Medical Assistance Provider Incentive Repository (MAPIR): Part 3 – Review to Application Submission for Eligible Professionals

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Revision Log:

MAPIR User Guide for Eligible Professionals – Part 3

Version	Revision Date	Revision
V1.0	02/08/2021	• Initial version

Table of Contents

Related MAPIR Documentation 4
Step 6 – Review Application 5
Step 7 – Submit Your Application 8
Post Submission Activities 24
Application Statuses 26
Review an Adjustment 28

Related MAPIR Documentation

To review getting started with MAPIR please see the MAPIR User Guide for EP Part 1.

To review Program updates for 2021 in the attestation tab, see MAPIR User Guide for EP Part 2C PY 2021.

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

Step 6 – Review Application

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

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

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

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

The Attestation Measures hyperlink, as displayed in Part 3 of 3 in the screenshot below, will display the Meaningful Use Measures you have attested to.

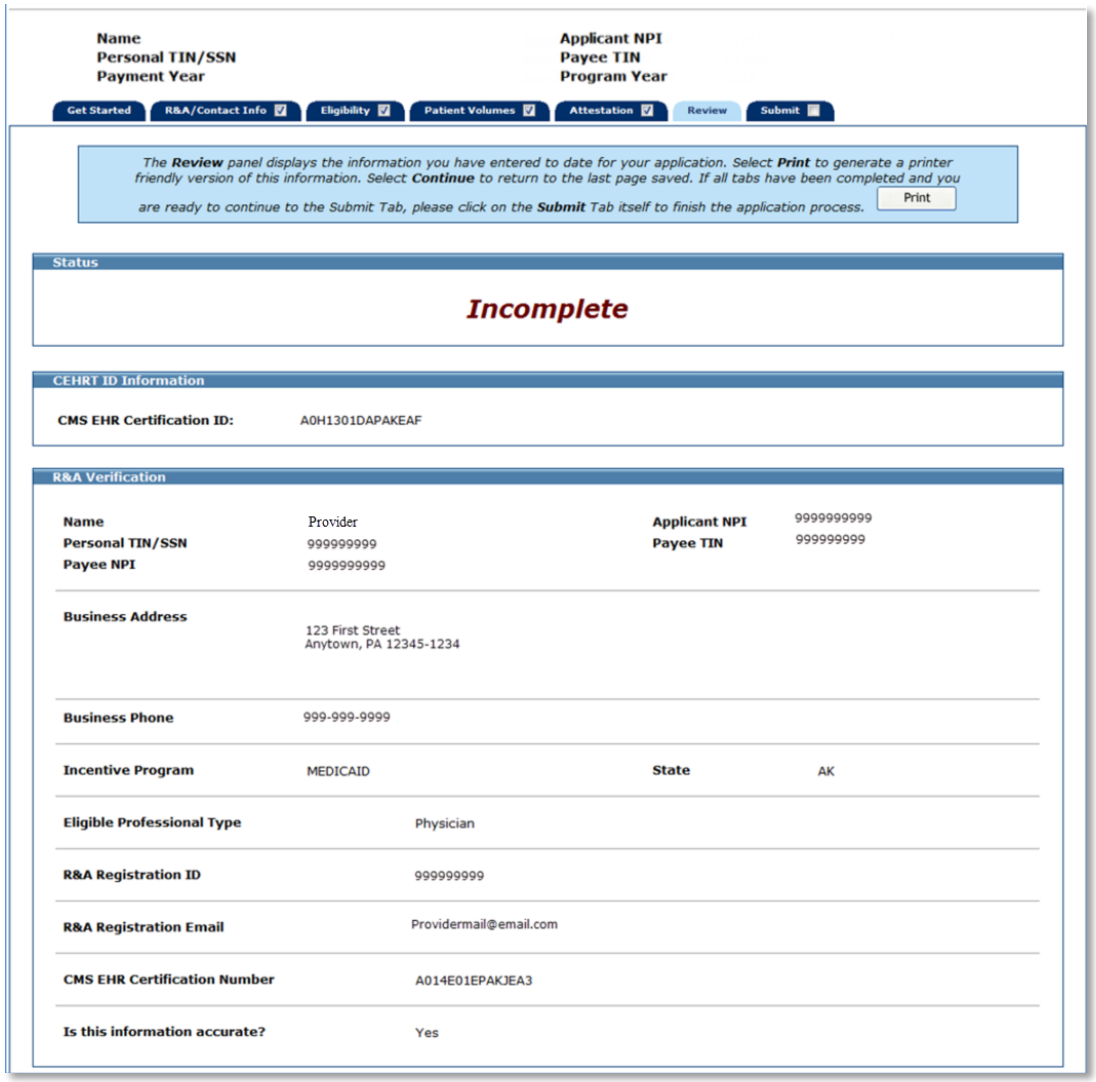


Figure 0-1: Review Tab (Part 1 of 3).

Primary Contact Information

First Name	Dr. Medicaid
Last Name	Provider
Phone	999-999-9999
Phone Extension	
Email Address	professional@professional.com
Department	Medicaid
Address	123 Main Street Hometown, PA 12345

Alternate Contact Information

First Name	
Last Name	
Phone	
Phone Extension	
Email Address	

Eligibility Questions (Part 1 of 2)

Are you a Hospital based eligible professional?	**Yes**
I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Colorado.	**Yes**

Eligibility Questions (Part 2 of 2)

What type of provider are you?	**Physician**
Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?	**No**
Are you currently in compliance with all parts of the HIPAA regulations?	**Yes**
Are you licensed in all states in which you practice?	**Yes**

Patient Volume Practice Type (Part 1 of 3)

Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?	**Yes**
Please indicate if you are submitting volumes for:	**Group/Clinic**

Patient Volume 90 Day Period (Part 2 of 3)

Start Date: Feb 02, 2018
End Date: May 02, 2018

Figure 0-2: Review Tab continued (Part 2 of 3).

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

• Group/Clinic <*Please select where you practice predominantly:> **FQHC**

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	1022298430001	Dr. Medicaid	123 Main Street Hometown, PA 12345 -4023

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123

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

Attestation Phase (Part 1 of 3)

EHR System Phase: Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)

Start Date: Jan 01, 2019
End Date: Mar 31, 2019

Attestation Meaningful Use Measures

Attestation Meaningful Use Measures may be accessed by selecting the link below:
Meaningful Use Measures

Attestation Phase (Part 3 of 3)

Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services. **Yes**

The mailing address below will be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
1022298430001	Dr. Medicaid Provider	123 Main Street Hometown, PA 12345-4023	Rel5.3

Top

Continue

UI 10

Figure 0-3: Review Tab continued (Part 3 of 3).

Step 7 – Submit Your Application

The final submission of your application involves the following steps:

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

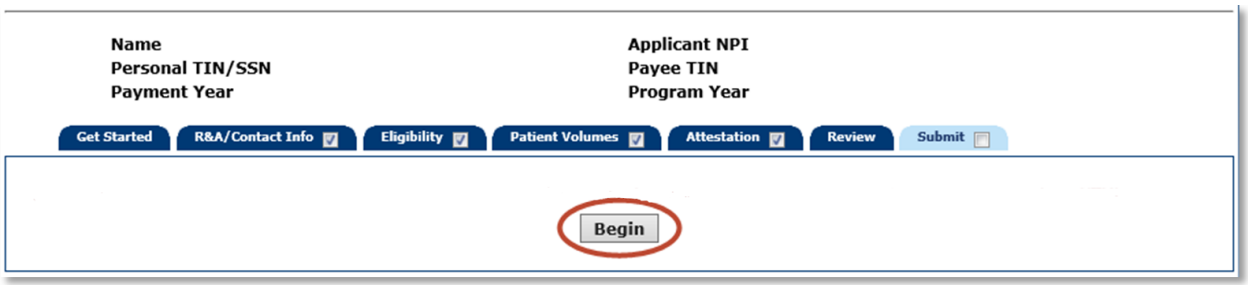
Optional Questions - You may be asked a series of optional questions that do not affect your application. The answers will provide information to your state Medicaid program about incentive program participation.

