



**Medical Assistance HIT Initiative**  
**Medical Assistance**  
**EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**PENNSYLVANIA MEDICAL ASSISTANCE  
EHR INCENTIVE PROGRAM**

**ELIGIBLE PROFESSIONAL PROVIDER  
MANUAL**

**UPDATED: OCTOBER 22, 2015**

**Table of Contents**

Table of Contents ..... 2

Part I: Pennsylvania Medical Assistance Electronic Health Record Incentive Program

Background..... 3

    1 Introduction ..... 4

    2 Purpose of the Eligible Professional Provider Manual..... 6

    3 Who is Eligible? ..... 7

(Subject line: “Physician Assistant”) ..... 9

    4 Overview of the EHR Incentive Program Application Process ..... 11

    5 Patient Volume Calculation..... 17

    6 Provider Incentive Payments ..... 22

    7 Adopt, Implement or Upgrade (AIU) and Meaningful Use..... 24

    8 Attestations and Audits ..... 26

    9 Overpayments ..... 30

    10 Appeals ..... 31

Part II: Application Assistance ..... **Error! Bookmark not defined.**

    11 MAPIR Overview ..... 32

    12 Pennsylvania’s PROMISE™ Provider Portal..... 34

    13 Completing the MAPIR Application..... 36

    14 Appendix ..... 37

    Definitions per Final Rule and/or Pennsylvania State Medical Assistance..... 37

    Useful Acronym List..... 40

    Resources..... 42

    MU Criteria: Core, Menu and Clinical Quality Measures ..... 43

    Auto-generated Provider Email Responses (MAPIR Application)..... 44

    Manually Generated Provider Email Responses (MAPIR Application)..... 56



**Medical Assistance HIT Initiative**  
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*Eligible Professional Provider Manual v.4.1*

**Part I: Pennsylvania Medical Assistance Electronic Health Record Incentive Program**  
**Background**

## **1 Introduction**

Pennsylvania, like other states, recognizes the value of having real-time medical information when providers care for their patients. The use of health information technology (HIT) including electronic health records (EHR) to make this information available at the point-of-care has the potential to improve patient outcomes and the efficiency of the healthcare system as a whole.

The American Recovery and Reinvestment Act of 2009 ([ARRA](#)) established a program to provide incentive payments to eligible providers who adopt, implement, upgrade, or meaningfully use federally-certified EHR systems. Under ARRA, states are responsible for identifying professionals and hospitals that are eligible for Medicaid EHR incentive payments, making payments, and monitoring payments. The Pennsylvania Medical Assistance Health Information Technology Initiative (MAHITI) will oversee the Medical Assistance EHR Incentive Program in Pennsylvania. The incentive payments are not a reimbursement, but are intended to encourage adoption and meaningful use of EHRs.

The Centers for Medicare & Medicaid Services (CMS) is responsible for implementing the provisions of the Medicare and Medicaid EHR Incentive Programs. CMS issued the Final Rule on the Medicaid EHR Incentive Program on July 28, 2010:

<http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>. CMS then issued the Stage 2 Final Rule on the Medicaid EHR Incentive Program on September 4, 2012: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>. On September 4, 2014 CMS issued the Flexibility Rule: <http://www.gpo.gov/fdsys/pkg/FR-2014-09-04/pdf/2014-21021.pdf> and on October 16, 2015, CMS issued the Stage 3 and 2015-2016 Modification Rules: <http://www.gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25595.pdf>. For more information on CMS EHR requirements, go to CMS FAQ's at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/FAQ.html>

CMS requires States requesting Federal funds for the EHR Incentive Program to submit a **State Medicaid HIT Plan (SMHP)**. The Pennsylvania Department of Human Services' Office of Medical Assistance Programs (OMAP) received initial CMS approval for its SMHP on December 28, 2010 and received approval for a revised SMHP on December 20, 2011. The SMHP was updated and approved on June 10, 2015. To review a copy of the Pennsylvania Commonwealth's SMHP refer to the following link:

[http://www.DHS.pa.gov/cs/groups/webcontent/documents/document/p\\_003113.pdf](http://www.DHS.pa.gov/cs/groups/webcontent/documents/document/p_003113.pdf)



**Pennsylvania Department of Human Services Office of Medical Assistance Programs (OMAP)**

For many years, Pennsylvania has been a national leader in healthcare, pursuing a variety of strategies to improve access to affordable quality care. Pennsylvania's Medicaid program, Medical Assistance, has implemented a long list of initiatives to improve the quality of care delivered to Pennsylvania Medical Assistance consumers. The Department of Human Services Office of Medical Assistance Programs (OMAP), Pennsylvania's Medical Assistance agency, has recognized health information technologies (HIT) as essential tools for achieving long-term transformation of the healthcare delivery system.

**Pennsylvania's HIT Initiatives**

**Vision:** *To improve the quality and coordination of care by connecting providers to patient information at the point of care through the meaningful use of EHRs.*

**Goals:** Pennsylvania Medical Assistance will achieve this vision by actively encouraging the adoption of HIT through a variety of means, including the EHR Incentive Program. Our HIT goals for the Pennsylvania Medical Assistance program center on:

- ***Increased Awareness*** → Education enables providers and consumers to understand the benefits of HIT adoption.
- ***Increased Quality*** → Better information to support clinical decisions by providers increases quality for consumers while reducing costs.
- ***Increased Coordination*** → Eliminating duplicative services and identifying gaps in care increases administrative efficiencies and results in better care coordination.
- ***System Redesign*** → Data capture and analysis provides opportunities to enhance and improve current quality initiatives for both providers and consumers.



## **2 Purpose of the Eligible Professional Provider Manual**

The Pennsylvania Medical Assistance EHR Incentive Program Eligible Professional Provider Manual is a resource for healthcare professionals who wish to learn more about the Pennsylvania Medical Assistance EHR Incentive Program including detailed information and resources on eligibility and attestation criteria, as well as instructions on how to apply for incentive payments. The Eligible Professional Provider Manual also provides information on how to apply to the program via the Medical Assistance Provider Incentive Repository (MAPIR), which is the Department's web-based EHR Incentive Program application system.

The best way for a new user to orient themselves to the EHR Incentive Program requirements and processes is to read through each section of this Provider Manual in its entirety, prior to starting the application process. The manual is best viewed through the website and due to the length, you may not want to print the entire document.

In the event this provider manual does not answer your questions or you are unable to navigate MAPIR or complete the registration and application process, you should contact the Department by email at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

### **Other Resources**

There are a number of resources available to assist providers with the Pennsylvania Medical Assistance EHR Incentive Program application process. These resources can be found at: [www.pamahealthit.org](http://www.pamahealthit.org). For example, there are webinars describing various aspects of the application and attestation process, frequently asked questions, and a patient volume calculator. There is also a list of additional resources at the end of this [manual](#).



### **3 Who is Eligible?**

The CMS Final Rule outlines the following mandatory criteria for an Eligible Professional (EP) to be considered for the Pennsylvania Medical Assistance EHR Incentive Program:

1. EPs must be licensed physicians, dentists, pediatricians, certified registered nurse practitioners, certified nurse midwives, and physician assistants enrolled in the Pennsylvania Medical Assistance Program.
  - a. **Note:** While physician assistants are not eligible to be compensated for services provided to Pennsylvania Medical Assistance recipients, physician assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is “so led” by a physician assistant may be eligible for Pennsylvania Medical Assistance EHR incentive payments. However, physician assistants who are eligible for incentive payments will be required to enroll in Pennsylvania’s MMIS provider internet portal, PROMISe™. See additional instructions below.
  - b. For the purposes of this Program, the Department defines a pediatrician as a physician who is either board-certified as a pediatrician or has received 12 months of training with children under the age of 21 years old.
2. EPs cannot be hospital-based. Hospital-based is determined by the site where the service was delivered. Physicians who furnish substantially all, defined as 90 percent or more, of their covered professional services in either an inpatient (POS 21) or emergency department (POS 23) of a hospital are considered to be hospital-based and are therefore not eligible for incentive payments under the Medicare and Medical Assistance EHR Incentive Programs. Data from the prior calendar year is utilized to determine hospital-based status.
3. EPs must be enrolled as a Pennsylvania Medical Assistance provider without sanctions or exclusions. Providers who are not enrolled will need to enroll with Pennsylvania Medical Assistance prior to applying for Pennsylvania Medical Assistance EHR Incentive Program. An active PROMISe account needs to be maintained throughout the entire application/payment process.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

***INSTRUCTIONS FOR PHYSICIAN ASSISTANTS***

Physician Assistants applying for the incentive payment must meet the CMS-defined criteria of practicing at an FQHC/RHC that is “so led” by a Physician Assistant. “So led” is defined by CMS to mean the following:

- When a Physician Assistant is the primary provider in an FQHC/RHC;
- When a Physician Assistant is a clinical or medical director at a clinical site of practice at an FQHC/RHC; or,
- When a Physician Assistant is an owner of an FQHC/RHC.

Physician Assistants applying for the incentive payment will be required to provide the signed FQHC/RHC Attestation Form, (<http://www.DHS.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>), as one source of supporting documentation to validate the above criteria. The FQHC/RHC Attestation Form must be completed and signed by either the chief executive officer, president, vice president or other senior organizational lead. Additionally, the Physician Assistant will be asked to provide other supporting documentation such as an organizational chart to complement the FQHC/RHC Attestation Form. Physician Assistants will be asked to provide the supporting documentation for meeting the above criteria for each year they participate in the Medical Assistance EHR incentive program. This information will be reviewed and approved prior to an EHR incentive payment being issued.

