

First Steps- Registering FAQs

1. What do I do to start the process to attesting to the Promoting Interoperability Program?

Eligible Professionals (EPs) must first register with the Centers for Medicare & Medicaid Services (CMS) using the Promoting Interoperability Program Registration and Attestation (R&A) System at <https://ehrincentives.cms.gov>. After completing that registration and electing the Medicaid program, EPs will receive a welcome email and will also need to register in the Connecticut Medical Assistance Provider Incentive Repository (MAPIR).

The EP will be able to access MAPIR via the secure provider portal at <http://www.ctdssmap.com/>. If an EP does not have a logon ID to the secure provider portal, the provider will need to contact Gainwell Technologies by email at ctmedicaid-ehr@dxc.com or by phone at 1-855-313-6638 in order to obtain a logon ID.

2. What information does the CMS Registration and Attestation System require?

To register with the CMS Promoting Interoperability Program R&A System go to <https://ehrincentives.cms.gov>. For detailed instructions on registering with the CMS Promoting Interoperability Program R&A System, go to the following site:

http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf

To participate in the Medicaid Promoting Interoperability Program all EPs will need the following information when registering with the CMS Promoting Interoperability Program R&A System:

- ✓ National Plan and Provider Enumeration System (NPPES) User ID and Password
- ✓ National Provider Identifier (NPI)
- ✓ Provider Tax Identification Number
- ✓ Payee Tax Identification Number if you are reassigning your incentive payments
- ✓ Payee National Provider Identifier if you are reassigning your incentive payments

Once EPs register with the CMS R&A system and have chosen to apply for the Connecticut Medicaid Promoting Interoperability program, the EPs will need to register and attest in the Connecticut MAPIR system.

2. After I've registered with CMS, what do I do?

Once EPs register with the CMS R&A system and have chosen to apply for the Connecticut Medicaid Promoting Interoperability program, the EPs will need to register and attest in the Connecticut MAPIR system. The providers have to attest that they have adopted, implemented, upgraded or are meaningfully using Certified EHR technology to qualify for the incentive payment.

MAPIR is a web based application that interfaces with the CMS Promoting Interoperability Program R&A System for the exchange of data regarding EP state selection and subsequent provider payments.

The EPs can access MAPIR via the secure provider portal at www.ctdssmap.com. EPs who do not have a logon ID to the secure provider portal should contact Gainwell Technologies ctmedicaid-ehr@dxc.com or by phone at 1-855-313-6638.

Next Steps- Attesting FAQs

1. What attestations are required? What are EPs attesting to?

EPs will attest to all information collected as part of the application in MAPIR. For example, the EP will attest to the following:

- ✓ Patient Volume Calculations
- ✓ Documentation of adopt, implement, or upgrade of EHR (in first participation year)
- ✓ Meaningful Use of Certified EHR system in second and subsequent participation years.
- ✓ Assignment of payment, if applicable
- ✓ If the EP practices predominantly in an FQHC
- ✓ The professional type of the EP including if the applicant is a pediatrician.
- ✓ Their hospital-based status.

2. Where can I find resources to help me with the attestation process?

For Assistance with MAPIR contact 1-855-313-6638 Monday through Friday 8:00am-5:00pm or email ctmedicaid-ehr@dxc.com

For CT Medicaid Promoting Interoperability Program overview and resources AIU and Meaningful Use visit: <http://www.mslc.com/Connecticut/PromotingInteroperability.aspx>

3. Do I need to enter a CMS EHR Certification Number in my attestation? Where do I get that?

Yes. EPs must be using a certified system to be eligible for incentive payments. EPs are required to obtain a CMS EHR Certification ID from the website of the Office of National Coordinator for Health Information Technology (ONC) at <https://chpl.healthit.gov/#/search>.

Step by Step instructions to obtain a CMS EHR Certification ID can be found at: <https://www.ctdssmap.com/CTPortal/portals/0/StaticContent/Publications/Obtain%20Your%20CMS%20EHR%20Certification%20ID.pdf>

The Certification ID Number entered in MAPIR must match the Certification ID Number on the ONC Supporting Document

4. Why am I getting the error message about incorrect date when entering patient volume?

You have two options to select the 90 days for meeting the Medicaid encounter volume - either from the previous calendar year or from the 12 months preceding the attestation date. After you've made your selection, make sure you are entering the start date of your 90 days from within the period selected.