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

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

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

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



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

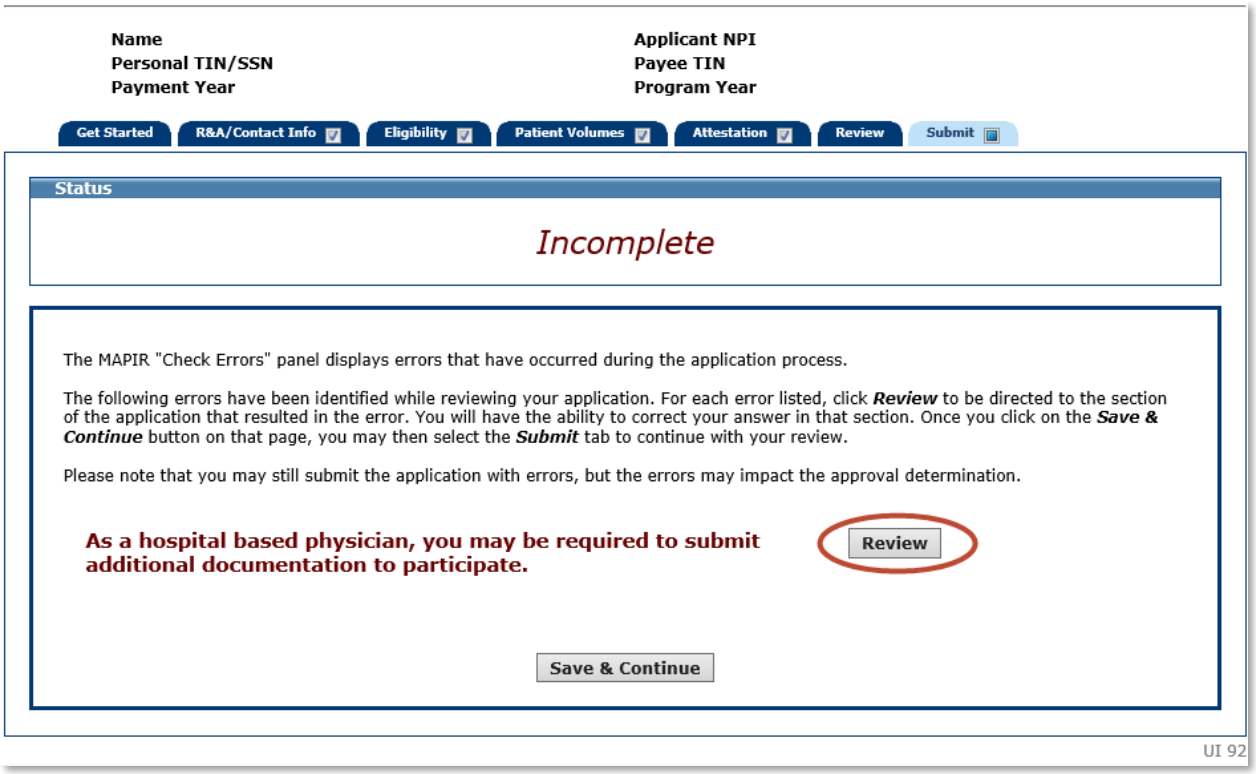
You can correct these errors or leave them as is. You can submit this application with errors; however, errors may impact your eligibility and incentive payment amount.

Note
If you have previously submitted the incentive application you are currently working on (your incentive application has changed from a Submitted status back to an Incomplete status) and you: chose the 12 Months Preceding Attestation Date option on the Patient Volume 90 Day Period (Part 2 of 3) screen, and edited the Start Date since your previous submission, you will receive the following error message if the new 90 day date range is no longer valid: "The Patient Volume 90 day date range is no longer valid." You have received this error because the 90 day range you have currently selected is not valid with the "12 months Preceding Attestation Date" option; therefore, the date range is no longer valid. **You must correct this error**. MAPIR will not allow you to proceed with your submission until this error is corrected.

To correct errors:

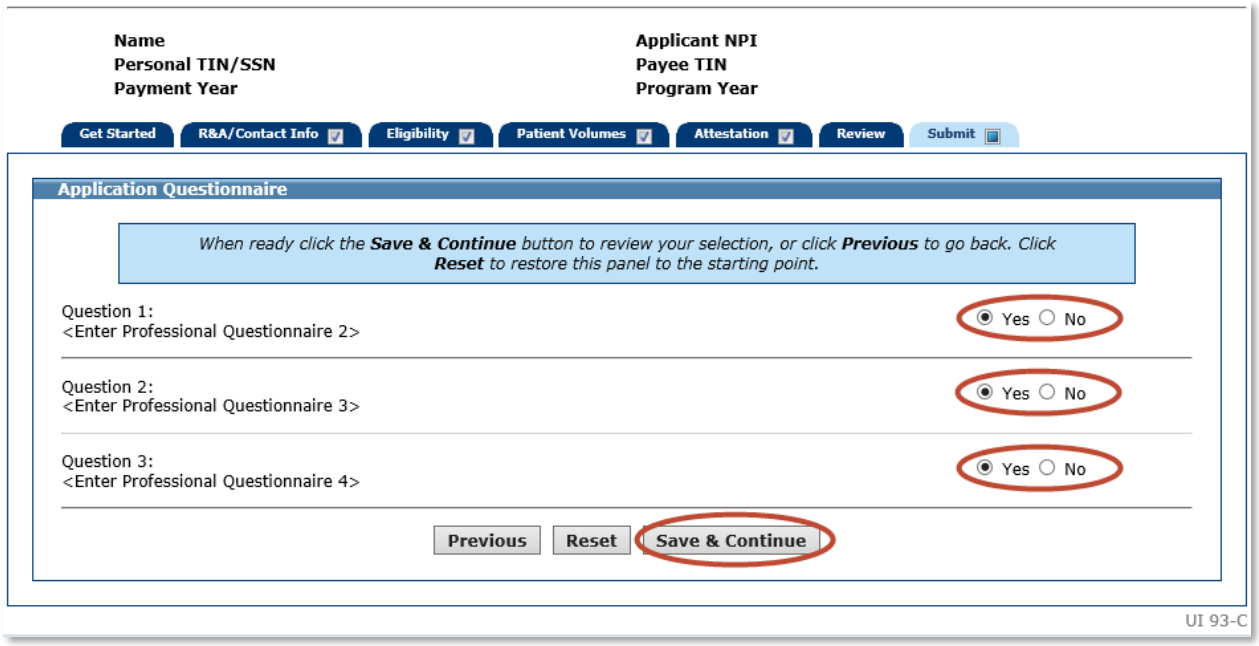
Click **Review** to be taken to the section in error and correct the information. To return to this section at any time click the **Submit** tab.

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



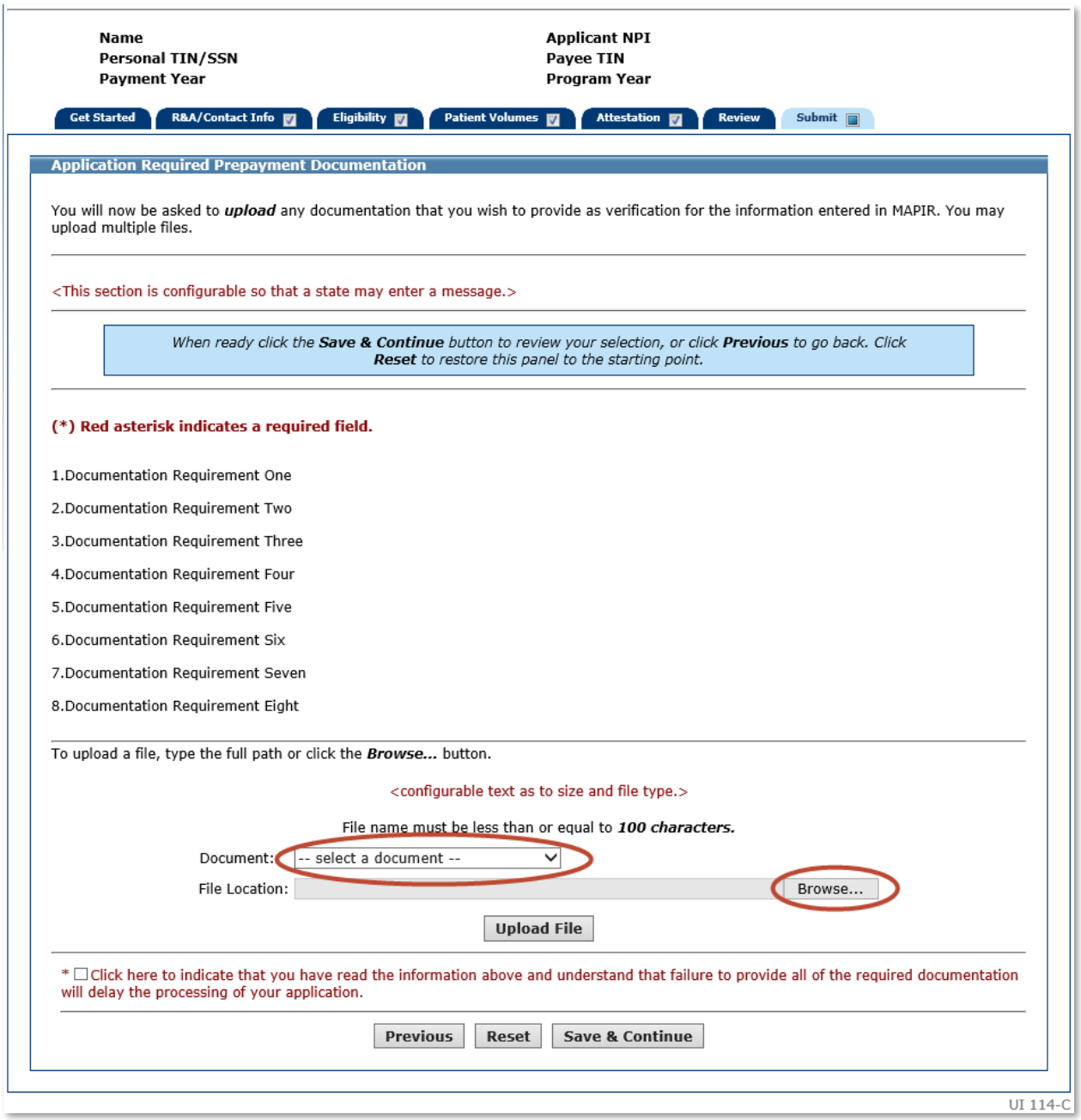
The Application Questionnaire screen presents optional questions. Answer the optional questions by selecting **Yes** or **No**.

