

# **Electronic Health Record (EHR) Incentive Payment Program – Eligible Providers: Review of CMS Changes to the EHR Incentive Program**



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**The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.**

# Terminology

CMS – Centers for Medicare and Medicaid Services

CQM – Clinical Quality Measure

EH – Eligible Hospital

EHR – Electronic Health Record

EP – Eligible Professional

MAPIR – Medical Assistance Provider Incentive Repository

MU – Meaningful Use

R & A – CMS Registration and Attestation System

SMHP – State Medicaid HIT Plan



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# Agenda

- General Overview
  - Meaningful Use
  - CMS Changes
- Changes to Stage 1 Meaningful Use
- CMS Stage 2 Overview and New Requirements
- Clinical Quality Measures
- Changes to Medicaid EHR Incentive Program
- Attestation Process – Meaningful Use & MAPIR
- Resources

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# General Overview – Meaningful Use



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# General Overview

- The Medicare and Medicaid EHR Incentive Programs provide a financial incentive for the "**meaningful use**" of certified EHR technology to achieve health and efficiency goals
- Providers have to meet specific requirements in order to receive incentive payments:
  - Meaningful Use Objectives
  - Clinical Quality Measures
  - Other Program Requirements
- By putting into action and meaningfully using an EHR system, providers will reap benefits beyond financial incentives, such as:



Reduction in errors	Clinical decision support
Availability of records and data	E-prescribing / refill automation
Reminders and alerts	

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# Adopt/Implement/Upgrade (AIU)

AIU option offered in recognition of EPs and EHs that may not be ready to “meaningfully use” certified EHR technology in the first payment year

- **Adopted:** Acquired and installed certified EHR technology
- **Implemented:** Began using certified EHR technology
  - For example, provide staff training or data entry of patient demographic information into EHR
- **Upgraded:** Expanded existing technology to meet certification requirements
  - For example, upgrade to certified EHR technology or add new functionality

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# What is "Meaningful Use"?

- The American Recovery and Reinvestment Act of 2009 specifies three main components of Meaningful Use:
  - The use of a certified EHR in a meaningful manner, such as e-prescribing
  - The use of certified EHR technology for electronic exchange of health information to improve quality of health care
  - The use of certified EHR technology to submit clinical quality and other measures
- Simply put, "meaningful use" means providers need to show they are using certified EHR technology in ways that can be measured significantly in quality and in quantity

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# Meeting Meaningful Use Requirements

To qualify for incentive payments, meaningful use requirements must be met in the following ways:

- Medicare EHR Incentive Program** – Eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must successfully demonstrate meaningful use of certified electronic health record technology every year they participate in the program
- Medicaid EHR Incentive Program** – Eligible professionals and eligible hospitals may qualify for incentive payments if they adopt, implement, upgrade or demonstrate meaningful use in their first year of participation. They must successfully demonstrate meaningful use for subsequent participation years

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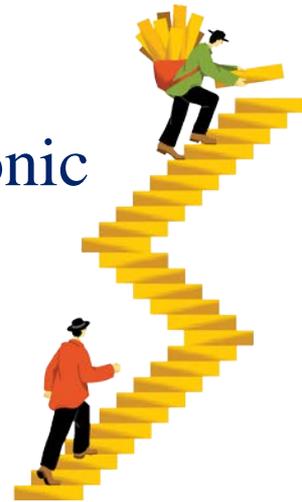
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# CMS EHR Meaningful Use Criteria Summary

The criteria for meaningful use will be staged in three steps over the course of five years:

- **Stage 1** (2011 and 2012) sets the baseline for electronic data capture and information sharing.
- **Stage 2** (to be implemented in 2014); and
- **Stage 3** (expected to be implemented by 2016)
  - Stages 2 and 3 will continue to expand on the baseline.
  - All stages may be affected through future rule making



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# Overview of CMS Changes to Meaningful Use and Medicaid EHR Incentive Program



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# Overview of Changes and Impact

In August 2012, CMS published a final rule that specifies the Stage 2 criteria that EPs, EHs, and critical access hospitals (CAHs) must meet in order to continue to participate in the Medicare and Medicaid EHR Incentive Programs.

