Providens to p	o Sack	

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.

Figure 33: Eligibility confirmation



STEP 4 — PATIENT VOLUMES

The Patient Volumes section gathers information about your facility locations, the 90-day period you intend to use for reporting the Medicaid patient volume requirement, and the actual patient volumes. Additionally, you will be asked about how you utilize your certified EHR technology.

There are three parts to the Patient Volumes section:

- Part 1 of 3 establishes the 90-day period for reporting patient volumes.
- Part 2 of 3 contains screens to enter locations for reporting Medicaid Patient Volume and at least one location for Utilizing Certified EHR Technology, adding locations, and entering patient volume for the chosen reporting period.
- Part 3 of 3 contains screens to enter your hospital Patient Volume Cost
 Data information. This information will be used to calculate your hospital incentive payment amount.

Children's hospitals (separately certified children's hospitals with CCNs in the 3300 – 3399 range) are not required to meet the 10% Medicaid patient volume requirement. Based on a hospital's CCN, MAPIR will bypass these patient volume screens. The initial **Patient Volumes** screen contains information about this section.

If you represent a Children's hospital, click **Begin** to go to the **Patient Volume Cost Data (Part 3 of 3)**, page 2 in this guide, to bypass entering patient volumes and adding locations.

If you represent an Acute Care or Critical Access Hospital, click **Begin** to proceed to the **Patient Volume 90 Day Period (Part 1 of 3)** screen.



Figure 34: Patient volume and locations guidance

PART 1 OF 3 — PATIENT VOLUME 90 DAY PERIOD

The Patient Volume 90 Day Period section collects information about the Medicaid Patient Volume reporting period. Enter the start date for the 90 day 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 back to the starting point or last saved values.

Figure 35: Patient volume 90-day period part 1



Review the **Start Date** and **End Date** information. The 90 Day End Date has been calculated for you.

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

Figure 36: Patient volume 90-day period part 1



PART 2 OF 3 — PATIENT VOLUME ENTER VOLUMES

In order to meet the requirements of the Medicaid EHR Incentive Program, you must provide information about your facility. The information will be used to determine your eligibility for the incentive program.

Facility 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**.

Figure 37: Patient volume part 2



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

Enter the requested information for your new location.

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

Click **Reset** to restore this panel to the starting point.

Figure 38: Patient volume part 2



This screen shows one location on file and one added location.

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.

Figure 39: Patient volume part 2



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

Figure 40: Patient volume and data guidance



Enter **Patient Volumes** for each of the locations 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.

Figure 41: Patient volume enter volumes part 2



PLEASE REFER TO THE HOSPITAL MANUAL AND HOSPITAL WORKSHEET TO COMPLETE THE SPECIFIC PATIENT VOLUME DATA FIELDS. FAILURE TO DO SO MAY SIGNIFICANTLY ALTER THE ACCURACY OF YOUR ATTESTATION

This screen displays the patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

The Medicaid Patient Volume Percentage Formula is:

(Medicaid Discharges + Other Medicaid Discharges)

(÷) Total Discharges All Lines of Business

Medicaid Patient volume is calculated as:

Medicaid patient encounters/Total patient encounters

(in any consecutive 90-day period of time in the prior federal fiscal year)

A Medicaid patient encounter is defined as:

- Services rendered on any one day to an individual where Medicaid paid for part or all of the service or,
- Services rendered on any one day to an individual where Medicaid paid for part or all of the premiums, co-payments, and/or cost-sharing.

A patient encounter is defined as:

Services rendered on any one day to an individual

Notes:

- You will use the date that the service was rendered rather than the date the claim was actually paid.
- Do not use CPT codes for the calculation; only use encounters or visits as defined above.
- The calculation is not a count of unique patients served. Services are counted on a per day basis.
- For Medicaid patient encounters only, do not count denied Medicaid encounters.

Note the **Total** % patient volume field. This percentage must be greater than or equal to 10% to meet the Medicaid patient volume requirement.

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

 Present Spinnes
 Present Spinnes

 Name
 Ref

 CON
 Respital TIM

 Conserved
 Respital TIM

 Conserved
 Respital TIM

 Conserved
 Respital TIM

 Conserved
 Respital TIM

 Dispital Continue spital Control Time Spital
 Respital TIM

 Conserved
 Serve Sacrafinee Spital

 Margin Predoctable
 On
 Discharges

 Margin Predoctable
 Serve Respital
 Total Discharges

 Margin Predoperture

Figure 42: Patient volume enter volumes part 2

PART 3 OF 3 — PATIENT VOLUME COST DATA

The following screens will request Patient Volume Cost Data. This information will be used to calculate your hospital incentive payment amount. The total hospital incentive payment is calculated in your first payment year and distributed over three years (Year 1: 50%, Year 2: 40%, Year 3: 10%) as defined by Oregon. To receive subsequent year payments you must attest to the eligibility requirements, patient volume requirements (except Children's hospitals), and meaningful use each year.