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



To upload files, select a document type from the “Document:” drop-down box and click **Browse** to navigate to the file you wish to upload.

Note
Selecting a document type from the “Document:” drop-down box is not required for document submission.



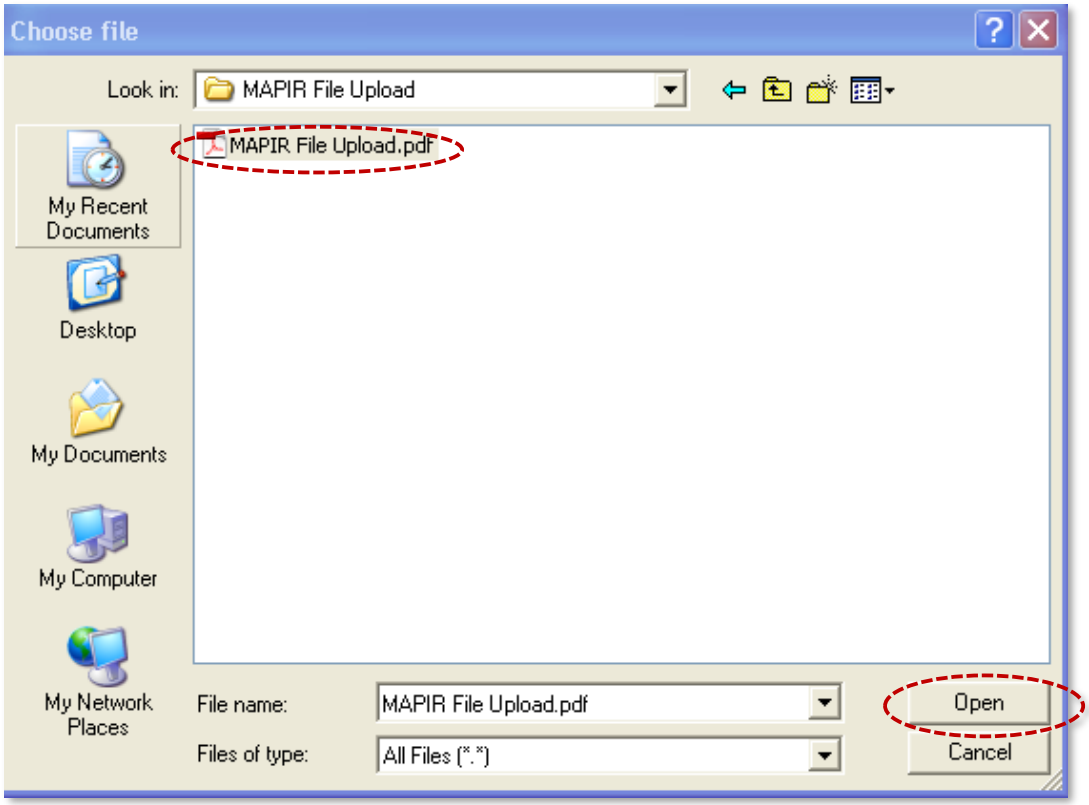
The **Choose file** dialog box will display.

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

Note

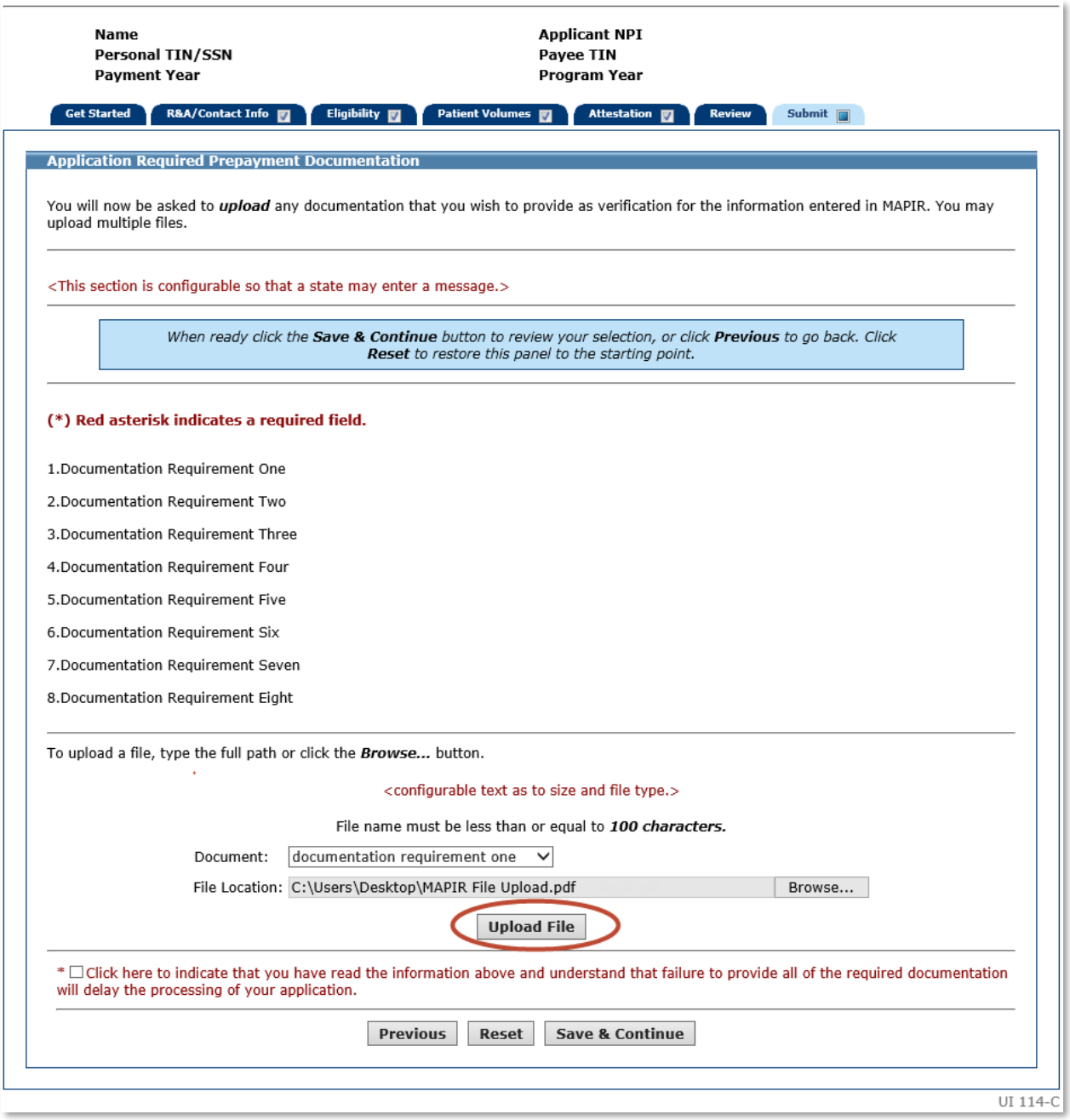
File names must meet the following naming conventions:

- All characters must be alphanumeric with underscores, dashes, and spaces as the only acceptable special characters.
- A single period preceding the file name extension.
- No more than one period in the file name.



Check the file name in the file name box.

Click **Upload File** to begin the file upload process.