In addition to Stage 2, the released rule and changes affect the following:

- EHR Incentive Program
- Stage 1 meaningful use objectives, measures, and exclusions for EPs, EHs, CAHs

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# Overview of Changes (cont)

Stage 1 meaningful use objectives, measures, and exclusions

- Some of these changes will have taken effect as early as October 1, 2012, for eligible hospitals and CAHs, or January 1, 2013, for EPs.
- Other Stage 1 changes will not take effect until the 2014 fiscal or calendar year and will be optional in 2013

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# Overview of Changes (cont)

## Stage 2 Criteria

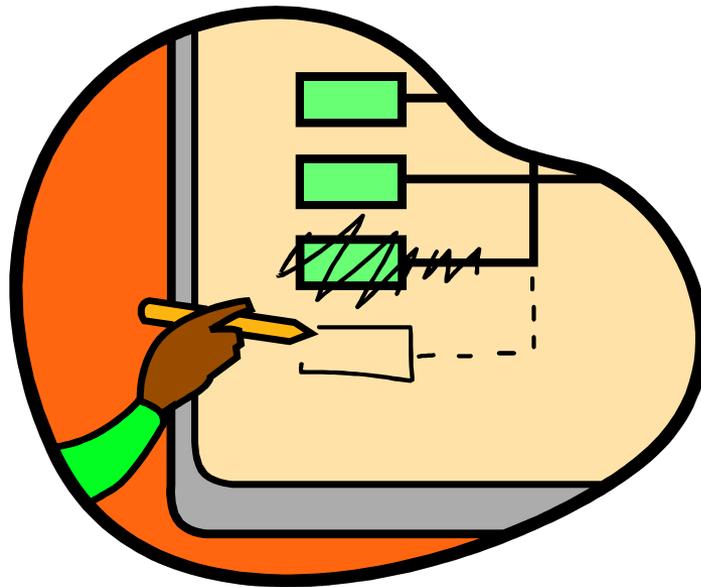
- CMS specifies in its published final rule the criteria that EPs, EHs, and CAHs must meet in order to continue to participate in the Medicare and Medicaid EHR Incentive Programs
- The earliest that the Stage 2 criteria will be effective is in fiscal year 2014 for eligible hospitals and CAHs or calendar year 2014 for EPs

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# CMS Changes to EHR Meaningful Use Criteria – Stage 1



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# Stage 1 Requirements of Meaningful Use (2011 and 2012) – EPs

- For eligible professionals, there are a total of 25 meaningful use objectives
- To qualify for an incentive payment, 20 of these 25 objectives must be met
  - There are 15 required core objectives
  - The remaining 5 objectives may be chosen from the list of 10 menu set objectives



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# CMS Changes/Updates to Stage 1

## Key Changes, starting 2013

- No longer requiring capability for electronic exchange of **key clinical information** for EPs, eligible hospitals, and CAHs
- Removing separate objective for reporting ambulatory or hospital **clinical quality measures** as a part of meaningful use
- Adding an optional alternate measure to the objective for computerized provider order entry (**CPOE**) based on the total number of medication orders created during the EHR reporting period

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# CMS Changes/Updates to Stage 1 (cont)

## Key Changes, starting 2013

- Adding an additional exclusion to the objective for **electronic prescribing** for EPs who are not within a 10 mile radius of a pharmacy that accepts electronic prescriptions
- Adding "except where prohibited" to the objective regulation text for the public health objectives

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# CMS Changes/Updates to Stage 1 (cont)

## Vital Signs (Optional in 2013 and required 2014 onward)

- Changing the measure of the objective for recording and charting changes in vital signs for EPs, eligible hospitals, and CAHs
  - The new measure amends that age limit to recording blood pressure for patients ages 3 and over and height and weight for patients of all ages

