

Medical Assistance Provider Incentive Repository (MAPIR): Part 1 – Getting Started to Patient Volumes for Eligible Professionals

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MAPIR User Guide for Eligible Professionals – Part 1

Version	Revision Date	Revision
V1.0	02/05/2020	<ul style="list-style-type: none">• Initial version.• Added Internet Explorer Version 11 compatibility note in the “Introduction” section.• Updated the screenshot for the CEHRT - ONC Validation screen (UI 481) in section "Step 1 - Getting Started".• Updated the screenshot for the Professional Eligibility Questions 1 (Part 1 of 2) screen (UI 33) in section "Step 3 - Eligibility".

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Introduction

The American Recovery and Re-investment Act of 2009 was enacted on February 17, 2009. This act provides for incentive payments to Eligible Professionals (EP), Eligible Hospitals (EH), and Critical Access Hospitals to promote the adoption and meaningful use of interoperable health information technology and qualified electronic health records (EHR).

The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by state Medicaid programs that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments to help defray the costs of a certified EHR system.

Per the final federal rule, Eligible Professionals under the Medicaid EHR Incentive Program include:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioners
- Certified nurse-midwives
- Dentists
- Pediatricians

Physician assistants who furnish services in a Federally Qualified Health Center or Rural Health Center that is led by a physician assistant

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an Eligible Professional must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume
- Have a minimum 20% Medicaid patient volume, and is a pediatrician
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

Note

Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.

To apply for the Medicaid EHR Incentive Payment Program, Eligible Professionals must first register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A). Once registered, they can submit an application and attest online using MAPIR.

This manual provides step-by-step directions for using MAPIR and submitting your application to the Medicaid EHR Incentive Payment Program [STATE MAY WANT TO BE MORE SPECIFIC].

Note

Compatibility with Internet Explorer Version 11 began with the implementation of MAPIR Release 6.3. The MAPIR application continues to be compatible with versions 8, 9, and 10 however MAPIR no longer provides ongoing support for issues that may result from using Internet Explorer 8.

Related MAPIR Documentation

To review Program updates for 2018 in the Attestation tab, see MAPIR User Guide for EP Part 2A PY 2018.

To review Program updates for 2019 in the Attestation tab, see MAPIR User Guide for EP Part 2B PY 2019.

To review Program updates for 2020 in the Attestation tab, see MAPIR User Guide for EP Part 2C PY 2020.

To review Submission and Review of the application, see MAPIR User Guide for EP Part 3.

To review the MAPIR Review tab to Application Submission, see MAPIR User Guide for EP Part 4.

Before You Begin

There are several pre-requisites to applying for state Medicaid EHR Incentive payments using MAPIR.

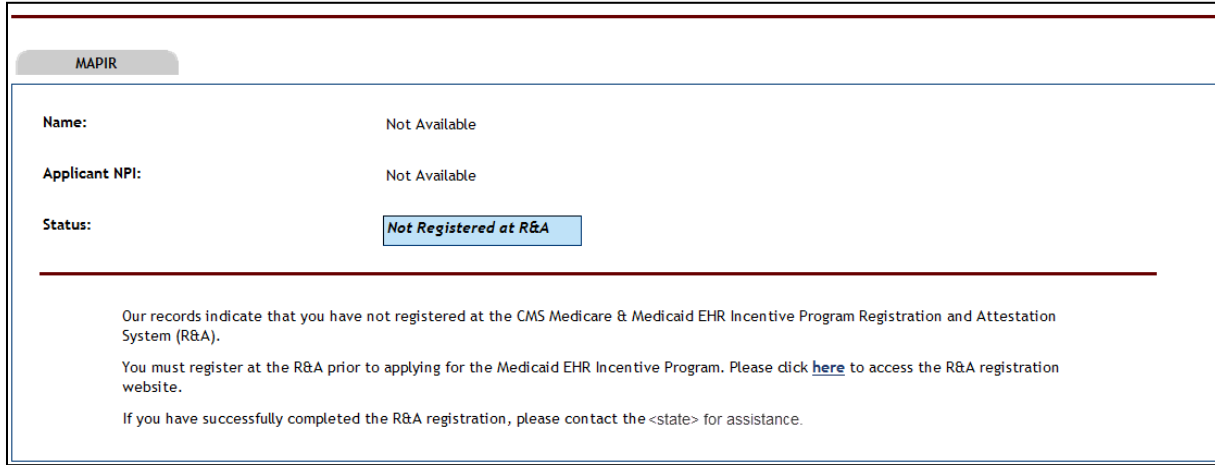
1. Complete your CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) registration.
2. Identify one individual from your organization who will be responsible for completing the MAPIR application and attestation information. This person can also serve as a contact point for state Medicaid communications.
3. Gather the necessary information to facilitate the completion of the application and attestation process.

Important

If you encounter issues with the way the MAPIR screens display, such as extra lines in tables, you may be running your browser in compatibility mode. To remove the MAPIR site from compatibility mode, in your browser go to Tools and select Compatibility View Settings. Select entries that reference “MAPIR” in the URL path from the list and click Remove. [STATES TO MODIFY THIS MESSAGE IF THEIR SITE IS NOT LABELED “MAPIR” IN THE URL PATH]

Complete your R&A registration.

You must register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (also known as R&A) before accessing MAPIR. If you access MAPIR and have not completed this registration, you will receive the following screen.



Please access the federal Web site below for instructions on how to do this or to register:

For general information regarding the Incentive Payment Program:
<http://www.cms.gov/EHRIncentivePrograms>

To register:
<https://ehrincentives.cms.gov/hitech/login.action>

You will not be able to start your MAPIR application process unless you have successfully completed this federal registration process. When MAPIR has received and matched your provider information, you will receive an email to begin the MAPIR application process. Please allow at least two days from the time you complete your federal registration before accessing MAPIR due to the necessary exchange of data between these two systems.

Changes to your R&A Registration

Please be aware that when accessing your R&A registration information, should any changes be initiated but not completed, the R&A may report “Registration in Progress”. This will result in your application being placed in a hold status within MAPIR until the R&A indicates that any pending changes have been finalized. You must complete your registration changes on the R&A website prior to accessing MAPIR or certain capabilities will be unavailable. For example, it will not be possible to submit your application, create a new application, or abort an incomplete application. If you access MAPIR to perform the above activities and have not completed your registration changes, you will receive the following screen.

Payment Year
Program Year

MAPIR

Name:

Applicant NPI:

Status: Registration In Progress

IMPORTANT:

Our records indicate that your registration is in progress at the CMS Medicare and Medicaid EHR Incentive Payment Program Registration and Attestation System (R&A) and you must complete that registration process before you can access your application here.

