



Medical Assistance HIT Initiative
Medical Assistance
EHR Provider Incentive Program
Eligible Hospital Provider Manual v.3.1

**PENNSYLVANIA MEDICAL ASSISTANCE
EHR INCENTIVE PROGRAM
ELIGIBLE HOSPITAL PROVIDER MANUAL**

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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 \(ARRA\) of 2009](#) 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 these Medical Assistance EHR incentive payments, making payments, and monitoring payments. The 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, link to CMS FAQ's at:

https://www.cms.gov/EHRIncentivePrograms/95_FAQ.asp#TopOfPage

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



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 (MA), has implemented a number 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 the 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 provider's 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 Hospital Provider Manual

The Pennsylvania Medical Assistance EHR Incentive Program Eligible Hospital 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. This 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.

In the event this provider manual does not answer your questions or you are unable to navigate MAPIR or complete the registration, application, and validation process, you should contact the Department by email at 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. For example, there are webinars describing various aspects of the application and attestation process, frequently asked questions, hospital payment estimator and a patient volume calculator.

3 Who is Eligible?

The CMS Final Rule outlines the following mandatory criteria for an Eligible Hospital (EH) to be considered for the Pennsylvania Medical Assistance EHR Incentive Program. These guidelines are still effective even after several additional rules have been published.

The Department also requires that EHs be enrolled as a Medical Assistance provider without sanctions or exclusions. Hospitals that are not enrolled will need to enroll with Medical Assistance prior to applying for the Department’s EHR Incentive Program and must meet program requirements, including meeting Medical Assistance patient volume thresholds.

EHs for the Medical Assistance program in Pennsylvania include acute care, critical access and children’s hospitals. Hospitals are eligible for both Medical Assistance and Medicare incentive payments, except for children’s hospitals and cancer hospitals which are only eligible for Medicaid incentive payments. There are specific sets of CMS Certification Numbers (CCN) that correspond to EHs which are listed in **Figure 1** below.

Figure 1: Hospital Eligibility Requirements per the CMS Final Rule

Provider Type	Requirements	Threshold
Eligible Hospitals (Measured by Medical Assistance discharges over total discharges)		
Acute Care including CAH	Acute care: CCNs between 0001 – 0879 Critical Access Hospitals: CCNs between 1300 – 1399	10%
Children’s Hospital	CCNs between 3300 – 3399 Or is identified by CMS for Children’s hospitals that do not bill Medicare	No patient volume requirement

Please note that a hospital is eligible for an incentive payment based on their CCN. Multiple hospitals within a health system may be rolled up into one CCN for the purposes of the Medical Assistance EHR Incentive Program.

4 Overview of the EHR Incentive Program Application Process

The following steps describe the Pennsylvania Medical Assistance EHR Incentive Program application process:

- Only applicants who are applying for their first payment must register with the Centers for Medicare & Medicaid Services (CMS) at the Medicare & Medicaid EHR Incentive Program Registration and Attestation (R&A) System website, (https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp). Applicants will need to provide information such as:
 - Payee’s NPI and Tax Identification Number (TIN)
 - CMS Certification Number (CCN)
 - Incentive Program option of Medicare or Pennsylvania Medical Assistance (referred to as Medicaid in the R&A)
NOTE: If Medicaid, choose the state in which you are applying
 - Valid email contact information
 - **NOTE:** If you are applying for your second payment, you will not go to the CMS R&A to re-register, but dually-eligible hospitals will need to go to CMS to complete the Medicare application first. Dually-eligible hospitals will complete their Meaningful Use measures at CMS (only) and will then submit your application through our Medical Assistance MAPIR System. Children’s Hospitals will **not** need to go to CMS to re-register but will come into the MAPIR System to attest to Meaningful Use.
- 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 PROMISe™ provider 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 R&A. You will be able to track the status of your application through the MAPIR system and should **not** go through the CMS R&A system to verify application status.

- **Once successful R&A registration is completed, no changes will need to be made at the CMS R&A in subsequent years, unless there is a change in CCN, TIN or NPI Numbers due to a change in ownership.**
- Applicants will use their PROMISE™ Internet Portal User ID and password to log into the PROMISE™ provider portal. If they are an eligible hospital type then the 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 at the R&A, then the applicant should contact the Department for assistance either by email at RA-mahealthit@pa.gov.
- Applicants 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 the data elements entered in MAPIR. Applicants will need to demonstrate:
 - They meet Medical Assistance patient volume thresholds
 - They are adopting, implementing, upgrading or meaningfully using federally-certified EHR systems
 - They meet all other federal program requirements
 - Applicants will need information such as:
 - i. CMS EHR Certification ID #
 - ii. Dates for 90-day MA volume
 - iii. MA discharges/ED visits
 - iv. Out-of-State MA encounters/ED visits
 - v. Total discharges*
 - vi. Total inpatient MA bed days*
 - vii. Total Charges – All Discharges*
 - viii. Total Charges – Charity Care*

* Cost data information is only entered by the hospital the first year of participation. The information would only be changed if the Department identifies a need during the reconciliation process. The reconciliation process is described at a later point in this manual.

