



# **Eligible Professionals User Guide for the Georgia Medicaid EHR Incentive Program**

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## Introduction

Georgia 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 (EHRs) to make this information available at the point-of-care has the potential to improve patient outcomes and the efficiency of the healthcare system as a whole.

The American Recovery and Reinvestment Act of 2009 (ARRA) established a program to provide incentive payments to eligible providers who adopt, implement, upgrade, or meaningfully use federally-certified EHR systems. Under ARRA, states are responsible for aiding professionals and hospitals that are eligible for Medicaid EHR incentive payments, making payments, and monitoring payments. The Georgia Department of Community Health's (DCH) Office of Health Information Technology (OHIT) will oversee the Medicaid EHR Incentive Program in Georgia. The incentive payments are not a reimbursement, but are intended to encourage adoption and meaningful use of certified EHR technology.

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>.

For information about the CMS Medicare and Medicaid EHR Incentive Programs, visit <https://www.cms.gov/EHRIncentivePrograms/>.

For more information on CMS EHR requirements, go to CMS FAQs at: [https://www.cms.gov/EHRIncentivePrograms/95\\_FAQ.asp#TopOfPage](https://www.cms.gov/EHRIncentivePrograms/95_FAQ.asp#TopOfPage)

## How to apply for the Georgia Medicaid EHR Incentive Program

The Georgia Medicaid EHR Incentive Program uses a web-based application named the Medical Assistance Provider Incentive Repository (MAPIR). MAPIR allows Eligible Professionals to complete registration and attestation for Medicaid EHR incentive payments. **This User Guide provides step-by-step instructions on how to access MAPIR and successfully submit an incentive payment application.**

The best way for a new user to become familiar with the Medicaid EHR Incentive Program requirements and processes is to read through each section of this User Guide in its entirety, prior to starting the application process.

In the event this User Guide does not answer your questions or you are unable to navigate MAPIR to complete the registration and application process, you should contact DCH by email at: [MedicaidIncentives@dch.ga.gov](mailto:MedicaidIncentives@dch.ga.gov). You may also access our website at <http://dch.georgia.gov/ehr> to review FAQs, webinars and other information about the Medicaid EHR incentive program.

## The Medicaid EHR Incentive Program Application Process

The following steps describe the Medicaid EHR Incentive Program application process:

1. **Determine if you qualify for an incentive payment.** To qualify for an incentive payment under the Medicaid EHR Incentive Program, an Eligible Professional must be:
  - A physician
  - A dentist
  - A nurse practitioner
  - A certified nurse-midwife
  - A Physician Assistant who is practicing at a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is so lead by a Physician Assistant.

2. **Eligible Professionals must meet one of the following Patient Volume thresholds:**

- Have a minimum 30% Medicaid patient volume except for pediatricians who may qualify for incentives payments with a minimum 20% Medicaid patient volume.

*Pediatricians will be considered eligible with a Medicaid (Title XIX) patient volume of 20% but receive 2/3 of the incentive amounts specified unless their Medicaid patient volume is 30% or higher. To qualify as a pediatrician, a provider must be classified in Georgia's Medicaid Management Information System (MMIS) as a pediatrician or a pediatric specialist (with NPI taxonomy codes within the 208000000X region).*

- Eligible Professionals practicing predominantly in a Federally Qualified Health Center or Rural Health Center must have a minimum 30% patient volume attributable to Needy Individuals

Additional information on **Patient Volume** is found in **Step 4 – Patient Volumes**.

3. **Register with CMS.** As an applicant, you **must** first register with the Centers for Medicare & Medicaid Services (CMS) at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) website (<https://ehrincentives.cms.gov/hitech/login.action>). You will need to provide information such as:

- Payee's NPI and Tax Identification Number (TIN)
- Incentive Program option of Medicare or Georgia Medicaid (referred to as Medicaid in the R&A) – **Note:** If Medicaid, choose Georgia as the state for which you are applying.
- EHR Certification ID number
- Email contact information

Once successfully registered with the R&A, you will receive an email with the R&A ID number and instructions to register at the state level. The state level application process uses a web-based application known as MAPIR. MAPIR is accessed through the Georgia Web Portal and will track and act as a repository for information related to applications, attestations, payments, appeals, oversight functions, and interface with R&A. Please allow at least two business days from the time you submit your R&A application before accessing MAPIR due to the necessary exchange of data between these two systems.

**IMPORTANT:** You will not be able to start the state level application process using MAPIR unless you have successfully completed registration at the CMS R&A website.

4. **Choose an Applicant.** Identify one individual to complete the MAPIR application.
5. **Access the Georgia Web Portal.** You will use your Georgia Web Portal User ID and password to log into the Georgia Web Portal. (This is the same portal you use to access your secure Georgia Medicaid account.)

6. **Access the MAPIR application.** Once logged in, a link to the MAPIR application for Eligible Professionals will be displayed in the Georgia Web Portal. By clicking on the link, the MAPIR application will search for a registration record received from the R&A. If there is a provider record match, DCH will send an e-mail notifying you that your initial information has been successfully submitted and you may continue state level registration in MAPIR. If MAPIR cannot match your R&A submission to an active Georgia Medicaid provider file, you will be contacted to correct your information at either the R&A or state level or both. If you do not receive any notifications, please contact DCH for assistance by email at MedicaidIncentives@dch.ga.gov.

**Note:** Once you have started the MAPIR application process with your Internet/portal account, **you cannot switch to another account during that program year.** MAPIR will allow you to save the information entered and return later to complete an application; however, only the same individual's Internet/portal account will be permitted access to the application after it has been started.

7. **Verify your information.** You must verify the information displayed in MAPIR and attest as to the accuracy of the data entered in MAPIR. As an applicant for an Eligible Professional, you must demonstrate that you can:
- Meet patient encounter volume thresholds
  - Show evidence of adopting, implementing, upgrading or meaningfully using federally-certified EHR technology
  - Meet all other federal program requirements
8. **Calculating patient volume.** You must complete the Eligible Professional Patient Volume Calculator **prior** to entering MAPIR to estimate eligibility based on patient volumes for a continuous 90-day period in the previous calendar year. In the patient volume calculations, Children's Health Insurance Program (CHIP) encounters must be excluded from the Medicaid patient volume. Eligible Professionals who are unable to differentiate Medicaid and CHIP patients should utilize a CHIP discount factor by selecting the Georgia county-specific discount factor found in the Eligible Professional Patient Volume Calculator.
9. **Application approvals.** DCH will use its own information (such as Medicaid claims data) and information in MAPIR to review applications and make approval decisions. DCH will inform all applicants whether they have been approved or denied for an incentive payment. All approvals and denials are based on federal rules about the Medicaid EHR Incentive Program.
10. **Incentive Payment issuance.** Incentive payments will be issued via electronic funds transfer using the standard MMIS claims payment system once a month and providers will see their payments on their remittance advices and their annual 1099s.
11. **Applicant contact information.** It is possible that DCH will need to contact you during the application process before a decision can be made to approve or deny an application. You are strongly encouraged to contact DCH if you have questions about the process.
12. **Appeals.** You have appeal rights available if, for example, you are denied a Medicaid EHR incentive payment. DCH will convey information on the appeals process to all applicants denied. Submitting a Request for Initial Administrative Review is the first step in the appeals process. DCH's Office of Health Information Technology will conduct this review and issue a written decision. Appeals will be processed by the DCH Office of Legal Services.

### Tips for a Successful Application

- **Provide a valid email address during the R&A process.** Without a valid email address, your application may be significantly delayed.
- **Obtain a CMS EHR Certification ID number.** You can obtain a CMS EHR Certification ID from the ONC Certified Health IT Product List (CHPL) Website (<http://onc-chpl.force.com/ehrcert>).

- **Be ready to use the Georgia Web Portal.** In order to apply for the Medicaid EHR Incentive Program, you must have a valid login ID and password for the Georgia Web Portal. If you do not already have a Georgia Web Portal login, please visit <https://www.mmis.georgia.gov/portal/default.aspx> to obtain one.
- **Provide the correct NPI and TIN to CMS.** The NPI and TIN information must match within the Georgia Web Portal system. This combination should be the same NPI/TIN combination that you use for Medicaid claim payment purposes.
- **Complete the Eligible Professional Patient Volume Calculator prior to registering in MAPIR.** The completed calculator must be uploaded during the attestation phase of the MAPIR registration process.
- **Determine the timeframe.** Select continuous 90-day reporting period to be used for calculating patient encounter volumes.
- **Have your documentation readily available.** You **must** provide evidence of adoption, implementation, or upgrade (AIU) of certified EHR technology.

## Navigating MAPIR

### Step 1 – Getting Started

Eligible Professionals access MAPIR through the Georgia Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA WEB PORTAL

GEORGIA HEALTH PARTNERSHIP

Search

[ Refresh session ] You have approximately 19 minutes until your session will expire. Friday, August 26, 2011

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide | EDI | Pharmacy

(click to hide) Alert Message posted 5/23/2011

**Scheduled Site Maintenance**

During scheduled site maintenance users may experience abnormal behavior ranging from minor interruptions of functionality to general site outages. When necessary, this site may be closed entirely during a maintenance window. The table below shows the regularly scheduled maintenance. All times are in the Eastern timezone.

Monday - Tuesday	1:00 AM - 2:00 AM
Wednesday	1:00 AM - 2:00 AM and 9:00 PM - 10:00 PM
Thursday - Saturday	1:00 AM - 2:00 AM
Sunday	12:00 AM - 7:00 AM

User Information ?

Login/Manage Account **Login**

**Members**

- Register for Secure Access
- Member Information

**Providers**

- PIN Activation
- Provider Information

**Upcoming Events**

HP Enterprise Services is the new Fiscal Agent for Georgia Medicaid.

**Web Portal Overview**

Georgia Medicaid's Web Portal solution provides communication, data exchange, and self-service tools to the provider and member community. The Portal consists of both public and secure areas (web pages requiring a username and password). The public area contains general information, such as program awareness, notices, and forms, and allows users to respond to surveys. Providers can also apply to be a Georgia Medicaid and Georgia Better Healthcare (GBHC) provider online using the provider enrollment wizard, which includes the ability to track their application through the enrollment process. Once enrolled in Medicaid, providers can access their personal information using their provider number and Personal Identification Number (PIN).

**Surveys**

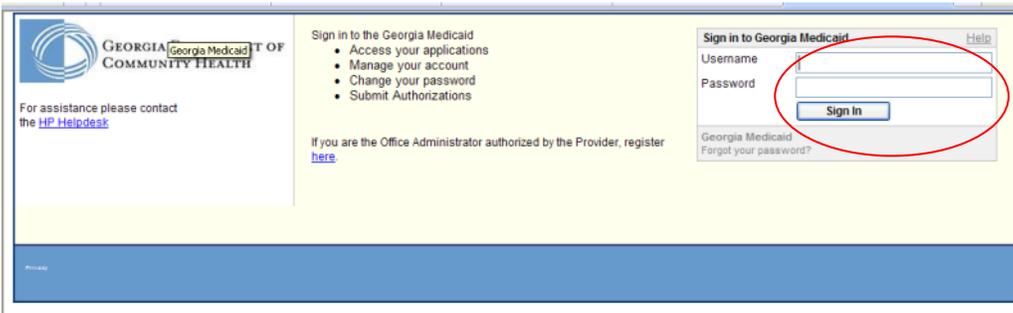
- To complete a survey about the automated phone system, [click here](#).

English | Español | Accessibility | Privacy | AIAA & ADA Copyright

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**REPORT FRAUD**

Log in to the Georgia Web Portal.



Click the Web Portal hyperlink to access the secure Web Portal. Locate the **MAPIR Registration** page from the **Providers** menu.



Click the link to access the **MAPIR** application.