The R&A website https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp will have instructions on how to save your registration after a modification.

You must choose “Submit Registration” at the R&A after you have reviewed and confirmed the information is correct.

Please allow 24 to 48 hours after saving your registration at the R&A before accessing your EHR Medicaid Incentive application.

If you have successfully completed the CMS R&A registration, please contact <state defined ID> for assistance.

Should the R&A report your registration “Registration in Progress” and an application be incomplete or under review (following the application submission), MAPIR will send an email message reporting that such notification has been received if a valid email address was provided by either the R&A, or by the provider on the incentive application in MAPIR. Please allow at least two days from the time you complete your federal registration changes before accessing MAPIR due to the necessary exchange of data between these two systems.

Identify one individual to complete the MAPIR application.

MAPIR is accessed via the secure provider portal [STATE SHOULD UPDATE WITH NAME OF THEIR STATE SPECIFIC PORTAL]. Once an individual has started the MAPIR application process with their Internet/portal account, they cannot switch to another account during that program year. MAPIR will allow the user 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 once it has been started.

Gather the necessary information to facilitate the completion of the required data.

MAPIR will request specific information when you begin the application process. To facilitate the completion of the application, it is recommended that you review [STATE- SPECIFIC DIRECTION MAY BE ADDED HERE OR DIRECTION TO A WEB SITE OR INFORMATION THEY SHOULD REFERENCE] to understand what information will be required. At a minimum, you should have the following information available:

- Information submitted to the R&A
- Medicaid Patient Volume and associated timeframes
- The CMS EHR Certification ID that you obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) Web site (<https://chpl.healthit.gov/>).

Using MAPIR

MAPIR uses a tab arrangement to guide you through the application. You must complete the tabs in the order presented. You can return to previous tabs to review the information or make modifications until you submit the application. You cannot proceed without completing the next tab in the application progression, with the exception of the Get Started and Review tabs which you can access anytime.

Once you submit your application, you can no longer modify the data. It will only be viewable through the Review tab. Also, the tab arrangement will change after submission to allow you to view status information.

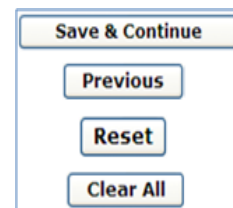
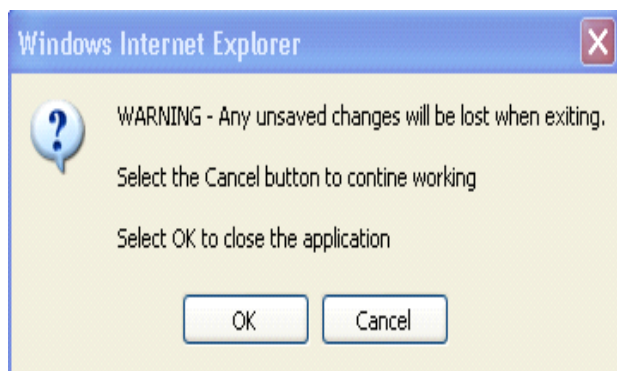
As you proceed through the application process, you will see your identifying information such as Name, National Provider Identifier (NPI), Tax Identification Number (TIN), Payment Year, and Program year at the top of most screens.

This is information provided by the R&A.

A **Print** link is displayed in the upper right-hand corner of most screens to allow you to print information entered. You can also use your Internet browser print function to print screen shots at any time within the application.

There is a **Contact Us** link with contact instructions should you have questions regarding MAPIR or the Medicaid Incentive Payment Program.

Most MAPIR screens display an **Exit** link that closes the MAPIR application window. If you modify any data in MAPIR without saving, you will be asked to confirm if the application should be closed (as shown to the right).



You should use the **Save & Continue** button on the screen before exiting or data entered on that screen will be lost.

The **Previous** button always displays the previous MAPIR application window without saving any changes to the application.

The **Reset** button will restore all unsaved data entry fields to their original values.


The **Clear All** button will remove standard activity selections for the screen in which you are working.

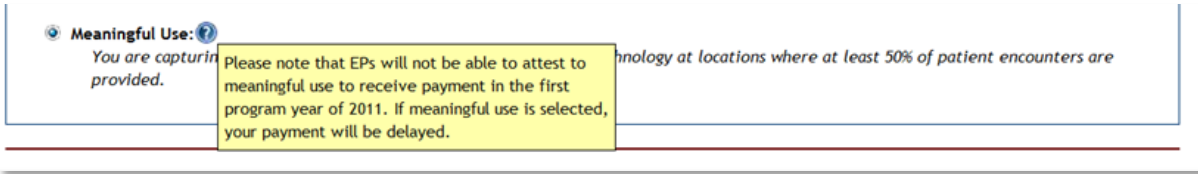
A (*) red asterisk indicates a required field. Help icons, located next to certain fields, display help content specific to the associated field when you hover the mouse over the icon.

Note

Use the MAPIR Navigation buttons in MAPIR to move to the next and previous screens. Do not use the browser buttons as this could result in unexpected results.

As you complete your incentive application you may receive validation messages requiring you to correct the data you entered. These messages will appear above the navigation button. See the Additional User Information section for more information.

Many MAPIR screens contain help icons to give the provider additional details about the information being requested. Moving your cursor over the  will reveal additional text providing more details.



Step 1 – Getting Started

Log in to the state portal and locate the *MAPIR* link.

Click the link to access the *MAPIR* screen.

The screen on the following page is the Medicaid EHR Incentive Program Participation Dashboard. This is the first screen you will access to begin the MAPIR application process.

This screen displays your incentive applications. The incentive applications that you are eligible to apply for are enabled. Your incentive applications that are in a Completed status are also enabled; however, you may only view these applications.

Note

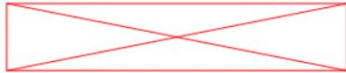
For those incentive applications that are in a Denied status and display a **Reapply** button in the Available Actions column, the Eligible Professional (EP) must have current state eligibility on file with CMS to reapply.

The EP must update their registration at the following federal website:

<https://ehrincentives.cms.gov/hitech/login.action>

The *Stage* is automatically associated with a stage of Meaningful Use that is required by the current CMS rules, or by the rules that were in effect at the time when the application was submitted. This column displays the Stage and Attestation Phase attained by the current and previous applications. The Stage column will be blank for incentive applications in a Not Started status.

The Payee TIN link can be selected to view a status summary table of all providers associated with your Payee TIN.