Enter the **Start Date** of the hospital fiscal year that ends during the Federal fiscal year prior to the fiscal year that serves as the first payment year, 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.

Figure 43: Patient volume cost data



This screen displays your **Fiscal Year Start Date** and the **Fiscal Year End Date**.

If the Fiscal Year Start and End Dates are correct, click **Save & Continue** to review your selection, or click **Previous** to go back.



ealth	1				Print Tuesday 08/16	Contact Us
Name CCN Get Started	R&A/Contect Info g	Tigibility #	NPI Hospital TIN Patient Volumes 🝙	Attestation	Review	Submit
tient Volun	us Cost Data / Dad	13 of 31				
le review the h	ospital fiscal year that en	ids during the Federal I	fiscal year that serves as	the first payment	year below.	
le review the h	when reatly click the	nds during the Federal Save & Continue but	fiscal year that serves as	the first payment	t year below. Is to go back	
te review the h	ospital fiscal year that en	Save & Continue out Fiscal Year S Fiscal Year S	fiscal year that serves as ton to review your selection tart Date: Oct 01, 200 End Date: Sep 30, 20	the first payment n, or olck Previou 9 10	t year below.)

On this screen you will enter the data required to calculate your incentive payment. In the first column enter **Total Discharges** for the **Fiscal Years** displayed to the left. Enter the **Total Inpatient Medicaid Bed Days, Total Inpatient Bed Days, Total Charges – All Discharges**, and **Total Charges – Charity Care**.

CMS's FAQ on what information should be used in the payment calculation can be found at https://questions.cms.gov/ if you search text for 10771, which is the FAQ number. The following table lists the Medicare cost report data elements included in the hospital payment calculation:

Figure 45: Medicare cost report data

Component	2552-96 (Old)	2552-10 (New)
Medicaid IP Bed Days	Worksheet S-3, Part I, Column 5, Lines 1, 2 & 6-10	Worksheet S-3, Part I, Column 7, Lines 1, 2 & 8-12
Total IP Bed Days	Worksheet S-3, Part I, Column 6, Lines 1, 2 & 6-10	Worksheet S-3, Part I, Column 8, Lines 1, 2 & 8-12
Total Discharges	Worksheet S-3, Part I, Column 15, Line 12	Worksheet S-3, Part I, Column 15, Line 14
Total Charges	Worksheet C, Part I, Column 8, Line 101	Worksheet C, Part I, Column 8, Line 200
Charity Charges	Worksheet S-10, Column 1, Line 30	Worksheet S-10, Column 3, Line 20

* CMS has provided clarification that Charity Charges must have uncompensated care removed from this line of the cost report for this program. If the hospital has included uncompensated care in this line, it must be subtracted out before being entered into the application.

Oregon requires that hospitals only report paid days in their calculation of inpatient bed days. If the hospital's cost report data contains unpaid days, then the hospital will be expected to submit an auditable report along with the cost report that demonstrates the difference between the cost report data and the paid days that are attested to in MAPIR. Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

PLEASE REFER TO THE PROGRAM INFORMATION IN THIS MANUAL AND HOSPITAL WORKSHEET TO COMPLETE THE SPECIFIC COST DATA FIELDS. FAILURE TO DO SO MAY SIGNIFICANTLY ALTER THE ACCURACY OF YOUR ATTESTATION

Figure 46: Patient volume cost data

lase anter your hospital ur last four full fiscal year	cost report data for t 1.	he hospital fiscal year se	lected in the first row.	Complete the first column	in the table below fo
w	ien ready click the Sav	e & Continue Sutton to) lick Reset to restore this	review your selection, or panel to the starting po	alick Previous to go beak	
		(*) Red asterisk indi	cates a required field.		
	0		Ó	0	0
Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges Charity Care
10/01/2009-09/30/2010	•			4.6	4.5
0/01/2008-09/30/2009					-
10/01/2007-09/30/2008	+				
0/01/2006-09/30/2007					

Check the numbers you entered.