The screenshot shows the Georgia Department of Community Health website. At the top, there are logos for the Georgia Department of Community Health, Georgia Web Portal, and Georgia Health Partnership. Below the logos is a navigation menu with links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide, EDI, and Pharmacy. A search bar is located in the top right corner. The main content area is titled "User Information - Provider" and contains several sections: "Medical Assistance Provider Incentive Repository (MAPIR) Information" with instructions on how to access the application; "Access MAPIR" with a red circle around the link "Click here to access MAPIR"; "PDF Reader Required" with a note about Adobe Acrobat Reader; and "File Download Issues" with a note about pop-up windows. At the bottom, there is a "REPORT FRAUD" button and copyright information.

Enter your R&A Application Confirmation Number that you received from CMS and click **Submit**. You will then be directed to MAPIR online application.

The screenshot shows a form for entering the R&A Application Confirmation Number. The form is titled "Please enter your R&A Application Confirmation Number:" and has a text input field. The input field is circled in red. Below the input field is a "Submit" button. The form is part of the Georgia Department of Community Health website.

The remainder of the Eligible Professional User Guide 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 you 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 your response. Click on the question mark  icon for information to help complete the MAPIR application.

Below is the first screen you will access to begin the MAPIR application process. A status of **Not Registered at R&A** indicates that DCH has not received your registration information from the R&A, or the information provided during the R&A registration process does not match that on file with the Georgia Medicaid Program. If you feel this status is not correct you can click the **Contact Us** link in the upper right section of the webpage for information on contacting DCH. A status of **Not Started** indicates that the R&A and Georgia MMIS information have been matched and you can begin the application process.

The status will change according to your progression through the application process. The first time you access the system the status should be **Not Started**.

Click **Get Started** to access the **Get Started** screen or **Exit** to close the program.



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COMMUNITY HEALTH

[Contact Us](#)   [Exit](#)

Thursday 09/01/2011 5:18:56 PM EDT

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MAPIR

<b>Name:</b>	JOHN DOE
<b>Applicant NPI:</b>	<span style="background-color: black; color: black;">XXXXXXXXXX</span>
<b>Status:</b>	<b>Not Started</b>

---

**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**.

---

Exit
Get Started

If you elect to start over, MAPIR will display a Confirmation Screen asking you to confirm your decision. You can either:

- Select **Cancel** and return to the **Get Started** screen; OR
- Select **Confirm**, and you will be prompted to initiate the application from the beginning.



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Thursday 09/01/2011 5:24:14 PM EDT

**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

The **Get Started** screen contains information that includes your **Name, Applicant NPI, and TIN**. Also included is the current status of your application.

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



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COMMUNITY HEALTH

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

Thursday 09/01/2011 5:25:30 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

Name:  
JOHN DOE

Applicant NPI: [REDACTED]

Status: Not Started Begin

Click on the begin button to start the Georgia Registration Process  
Click on the continue button to resume the Georgia Registration Process

## Get Started

You will need the following information **before** you begin registration:

- 1. Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals** - Print this document to help you complete your Medicaid EHR Incentives application.
  - 2. 90-day Reporting Period.** The dates for your 90-day reporting period for the patient volume calculation.
  - 3. Attestation decision.** Decide whether you are attesting to an individual or group/clinic patient encounter volume.
  - 4. Your patient encounter volume information.** Download the **Eligible Professional Patient Volume Calculator** to complete your calculation **before** you begin registration.
  - 5. Certified EHR Number.** Click [here](#) to obtain a CMS EHR Certification number provided by the Office of the National Coordinator. This number is required for registration.
  - 6. Electronic documentation.** Provide an electronic copy of documentation to be uploaded when attesting to your adoption, implementation or upgrade (AIU) of certified EHR technology
- For additional help, visit these websites or **contact us**.  
[CMS EHR website](#)  
[Georgia Medicaid EHR Incentives Program website](#)

### Step 2 – Confirm R&A and Contact Info

You will need to verify the accuracy of the information transferred from the R&A to MAPIR. If there are any errors in the information, you must return to the R&A to make these changes in order to be able to proceed with your MAPIR application.

Changes made in the R&A are not immediate and will not be displayed in MAPIR for at least two business days. You cannot continue with the MAPIR application process until the updated information is made available in MAPIR .

The following link direct you to the R&A to make updates or correct any errors:  
<https://ehrincentives.cms.gov/hitech/login.action>.

Please note that in this section, you will be required to enter a contact name and phone number, along with an email address. All email correspondence regarding your incentive payment application will be sent to this email address and also to the email address you entered in the R&A.



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

Thursday 09/01/2011 5:27:11 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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



### Registration and Attestation and Contact Information

Within 48 hours of your successful registration in the CMS EHR Registration and Attestation (R&A) System, CMS electronically notifies Georgia that you intend to register for the Georgia Medicaid EHR Incentives Program.

**IMPORTANT:** You must verify the accuracy of information displayed within this section. If you find any errors or discrepancies, you must return to the CMS EHR R&A System to make changes to information before you can continue with the Georgia registration process.

Any changes you make to your information in the CMS system will be updated in the Georgia MAPIR application within 24-48 hours.

**Only the assigned user can make changes to the data**

**Begin**

Check your information carefully to ensure that it is accurate.

Compare the R&A Registration ID you received when you registered with the R&A with the **R&A Registration ID** that is displayed.

After reviewing the information click **Yes** or **No**.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to clear all unsaved data.

*Any discrepancies must be changed directly in the R&A before you can proceed with your MAPIR application.*

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

Thursday 09/01/2011 5:28:15 PM EDT

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

Name: JOHN DOE      Applicant NPI: [REDACTED]

Personal TIN/SSN: [REDACTED]      Payee TIN: [REDACTED]

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

### R&A Verification

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

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

Name: JOHN DOE      Applicant NPI: [REDACTED]

Personal TIN/SSN: [REDACTED]      Payee TIN: [REDACTED]

Payee NPI: [REDACTED]

Business Address: [REDACTED] DR  
[REDACTED], GA 31201-1411

Business Phone: [REDACTED]

Incentive Program: MEDICAID      State: GA

Eligible Professional Type: Physician

R&A Registration ID: [REDACTED]

R&A Registration Email Address: SMITTY@yahooXX.com

CMS EHR Certification Number: [REDACTED]

**(\*) Red asterisk indicates a required field.**

\* Is this information accurate?  Yes  No

Enter a **Contact Name** and **Contact Phone number**.

Enter a **Contact Email Address** twice for verification. **All email communications will be sent to this email address and also for the email address you entered in the R&A.**

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

Print Contact Us Exit  
Thursday 09/01/2011 5:43:47 PM EDT

Name JOHN DOE Applicant NPI [REDACTED]  
Personal TIN/SSN [REDACTED] Payee TIN [REDACTED]

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

### Contact Information

Please enter your contact information. All email correspondence will go to the email address entered below. The email address, if any, entered at the R&A will be used as secondary email address. If an email address was entered at the R&A, all email correspondence will go to both email addresses.

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

(\*) Red asterisk indicates a required field.

\*Contact Name John Doe \*Contact Phone 333 - 235 - 2345 Ext [REDACTED]

Enter twice to verify :  
\*Contact Email Address jdoe@MAPIR.com  
jdoe@MAPIR.com

Previous Reset **Save & Continue**

This page confirms you successfully completed the **R&A/Contact Info** section.

Note the check box located in the **R&A/Contact Info** tab. You can return to this section to update the Contact Information at any time prior to submitting your application.

**Continue** to proceed to the **Eligibility** section.

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

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

Thursday 09/01/2011 5:47:30 PM EDT

---

**Name** JOHN DOE **Applicant NPI** [REDACTED]

**Personal TIN/SSN** [REDACTED] **Payee TIN** [REDACTED]

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



You have now completed the **R&A/Contact Information** section of the application.

You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application.

The **Eligibility** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

**Continue**

### Step 3 – Eligibility

The Eligibility section will ask questions to allow the Georgia Medicaid EHR Incentive Program make a determination regarding your eligibility for a Medicaid EHR incentive payment. You will also enter your required CMS EHR Certification ID number for your certified EHR technology.

Click **Begin** to proceed to the **Eligibility Questions (Part 1 of 3)**.



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

Thursday 09/01/2011 5:49:10 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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



## Eligibility

To qualify for Medicaid incentives payments, you must be able to meet specific eligibility requirements. Click the Continue button to begin the eligibility process.

For more information about eligibility, please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

**Begin**

The questions on this screen are required fields that must be answered.

Answer **Yes** or **No** to the eligibility questions.

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.



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

Thursday 09/01/2011 5:50:13 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

### Eligibility Questions (Part 1 of 3)

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

\* Are you a Hospital based eligible professional?

Yes  No



\* I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Georgia?

Yes  No



Previous

Reset

Save & Continue

The questions on this screen are required fields that must be answered.

Select your provider type from the list and answer the question.

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.



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

Thursday 09/01/2011 5:51:35 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

### Eligibility Questions (Part 2 of 3)

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

\* What type of provider are you? *(select one)*

- Physician
- Dentist
- Certified Nurse-Midwife
- Pediatrician
- Nurse Practitioner
- Physician Assistants practicing within an FQHC or RHC that is so led by a Physician Assistant

\* Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?

- Yes
- No

- Previous
- Reset
- Save & Continue**

The **Eligibility** screen asks for information about your **CMS EHR Certification ID**.

The requested information on this screen is required and must be completed

Enter the 15-character **CMS EHR Certification ID without spaces or dashes**.

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data. MAPIR will perform an online validation of the number you entered.

A CMS EHR Certification ID can be obtained from the ONC Certified Health IT Product List (CHPL) website (<http://onc-chpl.force.com/ehrcert>)

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

The screenshot shows the 'Eligibility Questions (Part 3 of 3)' screen. At the top left is the Georgia Department of Community Health logo. At the top right are links for 'Print', 'Contact Us', and 'Exit', along with the date and time: 'Thursday 09/01/2011 5:55:25 PM EDT'. Below the header, there are fields for 'Name' (JOHN DOE), 'Applicant NPI', 'Personal TIN/SSN', and 'Payee TIN'. A navigation bar contains buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility' (selected), 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Eligibility Questions (Part 3 of 3)' and contains the following text: 'The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.' Below this is a blue box with instructions: '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.' A red asterisk indicates a required field. The instruction reads: '\*Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:'. Below this is a text input field with a red border and a red asterisk. A note below the field states: '(No dashes or spaces should be entered.)'. At the bottom of the form are three buttons: 'Previous', 'Reset', and 'Save & Continue' (which is circled in red).

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

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

**Name** JOHN DOE **Applicant NPI** [REDACTED]  
**Personal TIN/SSN** [REDACTED] **Payee TIN** [REDACTED]

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

**Eligibility Questions (Part 3 of 3)**

We have confirmed that you have entered the correct CMS EHR Certification ID. Click [here](#) for additional information regarding the Certified Health IT Product List (CHPL).

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

CMS EHR Certification ID: [REDACTED]

Previous **Save & Continue**

This screen confirms you successfully completed the **Eligibility** section.

Note the check box in the **Eligibility** tab.

Click **Continue** to proceed to the **Patient Volumes** section.

**Name** JOHN DOE **Applicant NPI** [REDACTED]  
**Personal TIN/SSN** [REDACTED] **Payee TIN** [REDACTED]

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

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

**Continue**

## Step 4 - Patient Volumes

The **Patient Volumes** section gathers information about your practice type, practice location(s), and the continuous 90-day period you intend to use for meeting the patient volume requirements.

Additionally, you will be asked about how you utilize your certified EHR technology at each practice location.

### IMPORTANT

An "encounter," for the purpose of calculating an Eligible Professional's Medicaid patient volume, is defined as:

1. Services rendered on any one day to an individual where Medicaid (or a Medicaid demonstration project under section 1115 of the Act) paid for part or all of the service; or
2. Services rendered on any one day to an individual where Medicaid (or a Medicaid demonstration project under section 1115 of the Act) paid all or part of their premiums, co-payments and/or cost-sharing.

