As the state designated Health Information Technology Agency, MeHI has been contracted by the Executive Office of Health and Human Service to administer the following components of the Medicaid EHR Incentive Program: Program Planning and Administration, Enrollment and Eligibility Verification, Attestation and Pre-Payment Verification, Reconsideration and Appeals, and Program Reporting to State and the Federal Government.

If you require Meaningful Use technical assistance, please contact the eHealth Services Technical Assistance Team at (855) 627-7347 or MassEHR@MassTech.org

Upload the documentation below to the MAPIR application prior to submittal

Click the orange hyperlinks to access the attestation requirements
Adopt, Implement, Upgrade (AIU)
All Eligible Professionals (EPs) attesting to **AIU** are required to submit Proof of 2014 Certified EHR Technology
Patient Volume Threshold (PVT)

EPs that work in a Hospital Ambulatory Clinic	EPs that work in a Federally Qualified Health Center (FQHC)
Prior to submitting AIU or MU attestations, please review the group proxy options and template below: • Group Proxy Methodology • Group Proxy Patient Volume Sample Template Please forward the Group Proxy data via secure email to MassEHR@masstech.org	EPs using FQHC patient volume data must submit a FQHC Employment Letter, confirming the EP practiced predominantly at the FQHC.FQHC Employment Letter. For additional information on the definition of a FQHC, please see the Eligible Professional (FQHC/RHC) Reference Guide.

All Other Practice and Reporting Types

For all other practice and reporting types, MeHI provides sample templates on our website that can be used as a reference guide when extracting patient volume data. This information should only be submitted upon an Analyst's request.

Meaningful Use (MU)

2013 Stage 1	2014 Stage 1	Stage 2
Please upload the supporting documentation listed below to the EP's MAPIR application:	Please upload the supporting documentation listed below to the EP's MAPIR application:	Please upload the supporting documentation listed below to the EP's MAPIR application:
• Confirmation of MU Aggregation Form • Hardship Exception • Acknowledgment (ACK) from MIIS Immunization Registry • **Note:** If an EP claims three or more MU exclusions, Clinical Decision Support and Security Risk Analysis documentation is required.	• Confirmation of MU Aggregation Form • Proof of 2014 Certified EHR • MU Dashboard • Acknowledgment (ACK) from MIIS Immunization Registry • Clinical Decision Support • Security Risk Analysis • **Note:** EPs scheduled to meet Stage 2 in 2014 who will be reporting Stage 1 objectives must upload a Hardship Exception form.	• Confirmation of MU Aggregation Form • Proof of 2014 Certified EHR • MU Dashboard • MIIS Registration of Intent • Clinical Decision Support • Security Risk Analysis • Patient Electronic Access • Summary of Care • Clinical Quality Measures

Please Note: MeHI reserves the right to request additional documentation to determine compliance. Per program regulations, all EPs are required to keep supporting documentation on file for a minimum of six years.

Certified EHR Technology (CEHRT)

Proof of 2014 Edition Certified EHR Technology (CEHRT)

For Program Year 2014, all EPs are required to submit documentation they are using the 2014 Edition of their CEHRT. Submit the following documentation as proof of CEHRT:

- Letter from your CIO or IS Department Head. The letter must be on letterhead and state the following:
    - List of providers(s) with NPI number(s) who are currently using or will be using the federally certified EHR technology
    - Location(s) the federally certified EHR technology will be used
    - EHR Vendor, product name and version
    - CMS Certification Number
- And one of the following: Signed copy of License Agreement, Proof of purchase or Signed Vendor Contract

Note: Be sure the license agreements or invoices identify the vendor, product name and version of the certified EHR. If the version number is not present on the invoice/contract, please supply a letter from the vendor attesting to the product and version.

Hardship Exception

The CMS Final Rule, issued August 29, 2014, allows EPs who experienced delays or hardships in implementing 2014 Edition CEHRT to attest using 2011 Edition CEHRT with 2013 Stage 1 Meaningful Use requirements. Similarly, EPs who experienced delays or hardships implementing Stage 2 objectives may attest using Stage 1 objectives and measures. EPs who elect to use 2011 Edition CEHRT or EPs who are scheduled to meet Stage 2 in 2014 but attest to Stage 1 must complete and submit a Hardship Exception.