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

Figure 47: Patient volume cost data

ealth				Tuesday (Print Contact Us E: 08/16/2011 4:01:23 PM PI
Name CCN Get Started R&A	/Contact Info 👩	Eligibility (2) Pat	NPJ Hospital TIN ent Volumes 2.	Attestation 🔳 Review	Submit
Patient Volume Cos	1 Data (Part	3 of 3)			
lease review your hospital	cost report data l	below.			
	When to be a deal	the Ener & Continue but	na to methical or cards	Broudour to on hards	
	When heady click	the Save & Continue but (*) Red asterisk indi	on to continue, or click i lates a required field.	Previous to go hack	
Fiscal Year	When mady click Total Discharges	the Save & Continue but (*) Red asterisk indi Total Inpatient Medicaid Bed Days	on to continue, er cick i cates a required field. Total Impatient Bed Days	Previous to go back Total Charges - All Discharges	Total Charges - Charity Care
Fiscal Year 10/01/2009-09/30/2010	When heady click Total Discharges	the Save & Continue but (*) Red asterisk indi Total Jepatient Medicaid Red Days.	on to continue, or crick in cates a required field. Total Inpatient Bed Days 2	Previous to ge hack Total Charges - All Discharges \$1.00	Total Charges - Charity Care 80.00
Fiscal Year 10/01/2009-09/30/2010 10/01/2008-09/30/2009	When mady close Total Discharges 1. 1.	the Save & Continue but (*) Red asterisk indi Total Impatient Hedicaid Bed Days 1	on to continue, or cick cates a required field. Total Inpatient Bed Days 2	Previous to go hack Total Charges - All- Discharges \$1.00	Total Charges - Charity Care 80:00
Fiscal Year 10/01/2009-09/30/2010 10/01/2008-09/30/2009 10/01/2007-09/30/2008	When ready click Total Discharges 1. 1. 1.	the Save & Continue but (*) Red exterisk indi Total Japatient Medicald Bed Days. 1	on to continue, or cock cates a required field. Total Impatient Bed Days 2	Providens to go back: Total Charges - All- Discharges \$1.00	Total Charges - Charity Care 80.00

This screen confirms you successfully completed the **Patient Volumes** section.

Note the check box in the **Patient Volumes** tab.

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

Figure 48: Patient volumes confirmation



STEP 5 — ATTESTATION

This initial Attestation screen provides information about this section.

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

Figure 49: Attestation guidance page



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.

Figure 50: Attestation phase part 1



This section will ask you to provide information about your **EHR System Adoption Phase.** Adoption phases include **Adoption**, **Implementation, Upgrade,** and **Meaningful Use.** Based on the adoption phase you select, you may be asked to complete additional information about activities related to that phase. If your adoption phase is Meaningful Use, you will be required to provide information about the dates you were a **Meaningful User of Certified EHR Technology.** For the first year of participation in the Medicaid EHR Incentive program, Eligible Hospitals are only required to attest to **Adoption, Implementation,** or **Upgrade.**

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.

Figure 51: Attestation phase part 1 adoption



IMPLEMENTATION PHASE

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.

Figure 52: Attestation phase part 1 implementation

Name CCN	NPI Hospital TIN
Get Started R&A/Contact Info	7) Eligibility 7) Patient Volumes 7) Attestation (2) Review Submit
destation Phase (Part 1 of	3)
usek select the appropriate EHR Sys is make on will determine the guestion	stem Adoption Phase where you would like to receive an incentive payment. The selection that ons that you will be asked on subsequent pages.
When ready click the t	Save & Continue botton to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
a line	
Vou have acquired or are in	stalling certified EXR technology.
- You doe assert certified B	HR technology and have started one of the following:
 A training program Data entry of patie 	for the certified EHR technology Int demographic and administrative data into the EHR
 Establishment of da and other providers 	ata exchange agreements and relationships between the provider's certified EHR technology s (such as leboratories, pharmacles, or HIEs).
-	
O Upgrade:	and a state of the second s
prescribing functionality. Co	imputerized provider order entry (CPGE), or other enhancements thes facilitate the measures.
collection of meaningful use	
collection of meaningful use	
Collection of meaningful use	W use measures using a certified BHR technology at locations where at least 50% of patient

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

Figure 53: Attestation phase part 2

Name CCN	NPI Hospital TIN	
et Started YRAA/Contact Info 👩 Y Eligibility	Patient Volumes	Review Submit
estation Phase (Part 2 of 3)	and the second se	
e select the activities where you have planned o	completed an inclementation.	
When ready click the Save & Continu Click Reset to Afree saving click The Cle	e button to review your selection, or click Previou restore this panel to the starting point.	rs to go báck.
(*) Red (sterisk indicates a required field.	
Implementation Activity	Planned Compl	ete
Workflow Analysis	6 0	1
Workflow Redesign	0 0	
Software Installation	0 0	100
Hardware Installation	0 0	11
Peripherals Installation	0 6	
Internet Connectivity / Broadband	0 0	C. K.
Uploading Patient Data	0 0	
Electronic Prescribing	0 0	No. of Street,
Health Information Exchange (i.e. labs, p	hamagy) O O	
Physical Redesign of Workspace	0 0	
Training	0 0	1
Other (Click to Add)	N	1