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

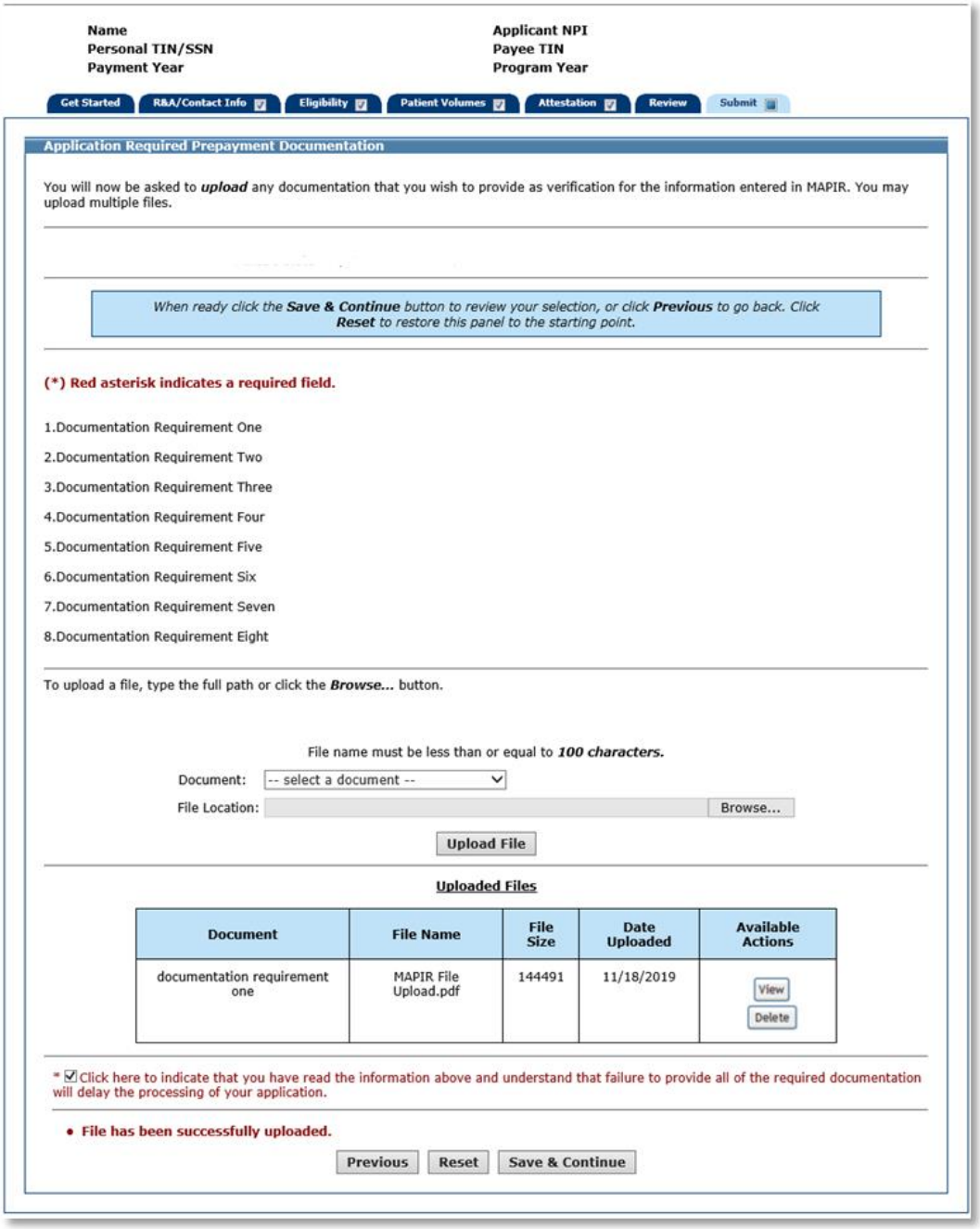
If you have more than one file to upload, repeat the steps to select and upload a file as many times a necessary.

All the files you uploaded will be listed in the *Uploaded Files* section of the screen. The Upload Files screen may also display files that were uploaded by an Administrative User and made available for you to view.

To view the uploaded file click **View** in the Available Actions column.

To delete an uploaded file click **Delete** in the Available Actions column. If a file is uploaded by an Administrative User, you will not have the option to delete the file.

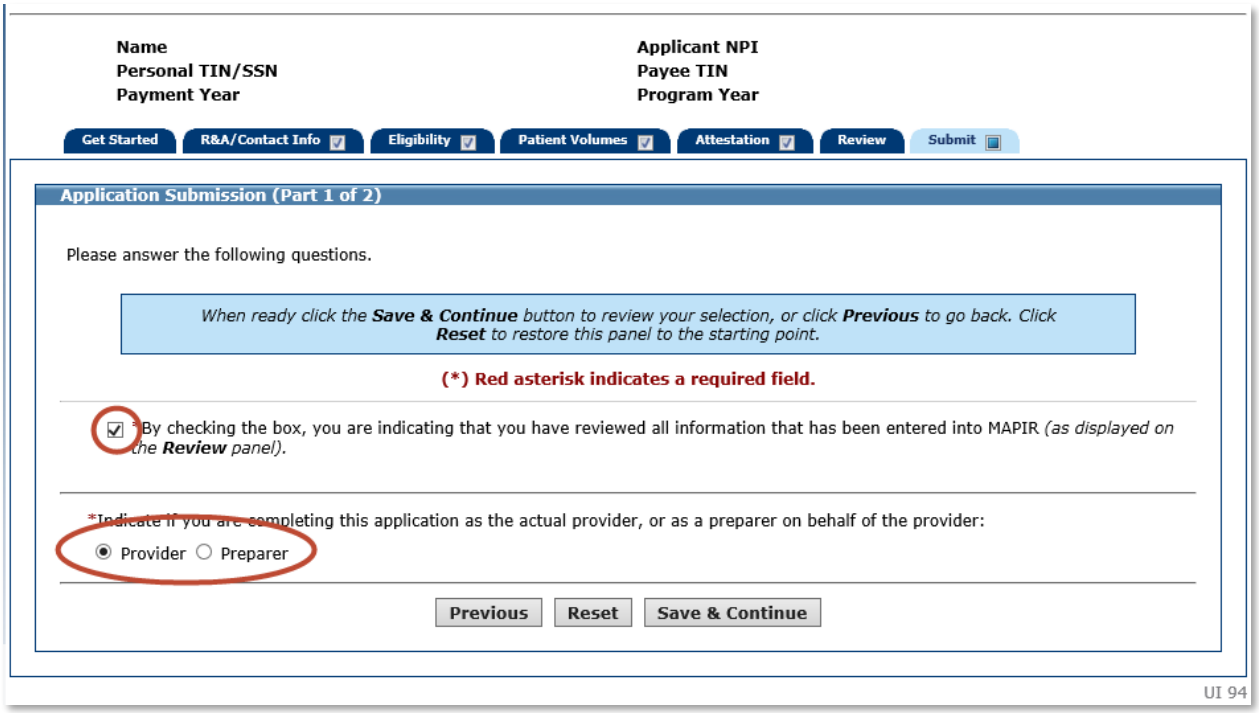
Select the acknowledgement statement below the Uploaded Files table and click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data.



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

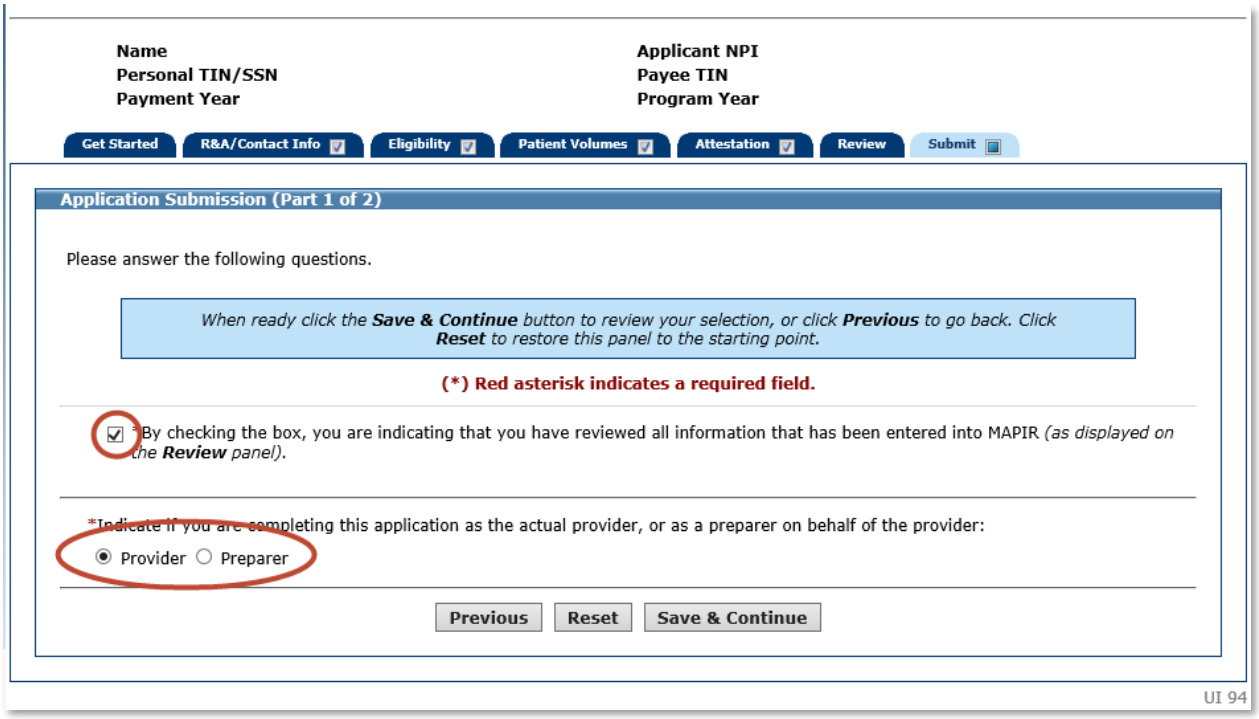
Select the **Provider** or **Preparer** button, as appropriate.

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



This screen depicts **Provider** selection.