- In the MAPIR application there is a section where you will upload documentation related to your application (i.e. signed contracts, volume reports, etc.). For an example of a volume report, go to this website:
http://www.DHS.pa.gov/cs/groups/webcontent/documents/report/p_011933.pdf
- Prior to entering MAPIR, applicants may use the Eligible Hospital Volume Calculator on the Department's website, (<http://www.DHS.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>), to estimate eligibility based on patient volume for a continuous 90-day period within the previous hospital fiscal year.
- The Department will use its own information (such as Medical Assistance claims and encounter data) and information in MAPIR to review applications and make approval decisions. The Department will inform all applicants whether they have been approved or denied. All approvals and denials are based on federal rules for the EHR Incentive Program.
- Payments will be issued via the standard PROMISe™ payment system that runs once a week. Hospitals will see their payments on their remittance advices and their annual 1099's.
- It is possible that 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.
- Applicants have appeal rights available to them if, for example, an applicant is denied an EHR incentive payment. The Department will convey information on the appeals process to all who are denied. Appeals will be processed by the Department's Bureau of Hearings and Appeals.
- Once a dually-eligible hospital has received a Medicaid incentive payment for AIU, the subsequent Meaningful Use attestations will take place at the CMS R&A website for dually-eligible hospitals. The dually eligible hospital will still attest to being a meaningful user of EHR technology in MAPIR but they will not have to enter responses to each meaningful use measure since the information attested to through the CMS R&A will be used to determine their status as a meaningful user of CEHRT.



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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. Please include hospital name and NPI number on all correspondence.

Application Readiness for Hospitals

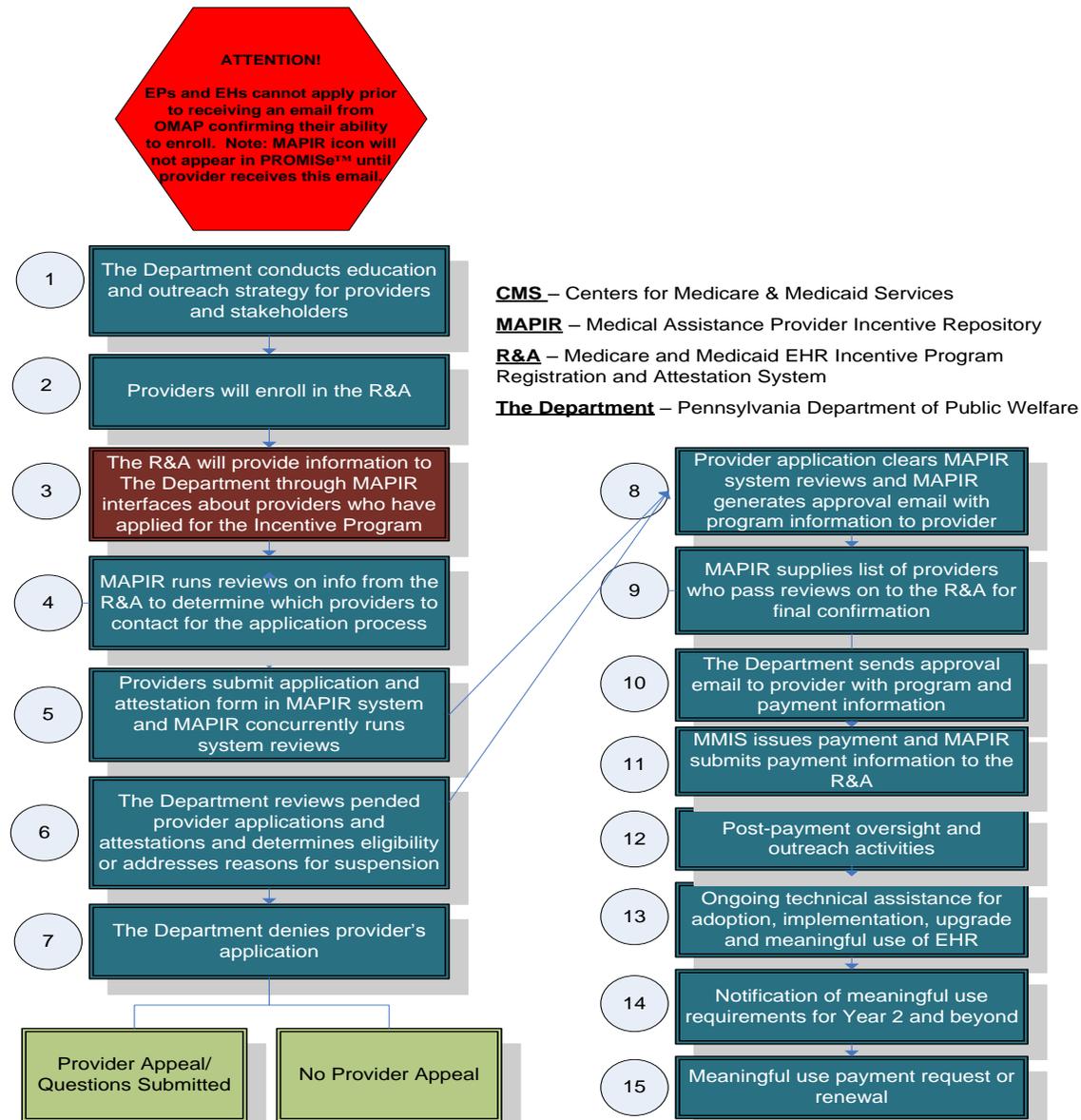
Applicants can take a number of steps to expedite the processing of their applications:

- Applicants must provide a valid email address during the R&A process so that the Department can inform them by email that their registration has been received from CMS and that they can begin their MAPIR application process.
- Applicants must obtain a logon ID and password for the PROMISe™ provider portal, if they do not already have one. For registration information, go to: <https://promise.DHS.pa.gov>.
- **The NPI and TIN provided to CMS must match the NPI and TIN information within the PROMISe™ system.** This combination should be the same NPI/TIN combination that you use for Medical Assistance claim payment purposes.
- The Department will calculate hospital payments based on auditable sources of information such as hospital cost reports. However, the Department may need to contact applicants to clarify the information entered. Payments can be estimated using the hospital payment calculator available on the Department's website, <http://www.DHS.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/eligiblehospitalpaymentcalculator/index.htm>
- Applicants can work through the MAPIR application process referencing the Sample Eligible Hospital MAPIR application 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, (see **Figure 2** below), describes the overall application, registration, attestation, and monitoring process for the EHR Incentive Program.

