



Eligible Hospitals 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 assisting professionals and hospitals that are eligible for Medicaid EHR incentive payments, making payments, and monitoring payments. The Georgia Department of Community Health (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

How to apply for the Georgia Medicaid EHR Incentive Program

The Georgia Medicaid EHR Incentive Program uses a web-based application named the Medicaid Assistance Provider Incentive Repository (MAPIR). MAPIR allows Eligible Hospitals 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. You may also access our website at <http://dch.georgia.gov/ehr> to review FAQs, webinars and other information about the EHR incentive program.

The Medicaid EHR Incentive Program Application Process

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

1. **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)
- CMS Certification Number (CCN)
- 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
- PECOS 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 MAPRIL unless you have successfully completed registration at the CMS R&A website.**
 - **A healthcare system may have several hospitals but only a single CMS Certification Number (CCN) resulting in one Medicaid EHR incentive payment.**
2. **Choose an Applicant.** Identify one individual to complete the MAPIR application.
3. **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.)
4. **Access the MAPIR application.** Once logged in, a link to the MAPIR application for Eligible Hospitals 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 you 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.

5. **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 Hospital, you must demonstrate that the hospital can:
 - Meet Medicaid patient volume thresholds (Children’s hospitals are not required to meet patient volume thresholds)
 - Show evidence of adopting, implementing, upgrading or meaningfully using federally-certified EHR technology
 - Meet all other federal program requirements
6. **Calculating patient volume.** It is recommended that you complete the Patient Volume and Incentive Payment Calculator **prior** to entering MAPIR to estimate eligibility based on patient volume for a continuous 90-day period within your hospital’s fiscal year ending within the federal fiscal year. In the patient volume and incentive payment calculations, Children’s Health Insurance Program (CHIP) encounters must be excluded from the Medicaid patient volume. Eligible hospitals who are unable to differentiate Medicaid and CHIP patients should utilize the unique CHIP discount factor calculated by DCH for each hospital utilizing historical claims data. Eligible hospitals that can differentiate these patient types **do not** need to use the CHIP discount factor.
7. **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 EHR Incentive Program.
8. **Payment issuance.** Incentive payments will be issued via electronic funds transfer using the standard MMIS claims payment system once a month and hospitals will see their payments on their remittance advices and their annual 1099s.
9. **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 they have questions about the process.
10. **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 patient volume and incentive payment calculator prior to registering in MAPIR.** The completed calculator must be uploaded during the attestation phase of the registration process.
- **Determine the timeframe.** Select continuous 90-day reporting period to be used for calculating Medicaid patient volume.
- **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 Hospitals can access MAPIR through the Georgia Web Portal at www.mmis.georgia.gov.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA WEB PORTAL

GEORGIA HEALTH PARTNERSHIP

[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.](#)

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REPORT FRAUD

Log into 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.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA WEB PORTAL

GEORGIA HEALTH PARTNERSHIP

Welcome, [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

Account | **Providers**

Home Secure Home Demographic Maintenance Procedure Search EOB Search **MAPIR Registration**

User Information - Provider

Medical Assistance Provider Incentive Repository (MAPIR) Information

To access the Medical Assistance Provider Incentive Repository (MAPIR) application, select the "Click here to Access MAPIR" link provided in the panel below. For more information related to the MAPIR program and its application, select the appropriate manual from the list of MAPIR manuals provided below to download and view appropriately.

Access MAPIR

Access MAPIR [Click here to access MAPIR](#)

PDF Reader Required

NOTE: If you don't have a PDF reader already installed, Adobe Acrobat Reader is required to view these documents. [Click here to obtain the latest version of the free Adobe Reader.](#)

File Download Issues

Some users may have difficulty downloading files. Often this is caused by pop-up windows being blocked or by security settings in the browser. [Click here for help with download issues.](#)

MAPIR Manuals (0 rows returned)

*** No rows found ***

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

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REPORT FRAUD

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Please enter your R&A Application Confirmation Number:

Submit

The remainder of the Eligible Hospital User Guide consists of instructions on how to complete each screen component within seven electronic MAPIR application tabs that comprise the registration document:

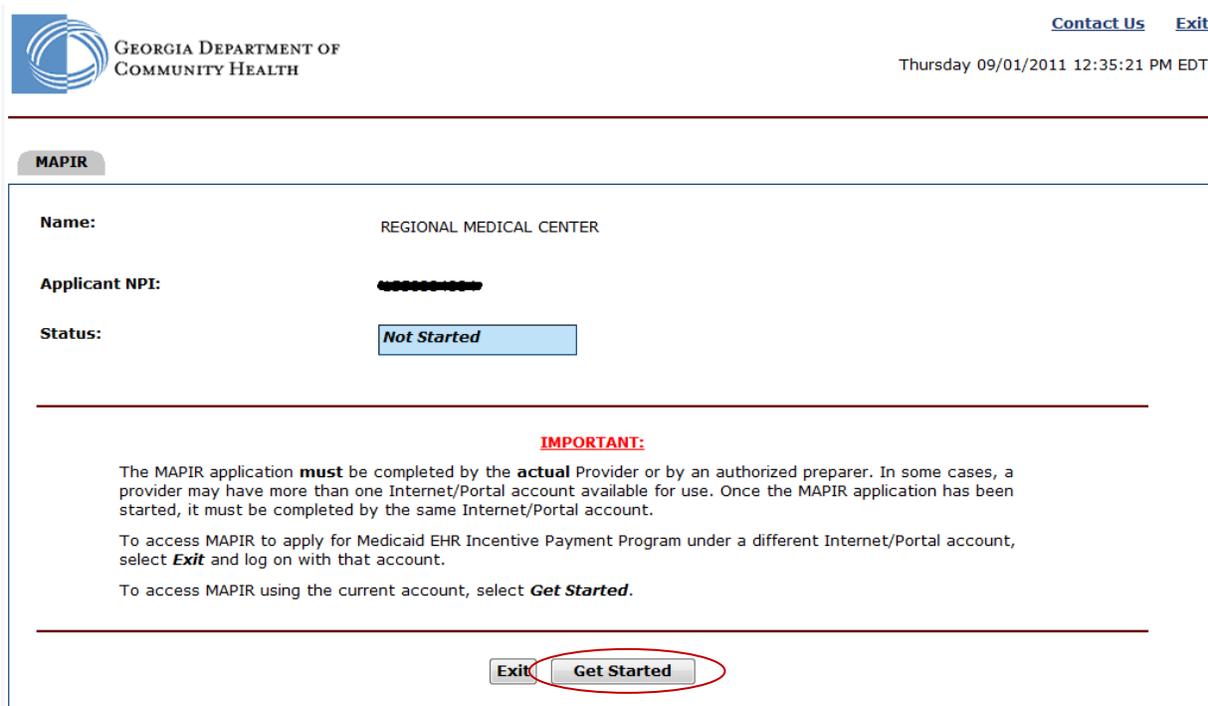
- Get Started
- R&A and Contact Info
- Eligibility
- Patient Volume
- Attestation
- Review
- Submit