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

Figure 54: Attestation phase part 2

Station Phase (Part 2 of 3) e subst the activities where you have planned or completed an implementation. When ready sick the Save & Continue Juston to review your selection, or slick Previous to go back.
e stillect 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 the panel to the starting point. After saving, click the Cloar All button to remove standard activity selections.
(*) Red asterisk indicates a required field.
*Implementation Activity Planned Complete
Winkflow Analysia D O
Workflow Redesign
Software Installation O O
Hardware Installation O O
Perpherals Installation O. (C)
Internet Connectivity / Broadband
Uploading Patient Data
Electronic Prescribing O O
Health Information Exchange (Le. labs, pharmacy)
Physical Redesign of Workspace O O
Training
Or Reviewed DrR Cerblication Information

Review the **Implementation Activity** you selected.

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

Figure 55: Attestation phase part 2

Name CCN	NPI Hospital TIN		
Get Started R&A/Contact Info 🛐 Eligibility	Patient Volumes 2 Attest	tion 🖉 Review 📑	Submit
restation Phase (Part 2 of 3)			_
Contraction of the state of the	and the second second second		
ase review the lat of activities where you have plan	ned or completed an implementation.		
When ready click the Save & Co	nthrue button to continue, or click Pre	evious to go back	
When ready click the Save & Co	ntinue bitton to continue, or click Pro	evious tó go bace	
When heady click the Save & Co	ntinue botton to continue, or click Pri	evious to go back	
Internetation Activity	ntinue button to continue, of click Pro Planned	evieus to go bace. Complete	
Ither heady click the Save & Co Implementation Activity Workfow Anklysis	ntheue biston to continue, or tack Pr Planned	evious té go éace. Complete	
Ithen heady click the Save & Co Implementation Activity Workfore Analysis Workfore Release	nthue biston to continue, or click Pr Planned	evious to go back Complete	
Inter wedy club the Save & Co Emplementation Activity Workfore Anarysis Workfore Redespon Hardware Installation	atlaue botton to continue, of click Pr Planned	ovious to go back Complete	
Interviewally cicli the Save & Co Emplementation Activity Workflow Analysis Workflow Redesign Hardmane Installation Perghenik Installation	ntinue button to continue, or click Pr Planned	evious tó go back Complete	
Interi ready club the Save & Co Emplementation Activity Workflow Analysis Workflow Redesign Hardman Redesign Hardman Betations Perghenal Installation Biotoxics Presching	ntique button to continue, or circle Pr Planned	complete	
Intervisedly cicil the Save & Co Implementation Activity Workflow Analysis Workflow Redesign Handhare Installation Perghenet Installation	ntinue button to continue, or click Pr Planned	complete	

UPGRADE PHASE

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.



CCN		NPI Hospital TIN		
Get Started R&A/C	entact Info gy Eligibility g	Patient Volumes () Attes	tatica a Review Submi	- 10
ittestation Phase (Part 1 of 3)			
lease select the appropri	te EHR System Adoption Pha	se where you would like to receive	an incentive payment. The select	ction that
When rea	y dicit the Save & Continue b Clok Reset to re	utton to review your selection, or store this panel to the starting pol	click Previous to go back. NC	
				_
O Adoption:	ed or are installing certified EHA	t bechnology.		
O Implementation	0	the state of the state of the state of the		
+ A train	ng program for the certified EH	R cechnology		
Data e Establi and ot	try of patient demographic and hment of data exchange agree er prövidere (such as laborator	l administrative data into the EHR ments and relationships between t ies, pharmacies, or HIEs).	he provider's certified EHR cechn	alogy
				-
Upgrade: 0 rom are expand prescribing func- collection of me	ng the functionality of certified conality, Computerized privide sningful use measures.	Enk technology, such as the addt rorder entry (CPDE), or other enh	ion of clinical decision support, a ancements that facilitate the	
O Meaningful User	g meaningful use measures usi	ng a certified EHR technology at lo	cations where at least 50% of pl	iciane

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

Figure 57: Attestation phase part 2

When ready click the Save & Continue outcon to review Click Reset to restore this panel After saving, click the Clear All button to ret	your selection, or o to the starting poin nove standard activ	cick Previous to go back. C cy selections.
(*) Red asterisk indicates	a required field.	
*Upgrade Activity	Planned	Complete
Upgrading Software Version	60	0
Upgrading Hardware or Peripherals	0	0
Clinical Decision Support	D	10
Electronic Prescribing	0	0
Computerized Provider Order Entry	0	0
Adding Functionality / Modules (personal health record, mental health, dental)	0	0

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

Figure 58: Attestation phase part 2



Review the Upgrade Activities you selected.