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

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI

TIN

CCN

Payee TIN

XXXXXXXXXX
{instruction text here}

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Adoption	Completed	1	2015	\$21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 1 Meaningful Use 90 Days	Denied	2	2016	\$0.00	Select the "Continue" button to view this application
<input type="radio"/>	Stage 3 Meaningful Use 90 Days	Denied	2	2017	\$0.00	Select the "Continue" button to view this application
<input type="radio"/>	Stage 3 Meaningful Use 90 Days	Completed	2	2017	\$8,500.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 3 Meaningful Use	Incomplete	3	2018	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.
<input type="radio"/>	Future	Future	4	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	5	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	6	Future	Unknown	None at this time

<The text on this section of the page would be replaced by actual content that the hosting state may specify as static HTML.>

Continue

UI 175-C

If you click on the Payee TIN link, a status summary table on the Payee TIN Application Report screen will display. The information in the status summary table is based upon recent incentive applications that share your Payee TIN.

The Most Recent Program Year, Most Recent Payment Year, Most Recent MU Stage, and Most Recent Application Status fields will be blank for those providers whose most recent incentive applications are:

- for Payment Year 1 with no existing application.
- for Payment Year 2 or higher with no existing application.

The information in the status summary table is read only and can be extracted into a CSV file by clicking the **Extract to CSV file** button.

Click the **Return to Dashboard** button to navigate back to the MAPIR Dashboard.



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

Payee TIN Application Report

Applicant Last Name	Applicant First Name	Applicant NPI	Most Recent Program Year	Most Recent Payment Year	Most Recent MU Stage	Most Recent Application Status
XXXXXXXX	XXXXXXXX		2011	1	1	Denied
XXXXXXXX	XXXXXXXX		2019	4	3	Incomplete
XXXXXXXX	XXXXXXXX		2013	1	1	Completed
XXXXXXXX	XXXXXXXX		2017	4	2	Submitted

Return to Dashboard
Extract To CSV file

For further information on the Meaningful Use stages, please see the EP Manual on the Attestation tab for the associated program year.

If it is your first year participating (Payment Year 1), the Stage column will be blank. Once you have submitted the incentive application, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

If it not your first year participating (Payment Year greater than 1), the Stage column will only display the Stage, not the Attestation Phase, until you submit the incentive application.

Note

MAPIR will only load and store Payment Years greater than 6.

The *Status* will vary, depending on your progress with the incentive application. The first time you access the system the status should be *Not Started*. From this screen you can choose to edit and view incentive applications in an Incomplete or Not Started status. You can only view incentive applications that are in a Completed, Denied, or Expired status.

Also, from this screen, you can choose to abort an incentive application that is in an *Incomplete* status. When you click **Abort** on an incentive application, all progress will be eliminated for the incentive application.

When an incentive application has completed the payment process, the status will change to *Completed*.

The screen on the following page displays an EP that is in the second year of Stage 1. The Attestation Phase is not displayed because the incentive application has not been submitted.

Select an application and click **Continue**.

Note

A state may allow a grace period which extends the specific Payment Year for a configured length of time. If two applications are showing for the same Payment Year, but different Program Years, one of your incentive applications is in the grace period. In this situation, the following message will display at the bottom of the screen.

You are in the grace period for program year <Year> which began on <Date> and ends on <Date>. The grace period extends the amount of time to submit an application for the previous program year. You have the option to choose the previous program year or the current program year.

You may only submit an application for one Program Year so once you select the application, the row for the application for the other Program Year will no longer display. If the incentive application is not completed by the end of the grace period, the status of the application will change to *Expired* and you will no longer have the option to submit the incentive application for that Program Year.

The R&A Not Registered or In Progress screen displays a status of *Not Registered at R&A* to indicate that you have not registered at the R&A, or the information provided during the R&A

registration process does not match that on file with the state Medicaid Program. A Status of *Registration In Progress* indicates that you have initiated but not completed R&A registration changes. If you feel this status is not correct you can click the Contact Us link in the upper right for information on contacting the state Medicaid program office. A status of *Not Started* indicates that the R&A and state MMIS information have been matched and you can begin the application process.

The *Status* will vary, depending on your progress with the application. The first time you access the system the status should be *Not Started*.

For more information on statuses, refer to the Additional User Information section later in this guide.

You cannot begin an incentive application while a multi-year adjustment is pending. 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.



A financial adjustment is in process for one or more program year applications and may require your approval.
Please select **Review Adjustment** for further information.

For more information on reviewing an adjustment, please review the MAPIR – User Guide for EP Part 3, Review to Application Submission.

Enter the 15-character **CMS EHR Certification ID**.

Click **Next** to review your selection. Click **Reset** to restore this panel back to the starting point. Click **Exit** to exit MAPIR.

The system will perform an online validation of the CMS EHR Certification ID you entered.

Note

As of July 1, 2015, CMS retired the 2011 Edition CEHRT IDs. This means that if you were issued a 2011 Edition CEHRT ID you may now be using a system that has since then been retired from the Certified Health IT Product List (CHPL). If all the following apply to you, MAPIR will bypass the online validation of the CMS EHR Certification ID, allowing you to use your 2011 Edition CEHRT ID:

- Your Incentive application was started in MAPIR Release 5.5 or higher.
- Your incentive application has a Program Year 2011 through 2014.
- Your CEHRT ID entered is a 2011 Edition.

After Program Year 2014, MAPIR will no longer bypass the online validation described above.

In the 2017 Program Year, you will need to attest to Modified Stage 2 or Stage 3 Meaningful Use for a 2014 or 2015 Edition CEHRT. In Program Year 2019 and subsequent program years, you will attest to Stage 3 only.

A CMS EHR Certification ID can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (<https://chpl.healthit.gov/>)

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

Payment Year **Program Year**

MAPIR

Name:

Applicant NPI:

Status: **Not Started**

The EHR Incentive Program requires use of technology certified for this program. Please enter the CMS EHR Certification ID that you obtained from the ONC Certified Health IT Product (CHPL) website. [Click HERE](#) to access the CHPL website.

Beginning in Program Year 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed.

Please note the CMS EHR Certification ID must be a combination of numbers and upper-case letters only.

*Click the **Exit** button to terminate your session. When ready click the **Next** button to continue.
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:

0015E4VVH9CFP6M
(No dashes or spaces should be entered.)

UI 481

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

Click **Next** to continue or click **Previous** to go back.



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

Payment Year

Program Year

MAPIR

Name:

Applicant NPI:

Status:

Not Started

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

When ready click the **Next** button to continue, or click **Previous** to go back.