Physician Assistants predominately practicing in an FQHC/RHC “so led” by a Physician Assistant who think they may be eligible for Medical Assistance EHR Incentive Program payments should contact the Department by email at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

The Department will help you determine if you meet the criteria for the Medical Assistance EHR Incentive Program. If the Department determines you are eligible to participate with the EHR incentive program as a Physician Assistant, you will be directed to complete the PROMISE™ application at the following link:  
[http://www.DHS.pa.gov/cs/groups/webcontent/documents/forms/s\\_002225.pdf](http://www.DHS.pa.gov/cs/groups/webcontent/documents/forms/s_002225.pdf)

To allow for efficient processing of your PROMISE™ application:



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

- When completing Question 5, please indicate Provider Type of 10 and leave the description field blank;
- When completing Question 6, indicate Specialty Code Number of 100 and leave the specialty description field blank;
- When completing Question 16L, indicate a Provider Eligibility Program (PEP) of “ENP”;
- If the fields above are not completed as instructed the PROMISE™ application will be returned;
- To expedite your request, please email the completed PROMISE™ application to the following address: RA-MAHealthIT@pa.gov, (Subject line: “Physician Assistant”); and,
- If the applicant chooses to either fax or mail their PROMISE™ Application to the Department, please send it to the fax number or postal address provided below:

**To submit via fax: (717) 346-3288  
(Attention: Medical Assistance EHR Incentive Unit)**

**To submit via email: [RA-MAHealthIT@pa.gov](mailto:RA-MAHealthIT@pa.gov)  
(Subject line: “Physician Assistant”)**

### ***INSTRUCTIONS FOR PEDIATRICIANS***

For the purposes of the Pennsylvania Medical Assistance EHR Incentive Program, pediatricians are defined as physicians who are either board-certified as pediatricians, or who have received 12 months of training with children under the age of 21 years old. Pediatricians applying for an incentive payment must be able to provide supporting documentation to demonstrate that they meet CMS and Department criteria as a pediatrician for the EHR Incentive Program. The Department may audit and validate pediatricians to verify that they meet the criteria for receiving an incentive payment. Supporting documentation may include, but is not limited to: a copy of the board certification, or verification of 12 months of training or practice in pediatrics.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Pediatricians must have 20 percent Medicaid patient volume when they do not practice predominantly in an FQHC or RHC and must have 30 percent Medical Assistance and needy patient volume when they do practice predominantly in an FQHC or RHC.

If you would like to submit this documentation so that it is on file with the Department, please send your information by email or fax to the contacts below:

**To submit via email:** [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov)  
(Subject line: "Pediatrician")

**To submit via fax:** (717) 265-8284,  
(Attention: Medical Assistance EHR Incentive Unit)

*Note: Please include your name and NPI number on all correspondence.*

## **4 Overview of the EHR Incentive Program Application Process**

The following steps describe the Pennsylvania Medical Assistance EHR Incentive Program application process (if this is not the first year you are applying for an incentive payment, please forego the CMS R&A steps unless you need to modify your registration at the CMS R&A):

- In the first participation year, applicants must register with the Centers for Medicare & Medicaid Services (CMS) at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (also known as the R&A) website (<https://ehrincentives.cms.gov/hitech/login.action>). **After the first participation year, applicants can go directly into the MAPIR system to begin the application process.** If you do go back to the CMS R&A website to make an update or review the information, you must ‘submit’ the application before exiting. Failure to re-submit will result in a delay of the processing of your application. For the CMS R&A registration, applicants will need to provide information such as:
  - Individual and Payee NPI and Tax Identification Numbers (TIN); – **Note:** if reassigning payment to another entity the applicant must make sure they have the necessary fee assignment in place. This information can be confirmed by logging into the provider’s PROMISE’s account and then selecting the ePEAP button;
  - Incentive Program option of Medicare or Pennsylvania Medical Assistance (referred to as Medicaid in the R&A), **Note:** If Medicaid, indicate the state for which you are applying;
  - CMS EHR Certification Number; and,
  - Email contact information. All correspondence will be sent via email.
- Once successfully registered with the R&A, eligible applicants will receive a notification that they can register in MAPIR, which is accessed through the Pennsylvania MMIS provider internet portal. This may take up to two business days following successful registration with the R&A. MAPIR is the Department’s web-based system that will track and act as a repository for information related to applications, attestations, payments, appeals, oversight functions, and interface with the CMS R&A.

- Applicants will use their individual PROMISe™ Internet Portal User ID and password to log into the Pennsylvania MMIS provider internet portal. If they are an eligible professional type then a MAPIR application link will be displayed. By clicking on the link, the MAPIR application will search for a registration record received from the R&A. Once a match is found, the application process can begin. If an application is not found within three days after an applicant registered with the R&A, the applicant should contact the Department for assistance by email at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).
- Applicants will need to verify the information displayed in MAPIR, enter additional required data elements, and make attestations about the accuracy of data elements entered in MAPIR. Applicants will need to demonstrate they meet:
  - Medicaid patient volume thresholds;
  - They are adopting, implementing, upgrading or meaningfully using a federally-certified EHR systems; The EP is required to provide documentation validating their certified EHR System that they attested to in the MAPIR application. Below is a list of documents we will accept to verify EHR attestation is sufficient. The Department will determine if the validation of the attestation is met after review of the documentation(s):
    - Signed contract or user agreement between you and the vendor
    - Signed lease between you and the vendor
    - Receipt of purchase or paid invoice

AND (in addition to one of the above documents)

- A signed vendor letter **with** the CMS EHR system Certification ID number
- *NOTE: We cannot accept a screen print of the ONC website that shows the CMS Certification ID number. Handwritten CMS Certification ID numbers on any above documentation is also not accepted.*

A sample vendor letter can be viewed on our website at:

[http://www.DHS.pa.gov/cs/groups/webcontent/documents/document/p\\_022831.pdf](http://www.DHS.pa.gov/cs/groups/webcontent/documents/document/p_022831.pdf)

These documents can be uploaded during the MAPIR application process or they can be emailed to [ra-mahealthit@pa.gov](mailto:ra-mahealthit@pa.gov)

- They meet all other federal program requirements.
- Applicants may use the patient volume calculator on the Department’s website ([www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)) prior to entering MAPIR to **estimate** eligibility based on patient volume for a continuous 90-day period within the previous calendar year or 90-days within the 12 months preceding the application attestation date.
- Applicants may refer to Meaningful Use resources on the Department’s website ([www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)) prior to entering MAPIR to attest to meaningful use. All MU data is done at the individual EP level and cannot be done at the group level like patient volume. In the second participation year EPs must attest to meeting the meaningful use criteria for any continuous 90 day period within the same payment year (calendar year).
- The Department will review applications submitted in MAPIR and make approval decisions. The Department will inform all applicants whether they have been approved or denied via email. All approvals and denials are based on EHR Incentive Program rules set forth by the federal government.
- Payments will be issued via the standard PROMISe™ payment system that runs once a week. Applicants will see approved payments on their remittance advices and their annual 1099’s.
- It is possible the Department may need to contact applicants during the application process before a decision can be made to approve or deny an application. Applicants are encouraged to contact the Department if they have questions about the process, by email at: [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).
- Applicants have appeal rights available to them, if an applicant is denied an EHR incentive payment or if a provider is prohibited from participating in the EHR Incentive program. The Department will convey information on the appeals process to all applicants wishing to begin an appeal. Appeals will be processed by the Department’s Bureau of Hearings and Appeals.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

- Applicants are permitted to reassign their incentive payments to their employer or to an entity with which they have a contractual arrangement allowing the employer or entity to bill and receive payment for the applicant's covered professional services. This contractual arrangement is validated by active fee assignments within the PROMISe system.

Applicants should feel free to contact the Department for more assistance with the application process. Applicants can contact the Department by email at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov). Please include your name and NPI number on all correspondence.

### **Application Readiness for Providers**

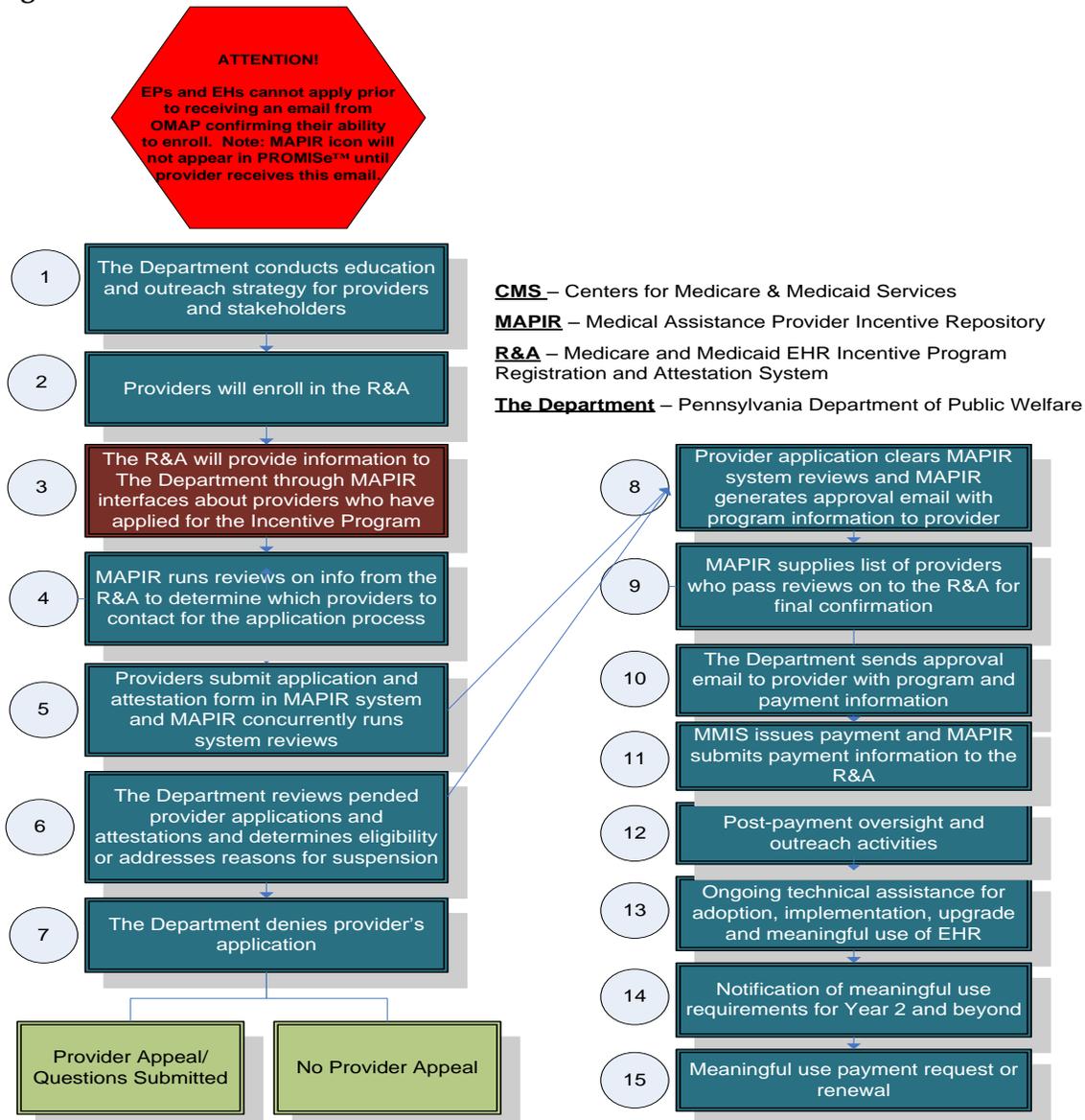
Applicants can take a number of steps to expedite the processing of their applications:

- Applicants must provide a valid email address during the CMS registration process so that the Department can inform them, by email, that their registration has been received from CMS and that they can begin the MAPIR application process;
- Applicants must obtain a PROMISe™ Internet Portal User ID and password for the PROMISe™ provider portal if they do not already have one. For registration information click on the following link:  
<http://www.DHS.pa.gov/provider/promise/enrollmentinformation/index.htm>;
- The NPI and TIN provided to CMS must match the NPI and Payee TIN information within the PROMISe™ system. This combination should be the same NPI/TIN combination that is used for Medical Assistance claim payment purposes;
- A fee assignment relationship needs to be established in the PROMISe™ system between the individual provider and the group they are assigning payment to. In other words the provider needs to be fee assigned to the payee NPI and TIN they are registering at CMS.
- Applicants can work through the MAPIR application process through Sample Eligible Professional MAPIR applications on the Department's website:  
<http://www.DHS.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>.

**Year One Process Flow: Medicaid EHR Incentive Program**

The following figure describes the overall application, registration, attestation, and monitoring process for the EHR Incentive Program, (see **Figure 1** below).

**Figure 1: Year One Process Flow: Medicaid EHR Incentive**

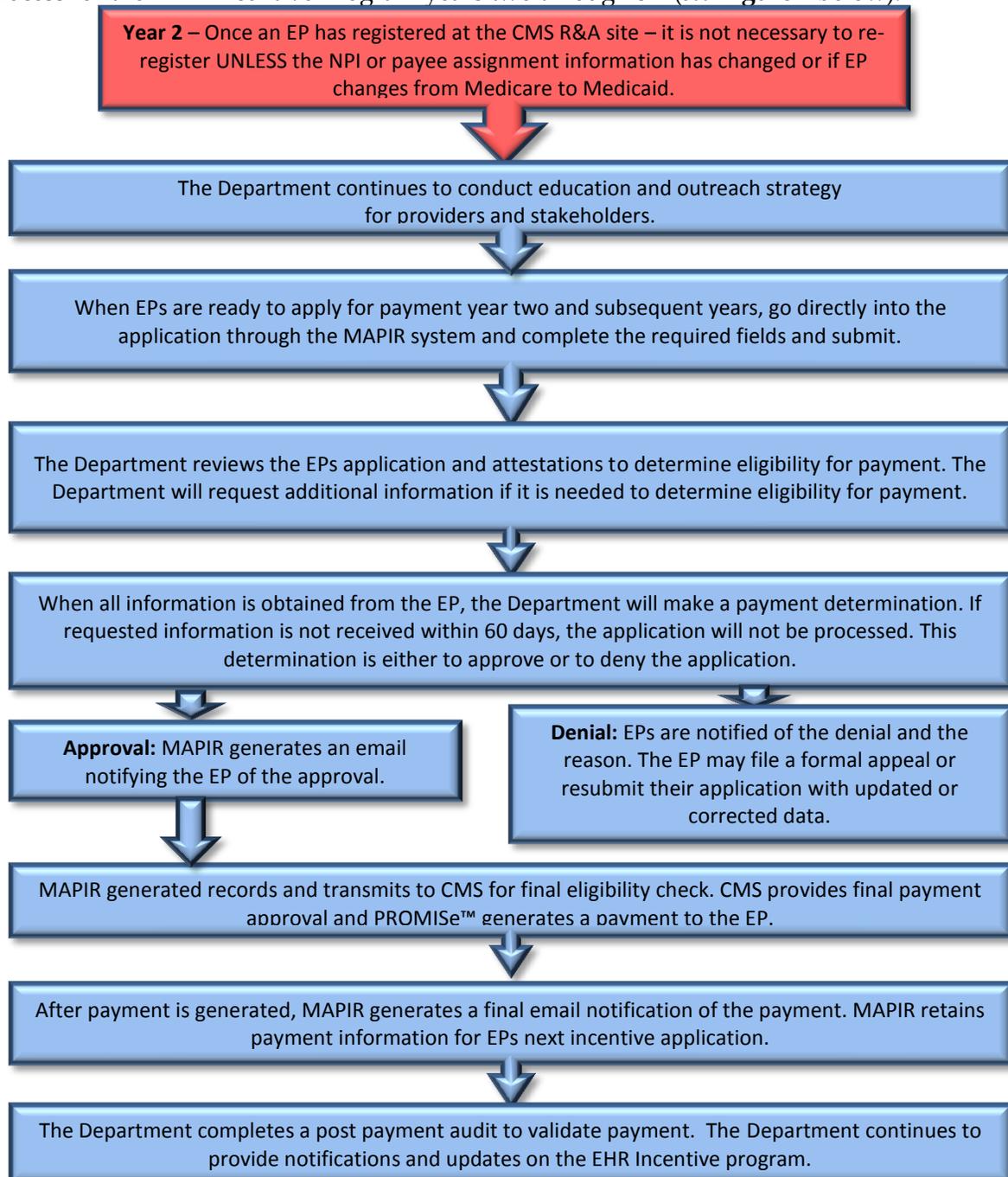


**CMS** – Centers for Medicare & Medicaid Services  
**MAPIR** – Medical Assistance Provider Incentive Repository  
**R&A** – Medicare and Medicaid EHR Incentive Program Registration and Attestation System  
**The Department** – Pennsylvania Department of Public Welfare

\* Providers include Eligible Professionals and Eligible Hospitals as defined by the EHR Incentive Program rules.

**Years Two through Six Process Flow: Medicaid EHR Incentive Program**

The following figure describes the overall application, registration, attestation, and monitoring process for the EHR Incentive Program years two through six (see **Figure 1** below).



## 5 Patient Volume Calculation

In order to be eligible for the Pennsylvania Medical Assistance EHR Incentive Program, EPs must meet eligible patient volume thresholds. The basic formula for calculating the **Medicaid Patient Volume** is illustrated below:

$$\begin{array}{ccc}
 \begin{array}{c} \textit{Medical Assistance} \\ \textit{Patient Encounters} \\ \textit{(includes Medicaid} \\ \textit{encounters in and out} \\ \textit{of Commonwealth of} \\ \textit{Pennsylvania)} \end{array} & \div & \begin{array}{c} \textit{Total Patient} \\ \textit{Encounter} \\ \textit{Volume in and} \\ \textit{out of} \\ \textit{Commonwealth of} \\ \textit{Pennsylvania} \end{array} & = & \begin{array}{c} \textit{\% Medicaid} \\ \textit{Patient} \\ \textit{Volume} \end{array}
 \end{array}$$

EPs must meet patient volume thresholds each year they participate in the Medical Assistance EHR Incentive program. The general rule is that EPs must meet the Medicaid patient volume thresholds which is typically a minimum of 30 percent but can be 20 percent or higher for pediatricians.

Medicaid patient volume numerator calculations are based on services rendered on any one day where the recipient is/was eligible for Medical Assistance and the denominator includes services rendered during the 90 day period for all patients. Medicaid patient volume is measured over a continuous 90-day period in the previous calendar year or a 90-day period within the 12 months preceding the application attestation date. For example, if the application attestation date is 9/1/2015, the volume must be achieved and reported for a continuous 90-day period in 2014 or a continuous 90-day period between 9/1/2014 and 8/31/2015. Providers are encouraged to upload documents supporting their Medical Assistance patient volume into their incentive application. Documentation can also be emailed to [ra-mahealthit@pa.gov](mailto:ra-mahealthit@pa.gov) or through DIRECT messaging at [padpw-omap-mahealthit@directaddress.net](mailto:padpw-omap-mahealthit@directaddress.net) and include the subject line 'MA patient volume report.' A sample volume report can be found here: [http://www.DHS.pa.gov/cs/groups/webcontent/documents/report/p\\_011933.pdf](http://www.DHS.pa.gov/cs/groups/webcontent/documents/report/p_011933.pdf)

### **DEFINITION OF ENCOUNTER**

For purposes of calculating EP patient volume, a Medicaid encounter means services rendered on any one day where the recipient is/was eligible for Medical Assistance. There is no minimum number of patient encounters. Patient volume calculations can include managed

care/HealthChoices encounters and dual Medicaid/Medicare eligible encounters so long as the Medicaid recipient was eligible the day the service was rendered.

**FQHC/RHC and Pediatrician Requirements:**

EPs that “practice predominantly” at a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) have different criteria, (see **Figure 2** below for additional details).

Pediatricians have special rules and are allowed to participate with a reduced eligible patient volume threshold (20 percent instead of 30 percent). If pediatricians have greater than 20 percent but less than a 30 percent eligible patient volume, their annual incentive cap is reduced to 2/3. Pediatricians who achieve 30 percent eligible patient volume are eligible to receive the full incentive amount for which they qualify.