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.



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

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

Thursday 09/01/2011 12:35:21 PM EDT

MAPIR

Name: REGIONAL MEDICAL CENTER

Applicant NPI: [REDACTED]

Status: **Not Started**

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.

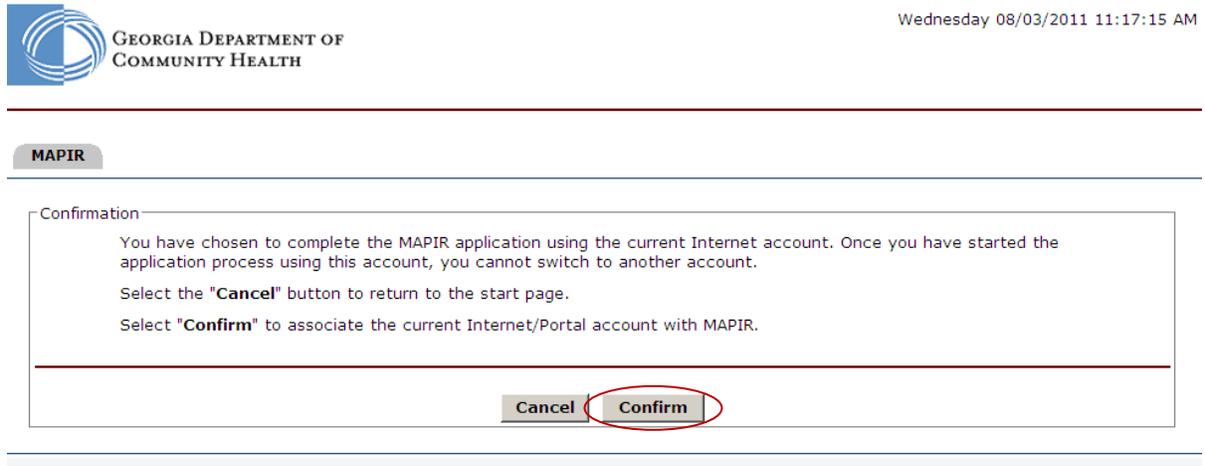
To access MAPIR to apply for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select **Exit** and log on with that account.

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.



The screenshot shows the MAPIR Confirmation Screen. At the top left is the logo for the Georgia Department of Community Health, and at the top right is the date and time: Wednesday 08/03/2011 11:17:15 AM. Below the header is a red horizontal line, followed by a grey button labeled "MAPIR". A blue horizontal line separates the header from the main content area. The main content area is a white box with a thin border. Inside the box, the word "Confirmation" is followed by a horizontal line. The text inside the box reads: "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." At the bottom of the box are two buttons: "Cancel" and "Confirm". The "Confirm" button is circled in red.

GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Wednesday 08/03/2011 11:17:15 AM

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 facility **Name, Applicant NPI, CCN, and Hospital TIN**. Also included is the current status of your application.

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH [Print](#) [Contact Us](#) [Exit](#)
Thursday 09/01/2011 12:40:35 PM EDT

Name REGIONAL MEDICAL CENTER **NPI** [REDACTED]
CCN [REDACTED] **Hospital TIN** [REDACTED]

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

Name: REGIONAL MEDICAL CENTER **Get Started**
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

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

1. **Georgia Medicaid EHR Incentive Payment User Guide for Eligible Hospitals** - 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. **Your patient encounter volume information.** Download the **Eligible Hospital Incentives Payment Calculator** to complete your calculation **before** you begin registration.
4. **Certified EHR Number.** [Click here](#) to obtain a CMS EHR Certification number provided by the Office of the National Coordinator. The number is required for registration.
5. **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 updates prior to moving forward 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 available in MAPIR.

The following link will 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 entered at the R&A.



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COMMUNITY HEALTH

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

Thursday 09/01/2011 12:43:46 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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 updated directly in the R&A before you can proceed with your MAPIR application.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH [Print](#) [Contact Us](#) [Exit](#)
Thursday 09/01/2011 12:46:52 P

Name REGIONAL MEDICAL CENTER **NPI** [REDACTED]
CCN [REDACTED] **Hospital 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.

