Medical Assistance Provider Incentive Repository (MAPIR): Part 3 – Review to Application Submission for Eligible Professionals

Version: 1.1
Original Version Date: 05/24/2019
Last Revision Date: 12/20/2019
Revision Log:

<table>
<thead>
<tr>
<th>Version</th>
<th>Revision Date</th>
<th>Revision</th>
</tr>
</thead>
</table>
| V1.0    | 05/24/2019    | • Initial version.  
|         |               | • Updated section "Step 6 – Review Application".  
|         |               | • Updated section "Step 7 – Submit Your Application".  
|         |               | • Updated section "Post Submission Activities".  
|         |               | • Finalized version.  
| V1.1    | 12/20/19      | • Customized for Arkansas |
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Related MAPIR Documentation

To review getting started with MAPIR please see the MAPIR User Guide for EP Part 1.
To review the MAPIR Review tab to Application Submission, see MAPIR User Guide for EP Part 4.
Step 6 – Review Application

The Review section allows you to review all information you entered into your application. If you find errors, you can click the associated tab and proceed to correct the information. Once you have corrected the information you can click the Review tab to return to this section. From this screen you can print a printer-friendly copy of your application for review.

Please review all information carefully before proceeding to the Submit section. After you have submitted your application you will not have the opportunity to change it.

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

When you have reviewed all the information, click the Submit tab to proceed.

The Attestation Measures hyperlink, as displayed in Part 3 of 3 in the screenshot below, will display the Meaningful Use Measures you have attested to.

![Review Tab (Part 1 of 3)]
Primary Contact Information
First Name
Last Name
Phone
Phone Extension
Email Address
Department
Address

Alternate Contact Information
First Name
Last Name
Phone
Phone Extension
Email Address

Eligibility Questions (Part 1 of 2)
Are you a Hospital based eligible professional? Yes
I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Arkansas. Yes

Eligibility Questions (Part 2 of 2)
What type of provider are you? Physician
Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state? No
Are you currently in compliance with all parts of the HIPAA regulations? Yes
Are you licensed to practice in the State of Arkansas? Yes

Patient Volumes Practice Type (Part 1 of 3)
Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)? Yes

Please indicate if you are submitting volumes for: Individual Practitioner

Patient Volumes 90 Day Period (Part 2 of 3)
Start Date: Jan 01, 2018
End Date: Mar 31, 2018

Figure 0-2: Review Tab continued (Part 2 of 3).
Figure 0-3: Review Tab continued (Part 3 of 3).
Step 7 – Submit Your Application

The final submission of your application involves the following steps:

Review and Check Errors - The system will check your application for errors. If errors are present, you will have the opportunity to go back to the tab 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 Arkansas Medicaid program about incentive program participation.

File Upload – You will have the opportunity to upload PDF files with documentation supporting your application. This optional information could include additional information on patient volumes, locations, or your certified EHR system.

Preparer Information - Providers attesting to the EHR Incentive program have two options for completing the electronic signature portion of the application. The provider can perform the submission process, or the provider can designate a preparer to complete the application. If a preparer is completing the application, they will navigate through screens to collect the additional required information from the preparer. The provider associated with this application is still responsible for the accuracy of the information provided and attested to.

The initial Submit screen contains information about this section.

Click the Begin button to continue to the submission process.
This screen lists the current status of your application and any error messages identified by the system.

You can correct these errors or leave them as is. You can submit this application with errors; however, errors may impact your eligibility and incentive payment amount.

**Note**

If you have previously submitted the incentive application you are currently working on (your incentive application has changed from a Submitted status back to an Incomplete status) and you: chose the 12 Months Preceding Attestation Date option on the Patient Volume 90 Day Period (Part 2 of 3) screen, and edited the Start Date since your previous submission, you will receive the following error message if the new 90 day date range is no longer valid: “The Patient Volume 90 day date range is no longer valid.” You have received this error because the 90 day range you have currently selected is not valid with the “12 months Preceding Attestation Date” option; therefore, the date range is no longer valid. **You must correct this error.** MAPIR will not allow you to proceed with your submission until this error is corrected.