**Figure 2: Patient Volume Thresholds per the CMS Final Rule**

Provider Type	Requirements	Threshold
<b>Eligible Professionals</b>		
<b>EPs Applying as Individuals</b>	Can use encounters from multiple locations. MAPIR will provide information for each location with Medicaid claims or provider enrollment data. The EP has the ability to manually add locations into the MAPIR application as well.	30%
<b>EPs Applying as a Group</b>	EPs may use a clinic or group practice's patient volume as a proxy for their own under three conditions: (1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation); (2) there is an auditable data source to support the clinic's patient volume determination; and (3) so long as the practice and EPs decide to use one methodology in each year (in other words, clinics could not have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EPs may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in	30%



	both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.	
<b>Pediatrician</b>	Must be a physician who is either board-certified as a pediatrician or has received 12 months of training with children under the age of 21 years old. Other EPs who are not Pediatricians but work in a pediatric group must meet the 30% threshold. Please note that pediatricians practicing predominantly in FQHC/RHCs must meet the 30% Medicaid patient volume threshold (including Medical Assistance and Needy patient encounters).	20% (30% FQHC/ RHC)
<b>EPs Practicing Predominantly in an FQHC/RHC</b>	Eligible professionals may participate in the Medicaid EHR Incentive Program if: 1) They meet Medicaid patient volume thresholds; or 2) They practice predominantly in an FQHC or Rural Health Clinic (RHC) and have 30% needy individual patient volume. FQHCs and RHCs are not eligible to receive payment under the program. Please contact your State Medicaid agency for more information on which types of encounters qualify as Medicaid/needy individual patient volume.	30%



**Needy Patient Volume – Applies only to EPs Who Practice Predominantly in an FQHC/RHC**

“Needy population encounter” means services performed where:

- The individual is/was eligible for Medical Assistance or the Children’s Health Insurance Program at the time of the encounter;
- The services were furnished at no cost; or,
- The services were paid for at a reduced cost based on a sliding scale determined by the individual’s ability to pay.

“Practices predominantly” means that more than 50 percent of your patient encounters occur at a federally qualified health center or rural health clinic. The calculation is based on a period of 6 months in the most recent calendar year or a 6 month period from the 12 months preceding the application attestation date.

**Group Volume Calculation**

Incentive payments are for individual providers, however, individual providers practicing in clinics and group practices (including FQHCs and RHCs) are allowed to use the practice or clinic Medicaid patient volume (or needy population patient volume, insofar as it applies) for their patient volume. **Note:** The group NPI must define the “group” and all members of the group must apply in an identical manner in other words certain EPs in the group cannot use an individual volume methodology if other EPs in the group are using the group volume calculation. EPs should enter the group NPIs in the group practice provider ID field. The following conditions apply to group practice calculations:

1. There must be an auditable data source to support the group’s patient volume determination. Providers are encouraged to upload documents supporting their Medical Assistance patient volume into their incentive application. Documentation can also be emailed to [ra-mahealthit@pa.gov](mailto:ra-mahealthit@pa.gov) and include the subject line ‘MA patient volume report.’ A sample volume report can be found here: [http://www.DHS.pa.gov/cs/groups/webcontent/documents/report/p\\_011933.pdf](http://www.DHS.pa.gov/cs/groups/webcontent/documents/report/p_011933.pdf)
2. The group methodology is not appropriate for eligible professionals who see commercial, Medicare, or self-pay exclusively. The Pennsylvania Medical Assistance EHR incentive program will verify that EPs are currently and actively seeing medical assistance (or needy individuals if the EP practices predominately in a FQHC or RHC) by reviewing claims history for the EP.

3. EPs have the capability to enter four (4) group NPIs. If there are more than four (4) group NPIs please indicate by checking the box in MAPIR described as “*additional group practice provider IDs.*” Please send all additional group NPI numbers and provider names by email to: [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).
4. If you are an eligible professional in a group that practices predominantly in an FQHC or RHC then you can include needy population encounters as part of your patient volume.

For additional information on calculating patient volume, please review the *Patient Volume Webinar* that OMAP presented on February 15, 2011 (Note: some things in this presentation have changed since it was created, but it provides a good summary):

[http://www.DHS.pa.gov/cs/groups/webcontent/documents/presentation/p\\_004130.pdf](http://www.DHS.pa.gov/cs/groups/webcontent/documents/presentation/p_004130.pdf)

A patient volume calculator to help estimate EP patient volume before applying in MAPIR is available on the Department’s website:

<http://www.DHS.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>

A sample volume report that outlines how encounters should be captured is available on the Department’s website and it is recommended you upload as a PDF with your MAPIR app.:

[http://www.DHS.pa.gov/cs/groups/webcontent/documents/report/p\\_011933.pdf](http://www.DHS.pa.gov/cs/groups/webcontent/documents/report/p_011933.pdf)

For FQHC/RHC clinics, you may send us a report matching the MAPIR application information in a slightly different format as outlined below:

- Column 1: Medicaid & CHIP Encounter Volume – This is all Pennsylvania Medicaid and Pennsylvania CHIP encounters
- Column 2: Other Needy Individual Encounter Volume – This is Pennsylvania sliding scale and Pennsylvania uncompensated encounters
- Column 3: Total Needy Encounter Volume – This is 1 plus 2 plus out of state Medicaid, sliding and uncompensated
- Column 4: Total Encounter Volume – This is all encounters regardless of payer and regardless of state (this should always be larger than 3)

This report would still include 90-day consecutive period the data represents. However, it WILL need to be signed and dated by an authorizing official (CEO, CFO, COO) of the health center.

## 6 **Provider Incentive Payments**

The federal rules also set forth the EP EHR incentive payments. EPs may receive up to \$63,750 in six incentive payments by participating in 6 program years over the life of the incentive program. It is not necessary for EPs to participate in 6 consecutive years, unless joining the program in 2016, to receive the full incentive payment of \$63,750, (see **Figure 3** below).

Eligible pediatricians that reach the 20 percent of their total patient volume but not 30 percent may receive up to \$42,500 through six incentive payments over the life of the program. The pediatrician incentive payments table, (see **Figure 4** below), provides an overview of incentive payments over the life of the Pennsylvania Medical Assistance EHR Incentive Program. **Note:** Pediatricians who receive the lower incentive payment in year one still have the opportunity to receive the higher incentive payment in subsequent years if their MA patient volume increases to over 30%.

**Figure 3: Maximum Incentive Payments for Pennsylvania Medical Assistance**

	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



**Medical Assistance HIT Initiative**  
**Medical Assistance**  
**EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Figure 4: Pediatrician Pennsylvania Medical Assistance EHR Incentive Payments  
(Between 20 – 29 Percent)**

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$14,167					
CY 2012	\$5,667	\$14,167				
CY 2013	\$5,667	\$5,667	\$14,167			
CY 2014	\$5,667	\$5,667	\$5,667	\$14,167		
CY 2015	\$5,667	\$5,667	\$5,667	\$5,667	\$14,167	
CY 2016	\$5,665	\$5,667	\$5,667	\$5,667	\$5,667	\$14,167
CY 2017		\$5,665	\$5,667	\$5,667	\$5,667	\$5,667
CY 2018			\$5,665	\$5,667	\$5,667	\$5,667
CY 2019				\$5,665	\$5,667	\$5,667
CY 2020					\$5,665	\$5,667
CY 2021						\$5,665
<b>TOTAL</b>	<b>\$42,500</b>	<b>\$42,500</b>	<b>\$42,500</b>	<b>\$42,500</b>	<b>\$42,500</b>	<b>\$42,500</b>

## **7 Adopt, Implement or Upgrade (AIU) and Meaningful Use**

The goal of the Pennsylvania Medical Assistance EHR Incentive Program is to promote the adoption, implementation, upgrade, and meaningful use of certified EHRs. In their first payment year, professionals will be able to attest to and demonstrate that they have:

- **Adopted:** Acquired, purchased or secured access to certified EHR technology.
- **Implemented:** Installed or commenced utilization of certified EHR technology capable of meeting meaningful use requirements.
- **Upgraded:** Expanded 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 a federally-certified EHR system.
- **Meaningfully Used:** Utilized a certified EHR technology to obtain meaningful use measures for a minimum of 90 continuous days within the calendar year the application is being attested. So, for a program year 2014 application, the 90 continuous days would be from 2014.

All providers will fall into one of the four groups listed above.

The CMS Final Rule describes multiple stages for determining meaningful use (MU), each with its own separate measurements and criteria. The stages represent a graduated approach to arriving at the ultimate goal. Only Stage 1 was described in detail in the 2010 Final Rule:

- **Stage 1 Criteria** was implemented in 2011 for Medicare and 2012 for the Pennsylvania Medical Assistance Program. Stage 1 requires providers to capture health information in a structured format, using the information to track key clinical conditions (for care coordination purposes), implementing clinical decision support tools to facilitate disease and medication management and using EHRs to engage patients and families and reporting clinical quality measures and public health information.

The criteria for stage 2 is described in the 2012 Final Rule and updated in the 2014 Flexibility Rule. The criteria for stage 3 and the 2015-2017 Modification Rule were released in October 2015.



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**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Stage 1 includes a series of core and menu measures, (see [Appendix](#) for “Meaningful Use Criteria: Core, Menu, and Clinical Quality Measures”).

Stage 2 and Stage 3 details are located on the CMS website at:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RequirementsforPreviousYears.html>

## **8 Attestations and Audits**

CMS requires states to ensure that payments are being made to the right person, at the right time, for the right reason. In order to receive an incentive payment, eligible professionals will be attesting to, among other things, whether they are using a certified EHR, demonstrating adopting, implementing or upgrading (AIU) certified EHR technology, demonstrating meaningful use, etc.

States will be required to “look behind” provider attestations which will require audits both pre- and post-payment. CMS believes a combination of pre-payment and post-payment reviews will result in accurate payments and timely identification of overpayments.

In particular, with meaningful use, the Department will use pre- and post-audit opportunities to combat fraud and abuse, encourage meaningful use of certified EHR systems, and assist with promoting HIT initiatives to increase affordable access to quality healthcare. The Department will confirm that EHR incentive payments were appropriately disbursed by ensuring that meaningful use eligibility requirements are met, and reflect their attestations in the MAPIR application. Along with fraud and abuse detection practices, the Department will facilitate providers with meaningful use of Certified EHR systems, which will ultimately assist with patients and medical professional’s decision making. The Department will also determine how eligible provider’s Certified EHR systems will increase the likelihood that the systems can align with other HIT initiatives that support the exchange of information, care coordination, improved quality of care, safety, efficiency, and reduction in health disparities.

All information submitted in the MAPIR application is subject to review. Applicants have the option to submit additional information, (e.g., copies of receipts, contracts, and other documentation related to adopt, implement, upgrade and meaningful use), as part of the application process by uploading the documentation directly into the MAPIR application or by email to: [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

### **MAPIR Attestations**

Professionals will need to verify the information displayed in MAPIR and will also need to enter additional required data elements and make attestations about the accuracy of data elements entered in MAPIR. For example, applicants will need to demonstrate that they meet Medicaid patient volume thresholds, that they are adopting, implementing, upgrading or meaningfully using federally-certified EHR systems, and that they meet all other federal



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

program requirements. If additional documentation is requested, the EP has 60 days from the time of the request to submit the documentation to validate the attestation requirements.