An encounter "for the purpose of calculating an Eligible Professional's Needy Individual Patient Volume is defined as services rendered on any one day to needy individuals defined as those receiving medical assistance from Medicaid (Title XIX) or CHIP (Title XXI), individuals who are furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

Encounter volumes include patients enrolled in Georgia's Medicaid managed care plans. *The patient volume calculation should not include claims data with zero dollar payments.*

Except for Eligible Professionals practicing predominantly in a FQHC or RHC, CHIP patient volume must be excluded from your Medicaid patient volume calculations. If your practice does not differentiate CHIP patients from Medicaid patients, you may obtain a CHIP patient factor from Georgia's Medicaid EHR Incentives Program patient volume calculator. The CHIP discount factor will adjust your total Medicaid patient volume to reflect CHIP patients. The adjusted Medicaid patient volume data should be used when you register in Georgia's Medicaid Incentive Program.

Eligible Professionals may attest to patient volume under the individual calculation or the *group/clinic proxy* in any participation year. Incentive payments are for individual providers based on the provider's NPI. However, Eligible Professionals practicing in clinics and group practices (including FQHCs and RHCs) are allowed to use the group practice or clinic Medicaid patient volume (or Needy Individual patient volume, insofar as it applies) and apply the practice or clinic volume calculation to all Eligible Professionals in the practice under the following conditions:

The clinic or *group* practice's patient volume is appropriate as a patient volume methodology calculation for Eligible Professional For example, if an Eligible Professional only sees Medicare, commercial, or private pay patients, this is not an appropriate calculation.

There is an auditable data source to support the clinic's patient volume determination.

All Eligible Professionals in the clinic or group practice must use the same methodology for the payment year. In other words, clinics or group practices could not have some Eligible Professionals using individual patient volume for patients seen at the clinic or group practice, while others use the clinic- or group practice-level data.

- 1) When electing to use group practice patient volume, the entire practice's patient volume must be included and not limited in any way. This includes the services rendered for all providers within the group practice, regardless of provider type or eligibility status.
- 2) If the Eligible Professional works in a clinic or group practice, as well as outside the clinic or group practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the Eligible Professional's outside encounters.
- 3) Groups should use the following identifiers when registering for the Georgia Medicaid EHR Incentive Program:
  - Medicaid Payee ID for the group practice or clinic

- If a Georgia Better Health Care (GBHC) location, use the Group NPI or GBHC Medicaid provider number for this location.

For more information and examples on how the group practice proxy is calculated, please refer to <http://questions.cms.hhs.gov/app/answers/list/p/21,26,1139,1153>.

For **obstetricians**, patient volume should include each individual patient encounter that occurred during the specified 90-day period when those services were paid under global codes, regardless of the date of payment.

If you serve Medicaid patients from bordering states (i.e., a state contiguous to Georgia) within 50-miles of the Georgia state line, or if one of your practice locations is in a border state, you may include the Medicaid patient volume from that state or location(s) *only if that additional encounter volume is needed to meet the patient volume threshold*. Please note that all out-of-state patient encounters must be included in the denominator if any out-of-state encounters are included in the numerator. If an Eligible Professional aggregates Medicaid patient volume across states, DCH may audit any out-of-state encounter data on a pre- or post-payment basis. The Eligible Professional must maintain auditable records as applicable by the law of the state or six (6) years, whichever is deemed longer.

### There are three parts to the Patient Volumes section:

In this section, your practice type, continuous 90-day reporting period, practice location and patient volume data should match the data and calculations from your Eligible Professional Patient Volume Calculator, which you must upload as part of the attestation phase of your MAPIR application.

**Part 1 of 3** provider type selection is made.

**Part 2 of 3** establishes the continuous 90-day period for reporting Patient Volumes.

**Part 3 of 3** contains pages to enter locations for reporting **Patient Volumes** and at least one location for **Utilizing Certified EHR Technology**, adding locations, and entering patient volumes for the chosen 90-day reporting period. If an Eligible Professional serves Medicaid patients from bordering states (i.e., a state contiguous to Georgia) within 50-miles of the Georgia state line, the Eligible Professional may include the patient volume from that state *if those encounters would assist you in meeting the minimum patient volume threshold*.



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Thursday 09/01/2011 6:01:23 PM EDT

<b>Name</b>	JOHN DOE	<b>Applicant NPI</b>	██████████
<b>Personal TIN/SSN</b>	██████████	<b>Payee TIN</b>	██████████

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

## Patient Volumes

You will need the following information to complete this section:

- **90-day Reporting Period.** The dates for your 90-day reporting period for the patient volume calculation.
- **Attestation decision.** Decide whether you are attesting to an individual or group/clinic patient encounter volume.
- **Your patient encounter volume information.** Download the [Eligible Professional Patient Volume Calculator](#) to complete your calculation.

For more information, refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

[Begin](#)

### Patient Volume Practice Type (Part 1 of 3)

**Patient Volume Practice Type** (Part 1 of 3) contains two questions about your practice type that we required to determine the appropriate method for collecting **Patient Volume** information.

Select the appropriate answers using the buttons. Move your cursor over the  to access additional information.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to clear all unsaved data.



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Thursday 09/01/2011 6:02:50 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

#### Patient Volume Practice Type (Part 1 of 3)

Please answer the following questions so that we can determine the appropriate method for collecting patient volumes.

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.

\* Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?

Yes  No 

\* Please indicate if you are submitting volumes for: **(Select one)**

Individual Practitioner   
 Group/Clinic 

### Patient Volume 90-day Period (Part 2 of 3)

The **Patient Volume 90-day period** section collects information about the patient volume reporting period. You must enter then **Start Date** of the continuous 90-day period.

Enter a **Start Date** or select one from the calendar icon located to the right of the **Start Date** field.

**Save & Continue** to proceed or **Previous** to go back. Click **Reset** to clear all unsaved data.



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Thursday 09/01/2011 6:04:46 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

#### Patient Volume 90 Day Period (Part 2 of 3)

Please enter the **Start Date** of any representative, continuous 90 day period within the preceding calendar year prior to reporting (**End Date** will be calculated).

**Note:** The **Start Date** must fall within the preceding calendar year prior to reporting.

*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

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

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



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Thursday 09/01/2011 6:06:00 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

### Patient Volume 90 Day Period (Part 2 of 3)

Please enter the **Start Date** of any representative, continuous 90 day period within the preceding calendar year prior to reporting (**End Date** will be calculated).

**Note:** The **Start Date** must fall within the preceding calendar year prior to reporting.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

**Start Date:** Jan 01, 2010  
**End Date:** Mar 31, 2010 ←

### Patient Volume (Part 3 of 3)

In order to meet the requirements of the Medicaid EHR Incentive Program you must provide information about your practice location patient volumes. The information will be used to determine your eligibility for the Medicaid EHR Incentive Program. The responses to the questions for **Practice Type** (Part 1 of 3) on the first **Patient Volume** page determine the questions you must complete and the information required. The information is summarized below:

1. **Practice Locations** – MAPIR will present a list of practice locations that the Georgia Medicaid program office has on record. If you have additional practice locations you have the option to add them. When all locations are added, you will enter the required information for all your practice locations.

Note: Adding a location in the MAPIR application will not update or add a new location in the Georgia Medicaid MMIS. Please contact DCH Provider Enrollment for information regarding adding a new Medicaid location.

2. **Utilizing certified EHR Technology** – You must select the practice locations where you are utilizing certified EHR technology. At least one practice location must be selected.
3. **Patient Volume** – You are required to enter the patient volume information for the continuous 90-day period you entered.

Depending on your practice type you will be asked for different information related to patient volumes. Prior to starting your MAPIR application, you must complete the Eligible Professional Patient Volume Calculator. **For your practice type**, the data you enter in your application must match the data and calculations in the calculator.

The following are the practice types from which you may choose when completing the MAPIR application:

- Individual Provider
- Group/Clinical
- FQHC/RHC\* Individual
- FQHC/RHC\* Group

\* Federally Qualified Health Center/Rural Health Clinic

## Patient Volume – Individual

Click **Begin** to proceed to the pages where you will enter **Medicaid Patient Volumes**.



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Thursday 09/01/2011 6:19:07 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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



### Individual Provider

This tab is for applicants who wish to calculate and attest to patient volume as an individual provider.

- This section is not intended for Eligible Professionals applying as a group.
- This section is not intended for Eligible Professionals who practice predominantly in an FQHC/RHC.

For more information, please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

**Begin**

The following pages will instruct you on how to apply for the Medicaid EHR Incentive Program as an **Individual Provider**.

Practice Locations – MAPIR will present a list of locations that the Georgia Medicaid program has on record. If you have additional locations, you can add them on this page. Once all locations are added, you will enter the required **Patient Volume** information.

Add new locations by clicking **Add Location**.



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Thursday 09/01/2011 6:07:35 PM EDT

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Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

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Review

Submit

**Patient Volume - Individual (Part 3 of 3)**

Georgia has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

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

(\*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	

**Add Location** **Refresh**

**Previous** **Reset** **Save & Continue**

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

Enter the requested practice location information.

Click **Save & Continue** to proceed, **Previous** to go back. **Reset** to clear unsaved data.

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

Print Contact Us Exit  
Thursday 09/01/2011 6:12:14 PM EDT

Name JOHN DOE Applicant NPI [REDACTED]  
Personal TIN/SSN [REDACTED] Payee TIN [REDACTED]

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

**Patient Volume - Individual (Part 3 of 3)**

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

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.

\* Location Name: New Location  
\* Address Line 1: 1223 State Dr  
Address Line 2:  
Address Line 3:  
\* City: AnyCity  
\* State: Georgia  
\* Zip (5+4): 30043 - 2342

Previous Reset **Save & Continue**

For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting **Medicaid Patient Volume** requirements and at least one location for **Utilizing Certified EHR Technology**. **Note:** the term “Utilizing Certified EHR Technology” in this context adopting, implementing, and upgrading certified EHR technology.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

**Note:** The **Edit** and **Delete** options are not available for locations already on file.

**Save & Continue** to proceed, **Previous** to go back. Click **Reset** to clear all unsaved data.



Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Patient Volume - Individual (Part 3 of 3)**

Georgia has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

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

(\*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	1223 State Dr AnyCity, GA 30043-2342	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Enter **Patient Volumes** for each location listed on the page.

The numerator is the total number of Medicaid (Title XIX) patient encounters treated in the selected continuous 90-day period in the previous calendar year and the denominator is all patient encounters during the same period.

**Medicaid Patient Volume Percentage Formula – Individual**

**(Medicaid Encounter Volume**

Divided by

**Total Encounter Volume)**

**Note: Patient Volume entered on this page, must be your completed Eligible Professional Patient Volume calculator.**

**Save & Continue** to proceed, or **Previous** to go back. Click **Reset** to clear all unsaved data.



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Thursday 09/01/2011 6:20:31 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Patient Volume - Individual (Part 3 of 3)**

Please enter **patient volumes** where indicated. ***You must enter volumes in all fields below. If volumes do not apply, enter zero.***

Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service, or
- 2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing.

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

(\*) Red asterisk indicates a required field.

Provider Id	Location Name	Address	Medicaid Only Encounter Volume <i>(In State Numerator)</i>	Medicaid Encounter Volume <i>(Total Numerator)</i>	Total Encounter Volume <i>(Denominator)</i>
N/A	New Location	1223 State Dr AnyCity, GA 30043-2342	* 800	* 1000	* 3300
	[REDACTED]	[REDACTED], GA 31201-1411	* 400	* 500	* 1500

Previous Reset **Save & Continue**

This page displays the locations where you are Utilizing Certified EHR Technology, **Encounter Volumes** you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For **Pediatricians** the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

**Save & Continue** to proceed or **Previous** to go back.



Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Patient Volume - Individual (Part 3 of 3)**

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
No			[REDACTED] DR [REDACTED], GA 31201-1411	Medicaid Only In State: N/A Total Medicaid: N/A Denominator: N/A	N/A
Yes	N/A	New Location	1223 State Dr AnyCity, GA 30043-2342	Medicaid Only In State: 800 Total Medicaid: 1000 Denominator: 3300	30%
Yes		[REDACTED]	[REDACTED] DR [REDACTED], GA 31201-1411	Medicaid Only In State: 400 Total Medicaid: 500 Denominator: 1500	33%

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
1200	1500	4800	31%

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

### Patient Volume – Group/Clinic

Click **Begin** to proceed to the pages where you will enter **Patient Volumes**.