Click **Save & Continue** to proceed or **Previous** to return.

Figure 59: Attestation phase part 2



MEANINGFUL USE PHASE

For **Meaningful Use** select the Meaningful Use button. Hospitals may only select this option if they have been **Deemed a Meaningful User** by CMS Medicare EHR Incentive Program for the same payment year.

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

Meaningful Use data for hospitals are reported to CMS through the Registration and Attestation system for Medicare. Hospitals that meet meaningful use requirements for Medicare are deemed meaningful users for Medicaid. This means the meaningful use objectives and measures will not be entered into MAPIR.

Figure 60: Attestation phase part 1 meaningful use

e selec	t the appropriate EHR System Adoption Phase where you would like to receive an incentive payment. The selection the will determine the questions that you will be asked on subsequent pages.
	When ready click the Save & Continue botton to review your execution, or click Previous to go back. Click Beset to restore the panel to the scarting point
o Ado	ption:0 u have acquired or are installing cercified Evia technology.
D Dmp	tementation: user installing entried EHE technology and have started one of the following: user installing entried EHE technology and have started one of the following: A cashing program for the entried EHE technology: A cashing program for the entried EHE technology and other providers (such as adderstories, pharmacles, or hEE).
D Upg	rade:) u are aspaning the functionality of certified BHR technology, such as the addition of civical decision support, e- escribing functionality, Computervied provider arder entry (CROE), or other enhancements that functionate the feedboord of meaningful are measure.
Mea	nerged taxes maged taxes washed to the state of the state of the second state second spiral bases are at least 20% of parameters parameters are parameters.

ATTESTATION PHASE

Part 3 of 3 of the Attestation Phase contains questions regarding the average length of stay for your facility and confirmation of the address to which the incentive payment will be sent.

Click **Yes** to confirm you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.

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

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

Figure 61: Attestation phase part 3

Get Started R&A	/Contact Info 📷	Eligibility [7] Patien	t Volumes [7] Attestati	an Review	Submit
Attestation Phase (Part 3 of 3)				
ase answer the following	question.				
. Web	en ready click the S	lave & Continue button to rev Click Reset to restore this par	ew your selection, or dick Pri ref to the starting point.	evidus to po back.	
-		(*) Red asterisk ladicat	es a required field.		
Please confirm that you a	re either an Acute fewer, or a Child	Cline Hospital with an average ren's Hospital.		biyes, C No-	
TE: Definition of an acu tient length of stay of 2 vitical Access Hospitals) ase select one payment a t see a valid payment add	de care hospital i 5 days or fewer, address hom the l tress, please cont	for purpose of the Medicald E and with a CCN that falls in i set provided being to be used act Oregon Health Authority.	HR Incentive Payment Pro	ngram is a hospital w Short-term Hospitals Il you are approved k	villt an average) or 1300-139 or payment, til vo
DTE: Definition of an accu telent length of stay of 2 (ritical Access Hospitals) ass select one parment add t see a valid parment add "Payment Address	Ite care hospilal i 5 days or fewer,	for purpose of the Medicald E and with a CCN that falls in i st provided below to be used at Oregon Health Authority.	HR Incentive Payment Pro the range of 8001-0879 (s for your Incentive Payment, Address	ogram is a hospital w short-term Hospitals II you are approved k	with an average or 1300-139 or payment, If yo
OTE: Definition of an accu triant length of stay of 2 vritical Access Hospitals) asso safed: one parment, add es a valid parment add "Payment Address (Nuust Selecore)	Ite care hospital is days or fewer, a days or fewer, a days or fewer, a days or fewer, a days of the second	for purpose of the Medicald E and with a CCN that fails in it est provided below to be used act Oregon Health Authority. Location Name	HR Incentive Payment Pro the range of 0001-0825 (s for your Incentive Payment, Address	ngram is a hospital w Short-term Hospitals # you are approved to Addition	with an average ;) or 1300-139 or payment, the al information

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.

Figure 62: Attestation phase completion

ealth		Tuesday 08/16/2011 4:12:42 PM PD
Name CCN Get Started	1091 Hospital TDs RA/Coniect Info g Flightlify g Felicit Volumes g Attendation 2	Review Submit I
	The Maker completed the Affectedies section of the Apple for may result the section are time to make corrections used to actually Submit the application is now available. Before submitting the application, piesaw result the information provided in the section, and all previous sections.	aaton. such line ar lon rou have

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. When 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. Once your application is submitted you will not have the opportunity to change it.