The MAPIR system design is based on the CMS Final Rule for the EHR Incentive Program and Pennsylvania's specific eligibility criteria. A series of reviews will identify applicants who do not appear to be eligible, for example:

- Hospital-based providers
- Providers who do not meet patient volume thresholds
- Those who are ineligible provider types
- Providers with current sanctions

These MAPIR system reviews help ensure providers meet all requirements of the program and reduce incorrect payments and overpayments.



### **Post-Payment Reviews**

MAHITI and the MAPIR Operations team members will refer issues related to fraud with program requirements to BPI and work directly with BPI to resolve the issue.

In the case of abuse, MAHITI and the Operations team will reach-out to the applicant to correct the issue, (this is performed during the application process as part of the pre-payment audit). In the case where abuse is identified after the payment is processed, MAHITI and the Operations team will refer the issue to BPI. Abuse is characteristically an innocent mistake, while fraud consists of an event that was knowingly and willingly incorrect, and that was purposely executed to obtain a benefit.

The Department will perform a multitude of different post-payment audit strategies. The department has categorized higher risk type applications for potential fraud or abuse for review such as professionals that had Medicaid sanctions in the past.

In the case of meaningful use auditing, the Department will use pre- and post-payment audit opportunities to combat fraud and abuse. MAPIR will have system checks to ensure that providers are meeting meaningful use standards. Along with these system checks, manual reviews will be used to look behind the attestations. Risk categories developed by the Department or by CMS, along with sampling techniques can be used for audit selection. These manual reviews can take place by means of primary and secondary data analysis and comparison, ultimately leading to desk and field audits to ensure proper access and use of EHRs.

According the Final Rule, a state must comply with federal requirements to ensure the program qualifications of the provider, detect improper payments, and refer suspected cases of fraud and abuse to the Medicaid Fraud Control Unit for that state.

The Bureau of Program Integrity will refer all cases of suspected provider fraud to the Medicaid Fraud Control Section (MFCS) found in the Pennsylvania Attorney General's Office.

### **Medical Assistance Electronic Health Record (EHR) Incentive Program Post-payment Audit Request Policy**

The Program gives the provider sixty (60) business days to submit the required documentation that was requested. The auditor can authorize a fifteen (15) business day extension if requested,



**Medical Assistance HIT Initiative**  
**Medical Assistance**  
**EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

and appropriately justified, by the provider. If the provider needs more than seventy-five (75) business days to produce the documents, approval from the HIT Coordinator is required.



## **9 Overpayments**

MAPIR will be used to store and track records of incentive payments for all participating EPs. The Department will regularly monitor payments to ensure overpayments are not made. Once an overpayment is identified, MAPIR will be used to determine the amount of payments that have been made and that must be returned by EPs.

When overpayments are identified, the Department will initiate the payment recoupment process and communicate with CMS on repayments. The Department will recover any overpayments from instances of abuse; however, overpayments identified as a result of a fraud conviction are handled in conjunction with the Medicaid Fraud Control Unit.

The Department will request that providers submit overpayments by check. If a provider fails to submit a payment by check within 90 calendar days of the notice to return the overpayment, the Department will take other measures to recoup the overpayment. Federal law requires the Department to return overpayments within one (1) year of identification.



## **10 Appeals**

EPs will have the right to appeal certain Department decisions related to the Medical Assistance EHR Incentive Program. Appeals are not related to disputes between providers and practices. Examples of appeal reasons include, but are not limited to, the following:

- Applicant is determined ineligible for the EHR Incentive Program;
- Applicant has received an overpayment for the EHR Incentive Program; or,
- Appeal of incentive payment amount, (e.g., pediatrician payment).

You will receive a notice of denial via email and a follow-up denial letter with specific instructions on how to submit an appeal.

Appeals related to this program will be processed like all other provider appeal issues. Providers should submit appeals to the Department's Bureau of Hearings and Appeals copying the Bureau of Program Integrity and the Office of Medical Assistance HIT Coordinator.

## **11 MAPIR Overview**

This section of the Pennsylvania Medical Assistance EHR Incentive Program Eligible Professional Provider Manual, describes how users apply for incentive payments through the Medical Assistance Provider Incentive Repository (MAPIR). MAPIR is the state-level information system for the EHR Incentive Program that will both track and act as a repository for information related to payment, applications, attestations, oversight functions, and interface with the Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A).

MAPIR is intended to streamline and simplify the provider enrollment process by interfacing with other systems to verify data. EPs will enter data into MAPIR and attest to the validity of data thus improving the accuracy and quality of the data.

The MAPIR system will be used to process provider applications, including:

- Interfacing between the Department and the R&A to:
  - Receive initial registration information from professionals
  - Report eligibility decisions to CMS
  - Report payment information (payment date, transaction number, etc.) to CMS
- Verify information submitted by applicant
- Determine eligibility of professionals
- Allow professionals to submit:
  - Attestations
  - Payee information
  - Submission confirmation/digital signature
- Communicate Payment Determination

In addition, MAPIR will contain a series of validation checks that will be used during the application process (e.g., confirmation of R&A information, patient volume, and attestations) to confirm a professional's eligibility for the program.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

To begin in the MAPIR application process, professionals must:

1. Enroll at the CMS R&A (first year only or if there have been changes since your first payment year, i.e. changing payee assignment);
2. Be enrolled in Medical Assistance; and,
3. Be free of sanctions or exclusions.

**Note:** In some cases, professionals will be re-directed to the R&A to correct discrepant data. In other cases, providers will be deemed ineligible for participation in the Pennsylvania Medical Assistance EHR Incentive Program. The Department will provide an email notification to applicants in these instances.



## 12 Pennsylvania’s PROMISe™ Provider Portal

Providers can access MAPIR through Pennsylvania’s MMIS provider internet portal, PROMISe™:

<https://promise.DHS.pa.gov>

To access PROMISe™, the user must first be an enrolled Medical Assistance provider. To enroll as a Medical Assistance provider, applicants must complete the Medical Assistance enrollment process as defined in our online information:

<http://www.DHS.pa.gov/provider/promise/enrollmentinformation/index.htm>



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

It is important to note that there are no specific applications for Physician Assistants or Pediatricians. Instead, they should use the application for individual practitioners (PT31). To review the individual practitioners "PT31" application, click on the following link:  
<http://www.DHS.pa.gov/provider/promise/enrollmentinformation/index.htm>

Upon receipt of notification (via email) from the Department, applicants will be able to access MAPIR from the PROMISe™ provider portal using their PROMISe™ Internet Portal User ID.

In order to apply for the EHR incentive payment via MAPIR, the individual provider who registered at the R&A must have a PROMISe™ Internet account ID; even if the applicant has elected someone else to enroll for them. A group practice internet account ID will not display the MAPIR link. If the EP does not already have an individual PROMISe™ Internet account ID, you may register for one at <http://promise.DHS.pa.gov>.

If you need assistance, you may access the **PROMISe™ Internet eLearning course** ([http://promise.DHS.pa.gov/promisehelp/PortalDesign\\_WIP/PortalDesign\\_WIP.htm](http://promise.DHS.pa.gov/promisehelp/PortalDesign_WIP/PortalDesign_WIP.htm)) or call the Provider Assistance Center at 1-800-248-2152.

**Note:** You must use the same PROMISe™ Internet Portal User ID throughout the application process including if you start and then have to restart the application. The same PROMISe™ Internet Portal User ID will need to be used in subsequent years as well. If you need to change that User ID, please contact the Department at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

### **13    *Completing the MAPIR Application***

The next section of the Eligible Professional Provider Manual consists of instructions on how to complete each screen component within seven electronic MAPIR application tabs that comprise the registration document:

- Get Started
- R&A and Contact Info
- Eligibility
- Patient Volume
- Attestation
- Review
- Submit

As applicants move through the various screens, MAPIR will display key information about completing each tab through information pages which display information needed to complete the fields in the tab and guidance on what to include in the response. More information to help you with the application will be available in “hover bubbles” which are indicated by a question mark. To view this information, simply move your mouse over the question mark symbol.

## **14 Appendix**

### Definitions per Final Rule and/or Pennsylvania State Medical Assistance

**Acquisition** means to acquire health information technology (HIT) equipment or services for the purpose of implementation and administration under this part from commercial sources or from State or local government resources.

**Acute Care Hospital** means a healthcare facility:

- Where the average length of patient stay is 25 days or fewer; and,
- With a CMS certification number (previously known as the Medicare provider number) that has the last four digits in the series 0001–0879 or,
- Critical Access Hospitals that have the last four digits in the series 1300–1399.

**Adopt, Implement, or Upgrade (AIU)** means:

- Acquire, purchase, or secure access to certified EHR technology (proof of purchase or signed contract will be an acceptable indicator);
- Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements; or
- 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.

**Children's Hospital** means a separately certified children's hospital, either freestanding or hospital-within hospital that:

- Has a CMS certification number, (previously known as the Medicare provider number), that has the last 4 digits in the series 3300–3399; and,
- Predominantly treats individuals less than 21 years of age.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program  
Eligible Professional Provider Manual v.4.1**

**Hospital-based** indicates EPs who furnish 90% or more of their services in places of service classified under place of service codes 21 (Inpatient Hospital) or 23 (Emergency Room).

**Meaningful EHR User** means EP, eligible hospital or CAH that, for an EHR reporting period for a payment year, demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures in the CMS Final Rule.

**Medical Assistance Encounter for an EP** means services rendered on any one day where the recipient is/was eligible for Medical Assistance.

**Medical Assistance Encounter for an EH** means services rendered on any one day where the recipient is/was eligible for Medical Assistance

**Medicaid Management Information System (MMIS)** means the electronic Medical Assistance claims payment system.

**Needy Individuals** mean individuals that meet one of following:

- Were furnished medical assistance paid for by Title XIX of the Social Security Act, Medicaid, or Title XXI of the Social Security Act, the Children's Health Insurance Program funding including out-of-state Medical Assistance programs, or a Medical Assistance or CHIP demonstration project approved under section 1115 of the Act;
- Were furnished uncompensated care by the provider; or ,
- Were furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

**Patient Volume** means the proportion of an EP's or EH's patient encounters that qualify as a Pennsylvania Medical Assistance encounter. This figure is estimated through a numerator and denominator as defined in the State Medicaid HIT Plan (SMHP) for Pennsylvania.