Figure 2: Year One Process Flow - Medicaid EHR Incentive Program

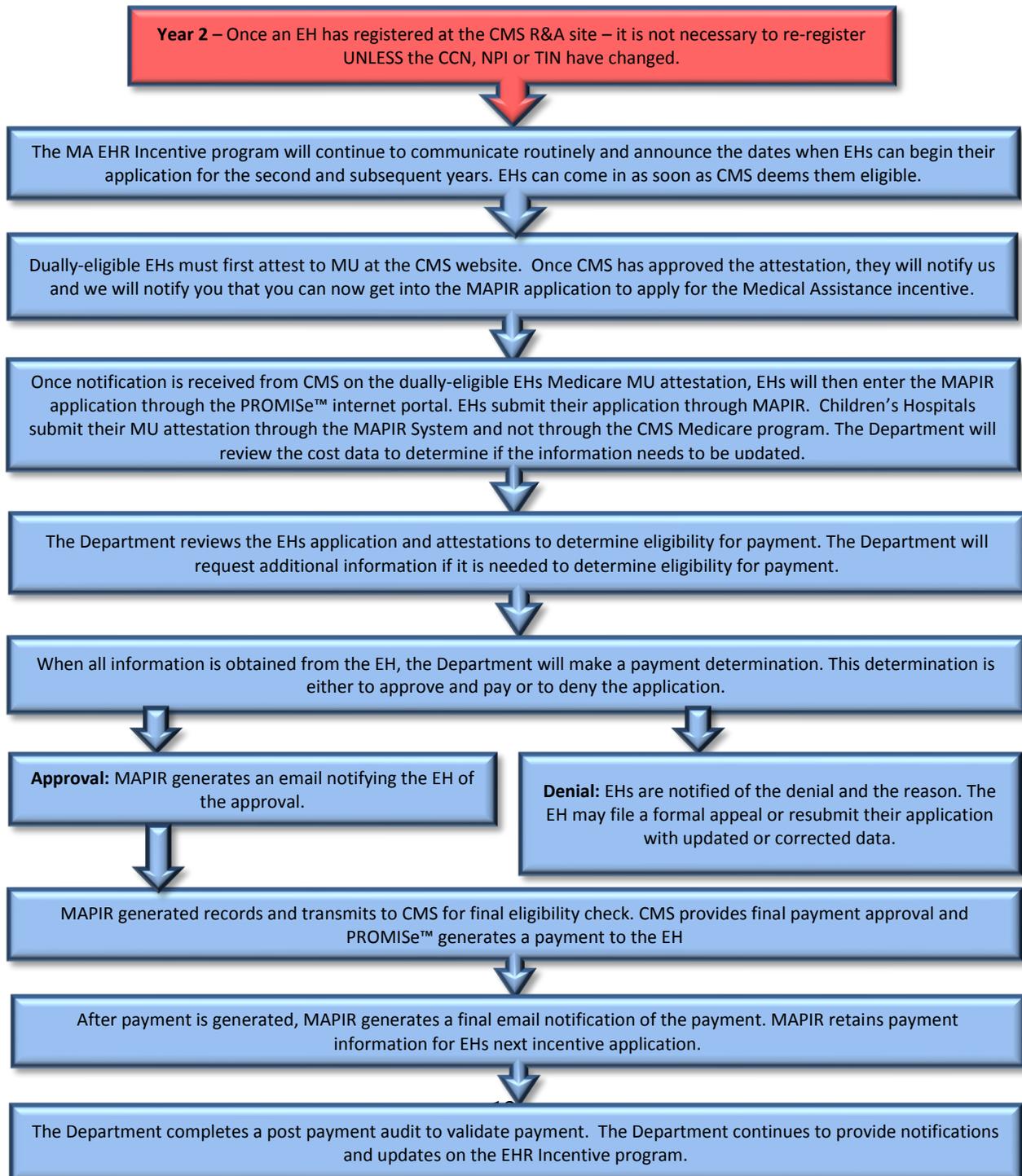


* Providers include Eligible Professionals and Eligible Hospitals as defined by the EHR Incentive Program rules.

Year Two Process Flow: Medicaid EHR Incentive Program

The following figure, (see **Figure 3** below), describes the overall application, registration, attestation, and monitoring process for the EHR Incentive Program.

Figure 3: Year Two Process Flow - Medicaid EHR Incentive Program



Patient Volume Calculation

In order to be eligible for the Pennsylvania Medical Assistance EHR Incentive Program, EHs must meet eligible patient volume thresholds; with the exception of Children’s Hospitals. The general rule is that EHs must have at least 10 percent patient volume attributable to patient discharges and emergency department visits for individuals eligible for Medicaid. Calculation of the patient threshold eligibility for an EH is determined by the following equation:

$$\begin{array}{ccc}
 \begin{array}{c} \text{Total Medicaid encounters in} \\ \text{any representative,} \\ \text{continuous 90-day period in} \\ \text{the preceding hospital fiscal} \\ \text{year or from 12 months} \\ \text{immediately preceding the} \\ \text{attestation date} \end{array} & \div & \begin{array}{c} \text{Total encounters} \\ \text{in the same} \\ \text{continuous 90-day} \\ \text{period} \end{array} & = & \begin{array}{c} \% \text{ Medicaid} \\ \text{Patient} \\ \text{Volume} \end{array}
 \end{array}$$

Medicaid patient volume calculations are based on inpatient discharges and emergency department visits, for which the patient was Medicaid eligible at the time the service was rendered. Medicaid patient volume is measured over a continuous 90-day period in the previous hospital fiscal year or from 12 months immediately preceding the attestation date and for all hospital locations. Hospitals only need to enter the start date and MAPIR will calculate the end date.