Payment Year 1 Program Year 2014

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

Patient Volume 90 Day Period (Part 2 of 3)

The continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before the attestation date. Select either previous calendar year or previous 12 months, then enter the **Start Date** of your continuous 90 day period.

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

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

Calendar Year Preceding Payment Year 12 Months Preceding Attestation Date

* Start Date: 02/01/2014 mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

The date that you have specified is invalid.

Previous Reset Save & Continue

5. Why am I getting the error message about incorrect date when entering the Meaningful Use (MU) Reporting Period?

The EHR Reporting Period (for MU measures) has to be from the same calendar year as the program year. If the program year is 2015, the MU reporting period has to be from the calendar year 2015.

Payment Year 2 Program Year 2014

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

Attestation EHR Reporting Period (Part 1 of 3)

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

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

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

(*) Red asterisk indicates a required field.

* Start Date: 10/01/2013 mm/dd/yyyy

The date that you have specified is invalid, or occurs prior to the program eligibility.

Previous Reset Save & Continue

6. Why is it that when I have selected my location for patient volume and utilizing certified EHR, I am getting the error that I have to enter all the information?

You get this error message if you do not select "Yes" or "No" to the question of "Utilizing Certified EHR Technology" for each location. Even if you are utilizing the certified EHR technology at only one location, you have to select "Yes" or "No" for each location presented on this screen.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	2011062801, 008020872	JEREMY A MAPIR	1400 JOHN AVENUE FARMINGTON, CT 06032	
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	N/A	New Practice	123 Main Street Anytown, CT 00000-0000	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

• You must select Yes or No to utilizing certified EHR technology in this location.

7. I am unable to change my MU data in my Attestation. How do I change the data before resubmitting?

When accessing your MAPIR attestation providers need to make sure they are in the attestation tab in MAPIR and not the review tab when they are attempting to change MU data in a previously submitted attestation.

8. My application is submitted, but I need to upload some documents. How can I do that?

Log into MAPIR, select the application and click on Continue. Once you are in your attestation, you will see a tab for Document Upload. Click on that tab and you will be able to upload your documents.

Payment Year 1

Name: JEREMY MAPIR

Applicant NPI: 2011062801

Status: Submitted ←

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

9. I've submitted my attestation, but now need to make edits to the information in MAPIR (ex. Numerator in Patient Volume) how can I do that?

The attestation needs to be in an "Incomplete" status in order to make edits. This can only be done manually via the Department of Social Services or its affiliates. If you are working with staff during the pre-payment review process, contact them to change the status. If not, contact Gainwell Technologies at 1-855-313-6638 or via email at ctmedicaid-ehr@dxc.com.

10. I am trying to log into MAPIR but am getting an error that I am not an eligible provider type for this application. What does this mean?

You have to be one of the eligible provider types (Physician, APRN, CNMNs, Dentists or PAs practicing in an FQHC that is led by a PA – none in CT). If you are one of the eligible provider types but still receiving this error, you are logging into the group/clinic's secure account, not your individual secure account. Remember individual providers apply for the incentives, not groups.

Connecticut Medical Assistance Provider Incentive Repository (MAPIR) is a web based application available to eligible providers and hospitals to apply for the Connecticut Medicaid Electronic Health Record (EHR) Incentive Payment Program. An eligible provider/hospital starts the process by registering for the Program at the CMS EHR Incentive Program Registration and Attestation System (R&A) at <https://ehrincentives.cms.gov/>.

MAPIR will interface with the CMS system and match the data supplied by the R&A to the provider's data in the MMIS. Once matched, the provider will be able to access the MAPIR to register and attest to the EHR Certification Number for the EHR technology adopted, implemented or upgraded and provide Medicaid encounter and total patient encounter volumes. Please complete each of the steps in the MAPIR application. When you have completed all of the steps, please click on the "submit" button to submit your application.

MAPIR is not an available application for your provider type and specialty.