**Pediatrician** a physician who is either board-certified as a pediatrician or has received 12 months of training with children under the age of 21 years old.

**Practices Predominantly** means an EP for whom more than 50 percent of total patient encounters occur at a FQHC or RHC. The calculation is based on a period of 6 months in the most recent calendar year or a period of 6 months in the year preceding the application attestation date.



**Medical Assistance HIT Initiative**  
**Medical Assistance**  
**EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

*State Medicaid HIT Plan (SMHP)* means a document that describes the State's current and future HIT activities.

Useful Acronym List

<b>ARRA</b>	American Recovery and Reinvestment Act of 2009
<b>CCHIT</b>	Certification Commission for Health Information Technology
<b>CHPL</b>	Certified Healthcare Product List: list of certified electronic health record systems supplied by ONC
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>EHR</b>	Electronic Health Record: an electronic record of patient health information gathered from one or more encounters in any care delivery setting that includes patient demographics, progress notes, problems, medication, vital signs, past medical history, immunizations, laboratory data and radiology reports. An EHR is created by linking health information between providers that is then available through a health information exchange (HIE). The EHR has the ability to provide a complete record of a clinical patient encounter, as well as supporting other care-related activities directly or indirectly via interface, including evidence-based decision support, quality management and outcomes reporting.
<b>EMR</b>	Electronic Medical Record: an EMR takes paper medical records and puts them onto an electronic file that is maintained in a secure database. An EMR is specific to each patient, contains all health-related information for that patient and is created, managed and consulted by authorized clinicians and staff within one healthcare organization.
<b>FQHC</b>	Federally Qualified Health Center: Includes all organizations receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes (i.e., an organization that meets all of the eligibility requirements of an organization that receives a PHS Section 330 grant, but does not receive grant funding). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

<b>HIE</b>	Health Information Exchange: the sharing of clinical and administrative data across healthcare institutions and providers.
<b>HIT</b>	Health Information Technology: HIT allows comprehensive management of medical information and its secure exchange between healthcare consumers and providers.
<b>MAAC</b>	Medical Assistance Advisory Committee
<b>MAHITI</b>	Medical Assistance Health Information Technology Initiative
<b>MAPIR</b>	Medical Assistance Provider Incentive Repository [Visit <a href="http://www.pamahealthit.org">www.pamahealthit.org</a> for additional information].
<b>MU</b>	Meaningful Use
<b>OMAP</b>	Pennsylvania Office of Medical Assistance Programs [Visit <a href="http://www.DHS.pa.gov">www.DHS.pa.gov</a> for additional information].
<b>ONC</b>	[The] Office of the National Coordinator for Health Information Technology: responsible for administering the CHPL.
<b>R&amp;A</b>	Medicare & Medicaid EHR Incentive Program Registration and Attestation System
<b>RHC</b>	Rural Health Clinic: can be public, private, or non-profit. The main advantage of RHC status is enhanced reimbursement rates for providing Medicaid and Medicare services in rural areas. RHCs must be located in rural, underserved areas and must use one or more physician assistants or nurse practitioners.
<b>SMHP</b>	State Medicaid HIT Plan

## Resources

- Pennsylvania Department of Human Services (DHS) Medical Assistance Electronic Health Record (EHR) Incentive Program: [www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)
- The Commonwealth of Pennsylvania's State Medicaid Health Information Technology Plan (SMHP):  
[www.DHS.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/bkgrndsummmahitehr/index.htm](http://www.DHS.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/bkgrndsummmahitehr/index.htm)
- Pennsylvania PROMISE™ internet provider portal:  
<https://promise.DHS.pa.gov/portal/Default.aspx?alias=promise.DHS.state.pa.us/portal/provider>
- 42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Records Final Rule: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>
- Medicare and Medicaid EHR Incentive Program Basics:  
[http://www.cms.gov/EHRIncentivePrograms/35\\_Basics.asp#TopOfPage](http://www.cms.gov/EHRIncentivePrograms/35_Basics.asp#TopOfPage)
- Office of the National Coordinator for Health Information Technology:  
[www.HealthIT.hhs.gov](http://www.HealthIT.hhs.gov)
- Enrollment: Medical Assistance Enrollment forms:  
<http://www.DHS.pa.gov/provider/promise/enrollmentinformation/index.htm>
- FQHC/RHC Attestation Form:  
<http://www.DHS.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>

MU Criteria: Core, Menu and Clinical Quality Measures

To demonstrate meaningful use (MU), EPs must use their EHR technology in meaningful ways. CMS has defined MU criteria, grouping these into core, menu and clinical quality measures (CQM). These measures and their specifications can be viewed at:

<http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3794&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date> Starting with the release of the 2015-2017 Modification Rule updates, Core and Menu Measures have been combined into Objectives.

**Core measures** are required for meeting meaningful use in applications prior to introducing the 2015-2017 Flexibility Rule.

**Menu measures** allow flexibility for EPs to choose measures that are more applicable to their service area or for which they can more readily report. Providers must select at least one population and one public health measure for the menu to meet the MU criteria.

**Clinical Quality Measures (CQMs)** provide information on the outcomes from a health population. CMS has further classified the CQMs into six (6) domains.

- **EP's must report on nine (9) measures**

*These measures must come from at least three (3) different domains.*

**Objectives** are new for the 2015-2017 Flexibility Rule. Providers are required to complete the measures within the Objectives.

Providers must demonstrate data collection and MU for a consecutive period of time for patients they see where EHRs are available.

The Pennsylvania HIT website has a Meaningful Use Resource page on the website at <http://www.DHS.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/meaningfuluse/index.htm> if you would like more details about Meaningful Use.

Auto-generated Provider Email Responses (MAPIR Application)

- Medical Assistance Electronic Health (EHR) Incentive Program – Provider Registration Welcome
- Medical Assistance Electronic Health (EHR) Incentive Program – Application Submitted
- R&A/CMS Registration and Attestation System Inactivation
- Notice of Approval for Payment in Medical Assistance Electronic Health Records (EHR) Incentive Program
- Notice of Medical Assistance Electronic Health Record (EHR) Incentive Program Denial
- Notice of Payment for Medical Assistance Electronic Health Records (EHR) Incentive Program
- Medical Assistance Electronic Health Record (EHR) Incentive Program - Appeal Filed
- Medical Assistance Electronic Health Record (EHR) Incentive Program - Appeal Adjudicated
- Medical Assistance Electronic Health Record (EHR) Incentive Program - No Provider Activity
- Notice of Medical Assistance Electronic Health Record (EHR) Incentive Program Application Administratively Aborted
- Notice of Medical Assistance Electronic Health Record (EHR) Incentive Program Application Automatically Aborted



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject: Medical Assistance Electronic Health Record (EHR) Incentive Program – CMS  
Registration Complete**

Dear Medical Assistance EHR Incentive Program Applicant:

Congratulations, you have successfully completed the Centers for Medicare and Medicaid Services (CMS) Registration and Attestation process. This is the initial step in applying for the Medical Assistance EHR Incentive Program. Your information has been sent to the Medical Assistance Provider Incentive Repository (MAPIR).

You are now ready to apply for the Medical Assistance EHR Incentive Program payment in MAPIR. We have created a Quick Tip to provide you with some steps you may need to take prior to entering MAPIR.

The Quick Tip is located here:

[http://www.dhs.pa.gov/cs/groups/webcontent/documents/communication/p\\_011495.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/communication/p_011495.pdf).

The MAPIR link will be located on the individual provider's PROMISe™ account at <http://PROMISe.DHS.pa.gov>. As you proceed through the MAPIR application, please follow the on-screen instructions. Materials to assist you in completing the application can be found at [www.PAMAHealthIT.org](http://www.PAMAHealthIT.org).

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject:** Medical Assistance Electronic Health Record (EHR) Incentive Program – Application Submitted

Dear Medical Assistance EHR Incentive Program Applicant:

Thank you for applying for a Medical Assistance (MA) Electronic Health Records (EHR) Incentive Program payment. This letter is to confirm that we have received your completed application through the Medical Assistance Provider Incentive Repository (MAPIR).

During the review of your application, if additional information is needed to determine your eligibility, we will contact you.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

To better aid us in improving the development of the Medical Assistance Electronic Health Record (EHR) Incentive Program, please take a brief moment to complete the following survey: <https://www.surveymonkey.com/s/mapirfollowupsurvey>

Thank you again for applying to participate in the Medical Assistance EHR Incentive Program.

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject: R&A/CMS Registration and Attestation System Inactivation**

Dear Medical Assistance Electronic Health Record (EHR) Incentive Program Applicant:

We are writing to inform you that, based on the information you entered into the CMS EHR Registration and Attestation System, your Medical Assistance EHR Incentive Program Registration with CMS has been inactivated.

If you think this inactivation is in error, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject:** Notice of Approval for Payment in Medical Assistance Electronic Health Records (EHR) Incentive Program

Dear Medical Assistance EHR Incentive Program Applicant:

This notification is to inform you that as part of your application in the Medical Assistance Provider Incentive Repository (MAPIR), and upon confirmation of registration information from the Centers for Medicare and Medicaid Services (CMS), you have been approved to receive a Medical Assistance EHR Incentive Program payment.

Please note you will need to re-apply for future payments. You may attest each program year. If you have an outstanding liability with the Medical Assistance program, please be aware that your EHR incentive payment will be reduced by the amount of that liability.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov). We look forward to working with you to improve care for Medical Assistance clients through the use of EHRs and health information technology.

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject: Notice of Medical Assistance Electronic Health Record (EHR) Incentive Program  
Application Denial**

Dear Medical Assistance EHR Incentive Program Applicant:

This notification is to inform you that, upon further review of your application, we are unable to approve your application for a Medical Assistance EHR Incentive Program payment.

You will be receiving additional correspondence with the reason for the denial and more information on the appeals process.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

Thank you for your interest in the Medical Assistance EHR Incentive Program.

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject:** Notice of Payment for Medical Assistance Electronic Health Records (EHR) Incentive Program

Dear Medical Assistance EHR Incentive Program Applicant:

This notification is to inform you that the Office of Medical Assistance Programs has made an EHR incentive payment to you for the Medical Assistance EHR Incentive Program.