CMS EHR Certification ID:

0015E4VVH9CFP6M

Previous

Next

UI 482

Note

MAPIR will no longer display options for Stage 2 attestation for Program Year 2019 or higher incentive applications. Stage 3 attestation is required

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

If you click **Exit** or close the browser prior to clicking the **Get Started** button, you will lose the data you entered on the previous screens.

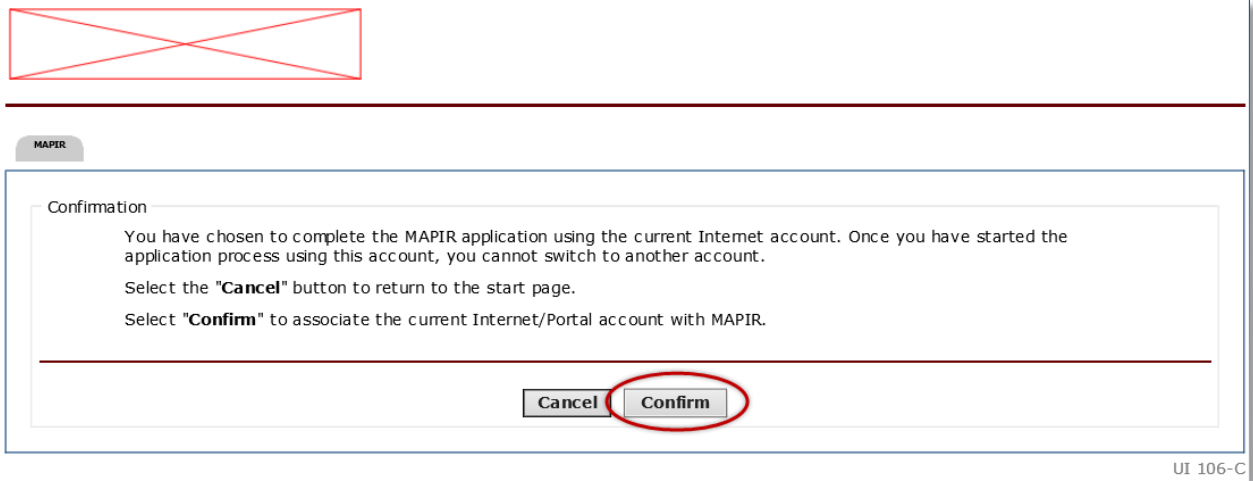
[Contact Us](#) [Exit](#)

Payment Year	Program Year
<div style="border: 1px solid gray; padding: 5px; margin-bottom: 10px;">MAPIR</div> <p>Name:</p> <p>Applicant NPI:</p> <p>Status: Not Started</p> <hr/> <p style="text-align: center;">IMPORTANT:</p> <p><i>begin include file</i></p> <p>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.</p> <p>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.</p> <p>To access MAPIR using the current account, select Get Started. All applications for previous years will be re-associated with the current account and the previous user account will lose access to these applications.</p> <p><i>end include file</i></p> <hr/> <p style="text-align: center;"> Exit Get Started </p>	

UI 1-C

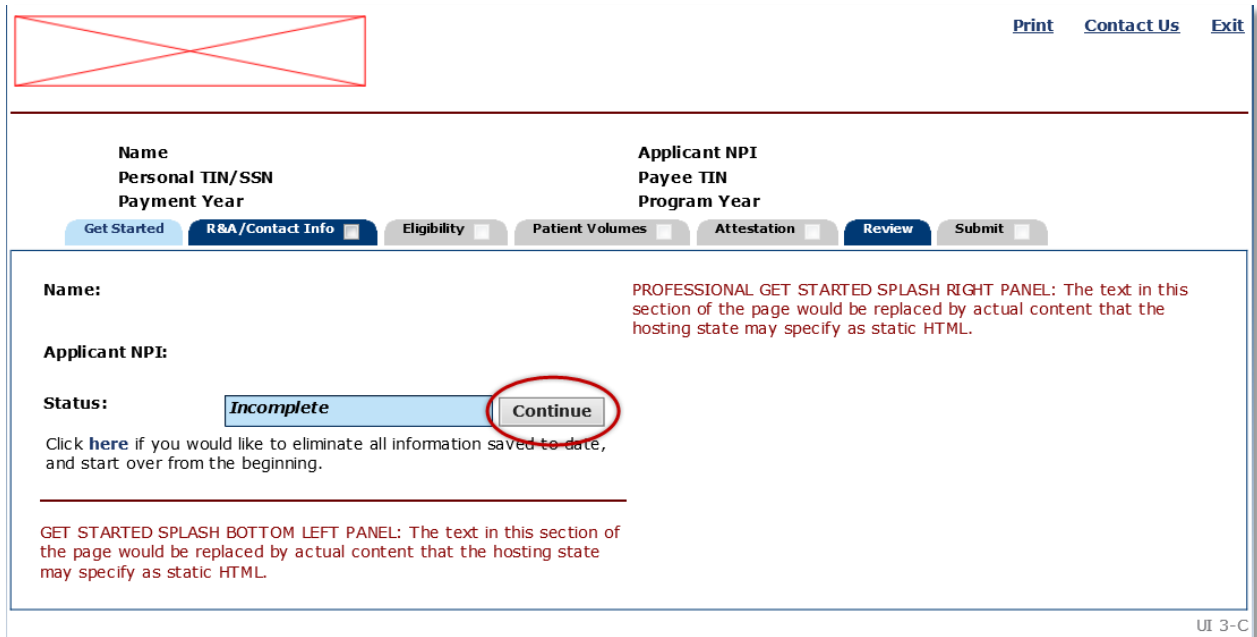
If you selected an incentive application that you are not associated with, you will receive a message indicating a different Internet/Portal account has already started the Medicaid EHR Incentive Payment Program application process and that the same Internet/Portal account must be used to access the application for this Provider ID. If you are the new user for the provider and want to access the previous applications, you will need to contact your <Single State Defined ID> for assistance.

Click **Confirm** to associate the current Internet/Portal account with this incentive application.