Legal Business Name REGIONAL MEDICAL CENTER **Hospital NPI** [REDACTED]
CCN [REDACTED] **Hospital TIN** [REDACTED]

Business Address [REDACTED] AVE
WAYCROSS, GA 31501-5246

Business Phone [REDACTED]

Incentive Program MEDICAID **Deemed Medicare Eligible** **State** GA

Eligible Hospital Type Acute_Care_Hospitals

R&A Registration ID [REDACTED]

R&A Registration Email Address gamapir@hpx.com

CMS EHR Certification Number [REDACTED]

(*) Red asterisk indicates a required field.

Is this information accurate? Yes No

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

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

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

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



Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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

Jane Doe

*Contact Phone

303 - 555 - 4748 Ext

*Contact Email Address

Enter twice to verify :

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.

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Print Contact Us Exit

Thursday 09/01/2011 12:55:47 PM EDT

Name REGIONAL MEDICAL CENTER

CCN [REDACTED]

NPI [REDACTED]

Hospital 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 to make a determination regarding your eligibility for a Medicaid EHR incentive payment. You will also enter your required CMS EHR Certification ID for your certified EHR technology.

Click **Begin** to proceed to the **Eligibility Questions (Part 1 of 2)**.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Print Contact Us Exit

Thursday 09/01/2011 12:57:27 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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 Hospitals](#).

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.



Name REGIONAL MEDICAL CENTER **NPI** [REDACTED]

CCN [REDACTED] **Hospital TIN** [REDACTED]

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

Eligibility Questions (Part 1 of 2)

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.

* Please confirm that you are choosing the Medicaid incentive program Yes No [?](#)

* Do you have any sanctions or pending sanctions with Medicare or Medicaid in Georgia? 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.



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

Thursday 09/01/2011 1:00:07 P

Name REGIONAL MEDICAL CENTER **NPI** [REDACTED]

CCN [REDACTED] **Hospital TIN** [REDACTED]

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

Eligibility Questions (Part 2 of 2)

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.

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 enter the 15 character CMS EHR Certification ID for the Complete EHR System:

[REDACTED]

(No dashes or spaces should be entered.)

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

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 REGIONAL MEDICAL CENTER **NPI** [REDACTED]
CCN [REDACTED] **Hospital TIN** [REDACTED]

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

Eligibility Questions (Part 2 of 2)

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 REGIONAL MEDICAL CENTER **NPI** [REDACTED]
CCN [REDACTED] **Hospital 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 facility location(s), the 90-day period you intend to use for meeting the Medicaid patient volume requirement, and your facility's patient volumes and cost data. Additionally, you will be asked about how you utilize your certified EHR technology.

Important:

- An "encounter," for the purpose of calculating an Eligible Hospital's patient volume, is defined as:
 - Services rendered to an individual per inpatient discharge where Medicaid (or a Medicaid demonstration project under section 1115 of the Act) paid for part or all of the service;
 - Services rendered to an individual per inpatient discharge 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;
 - Services rendered to an individual in an emergency department on any one day where Medicaid (or a Medicaid demonstration project under section 1115 of the Act) either paid for part or all of the service; or;
 - Services rendered to an individual in an emergency department on any one day 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.

Note: Enter the most recent hospital fiscal year data before prior hospital fiscal year data.

- Please use data from the hospital fiscal year that ends prior to the beginning of the current federal fiscal year.
- This information will be compared to cost reports submitted to Medicaid.

There are three parts to the Patient Volumes section:

In this section, your continuous 90-day reporting period, Medicaid patient volume and patient volume cost data should match the data and calculations from your Eligible Hospital Patient Volume and Incentive Payment Calculator, which you must upload as part of the attestation phase.

Part 1 of 3 establishes the continuous 90-day period for reporting patient volumes.

Part 2 of 3 contains screens to enter locations for reporting **Medicaid Patient Volumes** and at least one location for **Utilizing Certified EHR Technology**, adding locations, and entering patient volumes for the chosen reporting period. If an Eligible Hospital serves Medicaid patients from bordering states (i.e., a state contiguous to Georgia) within 50-miles of the Georgia state line, the Eligible Hospital may include the Medicaid patient volume from that state *if those encounters would aid you in meeting the minimum patient volume threshold*.

Part 3 of 3 contains pages to enter your hospital **Patient Volume Cost Data** information. This information will be used to calculate your potential hospital incentive payment amount.

Children’s hospitals (children’s hospitals with CCNs in the 3300 – 3399 range) are not required to meet the 10% Medicaid patient volume requirement. MAPIR will bypass these patient volume screens.

If you represent a Children’s hospital, click **Begin** to go to the **Patient Volume Cost Data (Part 3 of 3)**, to bypass entering patient volumes and adding locations.

If you represent an Acute Care or Critical Access Hospital, click **Begin** to proceed to the **Patient Volume 90-Day Period (Part 1 of 3)** page.



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Name REGIONAL MEDICAL CENTER NPI [REDACTED]

CCN [REDACTED] Hospital TIN [REDACTED]

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Patient Volumes

You will need the following information to complete this section:

- **90-day Reporting Period.** The dates for the 90-day reporting period (in the previous fiscal year) for the patient volume calculation. This requirement does not apply to children’s hospitals.
- **Your patient encounter volume information.** Download the [Eligible Hospital Incentives Payment Calculator](#) to complete your Patient Volume and calculation.

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

[Begin](#)

Part 1 of 3 - Patient Volume 90-Day Period

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

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

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

Note: Children’s Hospitals will not see any patient volume related pages.

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

Patient Volume 90 Day Period (Part 1 of 3)

If applying as an Acute Care hospital, you must demonstrate that you serve the Medicaid population to participate. Select a 90 day range and complete the following table with discharge data to determine eligibility in the chart below.

Note:The date entered must represent the start of any representative 90 day period in the preceding fiscal year.

*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 review your selection, or click **Previous** to return.