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

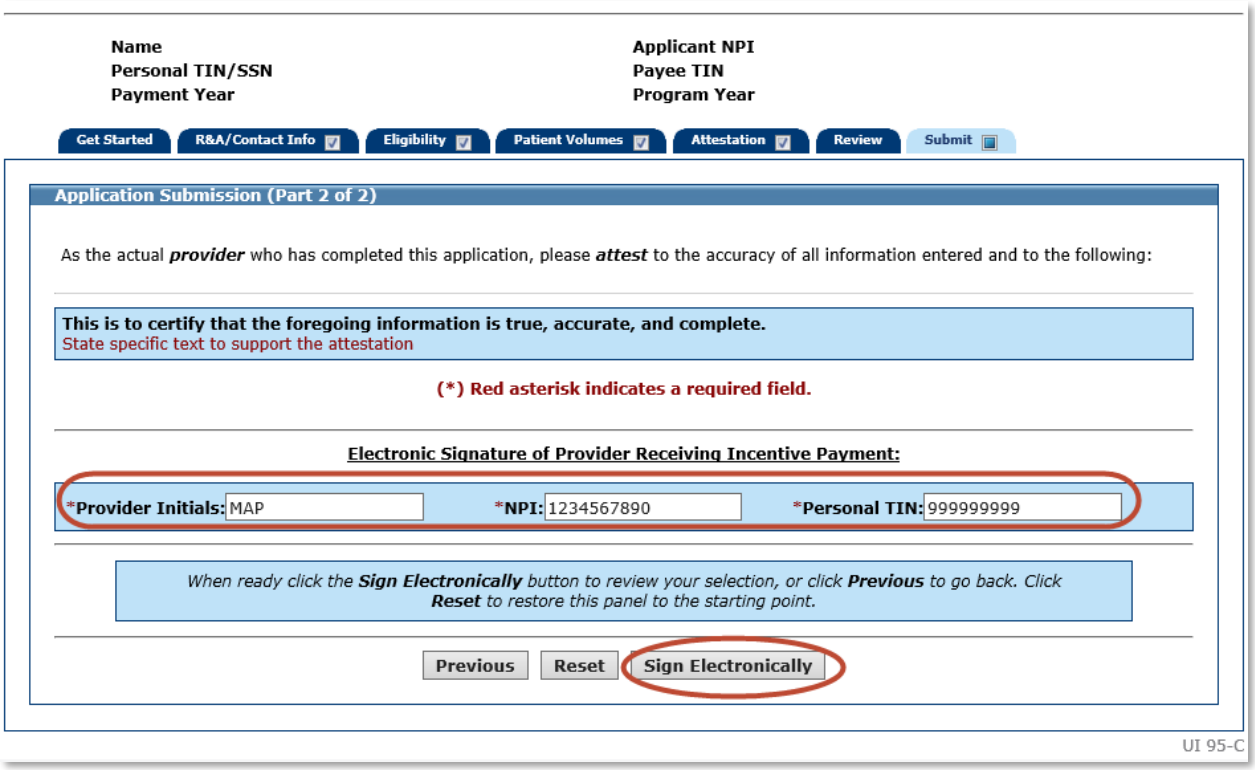


This screen depicts the Provider signature screen.

Enter your Provider Initials, NPI, and Personal TIN.

Click **Sign Electronically** to proceed.

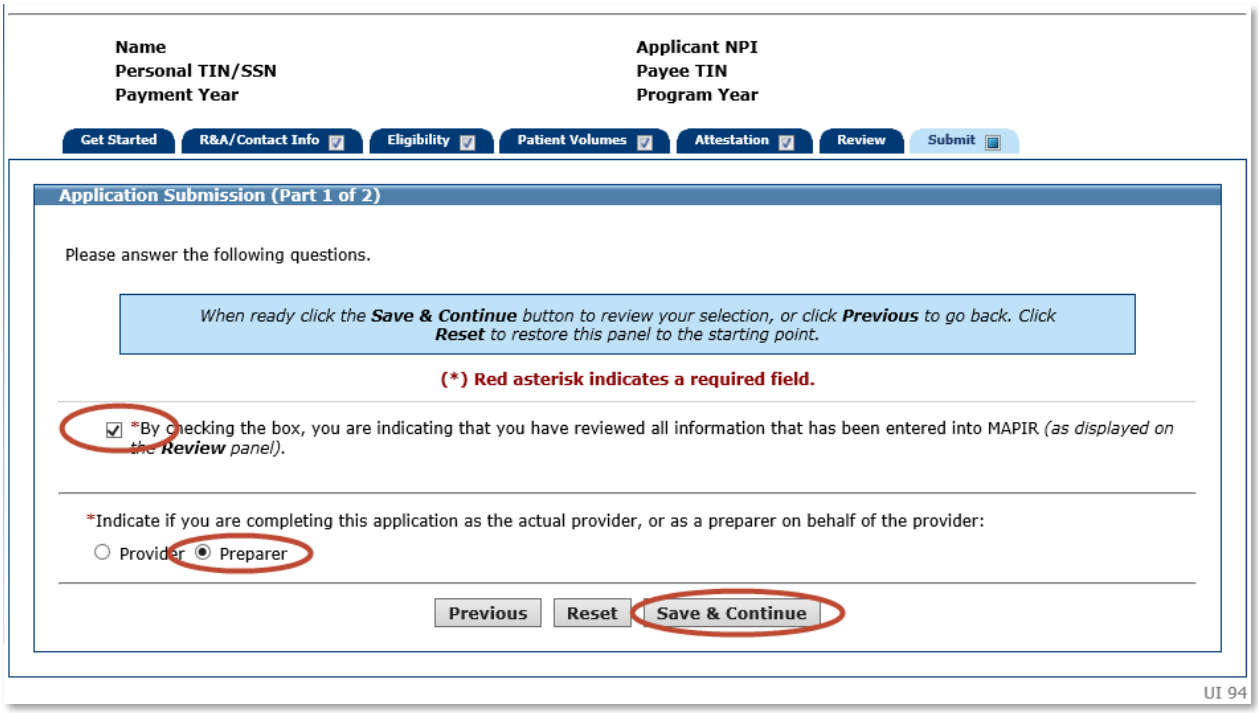
Click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.



This screen depicts Preparer selection for a *Preparer* on behalf of the provider.

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

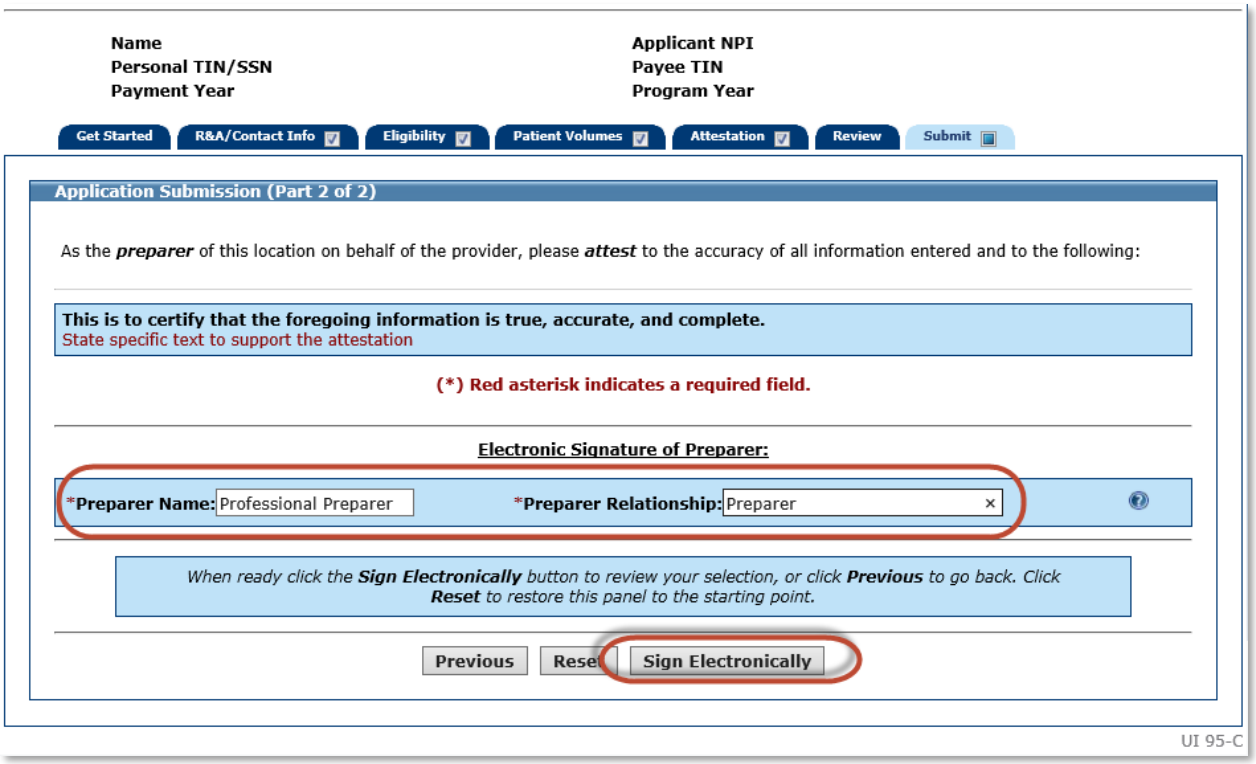
Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.