We will be conducting ongoing program monitoring and oversight and may need to request additional information from you in the future. For example, you must be able to show documentation that confirms patient volume and meaningful use statistics supplied to determine your eligibility for a payment. You should maintain any documentation related to eligibility or payments for four years.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov). We look forward to continue working with you to improve care for Medical Assistance clients through the use of EHRs and health information technology.

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject: Medical Assistance Electronic Health Record (EHR) Incentive Program – Appeal Filed**

Dear Medical Assistance EHR Incentive Program Applicant:

The Medical Assistance EHR Incentive Program received notification that an appeal was filed regarding the denial or adjustment of your EHR Incentive Program application.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject: Medical Assistance Electronic Health Record (EHR) Incentive Program – Appeal Adjudicated**

Dear Medical Assistance EHR Incentive Program Applicant:

After thorough review and in agreement with the Bureau of Hearings and Appeals, the Medical Assistance EHR Incentive Program came to a decision regarding your appeal relating to the EHR Incentive Payment. The EHR Incentive Program will be in contact with you shortly regarding the decision.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject: No Provider Activity – Pennsylvania MA EHR Incentive Program**

Dear Medical Assistance EHR Incentive Program Applicant:

We wanted to remind you about the resources that are available to assist you as you work through the MAPIR application. At [www.pamahealthit.org](http://www.pamahealthit.org), under the Medical Assistance Provider Incentive Repository resources section, we have provider manuals as well as other tools that were created to assist you. We have also created a Quick Tip that provides steps you may need to take to progress your application through the review process.

The Quick Tip is located here:

[http://www.dhs.state.pa.us/cs/groups/webcontent/documents/communication/p\\_011495.pdf](http://www.dhs.state.pa.us/cs/groups/webcontent/documents/communication/p_011495.pdf)

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject: Notice of Medical Assistance Electronic Health Record (EHR) Incentive Program  
Application Administratively Aborted**

Dear Medical Assistance EHR Incentive Program Applicant:

This notification is to inform you that your application for a Medical Assistance EHR Incentive Program payment has been aborted by an administrator and will not be processed.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

Thank you for your interest in the Medical Assistance EHR Incentive Program.

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**Subject: Notice of Medical Assistance Electronic Health Record (EHR) Incentive Program  
Application Automatically Aborted**

Dear Medical Assistance EHR Incentive Program Applicant:

This notification is to inform you that your application for a Medical Assistance EHR Incentive Program payment has been automatically aborted and will not be processed.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

Thank you for your interest in the Medical Assistance EHR Incentive Program.

Sincerely,

Pamela Zemaitis  
HIT Coordinator  
Department of Human Services  
Office of Medical Assistance Programs  
[www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.



Manually Generated Provider Email Responses (MAPIR Application)

Emails are administered by the Department when an error is identified during processing of provider application. Please review email templates included below.

- EP Provider Type Email
- EP Hospital-Based Provider Email
- EP FQHC Documentation Email
- EP Midlevel-NP Encounter Email
- EP Registration & Attestation (R&A) Status Email
- EP Volume Email
- EP No Volume Email
- Certified EHR Technology Documentation Request
- 2014 Certified EHR Technology Documentation Request



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Subject: EP Provider Type Email

Dear Applicant,

Thank you for applying to the MA Health Information Technology Electronic Health Records Incentive program. Due the following reason, we are unable to process the application for:

**EP:**

**Our records indicate that the EP provider type is**

**Selected EP provider type is**

**Please verify the EP provider type. If the provider type needs updating, notify us via email of the changes and the MAPIR application will be reopened to make necessary adjustments.**

If you have any additional questions, you may email us at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

**Please refer to Inquiry # .**

Thank you,



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Subject: EP Hospital-Based Provider Email

Dear Medical Assistance EHR Incentive Program Provider:

Thank you for applying to the MA Health Information Technology Electronic Health Record Incentive program. We are unable to continue processing the application for the provider(s) listed below due to the following reason(s):

INSERT: PROVIDER NPI – PROVIDER NAME

The provider is considered hospital-based. Hospital-based is determined by the site where the service was delivered. Physicians who furnish substantially all, defined as 90 percent or more, of their covered professional services in either an inpatient (POS 21) or emergency department (POS 23) of a hospital are considered to be hospital-based and are, therefore, not eligible for an incentive payment under the MA EHR Incentive Program.

Pennsylvania will use MA claims from the prior calendar year to determine PA MA EHR Incentive Program eligibility. In order for us to proceed with the application, we will need documentation of the Medicaid services rendered during the previous calendar year. The documentation can be a report from the practice management system, a report from the billing system, or a report that was created to determine the hospital based status.

The following information **will need** to be included, at minimum, in the report:

1. Medicaid Patient ID OR patient full name AND date of birth OR SSN
2. Date of Service
3. Provider Name
4. Two-Digit Place of Service Code
5. Primary/Secondary Insurance Carrier Name
6. MA Encounter (Y/N)

Preferably, to help streamline the review process, we request the documentation to be in spreadsheet format using Microsoft Excel.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

We appreciate your cooperation with the Department's efforts to ensure a high-quality and efficient health information technology program.

**Please provide the documentation to [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) for the above request within sixty (60) days from the date of this notification. If there is no response within 60 days, we will deny the application.**

To ensure that the documentation and information is secure, please send all supporting documentation through the use of secure messaging. You may also utilize your own secure messaging by emailing [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) or if you have a DIRECT email address, you can send it to our DIRECT email at [padpw-omap-mahealthit@directaddress.net](mailto:padpw-omap-mahealthit@directaddress.net). Documentation of Certified EHR verification does not need to be sent through secure email. If you have questions concerning emailing the information securely or that the file contents are too large to email, please contact us immediately.

Your Inquiry Number: XXXX

Sincerely,



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Subject: EP FQHC Documentation Email

Dear Medical Assistance EHR Incentive Program Provider:

Thank you for applying to the MA Health Information Technology Electronic Health Record Incentive program. We are unable to continue processing the application for the provider(s) listed below due to the following reason(s):

INSERT: PROVIDER NPI – PROVIDER NAME

The Department needs to verify the patient volume you entered into your application for your FQHC/RHC. In order for us to proceed with the application, we will need documentation that matches the MAPIR application information in the following format as outlined below:

- Column 1: Medicaid & CHIP Encounter Volume – This is all Pennsylvania Medicaid and Pennsylvania CHIP encounters
- Column 2: Other Needy Individual Encounter Volume – This is Pennsylvania sliding scale and Pennsylvania uncompensated encounters
- Column 3: Total Needy Encounter Volume – This is 1 plus 2 plus out of state Medicaid, sliding and uncompensated
- Column 4: Total Encounter Volume – This is all encounters regardless of payer and regardless of state (this should always be larger than 3)

This report should be from the same 90-day continuous period that was entered into the MAPIR application. However, it WILL need to be signed and dated by an authorizing official (CEO, CFO, COO) of the health center.

We appreciate your cooperation with the Department's efforts to ensure a high-quality and efficient health information technology program.

**Please provide the documentation to [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) for the above request within sixty (60) days from the date of this notification. If there is no response within 60 days, we will deny the application.**



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

To ensure that the documentation and information is secure, please send all supporting documentation through the use of secure messaging. You may also utilize your own secure messaging by emailing [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) or if you have a DIRECT email address, you can send it to our DIRECT email at [padpw-omap-mahealthit@directaddress.net](mailto:padpw-omap-mahealthit@directaddress.net). Documentation of Certified EHR verification does not need to be sent through secure email. If you have questions concerning emailing the information securely or that the file contents are too large to email, please contact us immediately.

Your Inquiry Number: XXXX

Sincerely,



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Subject: EP Midlevel-NP Individual Encounter Email

Dear Applicant,

Thank you for applying to the MA Electronic Health Record (EHR) Incentive program. The Program is unable to locate any claims or encounters for the eligible professional listed as the applicant for the EHR Incentive Program. This may be due to the eligible professional's provider type and enrollment setup with the Medicaid program, resulting in reporting and billing through a supervising physician. For this reason, we will need documentation of the encounter volume for the 90-day period that was attested in the EHR Incentive Program application.

- Please provide a report from a system that verifies the mid-level eligible professional sees MA patients. We have compiled a sample report, in the preferred format, as a general overview of how to define an encounter and what information is expected for either the individual or group volume methodology. You may need to add additional fields to this report:

[http://www.dpw.state.pa.us/cs/groups/webcontent/documents/report/p\\_011933.pdf](http://www.dpw.state.pa.us/cs/groups/webcontent/documents/report/p_011933.pdf)

The following information **will need** to be included, at minimum, in the report:

- Patient's Medicaid ID **or** Patient First and Last Name and date of birth **or** SSN
- Date of service
- Rendering provider name
- Indication if patient is Medicaid Fee for Service (FFS) program or a Medicaid Managed Care Organization (MCO), including the primary and secondary coverage.
- Two-digit place of service code
- Billing provider name



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Preferably, to help streamline the review process, we request the documentation to be in spreadsheet form using Microsoft Excel.

The Program accepts documentation to be submitted through:

- DIRECT Messaging Account (if you have a DIRECT account): [PADPW-OMAP-MAHEALTHIT@directaddress.net](mailto:PADPW-OMAP-MAHEALTHIT@directaddress.net)
- MAPIR Application Upload: Upload your supporting documentation (pdf only) directly into the MAPIR application
- Email: Resource Account: [RA-MAHealthIT@pa.gov](mailto:RA-MAHealthIT@pa.gov)
- Program's DocuShare site (upon request)

If you choose to submit via email to the resource account and if there is private health information identified in the documents, please submit the documents through a secure/encrypted email. If you have questions concerning emailing the information securely or that the file contents are too large to email, please contact us immediately. Please remember to document the inquiry number on all correspondences prior to submittal.

Your inquiry number:

If you have any additional questions, you may email us at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

Thank you,



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Subject: EP Registration & Attestation (R&A) Status Email

Dear Medical Assistance EHR Incentive Program Provider:

Thank you for applying to the MA Health Information Technology Electronic Health Record Incentive program. We are unable to continue processing the application for the provider(s) listed below due to the following reason(s):

INSERT: PROVIDER NPI – PROVIDER NAME

In the first part of your MAPIR application is a summary page of the information you entered at the CMS R&A registration website. At the bottom of this page, you are asked to confirm that the information is accurate. Your application states that 'No' the information is not accurate. Please go to the R&A Verification tab in your MAPIR application to confirm that the information is or is not accurate.