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Name REGIONAL MEDICAL CENTER

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Patient Volume 90 Day Period (Part 1 of 3)

If applying as an Acute Care hospital, you must demonstrate that you serve the Medicaid population to participate. Select a 90 day range and complete the following table with discharge data to determine eligibility in the chart below.

Note: The date entered must represent the start of any representative 90 day period in the preceding fiscal year.

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

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

[Previous](#)

[Save & Continue](#)

Part 2 of 3 – Patient Volumes

In order to meet the requirements of the Medicaid EHR Incentive Program, you must provide information about your facility. The information will be used to determine your eligibility for the Medicaid EHR Incentive Program.

Facility locations – MAPIR will present a list of locations that the Georgia Medicaid program has on record. If you have additional locations you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**.

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.

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

Patient Volume Enter Volumes (Part 2 of 3)

Georgia has the following information on the locations for your facility.
 If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

*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.*

Provider ID	Location Name	Address	Available Actions
[REDACTED]	REGIONAL MEDICAL CENTER	[REDACTED] AVE [REDACTED] GA 31501-5246	

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 information for your new location.

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

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Name REGIONAL MEDICAL CENTER NPI [REDACTED]

CCN [REDACTED] Hospital TIN [REDACTED]

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

Patient Volume Enter Volumes (Part 2 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 - 3131

Previous Reset Save & Continue

This screen shows one location on file and one added location.

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, **Previous** to return, or **Reset** to clear all unsaved data.

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Name REGIONAL MEDICAL CENTER NPI [REDACTED]
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Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Patient Volume Enter Volumes (Part 2 of 3)

Georgia has the following information on the locations for your facility.
If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

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.

Provider ID	Location Name	Address	Available Actions
[REDACTED]	[REDACTED] REGIONAL MEDICAL CENTER	[REDACTED] AVE [REDACTED], GA 31501-5246	
N/A	New Location	1223 State Dr. AnyCity, GA 30043-3131	Edit Delete

Add Location Refresh

Previous Reset **Save & Continue**

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



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Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital TIN [REDACTED]

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Patient Volume Cost Data

In this section it is important that the applicant complete the fields from left to right before moving onto the next row (top to bottom.)

- Please use data from the hospital fiscal year that ends prior to the beginning of the current federal fiscal year. This information will be compared to the hospital cost reports submitted to Medicaid.
- Please note that hospitals are eligible for incentives payments based on their CMS Certification Numbers (CCN). Multiple hospitals may be rolled up to a single CCN for the purposes of the Medicaid EHR Incentives Program.
- Additional information on entering patient volume cost data is available in the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Hospitals](#).

Begin

Enter **Patient Volumes** for each of the locations listed on the page.

Note: Patient volume and Patient cost data entered here will come from the previously completed Eligible Hospital Patient Volume and Incentive Payment Calculator.

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



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Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital TIN [REDACTED]

Get Started

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Submit

Patient Volume Enter Volumes (Part 2 of 3)

Please enter **patient volumes** where indicated.

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 Discharges <i>(In State Numerator)</i>	? Other Medicaid Discharges <i>(Other Numerator)</i>	? Total Discharges All Lines of Business <i>(Denominator)</i>
N/A	New Location	1223 State Dr. AnyCity, GA 30043-3131	* 300	* 500	* 8000
	[REDACTED] REGIONAL MEDICAL CENTER	[REDACTED] AVE [REDACTED] GA 31501-5246	* 200	* 500	* 10100

Previous

Reset

Save & Continue

This screen displays the patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

The Medicaid Patient Volume Percentage Formula is:

$$\frac{\text{(Medicaid Discharges + Other Medicaid Discharges)}}{\text{Total Discharges All Lines of Business}}$$

Note: The **Total %** patient volume field. This percentage must be greater than or equal to 10% to meet the Medicaid patient volume requirement.

Note: **Patient Volume** entered on this page must come from the your completed Eligible Hospital Patient Volume and Incentive Payment calculator.

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

Name REGIONAL MEDICAL CENTER NPI [REDACTED]
 CCN [REDACTED] Hospital TIN [REDACTED]

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

Patient Volume Enter Volumes (Part 2 of 3)

The patient volumes 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.

Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
N/A	New Location	1223 State Dr. AnyCity, GA 30043-3131	<i>In State Medicaid:</i> 300 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 8000	10%
	[REDACTED] REGIONAL MEDICAL CENTER	[REDACTED] AVE [REDACTED] GA 31501-5246	<i>In State Medicaid:</i> 200 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 10100	7%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
500	1000	18100	8%

←

Previous **Save & Continue**

Part 3 of 3 - Patient Volume Cost Data

The following pages will request **Patient Volume Cost Data**. This information will be used to calculate your hospital incentive payment amount. The total hospital incentive payment is calculated in your first payment year and distributed over a three year period:

- Payment year – 40%
- Payment year – 40%
- Payment year – 20%

To receive subsequent year payments you must attest to the eligibility requirements, patient volume requirements (except Children’s hospitals), and meaningful use each year.

Enter the **Start Date** of the hospital fiscal year that ends during the Federal fiscal year prior to the fiscal year that serves as the first payment year, or select one from the calendar icon located to the right of the **Start Date** field.

Note: Patient Volume entered here will come from your previously completed Eligible Hospital Patient Volume and Incentive Payment calculator.

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



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Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

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Hospital TIN [REDACTED]

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Patient Volume Cost Data (Part 3 of 3)

It is required that you use data on the hospital discharges from the hospital fiscal year that ends during the Federal fiscal year prior to the fiscal year that serves as the first payment year. Please enter the **Start Date** of the hospital fiscal year that ends during the Federal fiscal year that serves as the first payment year.

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

This page displays your **Fiscal Year Start Date** and the **Fiscal Year End Date**.