To correct errors:

Click **Review** to be taken to the section in error and correct the information. To return to this section at any time click the **Submit** tab.

Click **Save & Continue** to continue with the application submission.
The Application Questionnaire screen presents optional questions. Answer the optional questions by selecting Yes or No.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.
To upload files, select a document type from the “Document:” drop-down box and click **Browse** to navigate to the file you wish to upload.

**Note**
Selecting a document type from the “Document:” drop-down box is not required for document submission.

---

<table>
<thead>
<tr>
<th>Name</th>
<th>Personal TIN/SSN</th>
<th>Payment Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant NPI</th>
<th>Payee TIN</th>
<th>Program Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
<td></td>
</tr>
</tbody>
</table>

---

**Application Required Prepayment Documentation**

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.

**Important:** Effective January 1, 2014, all applicants attesting for payment must upload a signed contract, Letter of Intent to Purchase, or Proof of Purchase for the selected EHR. If you have questions, please contact the AIP at ajpt@dx.com.

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.

1. Signed Contract
2. Letter of Intent to purchase
3. Proof of purchase for the selected EHR

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

All files must be in **pdf, xlt, doc, or docx** format, and must be no larger than 10 MB in size. **Note:** File extensions are case sensitive and are expected to be lowercase.

File name must be less than or equal to **100 characters**.

<table>
<thead>
<tr>
<th>Document</th>
<th>File Name</th>
<th>File Size</th>
<th>Date Uploaded</th>
<th>Available Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Purchase for the selected EHR</td>
<td>ttest1.docx</td>
<td>11881</td>
<td>11/19/2019</td>
<td>View</td>
</tr>
<tr>
<td>Letter of Intent to Purchase</td>
<td>ttest1.docx</td>
<td>11881</td>
<td>11/19/2019</td>
<td>View</td>
</tr>
<tr>
<td>Signed Contract</td>
<td>ttest1.docx</td>
<td>11881</td>
<td>11/19/2019</td>
<td>View</td>
</tr>
</tbody>
</table>

* ☑ Click here to indicate that you have read the information above and understand that failure to provide all of the required documentation will delay the processing of your application.*

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**Uploaded Files**

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*UI 114-C*
The **Choose file** dialog box will display.

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

**Note**

File names must meet the following naming conventions:

- All characters must be alphanumeric with underscores, dashes, and spaces as the only acceptable special characters.
- A single period preceding the file name extension.
- No more than one period in the file name.
Check the file name in the file name box.

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

---

**Application Required Prepayment Documentation**

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.

**Important:** Effective January 1, 2014, all applicants attesting for payment must upload a signed contract, Letter of Intent to Purchase, or Proof of Purchase for the selected EHR. If you have questions, please contact the AIPT at aipt@dxg.com.

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.

1. Signed Contract
2. Letter of Intent to purchase
3. Proof of purchase for the selected EHR

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

All files must be in pdf, txt, doc, or docx format, and must be no larger than 10 MB in size.

*Note: File extensions are case sensitive and are expected to be lowercase.*

File name must be less than or equal to **100 characters**.

<table>
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<tbody>
<tr>
<td>Proof of Purchase for the selected EHR</td>
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<td>11881</td>
<td>11/10/2019</td>
<td>View, Delete</td>
</tr>
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<td>test1.docx</td>
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<td>11/19/2019</td>
<td>View, Delete</td>
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<td>Signed Contract</td>
<td>test1.docx</td>
<td>11881</td>
<td>11/19/2019</td>
<td>View, Delete</td>
</tr>
</tbody>
</table>

* ✓ Click here to indicate that you have read the information above and understand that failure to provide all of the required documentation will delay the processing of your application.*

---
Note the “File has been successfully uploaded.” message. Review the uploaded file list in the Uploaded Files box.

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

All the files you uploaded will be listed in the Uploaded Files section of the screen. The Upload Files screen may also display files that were uploaded by an Administrative User and made available for you to view.

To view the uploaded file click View in the Available Actions column.