Patient volume calculations can include managed care/HealthChoices encounters, and Pennsylvania Medical Assistance encounters as part of Pennsylvania Medical Assistance patient volume calculations. For purposes of calculating EH patient volume, a Medicaid encounter is defined as services rendered to an individual per inpatient discharges where the recipient is/was eligible for Medical Assistance. Services rendered to an individual in an emergency department on any one day where the recipient is/was eligible for Medical Assistance.

In order to help determine your patient volume prior to applying in MAPIR, a patient volume calculator is available on the Department’s website:

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

6 Hospital Incentive Payments

The federal rule also sets forth the methodology that states must use to calculate EHR incentive payments. The Department will calculate patient volume and payments for all eligible hospitals using information submitted by the hospital upon application with the Department. The Department is responsible for using auditable data sources to calculate EHR hospital incentive amounts and will use Medicaid and Medicare cost reports as well as other Departmental data to validate the self-reported information. The Department will make payments to eligible hospitals over a four-year time period: 50 percent in the first year, 30 percent in the second year and 10 percent in the third and fourth years. CMS rules allow the Department to audit and validate the 4-year calculation as cost report data is received. Payments will be issued via the standard financial cycle that runs once a week and hospitals will see their payments on their remittance advices.

As set forth in the federal rule the formula for calculating Medicaid hospital EHR incentive payments is defined as follows:

- The initial amount which is the sum of a \$2 million base amount and the product of a per discharge amount (of \$200) and the number of discharges (for discharges between 1,150 and 23,000 discharges). A more detailed breakdown can be seen below:

Overall EHR Amount =

{Sum over 4 year of [(Base Amount (\$2 million) + Discharge Related Amount Applicable for Each Year) * Transition Factor Applicable for Each Year]}

Multiplied By (*)

Medicaid Share=

{(Medicaid inpatient-bed-days + Medicaid managed care inpatient-bed-days) divided by [(total inpatient-bed days) times (estimated total charges minus charity care charges) divided by (estimated total charges)]}

- The Medicare share is set at one for each year
- The transition factor which phases down the incentive payments over the four-year period is described in the table below:

Transition Factors

Consecutive Payment Year	Transition Factor
Year 1	1
Year 2	0.75
Year 3	0.50
Year 4	0.25

The Department will assume that discharges for an individual hospital have increased by the average annual growth rate for an individual hospital over the most recent 3 years of available data from an auditable data source. Per federal regulations, if a hospital's average annual rate of growth is negative over the 3 year period, it will be applied as such.

Please note that non-acute (this includes: nursery, skilled nursing, psychiatric, rehabilitation) bed days or discharges cannot be included as part of your hospital payment calculation. Total Charges and Charity Charges are to include both inpatient and outpatient charges. Also note that Medicaid Bed Days do not include General Assistance, or any days which are not considered to be Title XIX.

Accordingly, the following tables outline the payment calculation process that will take place based on the required information provided by a hospital.

Hospitals can also estimate their payments using the hospital payment calculator available on the Department's website:

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

Fiscal Year	Total Discharges	Total # IP MCD Bed Days	Total IP Days	Total Charges - All Discharges	Total Charity Care - All Discharges
9/30/2009	115,000	47,469	189,985	\$1,188,756,696	\$56,452,000
9/30/2008	112,000				
9/30/2007	116,000				
9/30/2006	111,000				

Step 1: Enter the end date of the last full facility fiscal year.

Hospital Fiscal Year	
9/30/2009	Entered Fiscal year
9/30/2008	Entered minus 1 - calculated
9/30/2007	Entered minus 2 - calculated
9/30/2006	Entered minus 3 - calculated

Calculation 1: The previous three hospital fiscal years will be filled in.

Step 2: Fill in the overall facility discharges to cover each of these time periods.

Hospital Fiscal Year	Total Discharges
9/30/2009	115,000
9/30/2008	112,000
9/30/2007	116,000
9/30/2006	111,000

Calculation 2a: These figures will be used to determine the facility growth rate year over year:

Hospital Fiscal Year	Total Discharges	Yearly Growth Rate
9/30/2009	115,000	2.7%
9/30/2008	112,000	-3.4%
9/30/2007	116,000	4.5%*
9/30/2006	111,000	

*4.5% is the difference from FY 2006 to FY 2007

Calculation 2b: The average of the yearly growth rate is the overall facility growth rate:

	Yearly Growth Rate
	2.7%
	-3.4%
	4.5%
AVERAGE	1.2%

**Please note that a negative growth rate will also be applied to the facility*

Step 3: Apply growth rate to the base number of discharges. Pennsylvania will be paying over 4 years.

Reporting Year	Reported Discharges	Growth Rate	Calculated Discharges
Base Year	115,000		115,000
Year 2		1.2%	116,432
Year 3		1.2%	117,881
Year 4		1.2%	119,349

**116,432 is 1.24% times the self-reported 115,000 discharges*

Calculation 3: As noted above, the initial discharge amount was increased by 1.2% each year.

Step 4: Determine eligible discharges. Only discharges between 1,149 and 23,000 are to be used in the equation.

Reporting Year	Reported Discharges	Growth Rate	Calculated Discharges	Eligible Discharges
Base Year	115,000		115,000	21,851
Year 2		1.2%	116,380	21,851
Year 3		1.2%	117,777	21,851
Year 4		1.2%	119,190	21,851

**21,851 is the discharges between 1,149 and 23,000*

Calculation 4: Any volume below 1,149 is not included and any volume over 23,000 is also not included.