If the Fiscal Year Start and End Dates are correct, click **Save & Continue** to proceed, or **Previous** to go back.



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Name REGIONAL MEDICAL CENTER

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Hospital TIN [REDACTED]

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Patient Volume Cost Data (Part 3 of 3)

Please review the hospital fiscal year that ends during the Federal fiscal year that serves as the first payment year below.

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

Fiscal Year Start Date: Oct 01, 2009 ←
Fiscal Year End Date: Sep 30, 2010

- Previous
- Save & Continue**

On this screen you will enter the data required to calculate your Medicaid EHR incentive payment. In the first column enter **Total Discharges** for the **Fiscal Years** displayed to the left. Enter the **Total Inpatient Medicaid Bed Days**, **Total Inpatient Bed Days**, and **Total Charges – All Discharges**, and **Total Charges – Charity Care**.

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

Note: Patient Volume Cost Data entered below, must come from your previously completed Eligible Hospital Patient Volume and Incentive Payment calculator. It is important that the applicant complete the fields from left to right before moving onto the next row (top to bottom).



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Name REGIONAL MEDICAL CENTER

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Patient Volume Cost Data (Part 3 of 3)

Please enter your **hospital cost report data** for the hospital fiscal year selected in the first row. Complete the first column in the table below for your last four full fiscal years.

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.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2009-09/30/2010	* 16000	* 6000	* 7500	* \$ 16500	* \$ 14000
10/01/2008-09/30/2009	* 1000				
10/01/2007-09/30/2008	* 2000				
10/01/2006-09/30/2007	* 3000				

- Previous
- Reset
- Save & Continue**

Please review the data that you entered on the previous page.

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



Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

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Patient Volume Cost Data (Part 3 of 3)

Please review your *hospital cost report data* below.

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

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2009-09/30/2010	16000	6000	7500	\$16,500.00	\$14,000.00
10/01/2008-09/30/2009	1000				
10/01/2007-09/30/2008	2000				
10/01/2006-09/30/2007	3000				

- Previous
- Save & Continue**

This page confirms you successfully completed **Patient Volumes** section.

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



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Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

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Hospital TIN [REDACTED]

- Get Started
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- 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.

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

[Continue](#)

Step 5 – Attestation

This section will ask you to provide information about your certified **EHR System Adoption, Implementation, Upgrade, and Meaningful Use**. 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 Hospitals are only required to attest to **Adoption, Implementation, or Upgrade**. If your choice phase is Meaningful Use, you will be required to provide information about the dates you were a **Meaningful User of Certified EHR Technology**.

IMPORTANT: *You should only select meaningful use in MAPIR if you are 1) dually eligible for the Medicare and Medicaid EHR incentive programs and 2) attesting to meaningful use under Medicare in 2011.*

Adoption means acquired, purchased on 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 screen provides information about this section.

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



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Name	REGIONAL MEDICAL CENTER	NPI	██████████
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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 Hospitals** for the definition of Adoption, Implementation or Upgrade of certified EHR technology and additional information on AIU documentation that must be uploaded.

Definition of Meaningful Use for Hospitals: ONLY hospitals that are 1) dually eligible for both the Medicare and Medicaid EHR incentives programs and 2) attesting to Meaningful Use under the Medicare Incentives Program in 2011 should attest to Meaningful Use at the state level in MAPIR. If you do not meet both of these requirements, please select Adoption, Implementation or Upgrade for attestation.

NOTICE OF PROVIDER LIABILITY: The Eligible Hospital 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 Hospital 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 Hospital applied for and obtained a payment for which the Eligible Hospital was not entitled, the Eligible Hospital will be liable for full repayment to the Georgia Department of Community Health. In the event of fraud, the Eligible Hospital 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**.

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

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



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Name REGIONAL MEDICAL CENTER

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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 review your selection, or click **Previous** to go back. Click **Reset** to clear all unsaved data. After saving, click **Clear All** to remove standard activity selections.

Name REGIONAL MEDICAL CENTER NPI [REDACTED]
CCN [REDACTED] Hospital 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 type="radio"/>
Software Installation	<input type="radio"/>	<input 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 screen shows an example of entering activities other than what was in the **Implementation Activity** listing.

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

Name REGIONAL MEDICAL CENTER **NPI** [REDACTED]

CCN [REDACTED] **Hospital 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 type="radio"/>
Software Installation	<input type="radio"/>	<input 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: Reviewed EHR Certification Information	<input type="radio"/>	<input type="radio"/>

Other (Click to Add) Delete

Previous Reset Clear All **Save & Continue**

Review the **Implementation Activity** you selected.

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

Upgrade Phase (Part 2 of 3)

For **Upgrade** select the Upgrade button.

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



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Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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 review your selection, or click **Previous** to go back. Click **Reset** to clear all unsaved data. After saving, click **Clear All** to remove standard activity selections.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

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Thursday 09/01/2011 3:38:30 PM EDT

Name REGIONAL MEDICAL CENTER NPI [REDACTED]

CCN [REDACTED] Hospital 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"/>

Other (Click to Add)

Previous Reset Clear All Save & Continue

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

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

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Name REGIONAL MEDICAL CENTER NPI [REDACTED]
CCN [REDACTED] Hospital 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"/>
Other: Reviewed EHR Certification Information	<input type="radio"/>	<input type="radio"/>

Review the **Upgrade Activities** you selected.

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

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Thursday 09/01/2011 3:41:54 PM EDT

Name REGIONAL MEDICAL CENTER **NPI** [REDACTED]

CCN [REDACTED] **Hospital 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electronic Prescribing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Other) Reviewed EHR Certification Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Previous **Save & Continue**

Meaningful Use

For **Meaningful Use** select the Meaningful Use button.