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

Thursday 09/01/2011 6:34:00 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

Get Started

R&A/Contact Info

Eligibility

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Attestation

Review

Submit



## Group/Clinic

This tab is for applicants who wish to calculate and attest to patient volume as a group. The **group payee ID** must define the "group," and all members of the group must apply in an identical manner.

**Note: You should enter the group payee ID(s) in the group practice provider ID field.**

- The group methodology is not appropriate for Eligible Professionals who see commercial, Medicare, or self-pay patients exclusively.
- You can enter **four (4)** group practice NPIs. **If you have more than four (4) group practice payee IDs**, please indicate this by checking the box "additional group practice provider IDs." Please upload all additional group practice payee ID numbers and group names.

For more information, please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

**Begin**

The following pages will instruct you on how to apply for the Medicaid EHR Incentive Program as a Group/Clinic Provider.

**Practice Locations** – MAPIR will present a list of locations that the Georgia Medicaid program has on record. If you have additional locations you can add them on this page. Once all locations are added, you will enter the required **Patient Volume** information.



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Thursday 09/01/2011 6:26:05 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Patient Volume - Group (Part 3 of 3)**

Georgia has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

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

(\* Red asterisk indicates a required field.)

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	

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

Enter the requested practice location information.

Click **Save & Continue** to proceed or **Previous** to go back. Click **Reset** to clear all unsaved data.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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

Thursday 09/01/2011 6:29:48 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

Patient Volume - Group (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR (for this Payment Incentive Application use only)

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.

\* Location Name: New Location

\* Address Line 1: 1223 State Dr

Address Line 2:

Address Line 3:

\* City: AnyCity

\* State: Georgia

\* Zip (5+4): 30043 - 2323

- Previous
- Reset
- Save & Continue

For each location, check whether you are **Utilizing Certified EHR Technology**.

The term “Utilizing Certified EHR Technology” in this context means adopting, implementing or upgrading certified EHR technology.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

**Note:** The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to proceed or **Previous** to go back. Click **Reset** to clear all unsaved data.

Name JOHN DOE      Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]      Payee TIN [REDACTED]

- 

**Patient Volume - Group (Part 3 of 3)**

Georgia has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

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

(\*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input checked="" type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	1223 State Dr AnyCity, GA 30043-2323	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Enter your **Medicaid Payee ID** for the group/clinic. If this is a Georgia Better Health Care (GBHC) location, enter your **Group NPI** or **GBHC Medicaid Provider Number** for this location.

If you listed four **Group Practice Provider IDs** and the **Medicaid Patient Volume** numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs. Click on the question mark icon for more information to complete the MAPIR application.

Enter **Patient Volumes** for the locations on this page.

The numerator is the total Medicaid (Title XIX) patient encounters in the selected continuous 90-day period in a previous calendar year and denominator is all patient encounters during the same period.

**Medicaid Patient Volume Percentage Formula – Group/Clinic**

$$\frac{\text{(Medicaid Encounter Volumes)}}{\text{Divided by}} \text{Total Encounter Volume}$$

Note: Patient Volumes entered on this page must come from your completed Eligible Professional Patient Volume Calculator.

Click **Save & Continue** to proceed, or **Previous** to go back. **Reset** to clear all unsaved data.

**Georgia Department of Community Health**

Print Contact Us Exit  
Thursday 09/01/2011 6:35:32 PM EDT

Name JOHN DOE Applicant NPI [REDACTED]  
Personal TIN/SSN [REDACTED] Payee TIN [REDACTED]

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

**Patient Volume - Group (Part 3 of 3)**

Please indicate in the box(es) provided, the Group Practice Provider ID(s) you will use to report patient volume requirements. **You must enter at least one Group Practice Provider ID.**

\* [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volumes.

For reporting Group patient volumes:

- 1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- 2) There is an auditable data source to support the clinic's patient volume determination; and
- 3) So long as the practice and EP's decide to use one methodology in each year (in other words, clinics could not have some of the EP's using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EP's may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below, if volumes do not apply, enter zero.**

Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing.

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.

Medicaid only Encounter Volume (In State Numerator)	Medicaid Encounter Volumes (Total Numerator)	Total Encounter Volume (Denominator)
* 500	* 1250	* 3500

Previous Reset Save & Continue

This page displays the locations where you are Utilizing Certified EHR Technology, the **Encounter Volumes** you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For **Pediatricians** the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed or **Previous** to go back.



Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Patient Volume - Group (Part 3 of 3)**

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
No	[REDACTED]		[REDACTED] DR MACON, GA 31201-1411
Yes	[REDACTED]	[REDACTED]	[REDACTED] DR MACON, GA 31201-1411
Yes	N/A	New Location	1223 State Dr AnyCity, GA 30043-2323

Group Practice ID(s) [REDACTED]

Sum Medicaid only Encounter Volume	Sum Medicaid Encounter Volumes Total Numerator	Denominator	Total %
500	1250	3500	36%

- Previous
- Save & Continue**

### Patient Volume – FQHC/RHC Individual Provider

Click **Begin** to proceed to the page where you will enter **Patient Volumes**.



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COMMUNITY HEALTH

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Thursday 09/01/2011 7:05:10 PM EDT

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**Name** JOHN DOE

**Applicant NPI** [REDACTED]

**Personal TIN/SSN** [REDACTED]

**Payee TIN** [REDACTED]

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



### FQHC/RHC Individual

This tab is for applicants who "practice predominantly" in FQHCs/RHCs and who wish to calculate and attest to patient volume as an individual provider.

- "Practices predominantly" means that **more than 50 percent** of your patient encounters occur at a FQHC or RHC. The calculation is **based on a period of 6 months** in the most recent calendar year.
- If you are a provider who practices predominantly in an FQHC or RHC, you can include encounters attributable to needy individuals as part of your patient volume.
- Needy individual encounters include the following: Medicaid, Children's Health Insurance Program, uncompensated care and reimbursement based on a sliding scale.

For more information, please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

[Begin](#)

The following pages will to apply for the Medicaid EHR Incentive Program as an **FQHC/RHC Individual Provider**.

**Practice Locations** – MAPIR will present a list of locations that the Georgia Medicaid program has on record. If you have additional locations you can add them on this page. Once all locations are added, you will enter the required **Needy Individual Patient Volume** information.

Add new locations by clicking **Add Location**.



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

Thursday 09/01/2011 6:55:21 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Patient Volume - FQHC/RHC Individual (Part 3 of 3)**

Georgia has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

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

(\*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	

**Add Location** Refresh

Previous Reset **Save & Continue**

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

Enter the requested practice location information.

Click **Save & Continue** to proceed or click **Previous** to go back. **Reset** to clear all unsaved data.

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

Print Contact Us Exit  
Thursday 09/01/2011 7:00:58 PM EDT

Name JOHN DOE  
Applicant NPI [REDACTED]  
Personal TIN/SSN [REDACTED]  
Payee TIN [REDACTED]

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

**Patient Volume - FQHC/RHC Individual (Part 3 of 3)**

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

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.

\* Location Name: New Location  
\* Address Line 1: 1232 State Dr.  
Address Line 2:  
Address Line 3:  
\* City: AnyCity  
\* State: Georgia  
\* Zip (5+4): 30043 - 2332

Previous Reset **Save & Continue**

For each location, check whether you will report **Needy Individual Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting **Needy Individual Patient Volume** requirements and at least one location for Utilizing Certified EHR technology. **Note:** The term (“Utilizing Certified EHR technology”) in this context means adopting, implementing or upgrading certified EHR technology.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

**Note:** The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to proceed, or click **Previous** to go back. **Reset** to clear unsaved data.



Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

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

Georgia has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

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

(\*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	1232 State Dr. AnyCity, GA 30043-2332	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

The numerator is the total number of **Needy Individual Patient Encounters** treated in the selected continuous 90-day period in the previous calendar year and the denominator is all patient encounters during the same period.

Enter **Patient Volume** for the locations listed on the page.

**Medicaid Patient Volume Percentage Formula – FQHC/RHC Individual**

$$\frac{\text{(Total Needy Encounter Volume)}}{\text{Divided by Total Encounter Volume}}$$

**Note:** Patient Volumes entered on this page must come from your completed Eligible Professional Patient Volume Calculator.

Click **Save & Continue** to proceed or click **Previous** to go back. Click **Reset** to clear all unsaved data.



Name JOHN DOE

Applicant NPI [Redacted]

Personal TIN/SSN [Redacted]

Payee TIN [Redacted]

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

**Patient Volume - FQHC/RHC Individual (Part 3 of 3)**

Please enter **patient volumes** where indicated. ***You must enter volumes in all fields below. If volumes do not apply, enter zero.***

Needy Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid for part or all of the service;
- 2) Services rendered on any one day to an individual for where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and or cost-sharing;
- 3) Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

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.

Provider ID	Location Name	Address	Medicaid and CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
	[Redacted]	[Redacted] DR [Redacted], GA 31201-1411	* 500	* 550	* 1050	* 2500
N/A	New Location	1232 State Dr. AnyCity, GA 30043-2332	* 75	* 35	* 110	* 350

- Previous
- Reset
- Save & Continue**

This page displays the locations you are **Utilizing Certified EHR Technology**, **Encounter Volumes** you entered, all values summarized, and the **Needy Individual Patient Volume Percentage**.

Review the information for accuracy.

**Note** the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Needy Individual patient volume requirement. For **Pediatricians** the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed or **Previous** to go back.



Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Patient Volume- FQHC/RHC Individual (Part 3 of 3)**

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	% Volume (Denominator)
No			[REDACTED] DR [REDACTED] GA 31201-1411	Medicaid and chip Numerator: N/A Other Needy Numerator: N/A Total Needy Numerator: N/A Denominator: N/A	N/A
Yes		[REDACTED]	[REDACTED] DR [REDACTED] GA 31201-1411	Medicaid and chip Numerator: 500 Other Needy Numerator: 550 Total Needy Numerator: 1050 Denominator: 2500	42%
Yes	N/A	New Location	1232 State Dr. AnyCity, GA 30043-2332	Medicaid and chip Numerator: 75 Other Needy Numerator: 35 Total Needy Numerator: 110 Denominator: 350	31%

Sum Medicaid and Chip Encounter Volume	Sum Other Needy Individual Encounter Volume	Sum Total Needy Encounter Volume	Denominator	Total %
575	585	1160	2850	41%

### Patient Volume – FQHC/RHC Group

Click **Begin** to proceed to the pages where you will enter **Patient Volumes**.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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

Thursday 09/01/2011 6:53:07 PM EDT

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**Name** JOHN DOE **Applicant NPI** [REDACTED]

**Personal TIN/SSN** [REDACTED] **Payee TIN** [REDACTED]

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

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### FQHC/RHC Group

This tab is for applicants who "practice predominantly" in FQHCs/RHCs and who wish to calculate and attest to patient volume as a group. The **group payee ID** must define the "group", and all members of the group must apply in an identical manner.

**Note: You should enter the group payee ID(s) in the group practice provider ID field.**

- The group methodology is not appropriate for Eligible Professionals who see commercial, Medicare, or self-pay patients exclusively.
- If you are an Eligible Professional in a group that practices predominantly in an FQHC or RHC, you can include encounters attributable to needy individuals as part of your patient volume.
- "Practices predominantly" means that **more than 50 percent** of your patient encounters occur at a FQHC or RHC. The calculation is based on a **period of 6 months** in the recent calendar year.
- Needy individual encounters include the following: Medicaid, Children's Health Insurance Program, uncompensated care and reimbursement based on a sliding scale.
- You can enter **four (4)** group practice NPIs. **If you have more than four (4) group practice payee IDs**, please indicate this by checking the box "additional group practice provider IDs." Please upload all additional group practice payee ID numbers and group names, along with applicant's name and NPI.