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

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



Step 2 – Confirm R&A and Contact Info

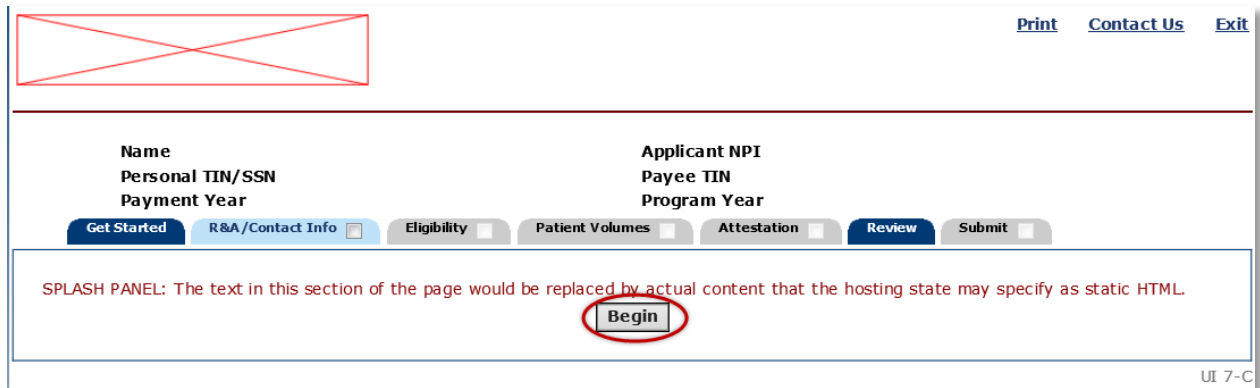
When you completed the R&A registration, your registration information was sent to the state Medicaid program. This section will ask you to confirm the information sent by the R&A and matched with the state Medicaid program information. It is important to review this information carefully. The R&A information can only be changed at the R&A, but Contact Information can be changed at any time prior to application submission.

The initial *R&A/Contact Info* screen contains information about this section.

Click **Begin** to access the R&A/Contact Info screen to confirm information and to enter your contact information.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/WebContent/resources/template/static/prof/nlrContactInfoSplashInclude.xhtml]



See the Using MAPIR section of this guide for information on using the **Print**, **Contact Us**, and **Exit** links.

Check your information carefully to ensure all of 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 restore this panel back to the starting point or last saved data. The **Reset** button will not reset the R&A information. If the R&A information is incorrect, you will need to return to the R&A website to correct it.

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

Name		Applicant NPI	
Personal TIN/SSN		Payee TIN	
Payment Year		Program Year	

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

R&A Verification

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

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

Name	Dr. Medicaid	Applicant NPI	999999999
Personal TIN/SSN	999999999	Payee TIN	999999999
Payee NPI	999999999		

Business Address

123 Main Street
Hometown, TX 99999-9999

Business Phone

999-999-9999

Incentive Program	MEDICAID	State	PA
--------------------------	----------	--------------	----

Eligible Professional Type

Physician

R&A Registration ID

9999999999

R&A Registration Email Address

professional@professional.com

CMS EHR Certification Number

(*) Red asterisk indicates a required field.

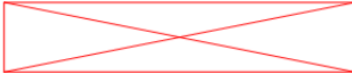
* Is this information accurate? Yes No

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

UI 8

Enter the required contact information.

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



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

Name	Applicant NPI
Personal TIN/SSN	Payee TIN
Payment Year	Program Year

Contact Information

Please enter your contact information. All email correspondence will go to the primary contact email address entered below. The email address, if any, entered at the R&A will be used as a 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.

Primary Contact

* First Name	<input type="text" value="Dr. Medicaid Provider"/>	* Last Name	<input type="text" value="Provider"/>
* Phone	<input type="text" value="999"/> - <input type="text" value="999"/> - <input type="text" value="9999"/>	Phone Extension	<input type="text"/>
* Email Address	<input type="text" value="Provider@email.com"/>	* Verify Email	<input type="text" value="Provider@email.com"/>
* Department	<input type="text" value="Healthcare"/>		
* Address Line 1	<input type="text" value="1234 waters edge dr"/>		
Address Line 2	<input type="text"/>		
* City	<input type="text" value="raleigh"/>		
* State	<input type="text" value="Nebraska"/>		
* Zip Code	<input type="text" value="27607"/>		

Alternate Contact

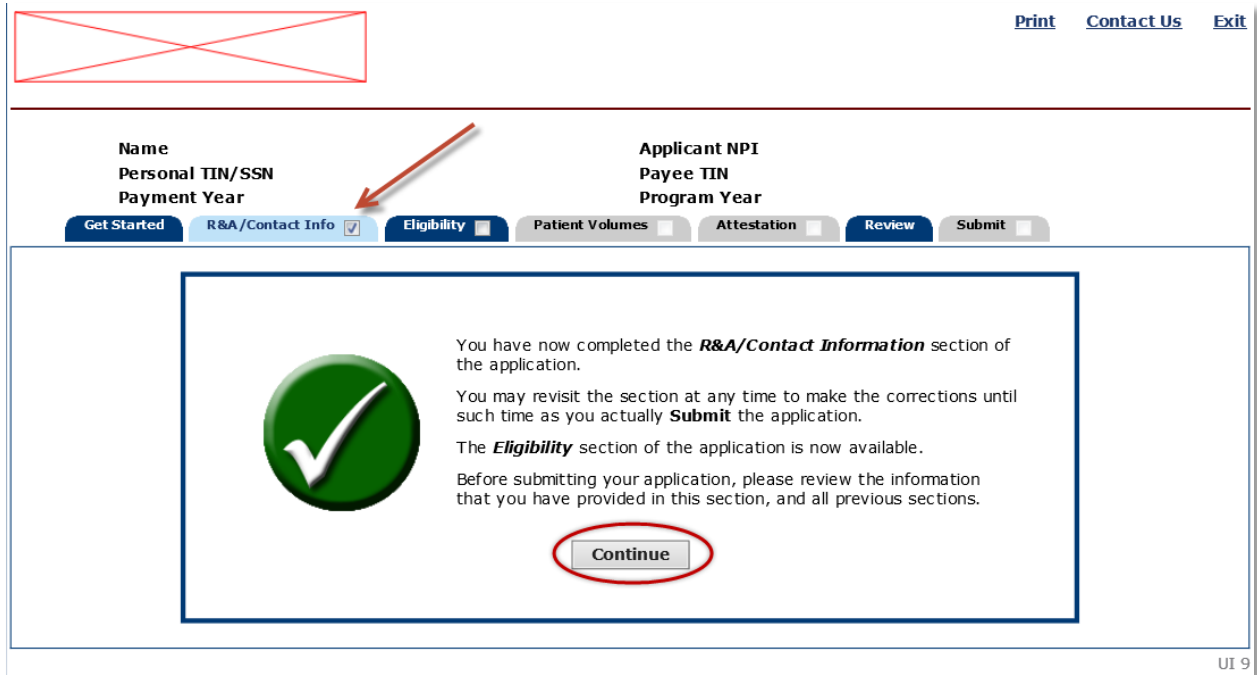
First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>	Phone Extension	<input type="text"/>
Email Address	<input type="text"/>	Verify Email	<input type="text"/>

UI 19

This screen 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.