To delete an uploaded file click Delete in the Available Actions column. If a file is uploaded by an Administrative User, you will not have the option to delete the file.

Select the acknowledgement statement below the Uploaded Files table and click Save & Continue to review your selection or click Previous to go back. Click Reset to restore the panel to the starting point or last saved data.
Select the check box to acknowledge that you have reviewed all your information.

Select the **Provider** or **Preparer** button, as appropriate.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data.

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### Application Submission (Part 1 of 2)

Please answer the following questions.

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

(*) Red asterisk indicates a required field.

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

- Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:
  - Provider
  - Preparer

---

This screen depicts **Provider** selection.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data.

---

 aprove: **Provider** selection.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data.

---

<table>
<thead>
<tr>
<th>Name</th>
<th>Applicant NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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</thead>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment Year</th>
<th>Program Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td></td>
</tr>
</tbody>
</table>

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

Please answer the following questions.

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

(*) Red asterisk indicates a required field.

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

- Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:
  - Provider
  - Preparer

---

<table>
<thead>
<tr>
<th>Previous</th>
<th>Reset</th>
<th>Save &amp; Continue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

This screen depicts the Provider signature screen.
Enter your Provider Initials, NPI, and Personal TIN.
Click Sign Electronically to proceed.
Click Previous to go back. Click Reset to restore this panel to the starting point or last saved data.

Application Submission (Part 2 of 2)

As the actual provider who has completed this application, 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.

IF THE PROVIDER IS A LEGAL ENTITY OTHER THAN AN ELIGIBLE PROFESSIONAL, THE PERSON ELECTRONICALLY SIGNING THIS REGISTRATION FOR THE EHR INCENTIVE PAYMENTS ON BEHALF OF THE EP, ELIGIBLE HOSPITAL, OR CAH WARRANTS THAT HE/SHE HAS LEGAL AUTHORITY TO LEGALLY BIND THE PROVIDER TO THE EHR REGISTRATION AGREEMENT. THE ELECTRONIC SIGNATURE OF THE PROVIDER, OR THE PERSON WITH THE LEGAL AUTHORITY TO BIND THE PROVIDER, CERTIFIES THAT:

- The provider understands that payments will be made with Federal funds, and that any false statements, documents, or concealment of a material fact, may be prosecuted under applicable Federal and State laws
- The information provided in this registration is true, correct, and agrees to notify the Division of Medical Services Medicaid Provider Enrollment Unit if any information changes.
- The provider understands that Arkansas Medicaid may ask for additional information to support any of the information submitted as part of this application.
- The provider will comply with all aspects of the EHR incentive payments program.
- The provider agrees to the terms and conditions outlined in the “Contract to participate in the Arkansas Medical Assistance Program” administered by the Division of Medical Services Title XIX (Medicaid).
- The provider gives consent for the information contained herein to be disclosed to the US Department of Health and Human Services, Office of Inspector General Health and Human Services or any other appropriate governmental agencies, including the Office of Homeland Security and Arkansas Attorney General Medicaid Fraud Control Unit.
- The provider understands that Arkansas Medicaid will pursue repayment in all instances of improper or duplicate payment

(*) Red asterisk indicates a required field.

Electronic Signature of Provider Receiving Incentive Payment:

*Provider Initials: ___________________  *NPI: ___________________  *Personal TIN: ___________________

When ready click the Sign Electronically button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
This screen depicts Preparer selection for a Preparer on behalf of the provider.

As the preparer of this application on behalf of the provider, please attest to the accuracy of all information entered. Click Save & Continue to review your selection or click Previous to go back. Click Reset to restore this panel to the starting point or last saved data.
As the preparer of this application on behalf of the provider, please attest to the accuracy of all information entered.

Enter your Preparer Name and Preparer Relationship to the provider.

Click **Sign Electronically** to review your selection or click **Previous** to return. Click **Reset** to restore this panel to the starting point or last saved data.
After electronically signing the application, MAPIR determines if the Meaningful Use attestation data you attested to is accepted or rejected.