11. MAPIR is not allowing me access into my attestation. It says "Registration in progress", why is that?

If at any time you edit information in your Registration record at the CMS R&A system, the MAPIR system will not allow you access until your update CMS R&A is processed by CT. This process may take up to two business days following your resubmission of your Registration at the CMS R&A system.

Your Registration at the **CMS R&A system** needs to be in a "Medicaid: Pending State Validation" status in order for you to proceed in MAPIR. If you started your registration but did not submit it, or if you started to modify your previously submitted Registration but did not go all the way to the end to resubmit it, your registration would be in an "In Progress" status and you will not be able to proceed in MAPIR.

12. I get an error message in MAPIR that there is no Payment Address on file for your NPI/TIN. What do I need to do to correct it?

The EP can either elect to receive the payment himself/herself or assign it to their group/clinic. The payee NPI needs to be associated with the Payee TIN in the MMIS system. Most often than not the EP has elected to receive the payment under their individual NPI but assigned it to their group TIN. If the Payee NPI does not have the corresponding Payee TIN in interChange, or if the Payee NPI is not an enrolled provider in MMIS, the EP will get the error message in MAPIR. The EP enters the Payee NPI/TIN information during the registration at the CMS R&A system. If the information needs to be changed, it cannot be changed in MAPIR. The EP has to go back to the CMS R&A system to correct it. Once on the CMS Web site, you should elect to "Modify" your registration, change the information and go all the way to the end of the registration and submit it. The status of your Registration needs to be in a "Medicaid: Pending State Validation" in order for you to proceed in MAPIR. CMS will send the corrected information to MAPIR overnight and you will be able to proceed in MAPIR once the update is received.

Next Steps- Payments

1. What happens after I submit the attestation?

The attestation will be reviewed to validate it meets the eligibility requirements, Meaningful Use measure thresholds if applicable, contains the required supporting documentation, and the supporting documentation matches the data entered in MAPIR. If it does not, staff will work with the EP to make corrections and edits. This is called the Pre-Payment Review.

2. How and when are payments made?

Once the attestation has been reviewed, validated, and approved for payment EPs will receive the incentive via electronic funds transfer in the next Medicaid financial cycle. The payment will be reflected on the Financial Transaction page of the Remittance Advice under Non-Claim Specific Payouts and the transaction will be identified by Reason Code 8510-Medicaid Promoting Interoperability Payment.

3. Can EPs reassign their incentive payments to their employer or to an entity with which they have a contractual arrangement?

Yes. The EP will be required to submit information in the CMS R&A including the taxpayer ID (TIN) to which the EPs incentive payment should be made. This will be confirmed in MAPIR in the Attestation Tab, Part 3. If the EP wishes to assign the payment and did not indicate this when completing registration with CMS, it must be corrected in the Registration record at the R&A system. Be sure to resubmit the Registration after making the update so that MAPIR receives the update.

Next Steps- Administrative Questions

1. I forgot my User Name and Password, what do I do?

Gainwell Technologies's Web site offers a self-service functionality whereby providers can reset their own passwords on locked and disabled accounts. Please see the link below for further information.

[Provider Bulletin 2018-34](#)

2. The previous employee in charge of completing attestations left the practice, what do I do to get a new login and password?

In the event that a new Master User must be established for an EP, you will need to contact Gainwell Technologies at ctmedicaid-ehr@dxc.com. You will be required to submit a Master User Change request with the following information:

- ✓ The request must be on office letter head.
- ✓ Must contain previous user name and state 'is no longer the master user for XXX reason'.
- ✓ Must list new user's FULL name.
- ✓ Must list the provider's log in User ID, AVRS ID (Medicaid Provider Number) or NPI.
- ✓ Must list the new master users email address, telephone, and fax number.
- ✓ Must be signed and dated by someone other than the new master user.
- ✓ Email the request to the EHR email address with the subject "Master User Change Request." Gainwell Technologies will then contact you to execute the request.

3. What is the time frame for keeping hard-copies of attestation supporting documents?

Per CMS, EPs are required to retain all supporting attestation document for 6 years. Supporting documents include, but are not limited to, reports run by the EHR that demonstrate Meaningful Use, documentation of ONC Certification of EHR systems, Invoices of purchased EHR systems, and patient lists created during the 90-day patient volume period. In the event that providers are unable to produce these documents for an audit, recoupment may occur.