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

IMPORTANT You should only select meaningful use if you are a 1) dually eligible hospital for the Medicare and Medicaid EHR Incentive Programs and 2) attesting to meaningful use under Medicare in 2011.

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Name REGIONAL MEDICAL CENTER NPI [REDACTED]
CCN [REDACTED] Hospital 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 a 90-day period within the payment year for reporting **Meaningful Use of certified EHR technology**.

Enter a **Start Date** or use the calendar located to the right of the Start Date field.

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

Note: The date entered here must be the same date from the Eligible Hospital Patient Volume and Incentive Payment Calculator.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

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Name REGIONAL MEDICAL CENTER NPI [REDACTED]
CCN [REDACTED] Hospital TIN [REDACTED]

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 Hospital or Critical Access Hospital 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: 10/01/2010 mm/dd/yyyy

Previous Reset Save & Continue

This screen displays an example of a **Start Date** of October 1, 2010 and a system-calculated **End Date** of December 30, 2010.

Click **Save & Continue** to review your selection, or click **Previous** to go back.



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Thursday 09/01/2011 3:47:04 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital TIN [REDACTED]

- 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 Hospital or Critical Access Hospital 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.*

Start Date: Oct 01, 2010
End Date: Dec 30, 2010

- 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 are an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children’s hospital.

Additionally, you are asked which address you would like to have your incentive payment sent to, contingent on approval for payment.

Click **Yes** to confirm you are either an Acute Care Hospital (Including Critical Access Hospital) with an average length of stay of 25 days or fewer, or a Children’s hospital.

Click the **Payment Address** from the list below to be used for your Medicaid EHR incentive payment.

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH Print Contact Us Exit
Thursday 09/01/2011 3:48:15 PM EDT

Name REGIONAL MEDICAL CENTER NPI [REDACTED]
CCN [REDACTED] Hospital TIN [REDACTED]

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

Attestation Phase (Part 3 of 3)

Please answer the following question.

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 confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children’s Hospital. Yes No

NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program is a hospital with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).

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 (Must Select One)	Provider ID	Location Name	Address	Additional Information
<input type="radio"/>	[REDACTED]	[REDACTED] SERVICES INC	[REDACTED] AVE [REDACTED], GA 31501-5246	[REDACTED]
<input checked="" type="radio"/>	[REDACTED]	[REDACTED] SERVICES INC	[REDACTED] AVE [REDACTED], GA 31501-5246	[REDACTED]

Previous Reset **Save & Continue**

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

Note the check box in the Attestation tab.

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



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Thursday 09/01/2011 3:52:45 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital TIN [REDACTED]

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



You have now completed the **Attestation** section of the application.

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

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

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

Continue

Step 6 – Review Application

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

Carefully review all of the information to ensure 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.



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Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital TIN [REDACTED]

Get StartedR&A/Contact Info Eligibility Patient Volumes Attestation ReviewSubmit

*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.*

Status

Incomplete

R&A Verification

Legal Business Name	REGIONAL MEDICAL CENTER	Hospital NPI	[REDACTED]
CCN	[REDACTED]	Hospital TIN	[REDACTED]
<hr/>			
Business Address	[REDACTED] AVE [REDACTED], GA 31501-5246		
<hr/>			
Business Phone	[REDACTED]		
<hr/>			
Incentive Program	MEDICAID	Deemed Medicare Eligible	State GA
<hr/>			
Eligible Hospital Type	Acute_Care_Hospitals		
<hr/>			
R&A Registration ID	[REDACTED]		
<hr/>			
R&A Registration Email	gamapir@hpx.com		
<hr/>			
CMS EHR Certification Number	[REDACTED]		
<hr/>			
Is this information accurate?	Yes		

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

Contact Information	
Contact Name	Jane Doe
Contact Phone	303 - 555 - 4748 Ext
Contact Email Address	jdoe@mapir.com

Eligibility Questions (Part 1 of 2)	
Please confirm that you are choosing the Medicaid incentive program.	Yes
Do you have any sanctions or pending sanctions with Medicare or Medicaid in Georgia?	Yes

Eligibility Questions (Part 2 of 2)	
CMS EHR Certification ID:	[REDACTED]

Patient Volume 90 Day Period (Part 1 of 3)	
Start Date:	Jan 01, 2010
End Date:	Mar 31, 2010

Enter Patient Volumes (Part 2 of 3)				
Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
N/A	New Location	1223 State Dr. AnyCity, GA 30043-3131	<i>In State Medicaid:</i> 300 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 8000	10%
	[REDACTED] REGIONAL MEDICAL CENTER	[REDACTED] AVE [REDACTED], GA 31501-5246	<i>In State Medicaid:</i> 200 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 10100	7%
Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %	
500	1000	18100	8%	

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

Patient Volume Cost Data (Part 3 of 3)	
Fiscal Year Start Date:	Oct 01, 2009
Fiscal Year End Date:	Sep 30, 2010

Patient Volume Cost Data (Part 3 of 3)					
Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2009-09/30/2010	16000	6000	7500	\$16,500.00	\$14,000.00
10/01/2008-09/30/2009	1000				
10/01/2007-09/30/2008	2000				
10/01/2006-09/30/2007	3000				

Attestation Phase (Part 1 of 3)	
EHR System Adoption Phase:	Meaningful Use

Attestation Phase (Part 3 of 3)									
Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.	Yes								
<p><i>NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program as those hospitals with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).</i></p> <p>You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.</p> <table border="1"> <thead> <tr> <th>Provider ID</th> <th>Location Name</th> <th>Address</th> <th>Additional Information</th> </tr> </thead> <tbody> <tr> <td></td> <td>HEALTH SERVICES INC</td> <td>AVE , GA 31501-5246</td> <td></td> </tr> </tbody> </table>		Provider ID	Location Name	Address	Additional Information		HEALTH SERVICES INC	AVE , GA 31501-5246	
Provider ID	Location Name	Address	Additional Information						
	HEALTH SERVICES INC	AVE , GA 31501-5246							

Attestation EHR Reporting Period (Part 1 of 3)	
Start Date:	Oct 01, 2010
End Date:	Dec 30, 2010

[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 payment amount.*

Optional Questions – You may be asked a series of optional questions that 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 Hospital Patient Volume and Incentive Payment Calculator and your AIU documentation.