# CMS Changes/Updates to Stage 1 (cont)

## Vital Signs (Optional in 2013 and required 2014 onward)

- Changing the exclusions for EPs
  - An EP can claim an exclusion if s/he sees no patients  $\geq 3$  years (EP would not have to record blood pressure), if all three vital signs are not relevant to EP scope of practice (EP would not record any vital signs), if height and weight are not relevant to EP scope of practice (EP would still record blood pressure), or if blood pressure is not relevant to EP scope of practice (EP would still record height and weight)

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# CMS Changes/Updates to Stage 1 (cont)

## Key Changes, starting 2014

- Replacing several Stage 1 objectives for providing **electronic copies of and electronic access to health information** with Stage 2 EP and EH objective to provide patients the ability to view, download, or transmit their health information or hospital admission information online
  - Also replacing with one of two EP/EH Stage 2 measures: Health or hospital admission information is available online within designated timeframe after EP visit or EH discharge

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# CMS Changes/Updates to Stage 1 (cont)

## Key Changes, starting 2014

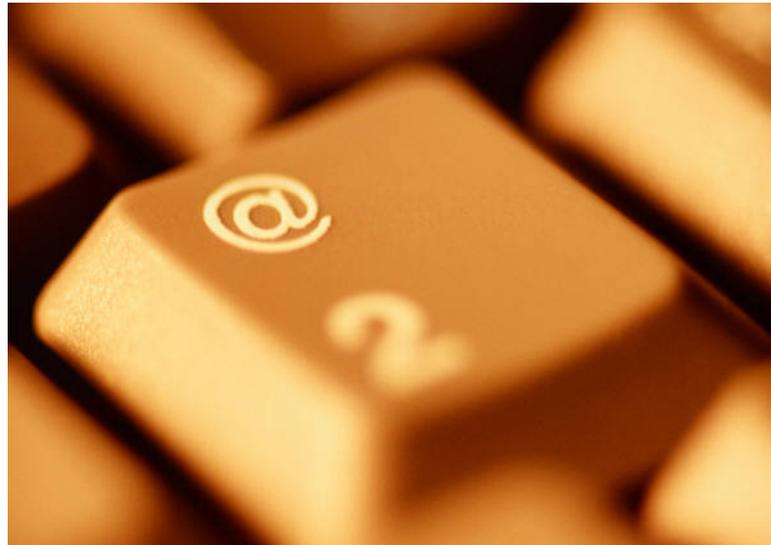
- No longer permitting EPs, EHs, and CAHs to count an exclusion toward the minimum of 5 menu objectives on which they must report if there are other menu objectives which they can select

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# Meaningful Use – CMS Stage 2 Overview and New Requirements



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# Stage 2 Requirements of Meaningful Use - Overview

- EHs can begin to demonstrate Stage 2 Meaningful Use starting in FY 2014; EPs in Calendar Year 2014
- To demonstrate Stage 2 criteria
  - EPs must meet 17 core objectives and 3 menu objectives (total of 20)
  - EHs and CAHs must meet 16 core objectives and 3 menu objectives (total of 19)

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# Stage 2 Requirements of Meaningful Use – Overview (cont)

- In 2014, all providers (regardless of their stage of meaningful use) are only required to demonstrate meaningful use for a three-month EHR reporting period
  - This will help all providers who must upgrade to 2014 Certified EHR Technology have adequate time to implement their new Certified EHR systems

# Timeline for Stage 2 Meaningful Use

The table below illustrates the progression of meaningful use stages from when a provider begins participation in the program

1 <sup>st</sup> Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

*Note: early demonstrators of MU in 2011 will meet 3 consecutive years of MU under Stage 1 criteria before advancing to Stage 2 criteria in 2014*

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# New Stage 2 Requirements of Meaningful Use – EPs