Patient Volume Threshold Documentation

Eligible Professionals that work in a Hospital

Before submitting AIU or MU attestations, all EPs that work in a Hospital Ambulatory Clinic or Hospital owned Health Center electing to use the Group Proxy Methodology are required to submit their Group Roster and their Group Patient Volume Threshold Data for prior approval.

The Group Roster is a list of all providers who practiced at the site during the patient volume threshold reporting period. The list must include **all providers** who practiced at the site, even those not eligible to participate in the program. Include the provider's name, NPI, and practice address.

Patient Volume Threshold Data refers to data that supports an EP's patient volume threshold calculations. Patient Volume is calculated based on a 90-day reporting period in either the previous calendar year or the 12-month period preceding attestation. Submit patient-level documentation that includes the following:

- For Paid Claims Methodology - the patient's unique ID or MRN, location, date of service, insurance name and amount paid for the claim.
- Paid/Zero Paid/Denied (Enrollee) Methodology - the patient's unique ID or MRN, location, date of service, insurance name and patient's eligibility information. Note: Excludes patient not eligible on date of service.

Please refer to the Calculating Patient Volume Info Sheet and Patient Volume Thresholds Tip Sheet for more information.

Note: To the extent possible, please be sure to remove all PHI from your supporting documentation. If unable to de-identify patient information, please send the documentation encrypted to massehr@masstech.org.

Eligible Professionals that work in FQHC/RHC

In order for EPs to attest using FQHC/RHC patient volumes, they must have practiced predominantly at an FQHC/RHC. "Practiced predominantly" refers to an EP for whom the clinical location for over 50% of his or her total patient encounters over a period of six months in the most recent calendar year, occurred at a federally qualified health center (FQHC) or rural health clinic (RHC). EPs using FQHC/RHC patient volume data must submit employment letter(s) from all locations at which the EP worked to confirm the EP meets the practiced predominantly requirement. The letter(s) must be on letterhead, signed by a CEO or other authorized official, and include the following criteria:

- Eligible Professional's date of hire
- The number of total patient encounters over a period of six months in the most recent calendar year that occurred at that location
- Whether or not the EP worked full-time or part-time at another location. (If so, an employment letter must be submitted for any additional locations the EP worked during that time.)

Please see the FQHC/RHC Reference Guide for more information.

Meaningful Use Documentation

Confirmation of MU Aggregation

All EPs attesting to Meaningful Use must submit a completed Confirmation of MU Aggregation Form. EPs who work at multiple sites must aggregate their Meaningful Use data across all locations. EPs are responsible for obtaining, combining and accurately reporting their MU data. EPs who work at a single site are still required to submit this form confirming they do not practice at any additional sites.

Meaningful Use Dashboard

EPs must submit the EHR report used to complete their attestation; i.e., a report generated by the EHR system that displays the numerators and denominators for core, menu, and clinical quality measures. Please ensure your documentation clearly demonstrates the report was generated by the EHR and clearly displays the EHR name, EP name and NPI number.

Clinical Decision Support Rule (CDSR)

EPs must submit documentation demonstrating implementation of clinical decision support rule(s) relevant to their specialty or high clinical priority, along with the ability to track compliance with the rule(s). For Stage 1, EPs must implement one clinical decision support rule; for Stage 2, EPs must implement five clinical decision support rules.

- All EPs are required to submit a screenshot showing the clinical decision support intervention(s) relevant to their specialty or high clinical priority were implemented during the entire EHR reporting period. The screenshot must show the Practice name, EP's name and the enabled date.
- If the EP is unable to provide the required CDSR screenshot displaying the enabled date, he/she will need to submit the following: (1) a copy of the certified EHR system's audit log showing that the selected CDSR intervention(s) were enabled and implemented for the entire EHR reporting period. The documentation must be in readable format with the date the CDSR intervention was enabled. (2) A CDSR screenshot applicable to the EP's scope of practice or patient population. The CDSR screenshot must display the Practice name, EP's name and date generated.
- If an Organization has multiple EPs and has selected a Global CDSR that is used by all EPs across all specialties, a screenshot with the Practice name and enabled date is required along with a letter confirming the CDSR's relevance to the attesting EPs. The letter must be on letterhead, signed and dated by the organization's Medical or Clinical Director.