For more information, please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

**Begin**

The following pages will instruct you on how to apply for the EHR Incentive program as an **FQHC/RHC Group Provider**.

**Practice Locations** – MAPIR will present a list of locations that the Georgia Medicaid program has on record. If you have additional locations you can add them on this page. Once all locations are added, you will enter the required **Patient Volume** information.

Add new locations by clicking **Add Location**.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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

Thursday 09/01/2011 6:42:16 P

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

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

Georgia has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

***You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.***

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

**(\*) Red asterisk indicates a required field.**

<b>*Utilizing Certified EHR Technology (Must Select One)</b>	<b>Provider ID</b>	<b>Location Name</b>	<b>Address</b>	<b>Available Actions</b>
<input type="radio"/> Yes <input type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	

**Add Location** Refresh

Previous Reset Save & Continue

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

Enter the requested practice location information.

Click **Save & Continue** to proceed or **Previous** to go back. Click **Reset** to clear all unsaved data.

The screenshot shows the Georgia Department of Community Health application interface. At the top left is the logo and name. At the top right are links for Print, Contact Us, and Exit, along with the date and time. Below this is a header section with fields for Name (JOHN DOE), Applicant NPI, Personal TIN/SSN, and Payee TIN. A navigation bar contains buttons for Get Started, R&A/Contact Info, Eligibility, Patient Volumes, Attestation, Review, and Submit. The main content area is titled "Patient Volume - FQHC/RHC Group (Part 3 of 3)" and contains instructions to provide location information for MAPIR. A blue box provides guidance on using Save & Continue, Previous, and Reset buttons. A red asterisk indicates required fields. The form fields include Location Name, Address Line 1, Address Line 2, Address Line 3, City, State, and Zip (5+4). The Save & Continue button is highlighted with a red oval.

GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

Print Contact Us Exit  
Thursday 09/01/2011 6:47:37 PM EDT

Name JOHN DOE Applicant NPI [REDACTED]  
Personal TIN/SSN [REDACTED] Payee TIN [REDACTED]

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

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

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

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.

\* Location Name: New Location  
\* Address Line 1: 1223 State Dr  
Address Line 2:  
Address Line 3:  
\* City: AnyCity  
\* State: Georgia  
\* Zip (5+4): 30043 - 2332

Previous Reset Save & Continue

For each location, check whether you are **Utilizing Certified EHR Technology**. You must select at least one location for **Utilizing Certified EHR Technology**. **Note:** The term “**Utilizing Certified EHR Technology**” means adopting, implementing or upgrading certified EHR technology.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

**Note:** The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to proceed or **Previous** to go back. Click **Reset** to clear all unsaved data.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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

Thursday 09/01/2011 6:49:40 PM EDT

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Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

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

Georgia has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

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

(\*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input checked="" type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	1223 State Dr AnyCity, GA 30043-2332	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Enter your **Medicaid Payee ID** for the group/clinic. If this is a Georgia Better Health Care (GBHC) location, enter your **Group NPI** or **GBHC Medicaid Provider Number** for this location.

If you listed four **Group Practice Provider IDs** and the **Patient Volume** numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs. Click on the question mark icon for more information to complete the MAPIR application.

Enter **Patient Volumes** for the locations on this page.

The numerator is the total number of Needy Individual Patient Encounter in a selected continuous 90-day period in the previous calendar year and the denominator is all Patient Encounters during the same period.

**Medicaid Patient Volume Percentage Formula – FQHC/RHC Group**

$$\frac{\text{(Total Needy Encounter Volume)}}{\text{Divided by Total Encounter Volume}}$$

**Note: Patient Volumes entered on this page must come from your completed Eligible Professional Patient Volume Calculator.**

Click **Save & Continue** to proceed or **Previous** to go back. Click **Reset** to clear all unsaved data.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Print Contact Us Exit  
Thursday 09/01/2011 7:15:25 PM EDT

Name: JOHN DOE      Applicant NPI: [REDACTED]  
 Personal TIN/SSN: [REDACTED]      Payee TIN: [REDACTED]

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

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

Please indicate in the box(es) provided, the Group Provider ID(s) you will use to report patient volume requirements. **You must enter at least one Group Practice Provider ID.**

\* [ ] [ ] [ ] [ ] [ ? ]

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volumes.

For reporting Group patient volumes:

- The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- There is an auditable data source to support the clinic's patient volume determination; and
- So long as the practice and EP's decide to use one methodology in each year (in other words, clinics could not have some of the EP's using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EP's may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below, if volumes do not apply, enter zero.**

Needy Individual Encounters are defined as:

- Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid for part or all of the service;
- Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing;
- Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

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.

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)
* 500	* 1250	* 1750	* 3500

Previous   Reset   Save & Continue

This page displays the locations where you are **Utilizing Certified EHR Technology**, patient volumes you entered, all values summarized, and the **Needy Individual Patient Volume Percentage**.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the **Needy Individual Patient Volume** requirement. For **Pediatricians** the percentage must be greater than or equal to 20% to meet the **Needy Individual Patient Volume** requirement.

Click **Save & Continue** to proceed or **Previous** to go back.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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Thursday 09/01/2011 7:19:08 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Location Name
No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411
Yes	[REDACTED]	[REDACTED]	[REDACTED] DR [REDACTED], GA 31201-1411
Yes	N/A	New Location	1223 State Dr AnyCity, GA 30043-2332

Group Practice ID(s) [REDACTED] ←

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
500	1250	1750	3500	50% ←

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

Note the check box in the Patient Volume tab.

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

 **GEORGIA DEPARTMENT OF  
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Thursday 09/01/2011 7:21:42 PM EDT

---

**Name** JOHN DOE **Applicant NPI** [REDACTED]

**Personal TIN/SSN** [REDACTED] **Payee TIN** [REDACTED]

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



You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

[Continue](#)

## Step 5 – Attestation

This section will ask you to provide information about your **Adoption, Implementation, or Upgrade of certified EHR technology**. Based on the status you select, you may be asked to complete additional information about activities related to that choice. For the first year of participation in the Medicaid EHR Incentive Program, Eligible Professionals are only required to attest to the **Adoption, Implementation, or Upgrade** of certified EHR technology

**Adoption** means acquired, purchased or secured access to certified EHR Technology capable of meeting Meaningful Use requirements.

**Implemented** means installed or commenced initialization of certified EHR Technology capable of meeting Meaningful Use requirements.

**Upgraded** means expanded the available functionality of certified EHR Technology capable of meeting meaningful use requirements.

This initial Attestation page provides information about this section.

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



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Thursday 09/01/2011 7:22:47 PM EDT

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Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit



### Attestation

In this section of your application, you must attest to Adoption, Implementation or Upgrade (AIU) of certified EHR technology and verify your payment designation.

Please refer to the **Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals** for the definition of Adoption, Implementation or Upgrade of certified EHR technology and additional information on AIU documentation that must be uploaded.

**Note: You will not be able to attest to Meaningful Use in the first program year of 2011. Selecting Meaningful Use instead of Adoption, Implementation, or Upgrade of certified EHR technology will result in a delay in the processing of your application.**

**NOTICE OF PROVIDER LIABILITY:** The Eligible Professional requesting the incentives payment is responsible and liable for any errors or falsifications in the attestation process as set forth in this registration. The Eligible Professional and not the contact for the application will be held liable for inaccurate or incorrect information that improperly results in a Medicaid incentives payment.

In the event that an Eligible Professional applied for and obtained a payment for which the Eligible Professional was not entitled, the Eligible Professional will be liable for full repayment to the Georgia Department of Community Health. In the event of fraud, the Eligible Professional will be liable for repayment of all costs, interest, and expenses attributable to that repayment.

**Begin**

### Attestation Phase (Part 1 of 3)

The Attestation Phase (Part 1 of 3) screen asks for the **EHR Technology Status Phase**.

After making your selection, the next screen you see will depend on the status you selected.

Click **Save & Continue** to proceed, or **Previous** to go back. Click **Reset** to clear all unsaved data



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COMMUNITY HEALTH

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Thursday 09/01/2011 7:23:35 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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** where you would like to receive an incentive payment. The selection that you make on 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.

**Adoption:**

You have acquired or are installing certified EHR technology.

**Implementation:**

You are installing certified EHR technology and have started one of the following:

- A training program for the certified EHR technology
- Data entry of patient demographic and administrative data into the EHR
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

**Upgrade:**

You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

**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

Select your **Implementation Activity** by selecting the **Planned** or **Complete** button.

At least one activity must be selected to proceed.

Click **other** to add any additional **Implementation Activities** you would like to supply.

Click **Save & Continue** to proceed, or **Previous** to go back. Click **Reset** to clear all unsaved data. **Clear All** to remove standard activity selections.



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

Thursday 09/01/2011 7:25:35 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Attestation Phase (Part 2 of 3)**

Please select the activities where you have **planned** or **completed** an implementation.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
 Click **Reset** to restore this panel to the starting point.  
 After saving, click the **Clear All** button to remove standard activity selections.

(\*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete
Workflow Analysis	<input type="radio"/>	<input type="radio"/>
Workflow Redesign	<input type="radio"/>	<input checked="" type="radio"/>
Software Installation	<input type="radio"/>	<input checked="" type="radio"/>
Hardware Installation	<input type="radio"/>	<input type="radio"/>
Peripherals Installation	<input type="radio"/>	<input type="radio"/>
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>
Health Information Exchange (i.e. labs, pharmacy)	<input type="radio"/>	<input type="radio"/>
Physical Redesign of Workspace	<input type="radio"/>	<input type="radio"/>
Training	<input type="radio"/>	<input type="radio"/>

[Other \(Click to Add\)](#)

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

This page shows an example of entering activities other than what was in the **Implementation Activity** listing.

Click **Save & Continue** to proceed, or **Previous** to go back. Click **Reset** to clear all unsaved data.



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

Thursday 09/01/2011 7:27:23 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Attestation Phase (Part 2 of 3)**

Please select the activities where you have **planned** or **completed** an implementation.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.  
After saving, click the **Clear All** button to remove standard activity selections.

(\*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete
Workflow Analysis	<input type="radio"/>	<input type="radio"/>
Workflow Redesign	<input type="radio"/>	<input checked="" type="radio"/>
Software Installation	<input type="radio"/>	<input checked="" type="radio"/>
Hardware Installation	<input type="radio"/>	<input type="radio"/>
Peripherals Installation	<input type="radio"/>	<input type="radio"/>
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>
Health Information Exchange (i.e. labs, pharmacy)	<input type="radio"/>	<input type="radio"/>
Physical Redesign of Workspace	<input type="radio"/>	<input type="radio"/>
Training	<input type="radio"/>	<input type="radio"/>

Other:

- 
- 
- 
-

Review the **Implementation Activity** you selected.

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



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

Thursday 09/01/2011 7:30:27 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

### Attestation Phase (Part 2 of 3)

Please review the list of the activities where you have **planned** or **completed** an implementation.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Implementation Activity	Planned	Complete
Workflow Redesign		<input checked="" type="checkbox"/>
Software Installation		<input checked="" type="checkbox"/>
(Other) Reviewed EHR Certification Information		<input checked="" type="checkbox"/>

Previous

Save & Continue

### Upgrade Phase (Part 2 of 3)

For **Upgrade** select the Upgrade button.

Click **Save & Continue** to proceed, or **Previous** to go back. Click **Reset** to clear all unsaved data.

**Name** JOHN DOE **Applicant NPI** [REDACTED]

**Personal TIN/SSN** [REDACTED] **Payee TIN** [REDACTED]

[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** where you would like to receive an incentive payment. The selection that you make on 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.