- New Stage 2 Menu Objectives
  - Record electronic notes in patient records
  - Imaging results accessible through CEHRT
  - Record patient family history
  - Identify and report cancer cases to state Cancer registry
  - Identify and report specific cases to specialized registry

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# New Stage 2 Requirements of Meaningful Use - EHRs

- New Stage 2 Menu Objectives
  - Record electronic notes in patient records
  - Imaging results accessible through CEHRT
  - Record patient family history
  - Generate and transmit permissible discharge prescriptions electronically
  - Provide structured electronic lab results to ambulatory providers

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# New Stage 2 Requirements of Meaningful Use – EPs and EHs

- Though most of the new objectives introduced for Stage 2 are menu objectives, EPs and EHs each have a new core objective that they must achieve
  - EPs: Use secure electronic messaging to communicate with patients on relevant health information
  - EHs and CAHs: Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR)

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# Clinical Quality Measures



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# Clinical Quality Measures (CQMs)

To demonstrate meaningful use successfully, eligible professionals are required also to report clinical quality measures specific to eligibility type

- CQMs can be measures of processes, experiences and / or outcomes of patient care, observations or treatment that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable, and timely care
  - For example, a measure can provide information regarding whether an EP has provided care to their patients that supports a clinical process found to be effective in reducing complications associated with a specific disease or medical condition or associated with being hospitalized

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# Updates to Clinical Quality Measures

Although clinical quality measure (CQM) reporting has been removed as a core objective for both EPs, EHs and CAHs, all providers are required to report on CQMs in order to demonstrate meaningful use

- Beginning 2014, all providers regardless of their stage of meaningful use will report on CQMs
  - EPs must report on 9 out of 64 total CQMs
  - EHs and CAHs must report on 16 out of 29 total CQMs
- Providers must select CQMs from 3 of the 6 domains of DHHS' National Quality Strategy

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# Updates to Clinical Quality Measures – EPs

Category	Data Level	Payer Level	Submission Type	Reporting Schema
Year 1	Aggregate	All Payer	Attestation	Submit 9 CQMS covering at least 3 NQS domains
<i>EPs Beyond Year 1 of Demonstrating MU</i>				
Option 1	Aggregate	All Payer	Electronic	Submit 9 CQMs covering at least 3 NQS domains
Option 2	Patient	Medicare Only	Electronic	Satisfy PQRS reporting options using CEHRT
Group Reporting	Patient	Medicare Only	Electronic	Satisfy ACO and PQRS requirements

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# Updates to Clinical Quality Measures – EHs

Category	Data Level	Payer Level	Submission Type	Reporting Schema
Year 1	Aggregate	All Payer	Attestation	Submit 16 CQMs covering at least 3 NQS domains
<i>EHs and CAHs Beyond Year 1 of Demonstrating MU</i>				
Option 1	Aggregate	All Payer	Electronic	Submit 16 CQMs covering at least 3 NQS
Option 2	Patient	Sample – All Payer	Electronic	Submit 16 CQMs covering at least 3 NQS (similar to 2012 Medicare EHR Incentive Pilot Program)

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# Changes to Medicaid EHR Incentive Program



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# Changes to Medicaid EHR Incentive Program

- EPs, EHs and CAHs participating in the Medicaid Incentive Program must submit their CQM data directly to their State
- Each State is responsible for sharing the details on the process for reporting with its provider community
- Subject to CMS' prior approval, States have flexibility in determining the process and the timeline

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# Changes to Medicaid EHR Incentive Program (cont)

## Changes in Medicaid Patient Volume Calculation

- A Medicaid encounter can be counted towards patient volume of an eligible provider if the patient is enrolled in the State's Medicaid program (either through the State's fee-for-service programs or the State's Medicaid managed care programs) at the time of service without the requirement of Medicaid payment liability
  - Previously, Medicaid had to either pay for all or part of the service, or pay all or part of the premium, deductible or coinsurance for the encounter