Step 5: Multiply the eligible discharges by \$200

Reporting Year	Reported Discharges	Growth Rate	Calculated Discharges	Eligible Discharges	Eligible Discharge Payment
Base Year	115,000		115,000	21,851	\$4,370,200
Year 2		1.2%	116,380	21,851	\$4,370,200
Year 3		1.2%	117,777	21,851	\$4,370,200
Year 4		1.2%	119,190	21,851	\$4,370,200

Step 6: Add the base year amount per payment year: \$2,000,000

Reporting Year	Reported Discharges	Growth Rate	Calculated Discharges	Eligible Discharges	Eligible Discharge Payment + Base Amount (\$2,000,000)
Base Year	115,000		115,000	21,851	\$6,370,200
Year 2		1.2%	116,380	21,851	\$6,370,200
Year 3		1.2%	117,777	21,851	\$6,370,200
Year 4		1.2%	119,190	21,851	\$6,370,200

Calculation 6: Add the base amount of \$2,000,000 to each payment year.

Step 7: Use Eligible Discharge Payment and Medicaid Transition Factor to create Overall EHR Amount

Reporting Year	Eligible Discharge Payment	Medicaid Transition Factor **	Overall EHR Amount
Base Year	\$ 6,370,200	1	\$6,370,200
Year 2	\$ 6,370,200	0.75	\$4,777,650
Year 3	\$ 6,370,200	0.5	\$3,185,100
Year 4	\$ 6,370,200	0.25	\$1,592,550

***As defined by Federal Regulations*

Calculation 7: Multiply the Eligible Discharge Payment by the Medicaid Transition Factor per payment year.

Step 8: Input the remaining self-reported information

Total # IP MCD Bed Days	Total IP Days	Total Charges - All Discharges	Total Charity Care - All Discharges
47,469	189,985	\$ 1,188,756,696	\$ 56,452,000

Calculation 8: N/A - self-reported data entry step.

Step 9: Calculate the Medicaid Share. This is used to weight Medicaid's impact on total bed days. It is considered a better metric than discharges since Medicaid patients generally have a higher illness burden.

Calculation 9a: Calculate the Non-Charity Care ratio by subtracting charity care from total charges and dividing by total charges

Reporting Year	Total Charges - All Discharges	Total Charity Care - All Discharges	Non-Charity Care Ratio
Base Year	\$ 1,188,756,696	\$ 56,452,000	95.3%
Year 2	\$ 1,188,756,696	\$ 56,452,000	95.3%
Year 3	\$ 1,188,756,696	\$ 56,452,000	95.3%
Year 4	\$ 1,188,756,696	\$ 56,452,000	95.3%

Calculation 9b: Calculate the Medicaid Bed Days share ratio:

Reporting Year	Total # IP MCD Bed Days	Total IP Days	Medicaid Bed Days Ratio
Base Year	47,469	189,985	25.0%
Year 2	47,469	189,985	25.0%
Year 3	47,469	189,985	25.0%
Year 4	47,469	189,985	25.0%

Calculation 9c: Divide the Medicaid Bed Days ratio by the Non-Charity Care Ratio:

Reporting Year	Non-Charity Care Ratio	Medicaid Bed Days Ratio	Medicaid Share
Base Year	95.3%	25.0%	26.2%
Year 2	95.3%	25.0%	26.2%
Year 3	95.3%	25.0%	26.2%
Year 4	95.3%	25.0%	26.2%

Step 10: Multiply the Overall EHR Amount by the Medicaid Share:

Calculation 10: Multiply the Overall EHR Amount by the Medicaid Share:

Reporting Year	Overall EHR Amount	Medicaid Share	MCD Aggregate EHR Incentive
Base Year	\$ 6,370,200	26.2%	\$1,670,988.67
Year 2	\$ 4,777,650	26.2%	\$1,253,241.50
Year 3	\$ 3,185,100	26.2%	\$835,494.33
Year 4	\$ 1,592,550	26.2%	\$417,747.17

Calculation 10b: Sum the MCD Aggregate EHR Incentive:

MCD Aggregate EHR Incentive
\$1,670,988.67
\$1,253,241.50
\$835,494.33
\$417,747.17
\$4,177,471.67*

**This represents the total amount that the facility is eligible to receive based upon self-reported information.*



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Step 11: Apply distribution schedule for total MCD Aggregate EHR Amount over the 4 year period (Pennsylvania specific):

Reporting Year	Payment Percentage	Payment per Year
Base Year	50%	\$2,088,735.84
Year 2	30%	\$1,253,241.50
Year 3	10%	\$417,747.17
Year 4	10%	\$417,747.17

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

The goal of the Pennsylvania Medical Assistance EHR Incentive Program is to promote the adoption, implementation, upgrade, and meaningful use of certified EHRs. Hospitals are required to attest to the status of their current certified EHR adoption phase.

- **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 technology.
- **Meaningful User** – Eligible Hospitals can attest to meeting Stage 1 meaningful use requirements as set forth by CMS. **Dually eligible hospitals will attest to reaching the MU requirements at the CMS R&A website. Children’s hospitals (Medicaid only hospitals) will attest to MU through MAPIR.**

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 achieving the full potential of meaningful use.

- Stage 1 Criteria began in 2011 for Medicare and 2012 for Medical Assistance as described above. In September 2012 CMS published an updated Final Rule that outlines Stage 2 criteria and changes to Stage 1 criteria. On October 16, 2015, CMS published another updated Final Rule that updates the Stage 1 and Stage 2 criteria and provides guidance on Stage 3 criteria.

The criteria for Stages 3 and beyond will be described in future rulemaking. Stage 1 and Stage 2 include a series of core and menu measures, (*see Appendix for “Meaningful Use Criteria: Core, Menu, and Clinical Quality Measures”*).

8 Attestations and Audits

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

States will be required to validate eligible hospital attestations which will require audits both pre- and post-pay. CMS believes a combination of pre-payment and post-payment reviews will result in accurate payments and timely identification of overpayments.