---

**Adoption:**  
You have acquired or are installing certified EHR technology.

---

**Implementation:**  
You are installing certified EHR technology and have started one of the following:

- A training program for the certified EHR technology
- Data entry of patient demographic and administrative data into the EHR
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

---

**Upgrade:**  
You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

---

**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](#)

Select your **Upgrade Activities** by selecting the **Planned** or **Complete** button for each activity.

At least one activity must be selected to proceed.

Click **other** to add any additional **Upgrade Activities** you would like to supply.

Click **Save & Continue** to proceed, or **Previous** to go back. **Reset** to clear all unsaved data. After saving, click **Clear All** to remove standard activity selections.



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Thursday 09/01/2011 7:33:40 PM EDT

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Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

**Attestation Phase (Part 2 of 3)**

Please select the activities where you have **planned** or **completed** an upgrade.

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

(\*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete
Upgrading Software Version	<input checked="" type="radio"/>	<input type="radio"/>
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>
Clinical Decision Support	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input checked="" type="radio"/>
Computerized Provider Order Entry	<input type="radio"/>	<input type="radio"/>
Adding Functionality / Modules (personal health record, mental health, dental)	<input type="radio"/>	<input type="radio"/>

This page shows an example of entering an activity in the **Other** field.

Click **Save & Continue** to proceed, or **Previous** to go back. **Reset** to clear all unsaved data. After saving, click **Clear All** to remove standard activity selections.



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Thursday 09/01/2011 7:35:14 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

Get Started

R&A/Contact Info

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Review

Submit

### Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an upgrade.

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

(\*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete	
Upgrading Software Version	<input type="radio"/>	<input type="radio"/>	
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>	
Clinical Decision Support	<input type="radio"/>	<input type="radio"/>	
Electronic Prescribing	<input type="radio"/>	<input checked="" type="radio"/>	
Computerized Provider Order Entry	<input type="radio"/>	<input type="radio"/>	
Adding Functionality / Modules (personal health record, mental health, dental)	<input type="radio"/>	<input type="radio"/>	
Other: Reviewed EHR Certification Information	<input type="radio"/>	<input checked="" type="radio"/>	Delete
<b>Other (Click to Add)</b>			

Previous

Reset

Clear All

Save & Continue

Review the **Upgrade Activities** you selected.

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

The screenshot shows the Georgia Department of Community Health website. At the top left is the logo and name. At the top right are links for 'Print', 'Contact Us', and 'Exit', along with the date and time: 'Thursday 09/01/2011 7:36:28 PM EDT'. Below this is a header section with fields for 'Name' (JOHN DOE), 'Applicant NPI', 'Personal TIN/SSN', and 'Payee TIN'. A navigation bar contains buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Phase (Part 2 of 3)' and contains a message: 'Please review the list of activities where you have planned or completed an upgrade.' Below this is a blue box with the instruction: 'When ready click the Save & Continue button to continue, or click Previous to go back.' A table follows with columns for 'Upgrade Activity', 'Planned', and 'Complete'. The table lists three activities: 'Upgrading Software Version' (Planned), 'Electronic Prescribing' (Complete), and '(Other) Reviewed EHR Certification Information' (Complete). At the bottom of the table are 'Previous' and 'Save & Continue' buttons, with the latter circled in red.

GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

Print Contact Us Exit  
Thursday 09/01/2011 7:36:28 PM EDT

Name JOHN DOE Applicant NPI [REDACTED]  
Personal TIN/SSN [REDACTED] Payee TIN [REDACTED]

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

### Attestation Phase (Part 2 of 3)

Please review the list of activities where you have **planned** or **completed** an upgrade.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Upgrade Activity	Planned	Complete
Upgrading Software Version	✓	
Electronic Prescribing		✓
(Other) Reviewed EHR Certification Information		✓

Previous Save & Continue

### Attestation Phase (Part 3 of 3)

Part 3 of 3 of the Attestation Phase asks you to identify whether or not you assigned your incentive payment and to confirm the address to which the incentive payment should be sent, contingent on obtaining approval from DCH for an incentive payment.

Click **Yes** to confirm you are receiving this payment as the payee indicated or you are assigning this incentive payment voluntarily to the payee and that you have a contractual relationship that allows the assigned employer or entity to bill for your services. Click the **Payment Address** from the list below to be used for your Incentive Payment.

Click **Save & Continue** to proceed, or **Previous** to go back. **Reset** to clear all unsaved data.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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

Thursday 09/01/2011 7:37:31 PM EDT

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Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

Get Started

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Eligibility

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Submit

**Attestation Phase (Part 3 of 3)**

Please answer the following questions so that we can determine your eligibility for the 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.

---

\* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.  Yes  No ?

**NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.**

---

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact Georgia Department of Community Health (DCH). ?

*Payment Address <small>(Must Select One)</small>	Provider ID	Location Name	Address	Additional Information
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED] DR [REDACTED], GA 31201-1411	[REDACTED]
<input checked="" type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED] DR [REDACTED], GA 31201-1411	[REDACTED]

This page confirms you have completed the **Attestation** section.

Note the check box in the Attestation tab.

Click **Continue** to proceed to the **Review** tab.

The screenshot displays the Georgia Department of Community Health application interface. At the top left is the logo and name of the Georgia Department of Community Health. At the top right are links for 'Print', 'Contact Us', and 'Exit', along with the date and time: 'Thursday 09/01/2011 7:42:05 PM EDT'. Below this is a navigation bar with tabs: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (checked and highlighted), 'Review', and 'Submit'. Above the tabs, fields for 'Name' (JOHN DOE), 'Applicant NPI', 'Personal TIN/SSN', and 'Payee TIN' are visible. A red arrow points to the checkmark in the 'Attestation' tab. The main content area features a green checkmark icon and the following text: '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.' A 'Continue' button is highlighted with a red circle.

### Step 6 – Review Application

The **Review** tab displays all the information associated with your application.

Carefully review all of the information to ensure that it is accurate.

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

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

This is page **1 of 3** of the **Review** tab display.

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



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

[Print](#) [Contact Us](#) [Exit](#)  
Thursday 09/01/2011 7:43:48 PM EDT

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Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

*The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the **Submit** Tab itself to finish the application process.*

Print

Status

## Incomplete

R&A Verification

Name	JOHN DOE	Applicant NPI	[REDACTED]
Personal TIN/SSN	[REDACTED]	Payee TIN	[REDACTED]
Payee NPI	[REDACTED]		
Business Address			
	[REDACTED] DR [REDACTED], GA 31201-1411		
Business Phone			
	[REDACTED]		
Incentive Program		State	
	MEDICAID		GA
Eligible Professional Type		Physician	
R&A Registration ID		[REDACTED]	
R&A Registration Email		SMITTY@yahooXX.com	
CMS EHR Certification Number		[REDACTED]	
Is this information accurate?		Yes	

This is page 2 of 3 of the **Review** tab display.

Contact Information	
Contact Name	John Doe
Contact Phone	333 - 235 - 2345 Ext
Contact Email Address	jdoe@MAPIR.com

Eligibility Questions (Part 1 of 3)	
Are you a Hospital based eligible professional?	<b>Yes</b>
I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Georgia.	<b>No</b>

Eligibility Questions (Part 2 of 3)	
What type of provider are you?	<b>Physician</b>
Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?	<b>Yes</b>

Eligibility Questions (Part 3 of 3)	
CMS EHR Certification ID:	<b>[REDACTED]</b>

Patient Volume Practice Type (Part 1 of 3)	
Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?	<b>Yes</b>
Please indicate if you are submitting volumes for:	<b>Group/Clinic</b>

Patient Volume 90 Day Period (Part 2 of 3)	
<b>Start Date:</b>	Jan 01, 2010
<b>End Date:</b>	Mar 31, 2010

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411
Yes	[REDACTED]	[REDACTED]	[REDACTED] DR [REDACTED], GA 31201-1411
Yes	N/A	New Location	1223 State Dr AnyCity, GA 30043-2332

---

Group Practice ID(s) 1234567890

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
500	1250	1750	3500	50%

**Attestation Phase (Part 1 of 3)**

**EHR System Adoption Phase:** Upgrade

**Attestation Phase (Part 2 of 3)**

Please review the list of activities where you have **planned** or **completed** an Upgrade.

Upgrade Activity	Planned	Complete
Upgrading Software Version	✓	
Electronic Prescribing		✓
(Other) Reviewed EHR Certification Information		✓

**Attestation Phase (Part 3 of 3)**

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

---

You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
[REDACTED]	[REDACTED]	[REDACTED] DR [REDACTED], GA 31201-1411	[REDACTED]

**Application Submission (Part 1 of 2)**

**Uploaded Files**

File Name	File Size	Date Uploaded
Test1.pdf	1716224	08/23/2011

[Top](#)



## Step 7 – Submit Your Application

The final submission of your application involves the following steps:

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

**Optional Questions** - You will be asked a series of optional questions in a questionnaire. Your responses do not affect your application. The answers will provide information to the Georgia Medicaid program about your **Medicaid EHR Incentive Program** participation.

**File Upload** – You will be **required** to upload documentation supporting your application. This will include your Eligible Professional Patient Volume Calculator and your AIU documentation.

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

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



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

Thursday 09/01/2011 8:04:20 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit



### Submit Your Application

In this section, you must review and correct any errors in your application.

**Note:** You are required to provide your electronic signature on the Application Submission Sign Electronically page within the MAPIR application. This signature indicates the Eligible Professional's confirmation that the information is correct and the Eligible Professional is responsible for all information and overpayments.

**Begin**

This page lists the current status of your application and any errors that occurred during the application process.

You can submit this application without making any changes; however the error messages identified may impact your eligibility and incentive payment.

**To review error messages:**

Click **Review** to be taken to the specific section identified and make any appropriate changes to the entered information. To return to this section at any time click the **Submit** tab.

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



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

Thursday 09/01/2011 8:11:23 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

Status

*Incomplete*

The MAPIR "Check Errors" panel displays errors that have occurred during the application process.

The following errors have been identified while reviewing your application. For each error listed, click **Review** to be directed to the section of the application that resulted in the error. You will have the ability to correct your answer in that section. Once you click on the **Save & Continue** button on that page, you may then select the **Submit** tab to continue with your review.

Please note that you may still submit the application with errors, but the errors may impact the approval determination.

- You must participate in the Medicaid incentive program in order to qualify.**
- As a Hospital Based physician you are not eligible to participate**
- Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.**

- 
- 
-

A **Questionnaire** is included in this section. Please take a few moments to complete this and provide us with your feedback.

Click **Save & Continue** to proceed, or **Previous** to go back. Click **Reset** to clear all unsaved data.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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

Thursday 09/01/2011 8:12:52 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

### Application Questionnaire

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.

Question 1:  
Did the Medicaid EHR Incentive Payment program encourage you to adopt, implement or upgrade an EHR system?  Yes  No

Question 2:  
Did you attend any professional association meetings where the Medicaid Incentive Program was discussed?  Yes  No

Question 3:  
Did you attend any Medicaid Incentive Program webinars offered by the Department of Community Health?  Yes  No

Question 4:  
Did you sign-up with the Georgia Health Information Technology Regional Extension Center (GA-HITREC) for technical or other types of assistance.  Yes  No

Question 5:  
Do you expect to attest to Meaningful Use Stage 1 in 2012?  Yes  No

Question 6:  
Do barriers exist that prevent you from achieving Meaningful Use Stage 1?  Yes  No

Question 7:  
Was the Medicaid Incentive Program registration and attestation process easy to use?  Yes  No

- Previous
- Reset
- Save & Continue**

**Remember** - You are **required** to upload documentation supporting your application. This will include your Eligible Professional Patient Volume Calculator and the supporting AIU documentation. **The documents listed in Appendix A are acceptable for verifying AIU.**

To upload files click **Browse** then select the file(s) you wish to upload from your computer.

**Note:** Only files that are in portable data format (.pdf) and a maximum of 2 (MB) megabytes each in size may be uploaded.