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# Changes to Medicaid EHR Incentive Program (cont)

## Changes in Medicaid Patient Volume Calculation

- States that have offered CHIP as part of a Medicaid expansion under Title 19 or Title 21 can include those patients in their provider's Medicaid patient volume calculation
  - Previously, only CHIP programs created under a Medicaid expansion via Title 19 were eligible

# Changes to Medicaid EHR Incentive Program (cont)

## Changes in Medicaid Hospital Incentive Payment Calculation

- Hospitals may use the most recent continuous 12 month period for which data are available prior to the payment year.
- Only hospitals that begin program participation after the Stage 2 Rule publication date (i.e., program years 2013 and later) are affected. Hospitals prior to the Stage 2 Rule will not have to adjust previous calculations.
- Previously, Medicaid eligible hospitals calculated the base year using a 12 month period ending in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year

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# Attestation Process – Meaningful Use & MAPIR



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# MAPIR and the Attestation Process

- MAPIR allows EPs and EHs to apply and attest for incentive payments, and is the backbone of KDHE/DHCF's oversight efforts for the Medicaid EHR Incentive Program
- To apply for the Medicaid EHR Incentive Program, an EP must use the MAPIR application:

<https://www.kmap-state-ks.us/PROVIDER/SECURITY/logon.asp>

- There are seven electronic MAPIR application tabs that comprise the registration document:

- |                                |                       |
|--------------------------------|-----------------------|
| 1. Get Started                 | 5. <b>Attestation</b> |
| 2. R&A and Contact Information | 6. Review             |
| 3. Eligibility                 | 7. Submit             |
| 4. Patient Volume              |                       |



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# MAPIR – Dashboard



[Print](#) [Contact Us](#) [Exit](#)

Thursday 04/12/2012 1:18:04 PM CDT

Upon logging into MAPIR, an applicant will see the EHR Incentive Program Participation Dashboard.

Select the application and click **Continue**

MAPIR

### Medicaid EHR Incentive Program Participation Dashboard

NPI 999999999 TIN 999999999  
CCN

(\*) Red asterisk indicates a required field.

*Application (Select to Continue)	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Not Started	1	2012	Unknown	Select the "Continue" button to begin this application.
<input type="radio"/>	Unknown	2	Unknown	Unknown	None at this time
<input type="radio"/>	Unknown	3	Unknown	Unknown	None at this time
<input type="radio"/>	Unknown	4	Unknown	Unknown	None at this time
<input type="radio"/>	Unknown	5	Unknown	Unknown	None at this time
<input type="radio"/>	Unknown	6	Unknown	Unknown	None at this time



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# MAPIR – Get Started



[Contact Us](#) [Exit](#)

Thursday 04/12/2012 1:21:02 PM CDT

Payment Year 1 Program Year 2012

MAPIR

Name: Medicaid Provider

Applicant NPI: 9999999999

Status:

**IMPORTANT:**

The MAPIR application **must** be completed by the **actual** Provider or by an authorized preparer. In some cases, a provider may have more than one Internet/Portal account available for use. Once the MAPIR application has been started, it must be completed by the same Internet/Portal account.

To access MAPIR to apply for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select **Exit** and log on with that account.

To access MAPIR using the current account, select **Get Started**. All application for previous years will be re-associated with the current account and the previous user account will lose access to these applications.

[Exit](#)

[Get Started](#)

When getting started, the applicant will see an initial screen with the status of the application s/he selected. This example shows a status of "Not Started".

The applicant can either:

Select **Get Started** to continue the application process; or select **Exit**, and the applicant will exit the application.

An applicant may always click on the **Contact Us** link for application support.

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# MAPIR – Application Confirmation



Friday 04/13/2012 11:46:28 AM CDT

MAPIR

## Confirmation

You have chosen to complete the MAPIR application using the current Internet account. Once you have started the application process using this account, you cannot switch to another account.