- If your Meaningful Use attestation data is rejected, the following screen will display.
- If your Meaningful Use attestation data is accepted, proceed to the following page.

Click on the **Meaningful Use Measures** link to review the Meaningful Use attestation data that you entered as well as the acceptance or rejection outcome for each measure. Click on the **Attestation** tab to return to the Meaningful Use Attestation where you can revise the Meaningful Use attestation data.

Please note that you may be subject to an audit after frequent attempts at correcting failed measures.

Also note that while you have the option to continue with your submission by clicking **Save & Continue**, if you do not meet the mandatory requirements, you will not receive an incentive payment.

Click **Previous** to go back or click the **Save & Continue** to proceed with the submission of your application.
This is an example of an incentive payment chart.

No information is required on this screen.

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

Click **Submit Application** to continue.
The check indicates your application has been successfully submitted.

Click **OK**.
When your application has been successfully submitted, you will see the application status of Submitted. You can click the **Review Application** tab to review your application; however, you will not be able to make changes.

Click **Exit** to exit MAPIR.

This screen shows that your MAPIR session has ended. You should now close your browser window or open another browser session.
Post Submission Activities

This section contains information about post application submission activities. At any time, you can check the status of your application by logging into the Arkansas Medicaid portal. Once you have successfully completed the application submission process you will receive an email confirming your submission has been received. You may also receive email updates as your application is processed.

When you log in to MAPIR after submitting your application you will see the Medicaid EHR Incentive Program Participation Dashboard.

Notice that the Status of your application is Submitted. You can only view an application in a Submitted status. The next payment year application will be enabled when you become eligible to apply. For status information, please see the Status Definition table in the Post Submission Activities section of this manual.

Medicaid EHR Incentive Program Participation Dashboard

<table>
<thead>
<tr>
<th>Application (Select to Continue)</th>
<th>Stage</th>
<th>Status</th>
<th>Payment Year</th>
<th>Program Year</th>
<th>Incentive Amount</th>
<th>Available Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>Implementation</td>
<td>Completed</td>
<td>1</td>
<td>2016</td>
<td>$21,250.00</td>
<td>Select the &quot;Continue&quot; button to view this application.</td>
</tr>
<tr>
<td>○</td>
<td>Stage 3 Meaningful Use</td>
<td>Submitted</td>
<td>2</td>
<td>2019</td>
<td></td>
<td>Select the &quot;Continue&quot; button to view this application.</td>
</tr>
<tr>
<td>○</td>
<td>Future</td>
<td>Future</td>
<td>3</td>
<td>Future</td>
<td>Unknown</td>
<td>None at this time</td>
</tr>
<tr>
<td>○</td>
<td>Future</td>
<td>Future</td>
<td>4</td>
<td>Future</td>
<td>Unknown</td>
<td>None at this time</td>
</tr>
<tr>
<td>○</td>
<td>Future</td>
<td>Future</td>
<td>5</td>
<td>Future</td>
<td>Unknown</td>
<td>None at this time</td>
</tr>
<tr>
<td>○</td>
<td>Future</td>
<td>Future</td>
<td>6</td>
<td>Future</td>
<td>Unknown</td>
<td>None at this time</td>
</tr>
</tbody>
</table>

For all program-associated deadlines, please visit https://www.medicaid.state.ar.us/Provider/ehr.aspx. For additional questions or concerns, please contact AFTP at: 800-457-4454, option 4 (Arkansas only) or 501-376-2214, option 4 (out-of-state) or email aftp@big.com
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.

If your application is in a Submitted, Pended for Review, or a Completed status, you will have the option to upload additional documentation on the Document Upload tab; however, if your application is not in one of the statuses previously mentioned, the Document Upload tab will not display.

Once your application has been processed by the Arkansas Medicaid program office, you can click the Submission Outcome tab to view the results of submitting your application.
Application Statuses

The following table lists some of the statuses your application may go through.