If the information is not accurate under the R&A Verification tab, please go to the CMS R&A Registration to correct the information. Any changes made at the CMS R&A will take 24-48 hours to update in the MAPIR application.

If the information is accurate under the R&A Verification tab, **please switch the "no" to "yes"** at the bottom of the page. Be sure to save the change and resubmit the MAPIR application for it to be processed.

If you need additional assistance, please email us at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

**Your inquiry number: XXXX**

Sincerely,



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Subject: EP Volume Email

Dear Medical Assistance EHR Incentive Program Provider:

Thank you for applying to the MA Health Information Technology Electronic Health Record Incentive program. We are unable to continue processing the application for the provider(s) listed below due to the following reason(s):

INSERT: PROVIDER NPI – PROVIDER NAME

The encounter volume reported on the MAPIR application does not match the claims data that was submitted to the Department of Public Welfare. For this reason, we are unable to process the application. In order for us to proceed with the application, we will need documentation of the encounter volume for the 90-day period that was documented on the application. The documentation can be a report from the practice management system, a report from the billing system, or a report that was created to determine the encounter volume.

We have compiled a sample report, in the preferred format, as a general overview of how to define an encounter and what information is expected for either the individual or group volume methodology: [http://www.DHS.pa.gov/cs/groups/webcontent/documents/report/p\\_011933.pdf](http://www.DHS.pa.gov/cs/groups/webcontent/documents/report/p_011933.pdf)

The following information **will need** to be included, at minimum, in the report:

1. Medicaid Patient ID OR patient full name AND date of birth OR SSN
2. Date of Service
3. Eligible Professional Name
4. Two-Digit Place of Service Code
5. Primary/Secondary Insurance Carrier Name
6. MA Encounter (Y/N)

Preferably, to help streamline the review process, we request the documentation to be in spreadsheet format using Microsoft Excel (as seen in the example in the link above)



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

We appreciate your cooperation with the Department's efforts to ensure a high-quality and efficient health information technology program.

**Please provide the documentation to [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) for the above request within sixty (60) days from the date of this notification. If there is no response within 60 days, we will deny the application.**

To ensure that the documentation and information is secure, please send all supporting documentation through the use of secure messaging. You may also utilize your own secure messaging by emailing [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) or if you have a DIRECT email address, you can send it to our DIRECT email at [padpw-omap-mahealthit@directaddress.net](mailto:padpw-omap-mahealthit@directaddress.net). Documentation of Certified EHR verification does not need to be sent through secure email. If you have questions concerning emailing the information securely or that the file contents are too large to email, please contact us immediately.

Your Inquiry Number: XXXX

Sincerely,



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Subject: EP No Volume Email

Dear Applicant,

Thank you for applying to the MA Electronic Health Record (EHR) Incentive program. We are unable to continue processing the application for the provider(s) listed below due to the following reason(s):

INSERT: PROVIDER NPI – PROVIDER NAME

The Program is unable to locate any claims or encounters for the eligible professional listed above. This may be due to the eligible professional's provider type and enrollment setup with the Medicaid program, resulting in reporting and billing through a supervising physician. For this reason, we will need documentation of the encounter volume for the 90-day period that was attested in the EHR Incentive Program application. Please provide one of the following:

- **If the mid-level eligible professional bills or submits Medicaid encounters through a Supervising Physician**, please provide a signed attestation that the eligible professional had Medical Assistance (MA) encounters during the 90-day attestation period and the MA encounters were billed through the supervising physician(s). The attestation must be signed by the practice's CEO or authorized individual. I have attached an example of the Mid-level Professional Attestation Form for the Pennsylvania (PA) Medical Assistance (MA) EHR Incentive Program.
- **If the mid-level eligible professional does NOT bill or submit Medicaid encounters through a Supervising Physician**, please provide a report from a system that verifies that the eligible professional sees MA patients. We have compiled a sample report, in the preferred format, as a general overview of how to define an encounter and what information is expected for either the individual or group volume methodology. You may need to add additional fields to this report:

[http://www.dpw.state.pa.us/cs/groups/webcontent/documents/report/p\\_011933.pdf](http://www.dpw.state.pa.us/cs/groups/webcontent/documents/report/p_011933.pdf)



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

The following information **will need** to be included, at minimum, in the report:

- Patient's Medicaid ID **or** patient first and last name and date of birth **or** SSN
- Date of service
- Rendering provider name
- Indication if patient is Medicaid Fee for Service (FFS) program or a Medicaid Managed Care Organization (MCO), including the primary and secondary coverage.
- Two-digit place of service code

Preferably, to help streamline the review process, we request the documentation to be in spreadsheet form using Microsoft Excel.

The Program accepts documentation to be submitted through:

- DIRECT Messaging Account (if you have a DIRECT account): [PADPW-OMAP-MAHEALTHIT@directaddress.net](mailto:PADPW-OMAP-MAHEALTHIT@directaddress.net)
- MAPIR Application Upload: Upload your supporting documentation (pdf only) directly into the MAPIR application
- Email: Resource Account: [RA-MAHealthIT@pa.gov](mailto:RA-MAHealthIT@pa.gov)
- Program's DocuShare site (upon request)

If you choose to submit via email to the resource account and if there is private health information identified in the documents, please submit the documents through a secure/encrypted email. If you have questions concerning emailing the information securely or that the file contents are too large to email, please contact us immediately.

Please remember to document the inquiry number on all correspondences prior to submittal.

Your inquiry number:

If you have any additional questions, you may email us at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

Thank you,



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Subject: Certified EHR Technology Documentation Request

Dear Medical Assistance EHR Incentive Program Provider:

Thank you for applying to the MA Health Information Technology Electronic Health Record Incentive program. We are unable to continue processing the application for the provider(s) listed below due to the following reason(s):

INSERT: PROVIDER NPI – PROVIDER NAME

The Department must verify that you have secured access to the CMS Certified EHR system attested to on your Medical Assistance Provider Incentive Repository (MAPIR) application. Please provide the following documents showing the CMS Certified EHR system name and version number, along with the CMS EHR Certification ID number that was listed in your MAPIR application (this is the number that is found on the ONC website at <http://oncchpl.force.com/ehrcert>):

**PLEASE PROVIDE ONE OF THE FOLLOWING:**

- Signed contract or user agreement between you and the vendor
- Signed lease between you and the vendor
- Receipt of purchase or paid invoice

**AND** (in addition to one of the above documents)

- A signed vendor letter **with** the CMS EHR system Certification ID number

A sample vendor letter can be viewed on our website at:

[http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/p\\_022831.pdf](http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/p_022831.pdf)

**NOTE:** We cannot accept a screen print of the ONC website that shows the CMS Certification ID number **OR** handwritten CMS Certification ID numbers on any above documentation.



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**A signed vendor letter will not independently be sufficient for documentation.** To prevent the Department from requesting documentation more than once, **please include all provider NPIs that are associated with the Certified EHR system.** Certified EHR documentation is not considered private health information and therefore does not need to be sent through secure email or the secure DocuShare site.

We appreciate your cooperation with the Department's efforts to ensure a high-quality and efficient health information technology program.

**Please provide the documentation to [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) for the above request within sixty (60) days from the date of this notification. If there is no response within 60 days, we will deny the application.**

To ensure that the documentation and information is secure, please email all supporting documentation to [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) or if you have a DIRECT email address, you can send it to our DIRECT email at [padpw-omap-mahealthit@directaddress.net](mailto:padpw-omap-mahealthit@directaddress.net). If you have questions concerning emailing the information securely or that the file contents are too large to email, please contact us immediately.

Your Inquiry Number: XXXX

Sincerely,



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

Subject: 2014 Certified EHR Technology Documentation Request

Dear Medical Assistance EHR Incentive Program Provider:

Thank you for applying to the MA Health Information Technology Electronic Health Record Incentive program. We are unable to continue processing the application for the provider(s) listed below due to the following reason(s):

INSERT: PROVIDER NPI – PROVIDER NAME

The Certified EHR number you entered for the EHR System is not a 2014 certified number. For this reason, we are unable to process the application. To participate in Program Year 2014, you must be utilizing a 2014 Certified EHR system. The 2014 Certified EHR system will generate a different Certified EHR number than what was used in previous applications. In order for us to proceed with the application, the Department must verify that you have secured access with a financial or legal commitment to or are utilizing a 2014 CMS Certified EHR system. If you are not certain if you have a 2014 Certified EHR System, please contact your EHR vendor. Please provide the following documents showing the CMS Certified EHR system name and version number, along with the CMS EHR Certification ID number that was listed in your MAPIR application (this is the number that is found on the ONC website at <http://oncchpl.force.com/ehrcert>):

**PLEASE PROVIDE ONE OF THE FOLLOWING:**

- Signed contract or user agreement between you and the vendor
- Signed lease between you and the vendor
- Receipt of purchase or paid invoice

**AND** (in addition to one of the above documents)

- A signed vendor letter **with** the CMS EHR system Certification ID number

A sample vendor letter can be viewed on our website at:

[http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/p\\_022831.pdf](http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/p_022831.pdf)



**Medical Assistance HIT Initiative  
Medical Assistance  
EHR Provider Incentive Program**  
*Eligible Professional Provider Manual v.4.1*

**NOTE:** We cannot accept a screen print of the ONC website that shows the CMS Certification ID number **OR** handwritten CMS Certification ID numbers on any above documentation.

**A signed vendor letter will not independently be sufficient for documentation.** To prevent the Department from requesting documentation more than once, **please include all provider NPIs that are associated with the Certified EHR system.** Certified EHR documentation is not considered private health information and therefore does not need to be sent through secure email or the secure DocuShare site.

We appreciate your cooperation with the Department's efforts to ensure a high-quality and efficient health information technology program.

**Please provide the documentation to [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) for the above request within sixty (60) days from the date of this notification. If there is no response within 60 days, we will deny the application.**

To ensure that the documentation and information is secure, please email all supporting documentation to [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) or if you have a DIRECT email address, you can send it to our DIRECT email at [padpw-omap-mahealthit@directaddress.net](mailto:padpw-omap-mahealthit@directaddress.net). If you have questions concerning emailing the information securely or that the file contents are too large to email, please contact us immediately.

Your Inquiry Number: XXXX

Sincerely,