Select the "Cancel" button to return to the start page.

Select "Confirm" to associate the current Internet/Portal account with MAPIR.

Cancel

Confirm

Once the application is started, the applicant will need to confirm association of the current Internet account with MAPIR.

The applicant may select **Confirm** to continue the application process or **Cancel**.

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# MAPIR – Attestation



[Print](#) [Contact Us](#) [Exit](#)

Thursday 06/07/2012 3:02:34 PM CDT

Name Medicaid Provider      Applicant NPI 9999999999  
Personal TIN/SSN 999999999      Payee TIN 999999999  
Payment Year 1      Program Year 2012

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

After going through the R&A/Contact Info, Eligibility, and Patient Volumes sections of MAPIR, the applicant is able to access and begin the Attestation section.

After viewing the Attestation Guidance Page, the applicant will see this **Attestation** screen – it requires a **EHR System Phase** selection.

Subsequent screens and questions depend on the EHR System Phase selection : **Adoption, Implementation, Upgrade, or Meaningful Use.**

After selecting the **EHR System Phase**, click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

## Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

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

- Adoption:** You are acquiring certified EHR Technology.
- Implementation:** You are installing certified EHR Technology.
- Upgrade:** You are expanding functionality of certified EHR Technology.
- Meaningful Use:** You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

[Previous](#) [Reset](#) [Save & Continue](#)

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# MAPIR – Attestation



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Thursday 05/24/2012 2:55:39 PM CDT

Name Medicaid Provider  
Applicant NPI 9999999999  
Personal TIN/SSN 9999999999  
Payee TIN 9999999999  
Payment Year 1  
Program Year 2012

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

## Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** below. The selection that you make will determine the questions that you will be asked on subsequent pages.

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

- Meaningful Use (90 days)**  
You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.
- Meaningful Use (Full Year)**  
You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.

[Previous](#) [Reset](#) [Save & Continue](#)

Select the appropriate MU period, click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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# MAPIR – Attestation



[Print](#) [Contact Us](#) [Exit](#)

Thursday 05/24/2012 3:00:01 PM CDT

Name Medicaid Hospital  
Applicant NPI 999999999  
Personal TIN/SSN 999999999  
Payee TIN 999999999  
Payment Year 1  
Program Year 2012

[Get Started](#) [R&A/Contact Info](#)  [Eligibility](#)  [Patient Volumes](#)  [Attestation](#)  [Review](#) [Submit](#)

## Attestation EHR Reporting Period (Part 1 of 3)

Please enter the **Start Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Professional demonstrates meaningful use of certified EHR technology.

**Note:** The end date of the continuous 90-day period will be calculated based on the start date entered.

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

(\*) Red asterisk indicates a required field.

\* Start Date:    
mm/dd/yyyy

[Previous](#) [Reset](#) [Save & Continue](#)

The applicant needs to enter the start of the EHR Reporting Period.

After entering the start date for the reporting period, the next screen will show the 90-day calculation, click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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# MAPIR – Attestation



[Print](#) [Contact Us](#) [Exit](#)

Tuesday 05/15/2012 9:19:25 AM CDT

Name Medicaid Provider

Applicant NPI 9999999999

Personal TIN/SSN 999999999

Payee TIN 999999999

Payment Year 1

Program Year 2012

[Get Started](#)
[R&A/Contact Info](#)
[Eligibility](#)
[Patient Volumes](#)
[Attestation](#)
[Review](#)
[Submit](#)

After confirming the reporting period, the applicant will see data required for the attestation grouped into topics:

- General Requirements
- Core Measures
- Menu Measures
- Core Clinical Quality Measures
- Alternate Clinical Quality Measures
- Additional Clinical Quality Measures

The applicant must complete all of the topics and can do so by clicking **Begin**.

The applicant will then be able to enter related data and information for each topic.