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

Print Contact Us Exit

Thursday 09/01/2011 8:15:41 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Application Submission (Part 1 of 2)**

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

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.

To upload a file, type the full path or click the **Browse...** button.

All files must be in **PDF** format, and must be no larger than **2 MB** in size.

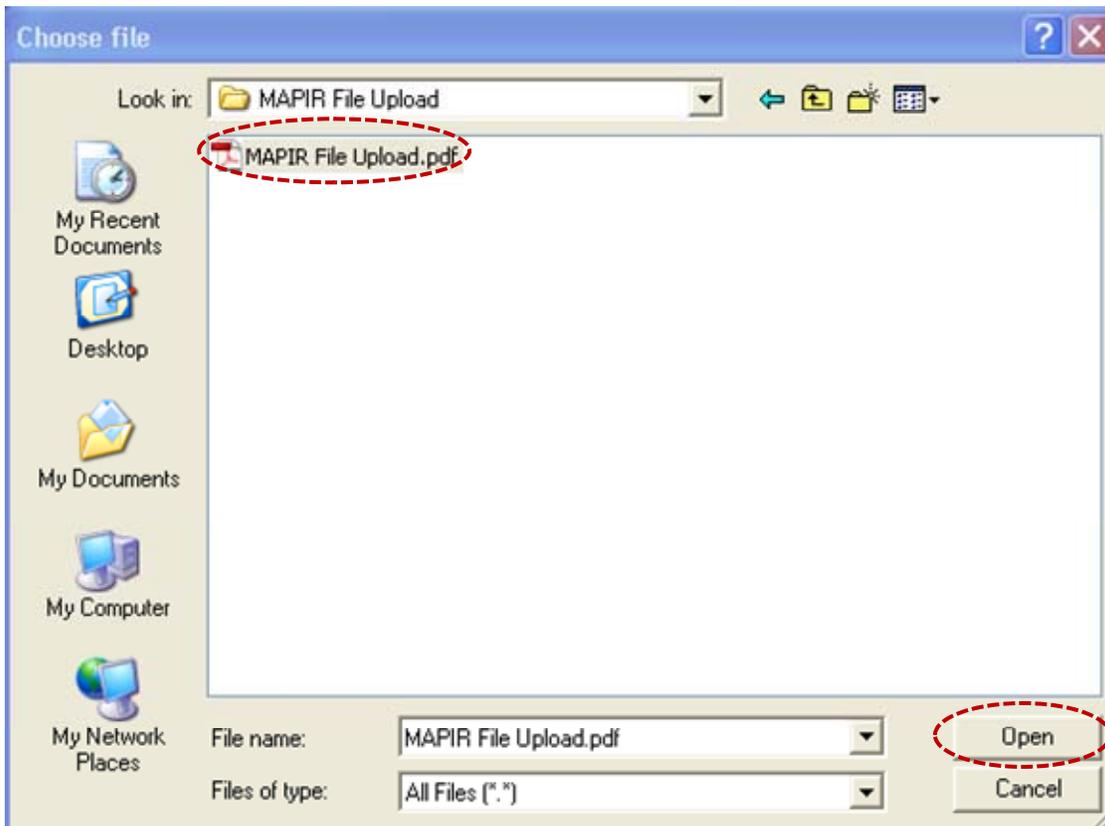
[Input Field] **Browse...**

**Upload File**

**Previous Reset Save & Continue**

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

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



Check the file name in the file name box.

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

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

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

Thursday 09/01/2011 8:15:41 PM EDT

Name JOHN DOE Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED] Payee TIN [REDACTED]

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

**Application Submission (Part 1 of 2)**

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

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.

To upload a file, type the full path or click the **Browse...** button.

All files must be in **PDF** format, and must be no larger than **2 MB** in size.

C:\Documents and Settings\training1\Desktop\MAPIR File Upload.pdf

**Note:** the “File has been successfully uploaded,” message.

Review the uploaded file list in the Uploaded Files box.

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

All of the files you uploaded will be listed in the **Uploaded Files** section of the page.

To delete an uploaded file click the **Delete** button in the Available Actions column.

Click **Save & Continue** to proceed, or **Previous** to go back. Click **Reset** to clear all unsaved data.

**Failure to upload your Eligible Professional Patient Volume Calculator and supporting AIU documentation will result in denial of your application for payment.**

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

Print Contact Us Exit  
Thursday 09/01/2011 8:17:46 PM EDT

Name JOHN DOE Applicant NPI [REDACTED]  
Personal TIN/SSN [REDACTED] Payee TIN [REDACTED]

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

**Application Submission (Part 1 of 2)**

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

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.

To upload a file, type the full path or click the **Browse...** button.  
All files must be in **PDF** format, and must be no larger than **2 MB** in size.

[Text Field] Browse...  
Upload File

**Uploaded Files**

File Name	File Size	Date Uploaded	Available Actions
MAPIR File Upload.pdf	83941	09/01/2011	View Delete

• File has been successfully uploaded.

Previous Reset **Save & Continue**

This page depicts the signature screen for a Preparer on behalf of the provider.

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

Click **Save & Continue** to proceed, or **Previous** to go back. Click **Reset** to clear all unsaved data.

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

Print Contact Us Exit

Thursday 09/01/2011 8:19:49 PM EDT

Name JOHN DOE Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED] Payee TIN [REDACTED]

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

**Application Submission (Part 1 of 2)**

Please answer the following questions.

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.

By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel).

\*Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:

Provider  Preparer

Previous Reset **Save & Continue**

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

Enter your **Preparer Name** and **Preparer Relationship** to the provider.

Click **Sign Electronically** to proceed, or **Previous** to return. **Reset** to clear all unsaved data.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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

Thursday 09/01/2011 8:22:32 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

**Application Submission (Part 2 of 2)**

As the **preparer** of this location on behalf of the provider, please **attest** to the accuracy of all information entered and to the following:

**This is to certify that the foregoing information is true, accurate, and complete.**

As the Eligible Professional who is ultimately responsible for the completion of this application, you must attest to the accuracy of all information entered and uploaded, and to the following:

This is to certify that the foregoing information in this application is true, accurate, and complete. I Understand that Medicaid EHR incentives payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. In signing this application I acknowledge reading the NOTICE OF LIABILITY and hereby accept full financial responsibility for any and all payments received to which I was not entitled.

NOTICE OF PROVIDER LIABILITY: The Eligible Professional requesting the incentives payment is responsible and liable for any errors or falsifications in the attestation process as set forth in this registration. The Eligible Professional and not the contact for the application will be held liable for inaccurate or incorrect information that improperly results in a Medicaid incentives payment.

In the event that an Eligible Professional applied for and obtained a payment for which the Eligible Professional was not entitled, the Eligible Professional will be liable for full repayment to the Georgia Department of Community Health. In the event of fraud, the Eligible Professional will be liable for repayment of all costs, interest, and expenses attributable to that repayment.

(\*) Red asterisk indicates a required field.

**Electronic Signature of Preparer:**

\* Preparer Name: Professional Preparer      \* Preparer Relationship: Preparer ?

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

- Previous
- Reset
- Sign Electronically**

No information is required on this screen.

The incentive payment chart example for Eligible Professionals meeting the 30% patient volume requirements (Medicaid or Needy Individuals) is shown on the next page.

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

Click **Submit Application** to continue.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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

Thursday 09/01/2011 8:24:58 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

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

Application Submission (Part 2 of 2)

Based on the Medicaid EHR incentive rules, the following chart indicates the maximum potential amount per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.

**Example Professional Incentive Payment Chart**  
(First Calendar Year of Participation)

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

Submit Application

The check indicates your application has been successfully submitted.

Click **OK**.



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

Thursday 09/01/2011 8:38:42 PM EDT

**Name** JOHN DOE

**Applicant NPI** [REDACTED]

**Personal TIN/SSN** [REDACTED]

**Payee TIN** [REDACTED]

[Current Status](#)

[Review Application](#)



Your application to the Georgia Medicaid Electronic Health Record Incentives Program has been successfully submitted and will be processed within 45 business days.

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

When your application has been successfully submitted, you will see the application status change to **Submitted**.

Click **Exit** to exit MAPIR.

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH** [Print](#) [Contact Us](#) [Exit](#)  
Thursday 09/01/2011 8:39:36 PM EDT

**Name** JOHN DOE **Applicant NPI** [REDACTED]  
**Personal TIN/SSN** [REDACTED] **Payee TIN** [REDACTED]

[Current Status](#) [Review Application](#)

**Name:** JOHN DOE **Applicant NPI:** [REDACTED] **Status:** **Submitted** ←

Select **Review Application** to view the information that was entered on the application that was submitted.

### Get Started

You will need the following information **before** you begin registration:

- 1. Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals** - Print this document to help you complete your Medicaid EHR Incentives application.
- 2. 90-day Reporting Period.** The dates for your 90-day reporting period for the patient volume calculation.
- 3. Attestation decision.** Decide whether you are attesting to an individual or group/clinic patient encounter volume.
- 4. Your patient encounter volume information.** Download the **Eligible Professional Patient Volume Calculator** to complete your calculation **before** you begin registration.
- 5. Certified EHR Number.** Click [here](#) to obtain a CMS EHR Certification number provided by the Office of the National Coordinator. This number is required for registration.
- 6. Electronic documentation.** Provide an electronic copy of documentation to be uploaded when attesting to your adoption, implementation or upgrade (AIU) of certified EHR technology

For additional help, visit these websites or [contact us](#).  
[CMS EHR website](#)  
[Georgia Medicaid EHR Incentives Program website](#)

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

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH** Thursday 09/01/2011 4:36:30 PM EDT

**MAPIR**

Exit MAPIR  
**Your session has ended. To complete the log out process, you must close your browser.**

## Post Submission Activities

When you have successfully completed the application submission process, DCH will send an email confirming your submission has been received by DCH. This section contains information about post-application submission activities. At any time you can check the status of your application by accessing MAPIR through the Georgia Web Portal. You may also receive email updates from DCH as your application is processed. The screen below shows an application in a status of **Completed**. You can click the **Review Application** tab to review your application; however, you will not be able to make any changes to your application.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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

Thursday 09/01/2011 8:48:52 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal  
TIN/SSN [REDACTED]

Payee TIN [REDACTED]

[Current Status](#)

[Review Application](#)

[Submission Outcome](#)

Name:  
JOHN DOE

Applicant NPI: [REDACTED]

Status: **Completed**

### Get Started

You will need the following information **before** you begin registration:

- 1. Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals** - Print this document to help you complete your Medicaid EHR Incentives application.
- 2. 90-day Reporting Period.** The dates for your 90-day reporting period for the patient volume calculation.
- 3. Attestation decision.** Decide whether you are attesting to an individual or group/clinic patient encounter volume.
- 4. Your patient encounter volume information.** Download the **Eligible Professional Patient Volume Calculator** to complete your calculation **before** you begin registration.
- 5. Certified EHR Number.** Click [here](#) to obtain a CMS EHR Certification number provided by the Office of the National Coordinator. This number is required for registration.
- 6. Electronic documentation.** Provide an electronic copy of documentation to be uploaded when attesting to your adoption, implementation or upgrade (AIU) of certified EHR technology

For additional help, visit these websites or **contact us**.  
[CMS EHR website](#)  
[Georgia Medicaid EHR Incentives Program website](#)

Once your application has been processed by DCH, you can click the **Submission Outcome** tab to view the status of your application.



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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

Thursday 09/01/2011 8:50:02 PM EDT

Name JOHN DOE

Applicant NPI [REDACTED]

Personal TIN/SSN [REDACTED]

Payee TIN [REDACTED]

**Current Status**

**Review Application**

**Submission Outcome**



The MAPIR "Review" panel displays the information that you have entered to date for your application. Select "Print" to generate a printer friendly version of this information.