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

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

Figure 63: Review tab

inendly version of this in you are ready to conto	formation. Select Continue, to recur to the last page served. If all to nue to the Submit Tab, please click on the Submit Tab itself to fine Print	abe nave been completed and In the application process
Status		
Incomplete		
R&A Verification		
Legal Business Name CCN	Hospital NPI Hospital TIN	
Business Address		
Business Phone		
Incentive Program	Deemed Medicare Eligible	State Dit
Eligible Hospital Type		
R&A Registration 10		
R&A Registration Email		

This is screen 2 of 3 of the Review tab display.

Figure 64: Review tab screen 2

ontact Email Ad	ress (Est)			
ighlity Quest	ions (Part 1 of 7)	_		
wase contine that	you are choosing the Medicard	vicentove program.		Yes
n you have any a	enclions or pending samplions as	ith Medicary or Medicaid in Co	exado?	Ne
your facility pur	ently in complance with all parts	s of the HBIAA regulations?		Yes
i yese facility licer	und to operate in all status in in	rhich aervicet alle rendered?		Yes
OSE	HE Certification (D)			
ous a atient Volume nter Patient (46 Certification (2) 90 Day Period (Part 1 o fokumes (Part 2 of 3)	al 3) Start Date: da End Date: Ma	01; 2010 31, 2010	
CHS &	H. Critikaton ID; 198) Day Persod (Part 1 of Okumes, (Part 2 of 3) Location Name	Start Dete: Ja God Dete: Ma Address	e 01, 2016 r 31, 2018 • Encounter Volumes.	ns Medicald Discharges

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

Figure 65: Review tab screen 3

THE PARTY I VERY	Total Discharges	Total Inpatient Medicaid Bed Days	Total Impatient Bed Days	Total Charges - All Discharges	Fotal Charges - Charity Care
10/01/2009-09/30/201	11540	47389	14VERT	\$1.178,756.696.00	\$53,457,000.00
10/01/2008-59/30/205	9190				
10/01/2007-09/30/200	10310				
10/01/2006-08/38/200	9905	-			
Hostation Blasse Have confirm that you Host, or a Chidren's NOTE : Definition of a	(Part 3 of 3) es either an Acute Hispital	Care Hupptal with an average to the Medic	pr length of ytay of 25 (add FHR, Incontive Pay	ars nont Program as these he	Yes: spillads with an average
Hoof of Son Blocks	(Port 3 of 3) ars either an Acute hisioptal acude care hospit of 25 days or fewe re selected the ma	Care Hospital with an averag lat for purpose of the Hestic r, and with a CCP Hesti fail Acces	pr length of stay of 25 s aid ### Incontive Pay in the range of 9002- s Hospitals). 1 for your Incontine Pay	ins ment Program as those ha 0079 (Short-term Hospital ment, d yoz are speriyed for	Yes spillals with an average (Critical gamment,
Hites (stimin 14 hose) water confirm that you r fewer, or a Chidwork NOTE: Definition of a addent fength of stay you ha	Port J of J) are either an Acute hispatic racsete care hospit of 25 days or few re telescod the main reveluer to	Care respiral with an average lat for purpose of the Heads re, and with a CON Mar fabric Accessing address below to be used facilities Manne	pr length of stay of 25 s aid FRR Incontive Pay in the range of 9002- s Nospitals). I for your Incontive Pay Address	invi mont Program as those ha 00% (Short: territ Maryhal mote, d'you are agestroed for Additional Information	Yes spilais with an average) or 1300 (Critical parment.
ITESTATION Phase wase confirm that mure fease, or a Children's NOTE: Definition of a addeet keepth of stay You ha	(Part 3 of 3) are either an Acute Hospital I acute care hospit of 25 days or fewe re telected the main reveluer ID	Care Hespital with an arrena tal for purpose of the Hesler re, and with a CON Mar Calo Acces Ing abb wa believ to be used Location Mane	pr length of stars of 25 s add £ FRR Inteentive Page is the range of 0002- stroptishty. If for your incentive Page Address	nnni Program as Shose ha 8079 (Short: berni Mospital metr, d'you are agosyoed for Additional Indormation	Yes spillals with an average s) or 1200-1399 (Critical sparset.
Testation Phase ease confine that pro- fesser, of a Didnersh NOTE: Definition of a scient length of stay year ha	(Part 3 of 3) are ether an Acute Hispital of 25 days or fewe re selected the main hereider 50	Care Hospital with an average fol four perposes of the Medite ry, and with a CCN Mater fails Access any address believ to be used Location Name	pr length of stay of 25 s add 2442 biscontine Physics in the range of 05092- s Hospitally. 4 for your incentive Pay Address	ins mmit Program as Those ho 08/P (Short-Jerm Hospital mot, d you are approved for Additional Information	Yes nyaliah mith an average s) ar 1300-1399 (Critical parmet.