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



**Attestation Meaningful Use Measures**

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

**Note:** The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality Measure has a denominator of zero. Available actions for a topic will be determined by current progress level. To start a topic select the "**Begin**" button. To modify a topic where entries have been made select the "**EDIT**" button for a topic to modify any previously entered information. Select "**Previous**" to return.

Completed?	Topics	Progress	Action
	General Requirements		<a href="#">Begin</a>
	Core Measures		<a href="#">Begin</a>
	Menu Measures		<a href="#">Begin</a>

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

	Core Clinical Quality Measures		<a href="#">Begin</a>
	Alternate Core Clinical Quality Measures		<a href="#">Begin</a>

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

	Additional Clinical Quality Measures		<a href="#">Begin</a>
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**Notes:** When all topics are marked as completed, select the "**Save & Continue**" button to complete the attestation process.

[Previous](#)
[Save & Continue](#)

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

# MAPIR – Attestation



[Print](#) [Contact Us](#) [Exit](#)

Tuesday 05/15/2012 9:26:56 AM CDT

Name Medicaid Provider

Applicant NPI 9999999999

Personal TIN/SSN 999999999

Payee TIN 999999999

Payment Year 1

Program Year 2012

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

This screen shows an example where the applicant will need to enter information for each topic. In this case, the topic is General Requirements.

The applicant needs to answer applicable questions and/or enter data based on each topic requirement.

After entering applicable information, click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

## Meaningful Use General Requirements

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive Program.

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

(\*) Red asterisk indicates a required field.

\* Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.

\* Numerator : 650

\* Denominator : 1000

\* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.

\* Numerator : 800

\* Denominator : 1000

[Previous](#) [Reset](#) [Save & Continue](#)

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.



# MAPIR – Attestation



Print Contact Us Exit

Tuesday 05/15/2012 9:30:07 AM EDT

Name Medicaid Provider

Applicant NPI 9999999999

Personal TIN/SSN 999999999

Payee TIN 999999999

Payment Year 1

Program Year 2012

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

## Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

**Note:** The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality Measure has a denominator of zero.

Available actions for a topic will be determined by current progress level. To start a topic select the "Begin" button. To modify a topic where entries have been made select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
<input checked="" type="checkbox"/>	General Requirements	2/2	EDIT Clear All
<input type="checkbox"/>	Core Measures		Begin
<input type="checkbox"/>	Menu Measures		Begin

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

<input type="checkbox"/>	Core Clinical Quality Measures		Begin
<input type="checkbox"/>	Alternate Core Clinical Quality Measures		Begin

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

<input type="checkbox"/>	Additional Clinical Quality Measures		Begin
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**Note:** When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

As the applicant progresses through each topic, the number of completed requirements or measures will be displayed in the **Progress** section of the Attestation Meaningful Use Measures screen.

When the topic is completed, a check mark will be displayed in the **Completed** section of the screen.

If an applicant needs to edit or clear information, they may select **EDIT** or **Clear All**.

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

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.



# MAPIR – Attestation



[Print](#) [Contact Us](#) [Exit](#)

Wednesday 05/16/2012 5:29:36 PM CDT

Name Medicaid Provider Applicant NPI 9999999999

Personal TIN/SSN 999999999 Payee TIN 999999999

Payment Year 1 Program Year 2012

[Get Started](#)
[RFA/Contact Info](#)
[Eligibility](#)
[Patient Volumes](#)
[Attestation](#)
[Review](#)
[Submit](#)

## Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

**Note:** The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality Measure has a denominator of zero.

Available actions for a topic will be determined by current progress level. To start a topic select the "Begin" button. To modify a topic where entries have been made select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	<a href="#">EDIT</a> <a href="#">Clear All</a>
✓	Core Measures	15/15	<a href="#">EDIT</a> <a href="#">Clear All</a>
✓	Menu Measures	5/5	<a href="#">EDIT</a> <a href="#">Clear All</a>

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

✓	Core Clinical Quality Measures	3/3	<a href="#">EDIT</a> <a href="#">Clear All</a>
✓	Alternate Core Clinical Quality Measures	3/3	<a href="#">EDIT</a> <a href="#">Clear All</a>

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

✓	Additional Clinical Quality Measures	3/3	<a href="#">EDIT</a> <a href="#">Clear All</a>
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**Note:** When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

[Previous](#)
[Save & Continue](#)

This screen shows a completed section, where progress has been captured for each topic and has been completed, as shown by the green check mark.