Step 3 – Eligibility

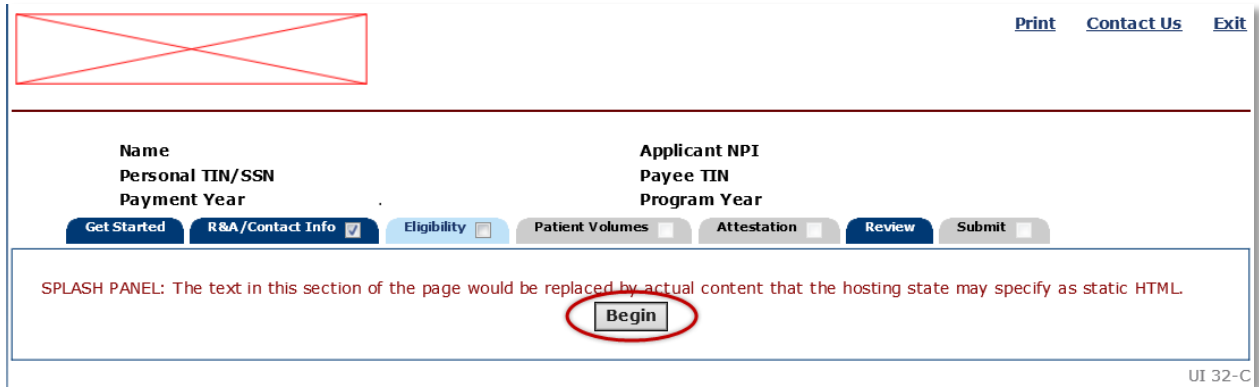
The Eligibility section will ask questions to allow the state Medicaid program to make a determination regarding your eligibility for the Medicaid EHR Incentive Payment Program. You will also enter your required CMS EHR Certification ID.

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

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

[SPLASH PAGE CODE FILE NAME:

/mapir-public/WebContent/resources/template/static/prof/eligibilitySplashInclude.xhtml]



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

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

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Professional Eligibility Questions 1 (Part 1 of 2)

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

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

(*) Red asterisk indicates a required field.

*Are you a Hospital based eligible professional? Yes No [?](#)

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

UI 33

This screen will ask questions to determine your eligibility for the EHR Medicaid Incentive Payment Program. Please select your provider type from the list and answer the questions.

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



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

Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year
---	---

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

Professional Eligibility Questions 2 (Part 2 of 2)

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

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

(*) Red asterisk indicates a required field.

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

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

*Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state? Yes No ?

*Are you currently in compliance with all parts of the HIPAA regulations? Yes No ?

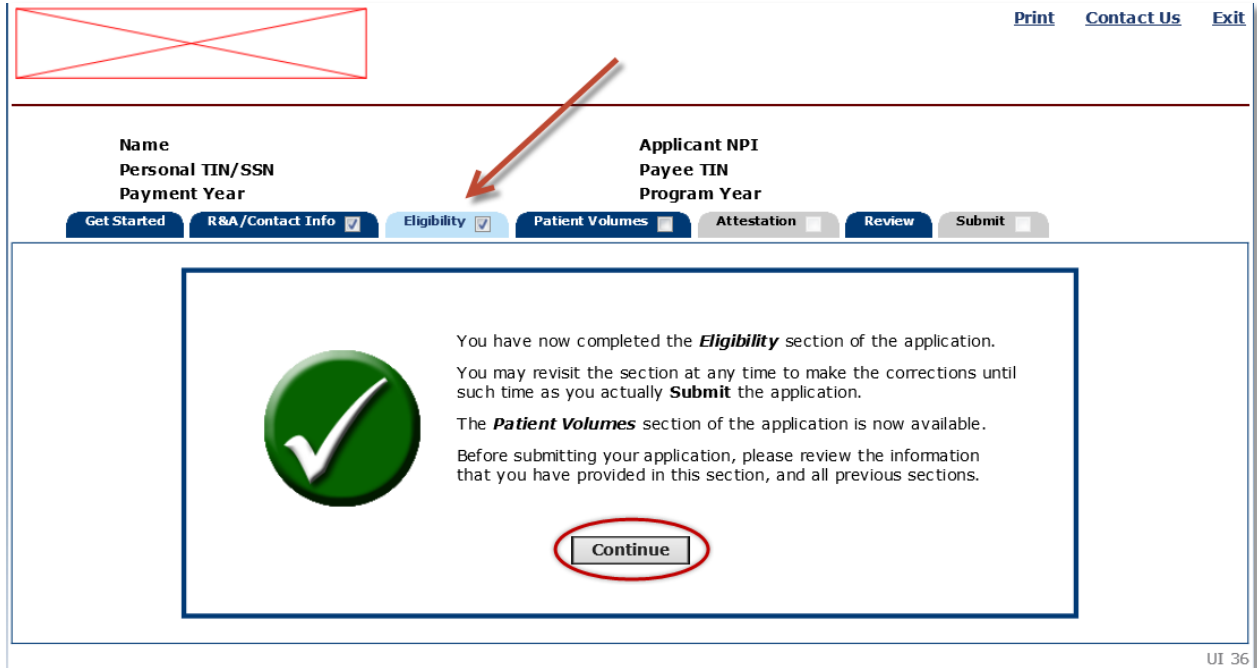
*Are you licensed in all states in which you practice? Yes No ?

UI 34

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.



Step 4 – Patient Volumes

The Patient Volumes section gathers information about your practice type, practice locations, the 90-day period you intend to use for reporting the patient volumes, and the patient volumes themselves. Additionally, you will be asked about how you utilize your certified EHR technology.