All information submitted in the MAPIR application is subject to review. Applicants must submit additional information that confirms that the certified EHR technology (CEHRT) reported in the MAPIR application with the CMS certification number was adopted, implemented, or upgraded during the reporting period (e.g., copies of receipts, contracts, and other documentation). Applicants can upload the CEHRT documentation and other supporting documentation directly into the MAPIR application or by email to RA-mahealthit@pa.gov. All documentation related to your EHR implementation and use should be retained for six years. If the eligible hospital is selected for post-payment audit, they may be requested to submit additional documentation in order to verify their eligibility and to ensure that the correct incentive payment amount was made by the Department. CMS will review all meaningful use attestations for both: 1. hospitals that are only participating in the Medicaid EHR Incentive Program only, and, 2. hospitals participating in both the Medicare and Medicaid EHR Incentive Programs.

MAPIR Attestations

EHRs 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 patient volume thresholds, that they are adopting, implementing or upgrading federally-certified EHR systems or are attesting to being a meaningful user of a federally-certified EHR system, and that they meet all other federal program 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 based on the following elements of the application:

- Patient Volume thresholds
- Cost Report data
- Ineligible hospital types
- Sanctions

These MAPIR system reviews will help to identify potential overpayments/underpayments before they occur.

In addition to the MAPIR system reviews, all eligible hospitals will be reviewed prior to payment. The Department will verify the information submitted in the application and determine payment amounts.

Post-Payment Reviews

The Department will perform post-payment audits on eligible hospital attestations and payments. All elements of the application are subject to review; however, the Department will also identify high risk areas and review these attestations and payments. For example, Pennsylvania Medical Assistance patient volume percentages close to the required threshold or significant out-of-state Medicaid patient volume may be reason for post-payment audit.

After a post-payment audit occurs and an eligible hospital is found to be ineligible for an incentive payment, MAHITI and the MAPIR Operations team members will discuss the findings of the identified ineligible hospital with the Department of Program Integrity (BPI) Liaison. The improper incentive payment will be captured in the reconciliation process. Issues related to fraud will be taken to BPI, where the proper management staff will work directly with the BPI Liaison to resolve the issue.

In the case of abuse, EHR Incentive program team members 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, EHR Incentive program team members will refer the issue to BPI. After review, MAHITI, Operations, and BPI will work with the eligible hospital to bring them back into program-eligible status. Abuse is characteristically an innocent mistake, while fraud consists of an event that was knowingly made incorrect, and that was purposely executed to obtain a benefit.

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



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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 allows sixty (60) business days for the provider to submit the required documentation that was requested. The auditor can authorize a fifteen (15) business day extension if requested 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 hospitals. Once an overpayment is identified, MAPIR will determine the amount of overpayments that have been made and must be returned by the hospital.

When overpayments are identified, the Department will initiate the payment recoupment process and communicate with CMS on repayments. The Department will attempt to recover any overpayments from instances of abuse or fraud

The Department will request that hospitals submit recoupment payments by check; if a provider fails to submit a payment by check within 90 calendar days of the notice to return the EHR incentive payment, the Department will generate an accounts receivable to offset payment of future claims to recoup the EHR incentive overpayments. Federal law requires the Department to return overpayments within 365 days of identification. Money is either recouped in accordance to federal timeline standards or during the reconciliation process at the beginning of the subsequent program year.

The Department will initiate a reconciliation review of the cost data prior to issuing a 2nd, 3rd and 4th incentive payment to a hospital. Once reviewed the Department will communicate to the hospital any issues that will need addressed prior to issuing an incentive payment. The changes can be made directly in MAPIR after communication with the Department has occurred. When the changes are made to the cost data the overall incentive is recalculated with adjustments being applied to the 2nd, 3rd and 4th payments as needed.

10 Appeals

Eligible hospitals will have the right to appeal certain Department decisions related to the Pennsylvania Medical Assistance EHR Incentive Program. 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,
- Amount of incentive payment is questioned, (e.g., pediatrician payment).

You will receive a notice of denial via email and letter, which will also provide specific instructions on how to submit an appeal.

Appeals related to this program will be processed like all other hospital appeal issues. Hospitals 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.



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Part II: Application Assistance

11 MAPIR Overview

This section of the Pennsylvania Medical Assistance EHR Incentive Program Eligible Hospital 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 hospital enrollment process by interfacing with other systems to verify data. Hospitals 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 hospital registration information
 - Report eligibility decisions to CMS
 - Report payment information (payment date, transaction number, etc.) to CMS
- Verify information submitted by applicant
- Determine hospital eligibility
- Allow hospitals 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 hospital application process (e.g., confirmation of R&A information, patient volume, and attestations) to confirm a hospital's eligibility for the program.



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To begin in the MAPIR application process, hospitals must:

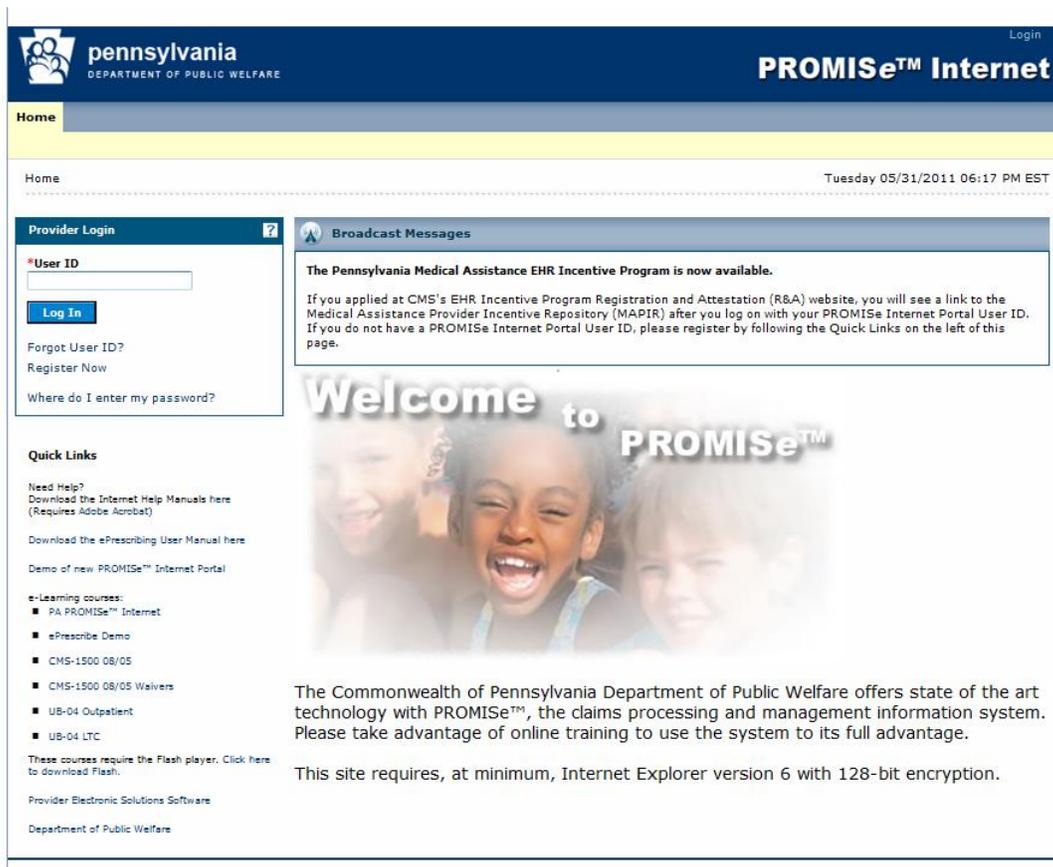
1. Enroll at the R&A (*if this is their first payment year and they haven't already registered at the R&A*);
2. Be enrolled in Medical Assistance; and,
3. Be free of sanctions or exclusions.

Note: In some cases, hospitals will be re-directed to the R&A to correct discrepant data. In other cases, hospitals will be 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

Hospitals 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 hospital provider. To enroll as a Medical Assistance hospital 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>

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



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If the EH does not 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.state.pa.us/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.

13 *Completing the MAPIR Application*

The remainder of the Eligible Hospital 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 including 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 symbol. To view this information, simply move your mouse over the symbol shown in the example below.

14 Appendix

Definitions per Final Rule and/or Pennsylvania State Medical Assistance

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

Acute Care Hospital means a healthcare facility:

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

Adopt, Implement, or Upgrade (AIU) means:

1. Acquire, purchase, or secure access to certified EHR technology (proof of purchase or signed contract will be an acceptable indicator);
2. Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements; or,
3. 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:

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



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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 to an individual on any one day where:

- Services rendered to an individual per inpatient discharges where the recipient is/was eligible for Medical Assistance. Services rendered to an individual in an emergency department on any one day where the recipient is/was eligible for Medical Assistance.

Medical Assistance Encounter for an EH means services rendered to an individual per patient discharge or services rendered to an individual in an emergency room on any one day where:

- The recipient is/was eligible for Medical Assistance. Services rendered to an individual in an emergency department 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.



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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.

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

Useful Acronym List

ARRA	American Recovery and Reinvestment Act of 2009
CCHIT	Certification Commission for Health Information Technology
CHPL	Certified Healthcare Product List: list of certified electronic health record systems supplied by ONC
CMSO	Center for Medicaid and State Operations
CMS	Centers for Medicare & Medicaid Services
EHR	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, medications, 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.
EMR	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.
FQHC	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.

HIE	Health Information Exchange: the sharing of clinical and administrative data across healthcare institutions and providers.
HIT	Health Information Technology: HIT allows comprehensive management of medical information and its secure exchange between healthcare consumers and providers.
MAAC	Medical Assistance Advisory Committee
MAHITI	Medical Assistance Health Information Technology Initiative
MAPIR	Medical Assistance Provider Incentive Repository [Visit www.DHS.pa.gov for additional information].
MU	Meaningful Use
NLR	Medicare & Medicaid EHR Incentive Program Registration and Attestation System. This is normally referred to as the R&A.
OMAP	Pennsylvania Office of Medical Assistance Programs [Visit www.DHS.pa.gov for additional information].
ONC	[The] Office of the National Coordinator for Health Information Technology: responsible for administering the CHPL.
R&A	Medicare & Medicaid EHR Incentive Program Registration and Attestation System. This is sometimes referred to as the NLR.
RHC	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.
SMHP	State Medicaid HIT Plan

Resources

- Pennsylvania Department of Human Services (DHS) Medical Assistance Electronic Health Record (EHR) Incentive Program: www.PAMAHealthIT.org
- The Commonwealth of Pennsylvania's State Medicaid Health Information Technology Plan (SMHP):
http://www.DHS.pa.gov/ucmprd/groups/webcontent/documents/document/p_003113.pdf
- PROMISe™: <https://promise.DHS.pa.gov>
- 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
- Office of the National Coordinator for Health Information Technology:
www.HealthIT.hhs.gov

MU Criteria: Core, Menu and Clinical Quality Measures **NOTE:** Beginning with the 2015-2017 Modification Rule, Core and Menu Measures will be replaced with 9 Objectives.

To demonstrate meaningful use (MU), EHs 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=&cbOrder=date>

Core measures are required for meeting meaningful use. CMS has defined a set of Core measures for EHs that they are required to complete.

Menu measures allow flexibility for EHs to choose measures that are more applicable to their service area or for which they can more readily report. The requirements are different depending on the stage the EH is attesting to.

Clinical Quality Measures (CQMs) provide information on the outcomes from a health population. CMS has further classified the CQMs as Core, Alternate Core, and Additional.