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

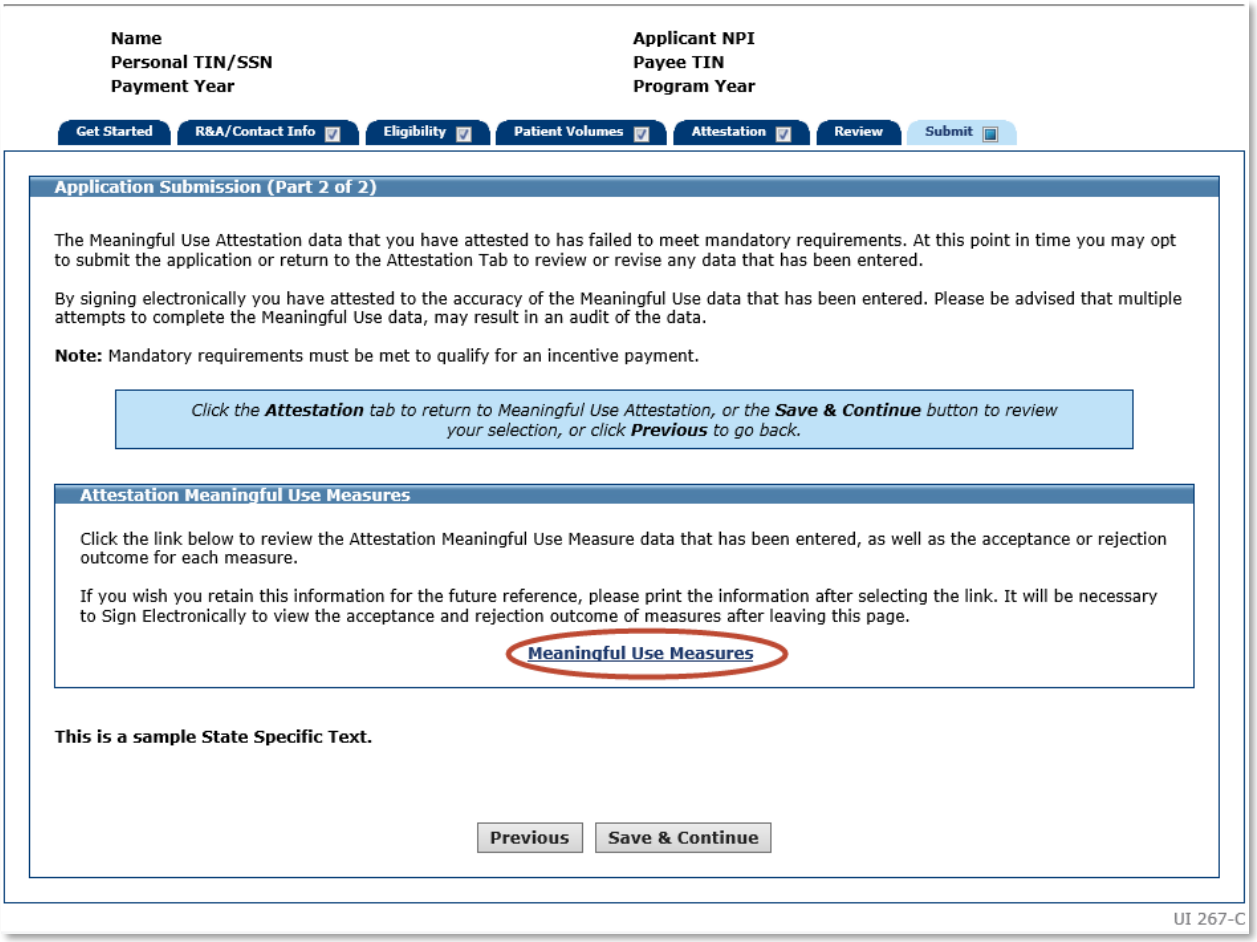
Enter your Preparer Name and Preparer Relationship to the provider.

Click **Sign Electronically** to review your selection or click **Previous** to return. Click **Reset** to restore this panel to the starting point or last saved data.



After electronically signing the application, MAPIR determines if the Meaningful Use attestation data you attested to is accepted or rejected.

- If your Meaningful Use attestation data is rejected, the following screen will display.
- If your Meaningful Use attestation data is accepted, proceed to the following page.



Click on the **Meaningful Use Measures** link to review the Meaningful Use attestation data that you entered as well as the acceptance or rejection outcome for each measure. Click on the **Attestation** tab to return to the Meaningful Use Attestation where you can revise the Meaningful Use attestation data.

Please note that you may be subject to an audit after frequent attempts at correcting failed measures.

Also note that while you have the option to continue with your submission by clicking **Save & Continue**, if you do not meet the mandatory requirements, you will not receive an incentive payment.

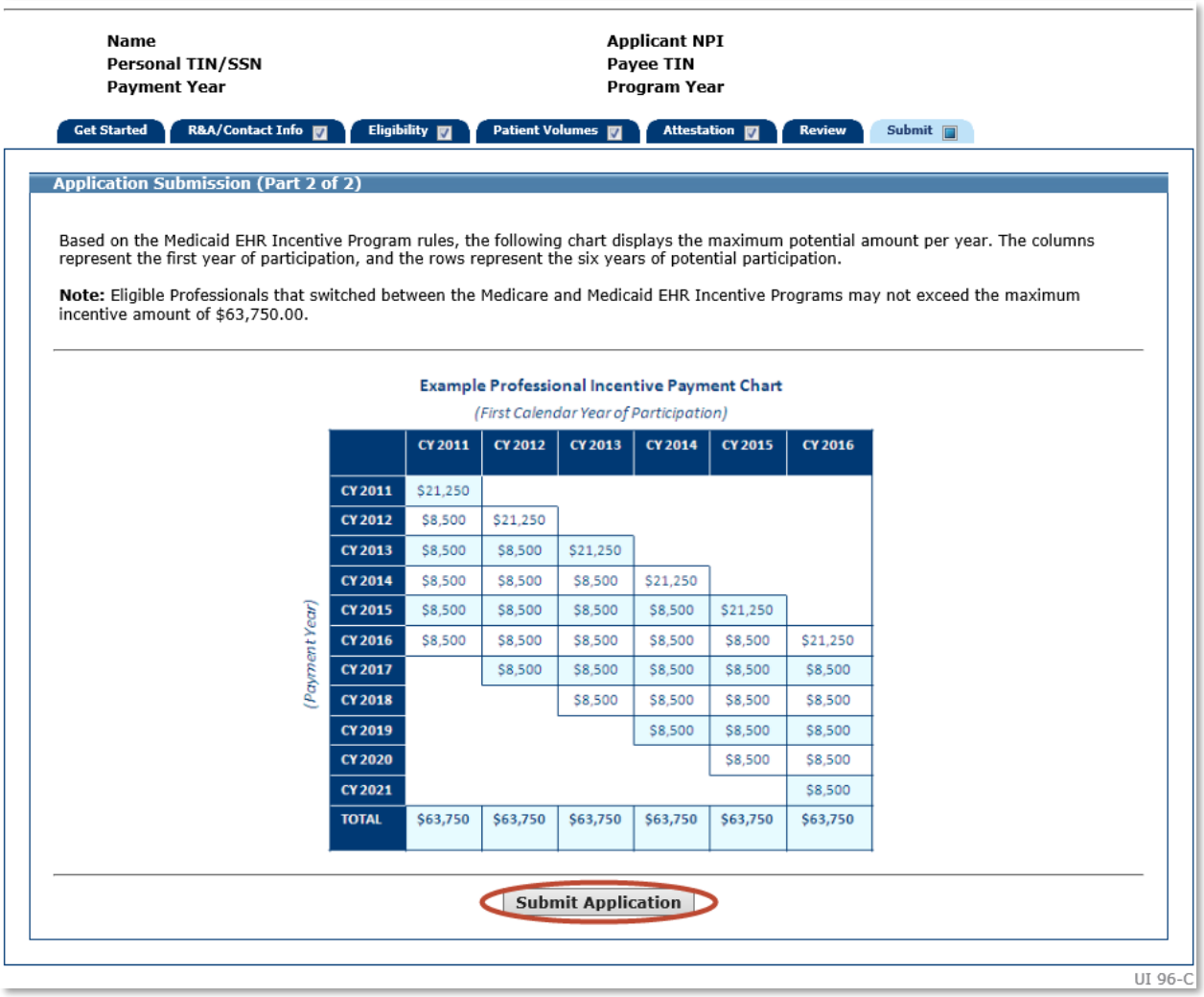
Click **Previous** to go back or click the **Save & Continue** to proceed with the submission of your application.

This is an example of an incentive payment chart.

No information is required on this screen.