There are three parts to Patient Volumes:

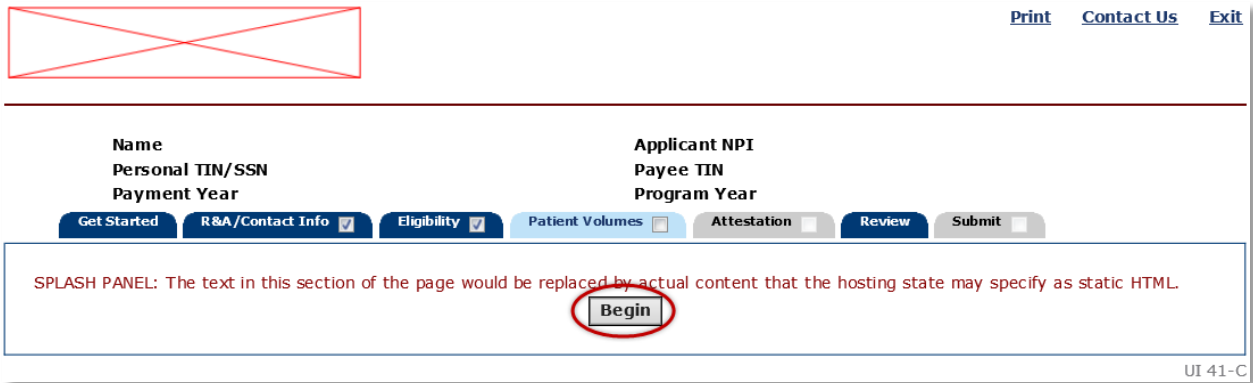
- Part 1 of 3 contains two questions which will determine the method you use for entering patient volumes in Part 3 of 3.
- Part 2 of 3 establishes the 90-day period for reporting patient volumes.
- Part 3 of 3 contains screens to add new locations for reporting *Medicaid Patient Volumes*, selecting at least one location for *Utilizing Certified EHR Technology*, and entering patient volumes for the chosen reporting period.

The initial *Patient Volumes* screen contains information about this section.

Click **Begin** to proceed to the Patient Volume Practice Type (Part 1 of 3) screen.


[SPLASH PAGE CODE FILE NAME:

/mapir-public/WebContent/resources/template/static/prof/patVolSplashInclude.xhtml]

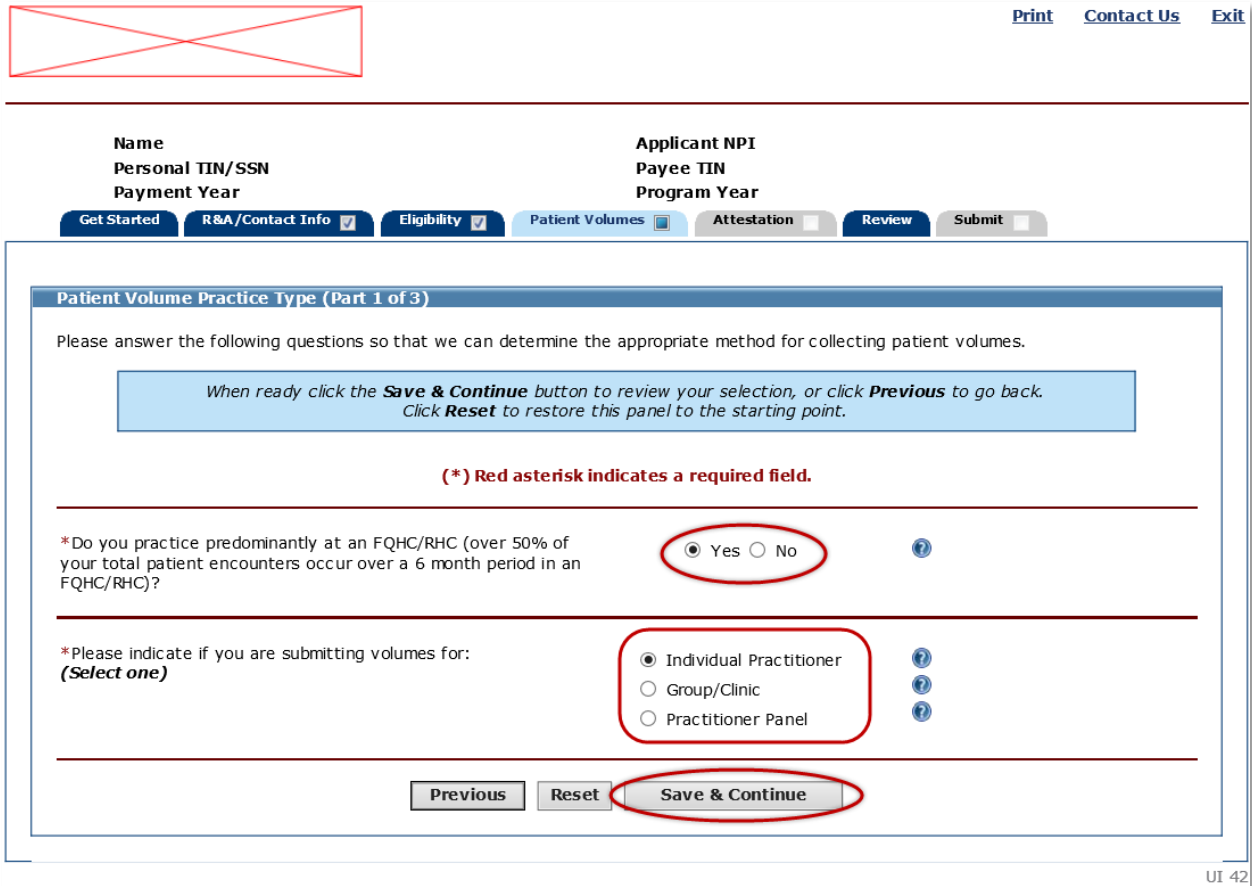


Patient Volume Practice Type (Part 1 of 3)

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

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

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



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year


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




Patient Volume Practice Type (Part 1 of 3)

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

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

(*) Red asterisk indicates a required field.

*Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)? Yes No 

*Please indicate if you are submitting volumes for: **(Select one)** Individual Practitioner  Group/Clinic  Practitioner Panel 

Previous Reset **Save & Continue**

UI 42

Patient Volume 90 Day Period (Part 2 of 3)

For all practice types MAPIR will ask you to enter the start date of the 90-day patient volume reporting period in which you will demonstrate the required Medicaid patient volume participation level.

Select if you would like your 90-day patient volume reporting period to be from either the **Calendar Year Preceding the Payment Year** or the **12 Months Preceding Attestation Date**.

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

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

The “Click Here” link may be selected to view a more in-depth definition for Patient Volume Reporting Period.

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

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

The screenshot shows a web application interface for entering patient volume data. At the top right, there are links for 'Print', 'Contact Us', and 'Exit'. Below these are fields for 'Name', 'Personal TIN/SSN', 'Payment Year', 'Applicant NPI', 'Payee TIN', and 'Program Year'. A navigation bar contains buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes' (which is highlighted), 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Patient Volume 90 Day Period (Part 2 of 3)'. It contains the instruction: 'Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.' Below this is a blue box with the text: 'When ready click the **Save & Continue** button to continue, or click **Previous** to go back.' The selected dates are 'Start Date: Feb 01, 2018' and 'End Date: May 01, 2018'. A red arrow points to the 'End Date'. At the bottom, there are two buttons: 'Previous' and 'Save & Continue', with the latter being circled in red. The UI ID 'UI 468' is visible in the bottom right corner.