STEP 7 — SUBMIT YOUR APPLICATION

The final submission of your application involves the following steps:

• Review and Check Errors

MAPIR will check your application for errors. If errors are present you will have the opportunity to go back to the section 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.

 Oregon is also asking that Eligible Hospitals submit the Medicare cost reports supporting the information attested to for the payment calculation. This information is needed to ensure expedient processing.

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

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

Figure 66: Submit guidance page



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.

Figure 67: Errors page

	Incom	plete
_		
HAPIR 'C	ock Errors" panel displays errors that have occurred du	uring the application process.
he following ection of the he save & C	mors have been identified while reviewing your applica application that resulted in the error. You will have the minute button on that page, you may then select the	tion. For each error listed, click Review to be directed to the e ability to correct your answer in that section. Once you click or Submit tab to continue with your review.
lease note th	at you may still submit the application with errors, but	the errors may implact the approval determination.
You mus	t participate in the Medicaid incentive pro-	gram in Review

The Application Questionnaire screen presents a series of questions. Answer the 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.

Figure 68: Application questionnaire

ealth		Print Contact Us Tuesday 08/16/2011 4:17:31 PM
Name CCN	NP1 Hospital TIN	
Get Started R&A/Contact Int	o 👩 Y Eligibility 👩 Y Patient Volumes 👩 Y Attestation 👩	Review Submit ig
Application Questionnaire		
When ready click the Sa	ve & Continue button to review your selection, or click Previous to go bec restore this panel to the starting point.	x, Cick Reset to
vestion 1: wen the complexity of the incentive pro	gram requirements, did you find this application process easy to follow?	S Yes C No
uestion 2: id you visit our website (www.Medicaid elp manuals?	EHRIncentives.oregon.gov) for program information or review our provid	er Pres IT No
uestion 3: you used the website or provider man	ual, did you find the information helphul?	© Yes © No.
uestion 4: id you choose to include out-of-state p	abent encounters in your patient volume?	er ves 🗠 No
uestion 5: o be eligible for further incentive payme ttesting to Meaningful Use in 2012?	nts, you must meet meaningful use requirements. Are you planning on	IT Yes IT No
vestion 6: as your EHR system improved the qual	ty of your patient cure?	Si ves C No
uestion 7: he remaining questions are related to v ear, have you used e-prescribing?	our expension electronically; in the past	E Yes C No
uestion #: • the past year, have you sent lab orde	rs of received lab results electronically?	Tes C No
uestion 9: the past year, have you exchanged hi ospital?	ealth data electronically with an external, unalfiliated provider, direr, or	The of No.
unstion 10: I the past year, have you submitted informunizations, reportable tab results, at	ormation to Oregon's public health department electronically t0.77	C Yes O'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.

Figure 69: Application submission part 1



The **Choose file** dialog box will display. Navigate to the file you want to upload and select **Open**.

Figure 70: MAPIR file upload

hoose file					?
Look in	MAPIR FM	Upload	*	* •	
My Recent Documents Desktop	MAPIR File (Ipload.pg			
Ay Documents					
My Computer					
My Network	File name:	MAPIR File Upload.pdf		•	Open
riaces.	Files of tupe	All Edge (* *)			Cancel

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

Figure 71: Upload file



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 the **Delete** button 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.

Figure 72: Upload file

	When ready click the Save & Click R	Continue button o Reset to restore th	o réview your selection, o nis panél to the starting po	click Previous to go back: int.	
upload a file.	, type the full path or click the	Browse button		1	-
-	All files must be	e in PDF format, an	nd must be no larger than	2 MB in size.	-
		Up	load File	Coronae	
					_
		Upto	aded Files		
	File Name	File Size	Date Uploaded	Available Actions	

This screen depicts the Preparer signature screen. Click the check box to indicate you have reviewed all information.