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

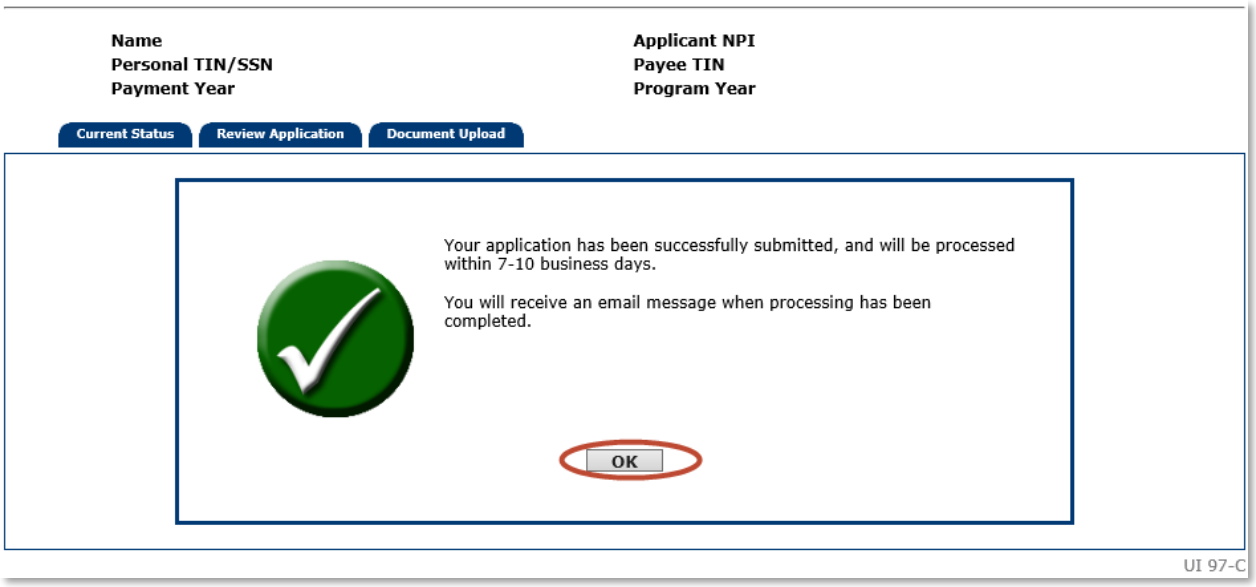
Click **Submit Application** to continue.



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

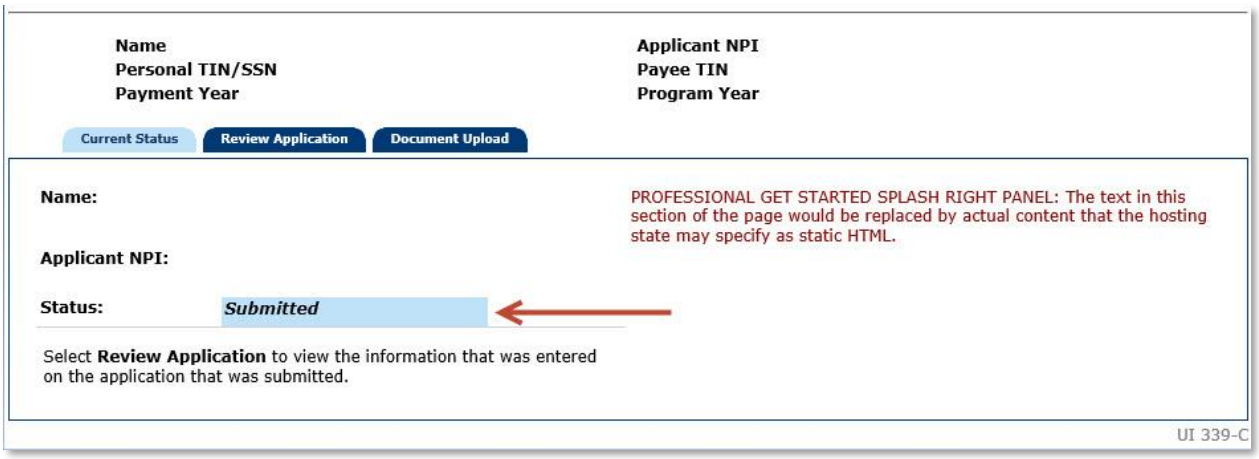
The check indicates your application has been successfully submitted.

Click **OK**.

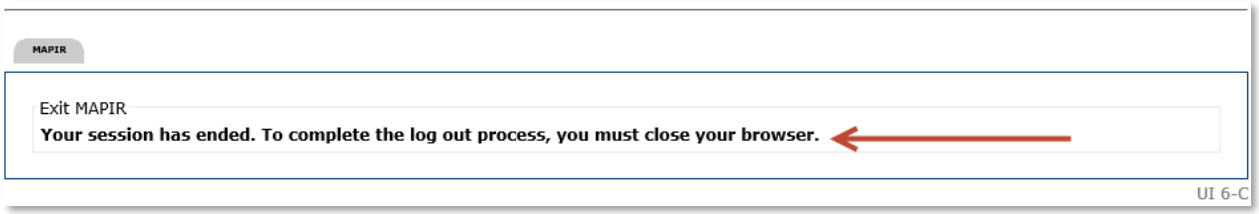


When your application has been successfully submitted, you will see the application status of Submitted. You can click the **Review Application** tab to review your application; however, you will not be able to make changes.

Click **Exit** to exit MAPIR.



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



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 state Medicaid portal. Once you have successfully completed the application submission process you will receive an email confirming your submission has been received. You may also receive email updates as your application is processed.

When you log in to MAPIR after submitting your application you will see the Medicaid EHR Incentive Program Participation Dashboard.

Notice that the Status of your application is Submitted. You can only view an application in a Submitted status. The next payment year application will be enabled when you become eligible to apply. For status information, please see the Status Definition table in the Post Submission Activities section of this manual.

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI **TIN**

CCN

Payee TIN

instruction text here

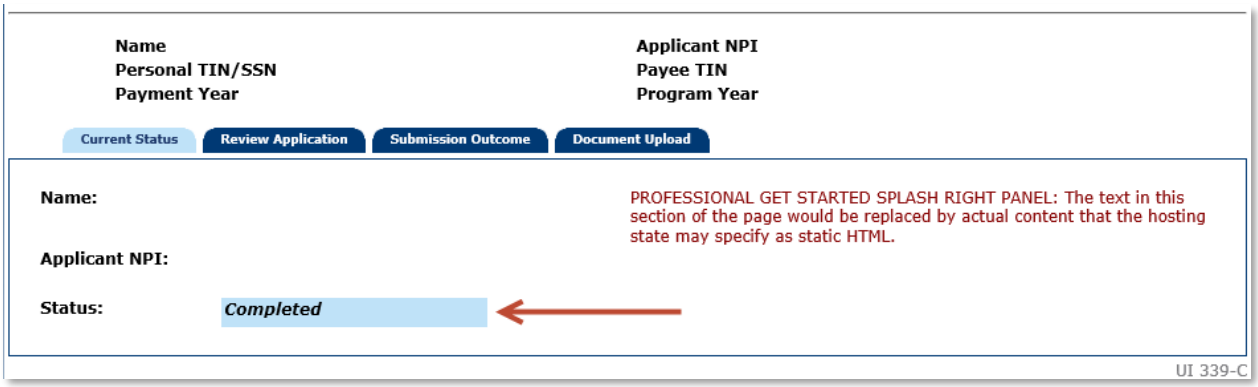
(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
○	Adoption	Denied	1	2014	$0.00	Select the "Continue" button to view this application
○	Upgrade	Completed	1	2015	$21,250.00	Select the "Continue" button to view this application.
○	Stage 1 Meaningful Use Full Year	Denied	2	2016	$0.00	Select the "Continue" button to view this application
○	Stage 3 Meaningful Use Full Year	Completed	3	2018	$8,500.00	Select the "Continue" button to view this application.
○	Stage 3 Meaningful Use 90 Days	Submitted	4	2019	$8,500.00	Select the "Continue" button to view this application.
○	*Future*	*Future*	*5*	*Future*	*Unknown*	*None at this time*
○	*Future*	*Future*	*6*	*Future*	*Unknown*	*None at this time*