Print

**Status**

*Completed*

**Payment Amount**

*You have been approved to receive a payment in the amount of \$21,250.00*

**Provider Information**

Name: JOHN DOE

Applicant NPI: [REDACTED]

## Adoption, Implementation, or Upgrade (AIU) Document Requirements

### Appendix A

Eligible Professionals and Eligible Hospitals are required, as part of the state level registration and attestation process, to furnish evidence that verifies the adoption, implementation or upgrade (AIU) of certified Electronic Health Record (EHR) technology by uploading documents supporting AIU. The following is a list of documentation that will be acceptable for verifying AIU.

#### Adoption

The provider must furnish clearly dated documentation demonstrating the acquisition of or the intent to acquire *certified EHR technology*. Eligible Professionals and Eligible Hospitals must submit any of the following documents relating to the certified EHR technology to satisfy this requirement:

- Receipts from EHR software vendors
- Executed sales contract for software and/or hardware
- Purchase order
- Software licensing agreement
- Service performance agreement

In addition, documentation must be provided to show the CMS EHR certification ID provided during state level attestation. This certification ID will be validated against the Office of the National Coordinator (ONC) Certified HIT Product List (CHPL).

#### Implementation

The provider must furnish proof of adoption with one of the acceptable documents listed above *plus* evidence of costs associated with the implementation of *certified EHR technology*. Costs associated with the implementation of certified EHR can be incurred through various activities. The provider must submit documentation supporting any of the following implementation activities to satisfy this requirement:

- Evidence of adoption of certified EHR technology (see requirements above) **and** one of the following:
  - Evidence of costs for installation of certified EHR technology
  - Data use agreements pertaining to the certified EHR technology
  - Evidence of costs associated with staff training support or staff support to implement certified EHR technology, including a contract if applicable
  - Documented costs associated with workstation or physical plant re-design for the implementation of certified EHR technology
- For Eligible Hospitals (EHs), cost reports reflecting implementation expenses relating to the certified EHR technology. EHs must indicate in which Cost Center(s) on Worksheet A the implementation costs are included.

#### Upgrade

The provider must furnish clearly dated documentation for upgrading currently certified technology **or** upgrading from non-certified to *certified EHR technology*.

Eligible Professionals and Eligible Hospitals must submit any of the following documents relating to certified EHR technology to satisfy this requirement:

- Receipts from EHR software vendors
- Executed sales contract for software and/or hardware
- Purchase order
- Software licensing agreement
- Service performance agreement

Documentation must be provided to show the CMS EHR certification ID provided during state level attestation. This certification ID will be validated against the Office of the National Coordinator (ONC) Certified HIT Product List (CHPL).

In addition, other reasonable substantiating documents that reflect expenses incurred for AIU of certified EHR technology may also be acceptable.

**Retention of AIU Documentation**

Documentation submitted is considered auditable and must be retained by providers for auditing purposes. All Eligible Professionals and Eligible Hospitals must retain all such documentation for a minimum period of six (6) years from the date of an approved application that resulted in a Medicaid EHR incentive payment. With respect to applications for incentive payments submitted in subsequent program years, all providers must retain their supporting documentation for a minimum period of six (6) years from the date of an approved application that resulted in a Medicaid EHR incentive payment.

Any provider's failure to retain requisite documentation for review by the Department of Community Health or independent auditors for the six (6) year period may result in an adverse action against a provider, including, but not limited to, recoupment of incentive payments and sanctions.

## Acronyms and Terms for Eligible Professionals

### Appendix B

**AIU** – Adopt, Implement, or Upgrade are legal terms defined by federal law.

**CHIP** – Children’s Health Insurance Program

**CHPL** –Certified Health IT Product List maintained by the ONC.

**CMS** – Centers for Medicare and Medicaid Services

**EHR** – Electronic Health Record as defined by the Health Information Technology for Economic and Clinical Health Act (HITECH ACT)

**FQHC/RHC** – Federally Qualified Health Center/Rural Health Clinic

**Hospital-Based** - a professional furnishing ninety percent (90%) or more of their professional services in a hospital inpatient or Emergency Room setting (Place of Service Codes 21 and 23) and who is not eligible for a Medicaid EHR Incentive Payment.

**MAPIR** – The Medical Assistance Provider Incentive Repository for processing Medicaid EHR incentive applications submitted by Eligible Hospitals and Eligible Professionals.

**Medicaid Encounter for an Eligible Professional** – services rendered to an individual on any one day where:

- Medicaid paid for part or all of the service; or
- Medicaid paid all or part of the individual’s premiums, copayments, and cost-sharing.

**MMIS** - Medicaid Management Information System, means the electronic Medicaid claims payment system.

**MMIS Web Portal** - is the Web Portal solution that provides communication, data exchange, and self-service tools to the provider community. The Web Portal consists of both public and secure areas. Access to the secure area of the Web Portal requires a username and password. The secure area offers access to the state level registration tool, known as MAPIR.

**Needy Individual** - Needy Individuals are those receiving Medical Assistance from Medicaid (Title XIX) or CHIP (Title XXI), individuals who are furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

**NPI** – National Provider Identifier is a ten digit number unique to each health care provider.

**ONC** – Office of the National Coordinator for Health Information Technology

**Pediatrician** - a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. To qualify as a pediatrician, a provider must be classified in Georgia's Medicaid Management Information System (MMIS) as a pediatrician or a pediatric specialist with NPI taxonomy codes within the 208000000X region.

**Practices predominantly** - means an Eligible Professional for whom more than 50 percent of his or her clinical services occur at a Federally Qualified Health Center or a Rural Health Clinic. The calculation is based on a period of six (6) months in the most recent calendar year.

**R&A** – the Medicare and Medicaid EHR Incentive Program Registration and Attestation System controlled and maintained by CMS

**TIN** – Tax Identification Number

## Appeals Process and Contact Information

### Appendix C

#### Georgia Medicaid Electronic Health Records (EHR) Incentives Program

##### Appeals Process

###### I. Appeals Generally

The Commissioner of the Department of Community Health (DCH) shall appoint the Administrative Hearing Officer(s) for the Medicaid EHR Incentives Program appeal process. The appeals shall generally conform to and be comparable with the process and procedures for Georgia Medicaid provider appeals as set forth in O.C.G.A. § 49-4-153 (b) (3), O.C.G.A. § 50-13-19 and in accordance with 42 C.F.R. § 495.370 and 42 C.F.R. § 447.253 (e). The failure to comply with the requirements set forth in the appeal process below will result in the provider's waiver of appellate rights.

###### II. Initial Administrative Review

1. A provider shall file a Request for Initial Administrative Review of the decision to deny eligibility for an incentive payment, the decision as to the amount of an incentive payment, or any other adverse action including termination, suspension or recoupment within thirty (30) calendar days from the date of such decision by submitting a written Request for Initial Administrative Review to the following address:

Georgia Department of Community Health  
DCH Medicaid EHR Incentives Program  
Request for Initial Administrative Review  
2 Peachtree Street, N.W., 32<sup>nd</sup> Floor  
Atlanta, Georgia 30303

2. After review by the Medicaid Incentive Program staff, DCH will issue an Initial Administrative Review Determination in writing within thirty (30) calendar days from the date of receipt of the Request for Initial Administrative Review. In the rare event that DCH needs an extension of time before issuing this determination, DCH is authorized an additional period of time not to exceed thirty (30) days. The failure of the Medicaid Incentive Program staff to issue an Initial Administrative Review Determination within the time period allowed shall constitute an automatic affirmance of the original decision. Thereafter, the provider may file a Request for Hearing.

###### III. Review by an Administrative Hearing Officer

1. A provider who is dissatisfied with the Initial Administrative Review Determination shall have thirty (30) calendar days from the date of the Initial Administrative Review Determination to file a Request for Hearing. The hearing will be conducted by an Administrative Hearing Officer in Atlanta at the headquarters of DCH. The issues for appeal of the Initial Administrative Review Determination regarding the Medicaid EHR Incentives Program include the following:
  - a. Incentive payments
  - b. Incentive payment amounts
  - c. Provider eligibility determinations
  - d. The demonstration of adopting, implementing, upgrading certified EHRs, and meaningful use eligibility for incentive payments under this program

- e. Other adverse actions including, but not limited to, termination, suspension, or recoupment
2. The provider's Request for Hearing shall be filed with the Commissioner at the following address:

Georgia Department of Community Health  
Office of the Commissioner  
Medicaid EHR Incentives Program Hearing Request  
2 Peachtree Street, N.W., 40<sup>th</sup> Floor  
Atlanta, Georgia 30303

3. An Appeal Hearing shall be scheduled within thirty (30) calendar days from the date upon which the Commissioner receives the Request for Hearing. The Request for Hearing filed by the provider must include all issues and justification for reversing the Initial Administrative Review Determination. The provider (whether an individual or an entity) shall have an opportunity to challenge the determination of the DCH Medicaid EHR Incentives Program by submitting documents or data or both to support the provider's claim(s) when filing a Request for Hearing. The provider shall also include an explanation of each and every claim including a statement explaining why the provider believes that the Initial Administrative Review Determination is wrong and a concise statement of the relief sought. If, in the opinion of the Administrative Hearing Officer, the Request for Hearing is not accompanied by the required supporting documentation, data, or proper explanation of the claim(s), the Administrative Hearing Officer will afford the provider ten (10) additional calendar days to provide the incomplete information. The provider's failure to timely submit the information requested by the Administrative Hearing Officer shall result in dismissal of the Request for Hearing and shall terminate any further review.
4. In cases involving an audit of a provider, any documentation submitted with either a Request for Initial Administrative Review or Request for Hearing may, at DCH's sole discretion, toll the time frame set out herein, to allow adequate time to re-audit the provider or for a referral to the Program Integrity Unit for the purpose of consideration of the newly submitted documentation. Such determination shall be made by the Initial Reviewer or the Administrative Hearing Officer in writing.
5. Failure to comply with the procedural requirements of the Initial Administrative Review and/or a Request for Hearing set out herein, including the requirement to timely submit necessary documentation, data or proper explanation shall constitute a waiver of any and all further appeal rights, including the right to an administrative hearing and/or judicial review.
6. The Initial Administrative Review process must be completed in order for a provider to be entitled to file a Request for Hearing.
7. The Administrative Hearing Officer shall render the written Final Administrative Decision of DCH as soon as practical after the completion of the hearing and the close of the record. Failure of the Administrative Hearing Officer to issue a Final Administrative Decision within ninety (90) calendar days of the close of the record shall constitute an affirmance of the Initial Administrative Review Decision. Thereafter, the provider may seek judicial review as authorized by law.

#### IV. Judicial Review

Any provider who has exhausted all administrative remedies within DCH as set forth above and who is aggrieved by the Final Administrative Decision may seek judicial review in accordance with the provisions of O.C.G.A. § 50-13-19.

## Getting Help

### Appendix D

#### Where can an Eligible Professional get technical assistance?

The Georgia Health Information Technology Regional Extension Center (GA-HITREC) provides education, outreach and technical assistance in selecting, implementing and using health information technology to improve the quality and value of health care. For more information, visit the [GA-HITREC website](#) or call toll free: 1-877-658-1990.

The CMS Electronic Health Record (EHR) Information Center is now open to assist the Provider Community with inquiries. Hours of Operation are from 8:30 a.m. – 7:30 p.m. (ET), Monday through Friday, except federal holidays. The main telephone number is 1-888-734-6433 or 1-888-734-6563 for TTY callers.

#### For additional questions not covered here?

- ☒ For more information about the Medicare and Medicaid EHR Incentive Programs, please visit <http://www.cms.gov/EHRIncentivePrograms/>
- ☒ [CMS Medicare and Medicaid EHR Incentive Programs – General FAQs](#)
- ☒ [Medicaid questions regarding the CMS EHR Incentive Program Final Rule](#)
- ☒ <http://www.dch.georgia.gov/ehr>

Can't find the answer to your question? Email us at [medicaidincentives@dch.ga.gov](mailto:medicaidincentives@dch.ga.gov)