- Enter your **Preparer Name** and **Preparer Relationship**.
- Click Sign Electronically to proceed.
- Click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Figure 73: Application submission part 2

his is to certify that the foregoing understand that the Medicaid EHR	a information is true, accurate, and complete. Incentive parments submitted under this provider number will be from federal h burst fast has parameted under index and state laws	lunde, and that any
he Medicaid EHR Incentive Program he Oregon Health Authority and D	n staff may ask for additional information on anything submitted as part of this e epartment of Human Services will pursue repayment in all instances of improper	incentive payment application or duplicate payment.
	(*) Red asterisk indicates a required field.	
*By checking the box, you as Review panel.	e indicating that you have reviewed all information that has been entered into i Electronic Stanitume of Prevarer for Facility;	MAPIR (as displayed on the
*By checking the box, you as Review panel. Preparer Name:	e indicating that you have reviewed all information that has been entered into i Electronic Signature of Presarer for Facility: Preparer Rolationship:	MAPIR (as displayed on the

Your actual incentive payment will be calculated and verified by the Medicaid EHR Incentive Program staff. Oregon has chosen to disburse hospital incentive payments over three years of program qualification. This screen shows a **Payment Disbursement over 3 Years**.

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.

To submit your application, click **Submit Application** at the bottom of this screen

Figure 74: Submit application



The check indicates your application has been successfully submitted.

Click OK.

Figure 75: Submission confirmation



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

Click Exit to exit MAPIR.

Figure 76: Exit MAPIR

Name	NPI
CEN	Hospital TIN
Current Status Review Application	
Name:	(LD)
Applicant NPI:	(AR)
Status: Submitted	
elect Review Application to new the electroston that was entered on	Navigation Bottons
the application that was submitted.	 Save and Continuer: After entering your information on a screen, you must select the Save and Continue button or the information will be lock? You may return to a screen or use the Review tab to view (or print) the saved information at any reservent.
	- Miller

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

Figure 77: End MAPIR

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

Name Personal TIN	/SSN	Applicant NPI Payee TIN
Name: Applicant NP1: Status:	Completed	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 th 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, you have already saved information on the screen, the Reset

Figure 78: Completed application

Once your application has been processed by the Medicaid EHR Incentive Program staff, you can click the **Submission Outcome** tab to view the results of submitting your application.

Figure 79: Approval screen

Nam CCN	NPI Hospital TIN
Current	Status Review Application Submission Outcome
i)	The MAPIR "Review" panel displays the information that you have entered to print date for your application. Select "Print" to generate a printer friendly version of this information.
Status	
_	Completed
Paymen	t Amount
You	I have been approved to receive a payment in the amount of \$1,500,000.00.
Provide	Information
Name:	
Annileant &	PI:

APPLICATION STATUS TYPES

Figure 80

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	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.		

ADDITIONAL USER INFORMATION

This section contains an explanation of additional user information, system 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.

Figure 81: Start over screen



This screen asks you to 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.

Figure 82: Start over confirmation



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

Figure 83: Reset application

				- time to the total of total of the total of the total of tot	Januar South
tart Over a	and Delete All Pr	ogress			
	Your applic	ation has been r	eset and all seved data	has been elimina	ted
	Please select "OK" to	start from the b	reginning. You will be r	edirected to the Ge	et Started tab.

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.

Figure 84

Health	Wednesday 08/10/2011 10:26:13 AM Ptr
марік	
Contact Us	
If you have questions regarding the Medicaid DHC Incentive Progr www.MedicaidEHRIncentives.oregon.gov or contact us direct	an or the MARSE application process, please visit nur website IV at:
Phone: 503-945-5898	
Imal Medicaid HittincentivesItistate.or.us	

MAPIR ERROR MESSAGE

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

Figure 85: MAPIR error

Internet Error	
Health	Contact.Us Exit Weinweiday 08/10/2011 10:24:57 AM PDT
MAPIN	
An error has occurred.	
If you need assistance, please contact the Medicaid EHR Incentive Progr	en staff at 503-945-5898 or Mudicaid.EHRIncontives@state.or.os.

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.

Figure 86: Invalid ID screen



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.
- You must participate in the Medicaid incentive program in order to qualify.
- 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 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.
- You must be an Acute Care Hospital or a Children's Hospital to be eligible to receive the EHR Medicare Program Payment.
- All amounts must be between 0 and 999,999,999,999,999.
- You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed.
- The amounts entered are invalid.

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

ACRONYMS AND TERMS

- CCN CMS Certification Number
- CHIP Children's Health Insurance Program
- CHPL ONC Certified Health IT Product List
- CMS Center for Medicare and Medicaid Services
- EH Eligible Hospital
- EHR Electronic Health Record
- EP Eligible Professional
- 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

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Office of Health Information Technology at 503-945-5898, or email EHRIncentives@state.or.us. (7/2012)



OHA SHARED SERVICES Office of Health Information Technology Medicaid Health IT Project