If an applicant needs to edit or clear information for any topic(s), they may select **EDIT** or **Clear All**.

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



The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

# MAPIR – Attestation



[Print](#) [Contact Us](#) [Exit](#)

Wednesday 05/16/2012 5:41:02 PM CDT

**Name** Medicaid Provider

**Applicant NPI** 9999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2012

[Get Started](#)

[R&A/Contact Info](#)

[Eligibility](#)

[Patient Volumes](#)

[Attestation](#)

[Review](#)

[Submit](#)

## Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

### Meaningful Use General Requirements Review

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.	Numerator = 650 Denominator = 1000 Percentage = 65%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 800 Denominator = 1000 Percentage = 80%

After submitting completed information for each topic, the applicant will see a Meaningful Use Measures summary which displays the entered information for each topic and sub-topic.

Review the information, Click **Save & Continue** to proceed or **Previous** to return.

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.



# MAPIR – Attestation



[Print](#) [Contact Us](#) [Exit](#)

Thursday 04/12/2012 1:59:03 PM CDT

**Name** Medicaid Provider  
**Applicant NPI** 9999999999  
**Personal TIN/SSN** 999999999  
**Payee TIN** 999999999  
**Payment Year** 1  
**Program Year** 2012

[Get Started](#) [R&A/Contact Info](#)  [Eligibility](#)  [Patient Volumes](#)  [Attestation](#)  [Review](#) [Submit](#)



You have now completed the **Attestation** section of the application.  
You may revisit this section any time to make corrections until such time as you actually **Submit** the application.  
The **Submit** section of the application is now available.  
Before submitting the application, please **Review** the information you have provided in this section, and all previous sections.

[Continue](#)

This screen confirms successful completion of the **Attestation** tab in MAPIR.

Note the check box in right corner of the Attestation tab.

Click **Continue** to proceed to the **Review** and **Submit** sections in MAPIR.

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.



# MAPIR – Submit



[Print](#) [Contact Us](#) [Exit](#)

Thursday 04/12/2012 2:16:04 PM CDT

Name Medicaid Provider

Applicant NPI 999999999

Personal TIN/SSN 999999999

Payee TIN 999999999

Payment Year 1

Program Year 2012

[Current Status](#)

[Review Application](#)



Your application has been successfully submitted, and will be processed within 60 business days.

You will receive an email message when processing has been completed.

OK

After going through the Review and Submit section of MAPIR, the applicant will see the **Application Submitted** box when an application has been successfully submitted.

The applicant can click **OK**.

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.



# Resources



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The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

# Technical Assistance

- **CMS tools:** <http://www.cms.gov/EHRIncentivePrograms/>
- **KDHE/DHCF tools:** <http://www.kdheks.gov/hcf/hite/default.htm>
  - FAQs, Fact Sheets, Webinars and other useful links, including links to CMS changes and MU information
- **Application / MAPIR Assistance:**  
<https://www.kmap-state-ks.us/PROVIDER/SECURITY/logon.asp>
  - Provider Manual/MAPIR Companion Guide

Please submit your questions via email to

[Kansas\\_EHR\\_Provider\\_Support@external.groups.hp.com](mailto:Kansas_EHR_Provider_Support@external.groups.hp.com)

or call

**1-800-933-6593**

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[www.kdheks.gov/hcf](http://www.kdheks.gov/hcf)

[HIT@kdheks.gov](mailto:HIT@kdheks.gov)

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