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

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



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Thursday 09/01/2011 4:13:40 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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 Hospital's confirmation that the information is correct and the Eligible Hospital 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 validation messages identified may impact your eligibility and incentive payment amount.

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

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Thursday 09/01/2011 4:15:20 PM EDT

Name REGIONAL MEDICAL CENTER **NPI** [REDACTED]

CCN [REDACTED] **Hospital 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 did not meet the criteria to receive the incentive payment
Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.

[Review](#)
[Review](#)

[Save & Continue](#)

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

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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 EHR 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:
Does your hospital expect to attest to Meaningful Use Stage 1 in 2012? Yes No

Question 5:
Do barriers exist that prevent you from achieving Meaningful Use Stage 1? Yes No

Question 6:
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 Hospital Patient Volume and Incentive Payment 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.



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Thursday 09/01/2011 4:20:35 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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.

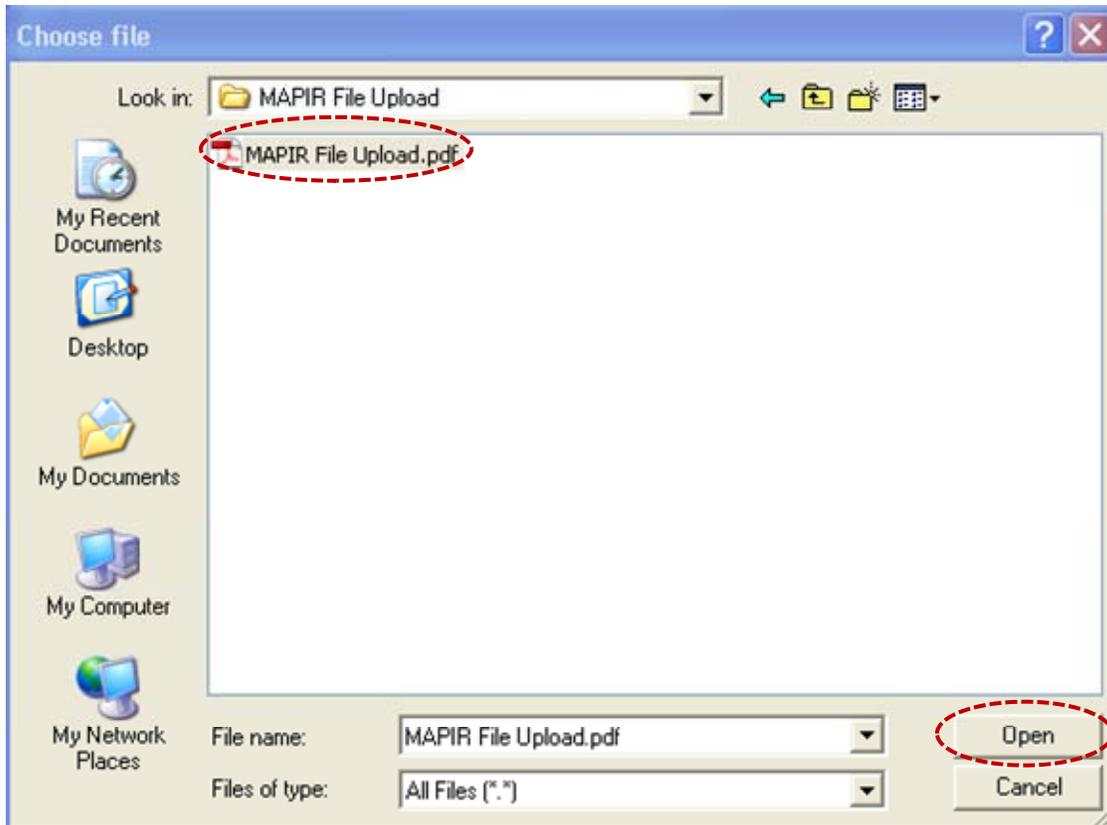
When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

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.

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.



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Thursday 09/01/2011 4:20:35 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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\ttraining1\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 as necessary.

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

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

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

Failure to upload Patient Volume and Incentive Payment Calculator and supporting AIU documentation will result in denial of the application.



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Thursday 09/01/2011 4:24:50 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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.

Uploaded Files

File Name	File Size	Date Uploaded	Available Actions
MAPIR File Upload.pdf	83941	09/01/2011	<input type="button" value="View"/> <input type="button" value="Delete"/>

• File has been successfully uploaded.

This screen depicts the Preparer signature screen.

Click the check box to indicate you have reviewed all information.

Enter your **Preparer Name** and **Preparer Relationship**.

Click **Sign Electronically** to proceed.

Click **Previous** to go back. Click **Reset** to clear all unsaved data.



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Thursday 09/01/2011 4:26:49 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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 facility, 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.
 On behalf of the Eligible Hospital who is ultimately responsible for the completion of this application, you must be qualified to attest to the accuracy of all information entered and uploaded, and to the following:

This attestation must be executed by an individual with the legal authority to contractually bind the hospital and to act on behalf of the Eligible Hospital as its agent.

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 on behalf of this Hospital hereby bind this Hospital to accepting full financial responsibility for any and all payments received to which the Hospital was not entitled.