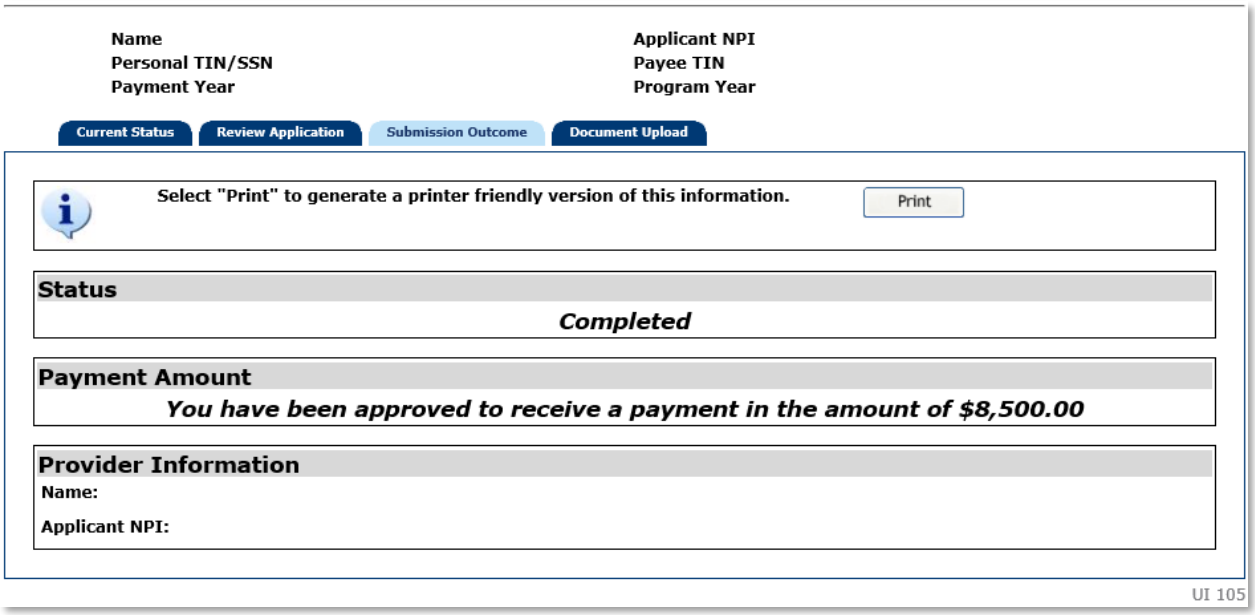
Continue

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.

If your application is in a Submitted, Pended for Review, or a Completed status, you will have the option to upload additional documentation on the **Document Upload** tab; however, if your application is not in one of the statuses previously mentioned, the Document Upload tab will not display.



Once your application has been processed by the state Medicaid program office, you can click the **Submission Outcome** tab to view the results of submitting your application.



Application Statuses

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

Status	Definition
Not Registered at R&A	MAPIR has not received a matching registration from both the R&A and the state MMIS.
Incomplete	The application is in a working status but has not been submitted and may still be updated by the provider.
Submitted	The application has been submitted. The application is locked to prevent editing and no further changes can be made.
Payment Approved	A determination has been made that the application has been approved for payment.
Payment Disbursed	The financial payment data has been received by MAPIR and will appear on your remittance advice.
Partial Recoupment Received	An adjustment has been requested and the total amount has not been recouped.
Partial Remittance Received	An adjustment has been processed and a partial recoupment has been made and will appear on your remittance advice.
Aborted	When in this status, all progress has been eliminated for the incentive application and the application can no longer be modified or submitted.
Adjustment Initiated	An adjustment has been lodged with the proper state authority by the provider.
Adjustment Approved	The adjustment has been approved.
Adjustment Canceled	The adjustment has been canceled.
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.
Cancelled	An application has been set to “Cancelled” status only when R&A communicates a registration cancellation to MAPIR. MAPIR cancels both the registration and any associated application.
Future	This is a status that will be displayed against any application to indicate the number of future applications that the provider can apply for within the EHR Incentive Program.
Not Eligible	This is a status that will be displayed against any application whenever the provider has exceeded the limits of the program timeframe.
Not Started	This is a status that will be displayed against any application whenever the provider has not started an application but MAPIR received an R&A registration and has been matched to an MMIS provider.

Expired	An application is set to an “Expired” status when an application in an “Incomplete” status has not been submitted within the allowable grace period for a program year or when an authorized admin user changes an application to this status after the end of the grace period. Once an application is in an Expired status, the status cannot be changed, and it is only viewable to the provider.

Review an Adjustment

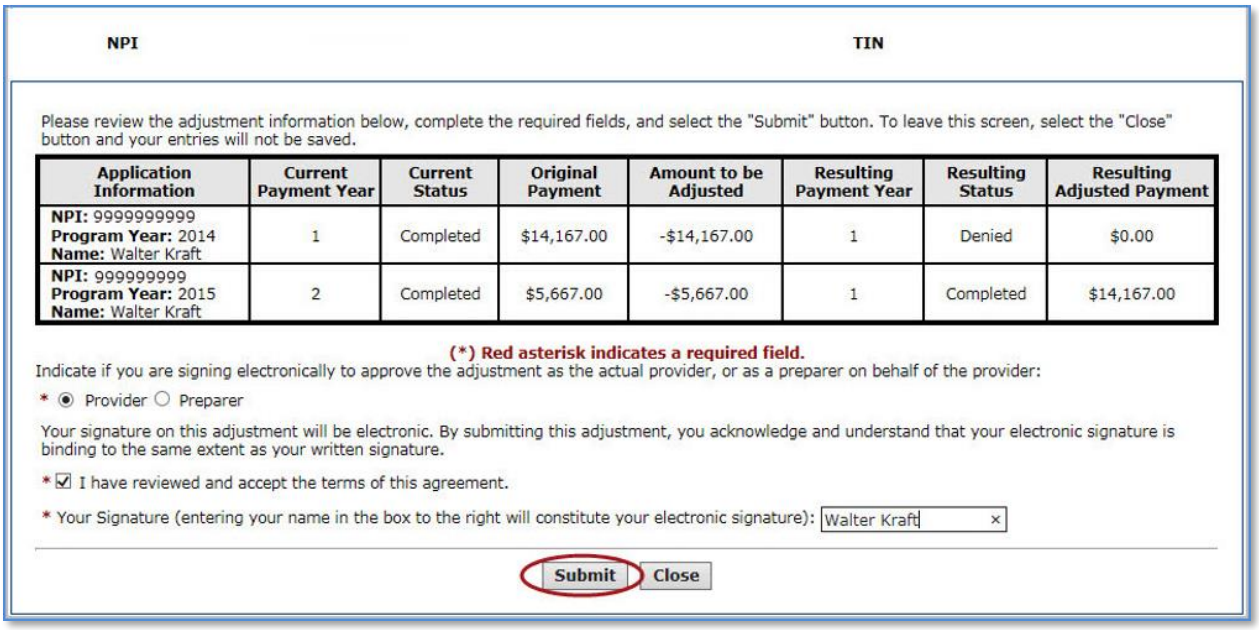
If a financial adjustment is in process for one or more program year incentive applications, you may be required to review and approve the adjustment.

The Medicaid EHR Incentive Program Participation Dashboard will display the following message and button.

Click the **Review Adjustment** button.

The EP Multi-Year Adjustment eSignature screen displays.

Review the adjustment information on the screen. Indicate if you are a *Provider* or *Preparer*. Select the checkbox if you read, understood, and accept the terms of the agreement. Sign the agreement by entering your name in the text box. Click the **Submit** button to agree to the adjustment or click the **Close** button to exit this screen.



NPI **TIN**

Please review the adjustment information below, complete the required fields, and select the "Submit" button. To leave this screen, select the "Close" button and your entries will not be saved.

Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Payment
NPI: 9999999999 **Program Year:** 2014 **Name:** Walter Kraft	1	Completed	$14,167.00	-$14,167.00	1	Denied	$0.00
NPI: 999999999 **Program Year:** 2015 **Name:** Walter Kraft	2	Completed	$5,667.00	-$5,667.00	1	Completed	$14,167.00

(*) Red asterisk indicates a required field.

Indicate if you are signing electronically to approve the adjustment as the actual provider, or as a preparer on behalf of the provider:

* ◉ Provider ○ Preparer

Your signature on this adjustment will be electronic. By submitting this adjustment, you acknowledge and understand that your electronic signature is binding to the same extent as your written signature.

* ☑ I have reviewed and accept the terms of this agreement.

* Your Signature (entering your name in the box to the right will constitute your electronic signature): Walter Kraft

Submit Close

Note
If, while you are reviewing your pending adjustment, the Administrative User submits the adjustment without your signature or cancels the adjustment, you will receive an error message indicating that the adjustment is no longer available. No further action is needed.

After clicking the Submit button, the EP Multi-Year Adjustment review screen displays with a summary of the pending adjustment.

Select the **Close** button to return to the Medicaid EHR Incentive Program Participation Dashboard. While the adjustment is in process, the Review Adjustment button will remain on the Medicaid EHR Incentive Program Participation Dashboard.

You can view the pending adjustment using the **Review Adjustment** button until the adjustment process completes. At that point, the button will no longer display and the status changes and payment year shift resulting from the multi-year adjustment will display.

NPI **TIN**

Below is a summary of the adjustment you have agreed to.

Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Payment
NPI: 999999999 **Program Year:** 2014 **Name:** Walter Kraft	1	Completed	$14,167.00	-$14,167.00	1	Denied	$0.00
NPI: 999999999 **Program Year:** 2015 **Name:** Walter Kraft	2	Completed	$5,667.00	-$5,667.00	1	Completed	$14,167.00

Indicate if you are signing electronically to approve the adjustment as the actual provider, or as a preparer on behalf of the provider:

◉ Provider ○ Preparer

Your signature on this adjustment will be electronic. By submitting this adjustment, you acknowledge and understand that your electronic signature is binding to the same extent as your written signature.

☑ I have reviewed and accept the terms of this agreement.

Your Signature (entering your name in the box to the right will constitute your electronic signature): Walter Kraft

Close