See Core Measure 11 (Stage 1 – 2013 definition), Core Measure 10 (Stage 1 – 2014 definition), Core Measure 6 (Stage 2).

Security Risk Analysis (SRA) or Review

EPs must attest YES to having conducted a security risk analysis or review in accordance with the requirements under 45 CFR 164.308(a)(1). EPs must submit proof that a security risk analysis or review was performed prior to the end of the MU reporting period; i.e., an internal report that documents the procedures performed during the analysis or review and the results. If deficiencies were identified, submit the risk mitigation implementation plan, including the completion dates. The security risk analysis or review should address physical, administrative and technical safeguards, as well as policies and procedures and organization requirements. The security risk analysis or review should include the name and title of the individual who conducted the review or analysis, date completed, the compliance officer's name, practice name(s) and location(s). **Note:** The SRA is typically part of an organizations HIPAA compliance review. Please review the Security Risk Analysis Tip Sheet for more information.

- **SRA Timeframe:** The security risk analysis or review may be completed outside of the EHR reporting period timeframe, but must take place no earlier than the start of the EHR reporting year and no later than the EP's attestation date. For example, an EP who is reporting a 90-day MU reporting period may complete the appropriate requirements outside of the 90-day period as long as it is completed no earlier than January 1st of the reporting year and no later than the date the EP submits their attestation.
- **EPs practicing at multiple locations:** EPs must submit a security risk analysis or review for each location where/at which the EP works; for multiple affiliated locations, EPs may submit one security risk analysis or review that includes all practice locations. All locations must be listed in the documentation. If the EP worked at two non-affiliated organizations that had certified EHR technology during the MU reporting period, a security risk analysis or review from all locations must be submitted.

See Core Measure 14 (Stage 1 – 2013 definition), Core Measure 13 (Stage 1 – 2014 definition) and Core Measure 9 (Stage 2).

Public Health Reporting/Immunization Registry

For Stage 1 MU, EPs must submit a copy of their MIIS Test or Production acknowledgment (ACK). For Stage 2 MU, EPs must submit documentation of their MIIS Registration of Intent (MU Report Card).

Patient Electronic Access (Patient Portal) – Stage 2 MU Only

EPs must submit a report generated from the certified EHR to demonstrate that more than 5% of all unique patients viewed, downloaded, or transmitted their health information. See Core Measure 7 (Stage 2 MU).

Note: To the extent possible, please be sure to remove all PHI from your supporting documentation. Please upload all supporting documentation to the EPs MAPIR application.

Summary of Care – Stage 2 MU Only

EPs must submit documentation demonstrating compliance with all three (3) components of this measure: 1) a Summary of Care record was provided for more than 50% of transitions of care and referrals, 2) the Summary of Care was provided electronically for more than 10% of such transitions and referrals, and 3) at least one electronic exchange of a Summary of Care was conducted with a recipient who has a different EHR or with a CMS-designated test EHR. See Core Measure 15 (Stage 2 MU).

Documentation of Clinical Quality Measures (CQMs) – Stage 2 MU Only

All EPs attesting to Stage 2 MU must submit documentation of two Clinical Quality Measures (CQMs) from two separate National Quality Strategy (NQS) Domains. The MU Dashboard documentation described above can be accepted for this measure, if the CQMs have been included. EPs must verify their Certified EHR Technology has been certified to report on the CQMs used for attestation. This information can be found on ONC's Certified Health IT Product List. See the CMS 2014 CQM Guide.

Note: CQMs collected outside of the Certified EHR Technology will not be accepted.

Other Eligibility Requirements

Hospital Based Documentation

An EP is considered hospital-based if the EP furnishes 90% or more of his or her services in a hospital inpatient (place of service code 21) or emergency room setting (place of service code 23). Upon request, EPs may be required to submit employment letters from all places of employment worked in the previous calendar year to which they are seeking to participate. The employment letter(s) must include timeframe worked, number of hours worked, percentage inpatient, emergency room, outpatient or other (research, training, etc.) Employment letters are required to be signed by an authorized official – Human Resources, Chief Nursing Officer (for Midwives and Nurse Practitioners), Clinical or Medical Director (for MDs, DDS, and PAs), Residency Chair (Residents).