NOTICE OF PROVIDER LIABILITY: The Eligible Hospital 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 Hospital 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 Hospital applied for and obtained a payment for which the Eligible Hospital was not entitled, the Eligible Hospital will be liable for full repayment to the Georgia Department of Community Health. In the event of fraud, the Eligible Hospital will be liable for repayment of all costs, interest, and expenses attributable to that repayment.

(*) 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).

Electronic Signature of Preparer for Facility:

* Preparer Name: Hospital Preparer * Preparer Relationship: EHR Incentive Coordinator

To attest, click the **Sign Electronically** button (you will not be able to make any changes to your application after submission). Click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

- Previous
- Reset
- Sign Electronically

Your actual incentive payment will be calculated and verified by DCH. This screen shows **that** Georgia has opted to disburse the total incentive payment over a three year period:

- Payment Year One – 40%
- Payment Year Two – 40%
- Payment Year Three – 20%

No information is required on this screen.

*Note: This is the final step of the Submission process. You will not be able to make any changes to your application after clicking the **Submit Application** button. 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.*

To submit your application, click **Submit Application** at the bottom of this screen.

Name REGIONAL MEDICAL CENTER **NPI** [REDACTED]

CCN [REDACTED] **Hospital 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 provides an example of the maximum potential amount per year of a three year payment. The columns represent the year of participation, and the rows represent the three years of potential participation.

To submit your application, click the **Submit Application** button (you will not be able to make any changes to your application after submission).

Example Payment Disbursement over 3 Years
Year 1 50%, Year 2 40%, Year 3 10%

Year	Example Calculation	Example Amount
Year 1	\$15,925,500 * 50%	\$7,962,750
Year 2	\$15,925,500 * 40%	\$6,370,200
Year 3	\$15,925,500 * 10%	\$1,592,550

Submit Application

The check indicates your application has been successfully submitted.

Click **OK**.



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

Thursday 09/01/2011 4:32:52 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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.

OK

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

Click **Exit** to exit MAPIR.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH Thursday 09/01/2011 4:33:51 PM EDT [Print](#) [Contact Us](#) [Exit](#)

Name REGIONAL MEDICAL CENTER **NPI** [REDACTED]
CCN [REDACTED] **Hospital TIN** [REDACTED]

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

Name: REGIONAL MEDICAL CENTER
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 Hospitals** - 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. **Your patient encounter volume information.** Download the **Eligible Hospital Incentives Payment Calculator** to complete your calculation **before** you begin registration.
4. **Certified EHR Number.** [Click here](#) to obtain a CMS EHR Certification number provided by the Office of the National Coordinator. The number is required for registration.
5. **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 you will receive 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 changes.



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

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

Thursday 09/01/2011 4:43:55 PM EDT

Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital TIN [REDACTED]

Current Status

Review Application

Submission Outcome

Name:
REGIONAL MEDICAL CENTER

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 Hospitals** - 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. **Your patient encounter volume information.** Download the **Eligible Hospital Incentives Payment Calculator** to complete your calculation **before** you begin registration.
4. **Certified EHR Number.** [Click here](#) to obtain a CMS EHR Certification number provided by the Office of the National Coordinator. The number is required for registration.
5. **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.



Name REGIONAL MEDICAL CENTER

NPI [REDACTED]

CCN [REDACTED]

Hospital 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 \$60,093.05

Provider Information

Name: REGIONAL MEDICAL CENTER

Applicant NPI: [REDACTED]

AIU Document Requirements

Appendix A

Adoption, Implementation and Upgrade (AIU) Documentation Requirements for Eligible Hospitals

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 Hospitals

Appendix B

Acute Care Hospital - means a health care facility including Critical Access Hospitals:

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

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

CCN – CMS Certification Number.

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

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

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)

MAPIR – The Medical Assistance Provider Incentive Repository is a software tool for processing Georgia’s Medicaid EHR Incentive applications submitted by Eligible Professionals and Eligible Hospitals.

Medicaid Encounter for an Eligible Hospital – means services rendered to an individual per patient discharge or services rendered to an individual in an emergency room 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 is 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 requires a username and password. The secure area offers access to the state level registration tool, known as MAPIR.

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

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

TIN – Tax Identification Number

Appeals Process

Appendix C

Georgia Medicaid Electronic Health Record (EHR) Incentive Program

I. Appeals Generally

The Commissioner of the Department of Community Health (DCH) shall appoint the Administrative Hearing Officer(s) for the Medicaid EHR Incentive 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). A provider's 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) 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 suspension or termination from the program 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 Incentive Program
Request for Initial Administrative Review
2 Peachtree Street, N.W., 32nd Floor
Atlanta, Georgia 30303

(b) Any appeal of an action for recoupment of Medicaid incentive funds initiated by the Office of Inspector General will be handled in accordance with the procedures set out in Part 1, Policies and Procedures for Medicaid/PeachCare for Kids™, Chapter 500.

2. After review by Medicaid EHR Incentive Program staff of the Request for Initial Administrative Review, 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) calendar days. In addition, if Medicaid Incentive EHR Program staff requests additional information from the provider, then the time for issuing the Initial Administrative Review Determination shall be extended thirty (30) calendar days after receipt of the complete additional information so requested. The failure of the Medicaid EHR 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 Incentive Program include the following:
 - a. Denial of 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. The sufficiency of the documentation submitted with the application for payment
 - f. Other adverse actions including, but not limited to, termination or suspension
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 Incentive Program Hearing Request
2 Peachtree Street, N.W., 40th 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 Incentive 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. If the Administrative Hearing Officer requests additional information from the provider then the time for issuing the Final Administrative Decision shall be extended to be thirty (30) calendar days after receipt of the complete information so requested. 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 Hospital get technical assistance?

For smaller and rural hospitals, 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.

What if our hospital has 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