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

Auto-generated Provider Email Responses (MAPIR Application)

- Medical Assistance Electronic Health (EHR) Incentive Program – CMS Registration Complete
- Medical Assistance Electronic Health (EHR) Incentive Program – Application Submitted
- NLR/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 Year One (1) of Medical Assistance Electronic Health Records (EHR) Incentive Program
- Notice of Medical Assistance Electronic Health Record (EHR) Incentive Program Appeal Filed
- Notice of Medical Assistance Electronic Health Record (EHR) Incentive Program Appeal Adjudicated
- Notice of Medical Assistance Electronic Health Record (EHR) Incentive Program Reminder
- 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



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Subject: Medical Assistance Electron 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 in MAPIR. We have created a Quick Tip to provide you with some steps you may need to take prior to entering MAPIR.

Here is a link to review the Quick Tip:

http://www.DHS.pa.gov/ucmprd/groups/webcontent/documents/communication/p_011495.pdf

.

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

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

Sincerely,

Pamela Zemaitis
HIT Coordinator
Department of Human Services
Office of Medical Assistance Programs
www.PAMAHealthIT.org

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



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

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. We anticipate that our review process will take approximately 7-10 days.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at 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

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



**Medical Assistance HIT Initiative
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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.

Sincerely,

Pamela Zemaitis
HIT Coordinator
Department of Human Services
Office of Medical Assistance Programs
www.PAMAHealthIT.org

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



**Medical Assistance HIT Initiative
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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 that this application is for the current program year. You will need to re-apply for future payments. 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. 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

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



**Medical Assistance HIT Initiative
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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 within 3-4 business days 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.

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

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



**Medical Assistance HIT Initiative
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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 through 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 the patient volume and meaningful use statistics that were supplied to determine your eligibility for a payment. You should maintain any documentation related to eligibility or payments for six years.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at 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

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



**Medical Assistance HIT Initiative
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Subject: Medical Assistance Electronic Health Records (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.

Sincerely,

Pamela Zemaitis
HIT Coordinator
Department of Human Services
Office of Medical Assistance Programs
www.PAMAHealthIT.org

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



**Medical Assistance HIT Initiative
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Subject: Medical Assistance Electronic Health Records (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.

Sincerely,

Pamela Zemaitis
HIT Coordinator
Department of Human Services
Office of Medical Assistance Programs
www.PAMAHealthIT.org

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



**Medical Assistance HIT Initiative
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Subject: Medical Assistance Electronic Health Records (EHR) Incentive Program - Reminder

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, 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 as you progress your application through the review process.

The Quick Tip is located here:

http://www.DHS.pa.gov/usmprd/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.

Sincerely,

Pamela Zemaitis
HIT Coordinator
Department of Human Services
Office of Medical Assistance Programs
www.PAMAHealthIT.org

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



**Medical Assistance HIT Initiative
Medical Assistance
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Subject: Notice of Medical Assistance Electronic Health Records (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.

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

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



**Medical Assistance HIT Initiative
Medical Assistance
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Subject: Notice of Medical Assistance Electronic Health Records (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.

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

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



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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.

- EH Continuous 90-day Period Email
- EH Meaningful Use (MU) Attestation Email
- EH Medicare Payment Request Email
- EH Registration & Attestation (R&A) Verification Email
- EH Volume Data Email



**Medical Assistance HIT Initiative
Medical Assistance
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EH Continuous 90-day Period Email

Dear Applicant,

Thank you for applying to the MA Health Information Technology Electronic Health Records Incentive program. We are unable to process your application due to the following reason:

You are not using a continuous 90-day period to report your data. For the patient volume calculation, you need to use a reporting period of 90 continuous days. Please go back into your MAPIR application and update the dates and volumes accordingly.

In order for us to proceed with processing your application, please email us at RA-mahealthit@pa.gov.

Please refer to Inquiry # _____.

Thank you.



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EH Meaningful Use (MU) Attestation Email

Dear Applicant,

Thank you for applying to the MA Health Information Technology Electronic Health Records Incentive program. We are unable to process your application due to the following reason:

You have indicated that you are attesting to Meaningful Use and we have not yet received verification from CMS that you are a Meaningful User. If you have already applied for Meaningful Use through CMS, we will wait until we receive correspondence from them before we proceed with your application. If you have not applied through CMS yet, you may be able to attest to Adopt, Implement or Upgrade through the Medicaid program.

In order for us to proceed with processing your application, please mail us at RA-mahealthit@pa.gov.

Please refer to Inquiry # _____.

Thank you.



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EH Medicare Payment Request Email

Dear Applicant,

Thank you for applying to the MA Health Information Technology Electronic Health Records Incentive program. We are unable to process your application due to the following reason:

You have indicated that you are applying for a Medicare payment as opposed to a Medicaid payment. If this information is not accurate, please let us know and we will re-open your application so that you can go back into the MAPIR application and switch to Medicaid. If this information is accurate, also let us know so that we can cancel your application.

In order for us to proceed with processing your application, please email us at RA-mahealthit@pa.gov.

Please refer to Inquiry #_____.

Thank you.



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EH Registration & Attestation (R&A) Verification Email

Dear Applicant,

Thank you for applying to the MA Health Information Technology Electronic Health Records Incentive program. We are unable to process your application due to the following reason:

You have indicated that the information which you entered into the CMS Registration and Attestation system is not correct. If the information is not correct, you need to go the CMS R&A website and correct the information. Then, let us know via email that you have corrected the information and we will re-open your MAPIR application. If the information is correct please let us know via email so that your MAPIR application can be re-opened.

In order for us to proceed with processing your application, please email us at RA-mahealthit@pa.gov.

Please refer to Inquiry #_____.

Thank you.



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Volume Data Email

Dear Applicant,

Thank you for applying to the MA Health Information Technology Electronic Health Records Incentive program. We are unable to process your application due to the following reason:

We have found an issue with your volume data.

In order for us to proceed with processing your application, please email us at RA-mahealthit@pa.gov.

Please refer to Inquiry # _____.

Thank you.