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Registered at R&amp;A</td>
<td>MAPIR has not received a matching registration from both the R&amp;A and the Arkansas MMIS.</td>
</tr>
<tr>
<td>Incomplete</td>
<td>The application is in a working status but has not been submitted and may still be updated by the provider.</td>
</tr>
<tr>
<td>Submitted</td>
<td>The application has been submitted. The application is locked to prevent editing and no further changes can be made.</td>
</tr>
<tr>
<td>Payment Approved</td>
<td>A determination has been made that the application has been approved for payment.</td>
</tr>
<tr>
<td>Payment Disbursed</td>
<td>The financial payment data has been received by MAPIR and will appear on your remittance advice.</td>
</tr>
<tr>
<td>Partial Recoupment Received</td>
<td>An adjustment has been requested and the total amount has not been recouped.</td>
</tr>
<tr>
<td>Partial Remittance Received</td>
<td>An adjustment has been processed and a partial recoupment has been made and will appear on your remittance advice.</td>
</tr>
<tr>
<td>Aborted</td>
<td>When in this status, all progress has been eliminated for the incentive application and the application can no longer be modified or submitted.</td>
</tr>
<tr>
<td>Adjustment Initiated</td>
<td>An adjustment has been lodged with the proper Arkansas authority by the provider.</td>
</tr>
<tr>
<td>Adjustment Approved</td>
<td>The adjustment has been approved.</td>
</tr>
<tr>
<td>Adjustment Canceled</td>
<td>The adjustment has been canceled.</td>
</tr>
<tr>
<td>Denied</td>
<td>A determination has been made that the provider does not qualify for an incentive payment based on one or more of the eligibility rules.</td>
</tr>
<tr>
<td>Completed</td>
<td>The application has run a full standard process and completed successfully with a payment to the provider.</td>
</tr>
<tr>
<td>Cancelled</td>
<td>An application has been set to “Cancelled” status only when R&amp;A communicates a registration cancellation to MAPIR. MAPIR cancels both the registration and any associated application.</td>
</tr>
<tr>
<td>Future</td>
<td>This is a status that will be displayed against any application to indicate the number of future applications that the provider can apply for within the EHR Incentive Program.</td>
</tr>
<tr>
<td>Not Eligible</td>
<td>This is a status that will be displayed against any application whenever the provider has exceeded the limits of the program timeframe.</td>
</tr>
<tr>
<td>Not Started</td>
<td>This is a status that will be displayed against any application whenever the provider has not started an application but MAPIR received an R&amp;A registration and has been matched to an MMIS provider.</td>
</tr>
<tr>
<td>Expired</td>
<td>An application is set to an “Expired” status when an application in an “Incomplete” status has not been submitted within the allowable grace period for a program year or when an authorized admin user changes an application to this status after the end of the grace period. Once an application is in an Expired status, the status cannot be changed, and it is only viewable to the provider.</td>
</tr>
</tbody>
</table>
Review an Adjustment

If a financial adjustment is in process for one or more program year incentive applications, you may be required to review and approve the adjustment.

The Medicaid EHR Incentive Program Participation Dashboard will display the following message and button. Click the Review Adjustment button.

The EP Multi-Year Adjustment eSignature screen displays.

Review the adjustment information on the screen. Indicate if you are a Provider or Preparer. Select the checkbox if you read, understood, and accept the terms of the agreement. Sign the agreement by entering your name in the text box. Click the Submit button to agree to the adjustment or click the Close button to exit this screen.

Note
If, while you are reviewing your pending adjustment, the Administrative User submits the adjustment without your signature or cancels the adjustment, you will receive an error message indicating that the adjustment is no longer available. No further action is needed.
After clicking the Submit button, the EP Multi-Year Adjustment review screen displays with a summary of the pending adjustment.

Select the **Close** button to return to the Medicaid EHR Incentive Program Participation Dashboard. While the adjustment is in process, the Review Adjustment button will remain on the Medicaid EHR Incentive Program Participation Dashboard.

You can view the pending adjustment using the **Review Adjustment** button until the adjustment process completes. At that point, the button will no longer display and the status changes and payment year shift resulting from the multi-year adjustment will display.