Figure 0-1: Screen for Calendar Year Preceding Payment Year

The screenshot shows a web application interface for entering patient volume data. At the top right, there are links for 'Print', 'Contact Us', and 'Exit'. Below these are fields for 'Name', 'Personal TIN/SSN', 'Payment Year', 'Applicant NPI', 'Payee TIN', and 'Program Year'. A navigation bar contains buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes' (which is highlighted), 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Patient Volume 90 Day Period (Part 2 of 3)'. It contains the instruction: 'Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.' Below this is a blue box with the text: 'When ready click the **Save & Continue** button to continue, or click **Previous** to go back.' The selected dates are 'Start Date: Feb 20, 2019' and 'End Date: May 20, 2019'. A red arrow points to the 'End Date'. At the bottom, there are two buttons: 'Previous' and 'Save & Continue', with the latter being circled in red. A 'Please note' section is visible at the bottom left: 'Please note: If you attempt to submit your application at a later date, the dates you selected above may be invalid at that time. If this occurs, you will receive an error message and you will need to change the dates and your patient volume numbers in order to meet the requirements and submit your application.' The UI ID 'UI 468' is visible in the bottom right corner.

Figure 0-2: Screen for 12 Months Preceding Attestation Date

Patient Volume (Part 3 of 3)

To meet the requirements of the Medicaid EHR Incentive Program you must provide information about your patient volumes. The information will be used to determine your eligibility for the incentive program. The responses to the questions for Practice Type (Part 1 of 3) on the first Patient Volume screen determine the questions you will be asked to complete, and the information required. The information is summarized below:

1. Practice locations – MAPIR will present a list of practice locations that the state Medicaid program office has on record. If you have additional practice locations, you have the option to add them. When all locations are added, you will enter the required information for all your practice locations.
2. Utilizing Certified EHR Technology – You must select the practice locations where you are utilizing certified EHR technology. At least one practice location must be selected.
3. Patient volume – You are required to enter the information for the patient volume 90-day period you entered.

Depending on your practice type you will be asked for different information related to patient volumes. Not all information you enter will be used in the patient volume percentage calculation. Information not used will be reviewed by the state Medicaid program to assist with determining your eligibility. The specific formula for each practice type percentage calculation is listed within the section for that practice type.

The table below directs you to the page number in this guide to provide details for completing this section.

Practice Type	Page No.
Individual	<u>34</u>
Practitioner Panel (Individual and FQHC/RHC*)	<u>40</u>
Group	<u>46</u>
FQHC/RHC* Individual	<u>52</u>
FQHC/RHC* Group	<u>58</u>

* Federally Qualified Health Center/Rural Health Clinic

Patient Volume – Individual

The following pages will show you how to apply for the EHR Incentive program as an Individual provider. If you are not applying as an Individual provider, refer to the table on page 34 for more information about your practice type.

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

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

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Patient Volume - Individual (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	9999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location Refresh

Previous Reset Save & Continue

UI 45-C

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

Enter the requested practice location information.

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

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Patient Volume - Individual (Part 3 of 3)

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

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

(*) Red asterisk indicates a required field.

*Location Name: New Location ?
*Address Line 1: 123 Main Street ?
Address Line 2:
Address Line 3:
*City: Anytown
*State: Alabama
*Zip (5+4): 12345 -

Previous Reset **Save & Continue**

UI 44

For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting patient requirements and at least one location for utilizing certified EHR technology.

Note

For every location listed on this screen, even if you did not select it as a location to meet patient requirements (**Medicaid Patient Volume** column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

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

Print Contact Us Exit

Name Applicant NPI
 Personal TIN/SSN Payee TIN
 Payment Year Program Year

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

Patient Volume - Individual (Part 3 of 3)

CO has the following information on the locations in which you practice.
 Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.
You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

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

(* Red asterisk indicates a required field.)

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	99999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Add Location Refresh

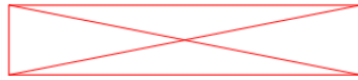
Previous Reset Save & Continue

UI 45-C

Click **Begin** to proceed to the screens where you will enter patient volumes.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/WebContent/resources/template/static/prof/patVolSplashIndividualInclude.xhtml]



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

SPLASH PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

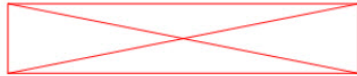
Begin

UI 46-C

Medicaid Patient Volume Percentage Formula - Individual
 (Medicaid Encounter Volume / Total Encounter Volume)

Enter patient volumes for each location listed on the screen.

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.



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

Name
 Personal TIN/SSN
 Payment Year

Applicant NPI
 Payee TIN
 Program Year

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

Patient Volume - Individual (Part 3 of 3)

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

An Encounter is defined as any services that were rendered on any one day to an individual enrolled in an eligible Medicaid 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.

Provider Id	Location Name	Address	Medicaid Only Encounter Volume <i>(In State Numerator)</i>	Medicaid Encounter Volume <i>(Total Numerator)</i>	Total Encounter Volume <i>(Denominator)</i>
9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	800	1000	3300
N/A	New Location	123 Main Street Anytown, AL 12345	400	500	1500

Previous Reset **Save & Continue**

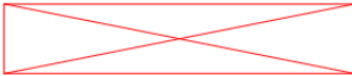
UI 47

This screen displays the locations where you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

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

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



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Patient Volume - Individual (Part 3 of 3)

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	9999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	Medicaid Only In State: 800 Total Medicaid: 1000 Denominator: 3300	30%
Yes	N/A	New Location	123 Main Street Anytown, AL 12345	Medicaid Only In State: 400 Total Medicaid: 500 Denominator: 1500	33%

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

UI 48

Patient Volume – Practitioner Panel (Individual & FQHC/RHC)

The following pages will show you how to apply for the EHR Incentive program as an Individual Practitioner Panel or FQHC/RHC Practitioner Panel provider. If you are not applying as either practice type, refer to the table on page 34 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office 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**.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

[Get Started](#)

[R&A/Contact Info](#)

[Eligibility](#)

[Patient Volumes](#)

[Attestation](#)

[Review](#)

[Submit](#)

Patient Volume - FQHC/RHC Practitioner Panel (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	9999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location

UI 283

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

Enter the requested practice location information.

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



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Patient Volume - Practitioner Panel (Part 3 of 3)

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

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

(*) Red asterisk indicates a required field.

*Location Name: ?

*Address Line 1: ?

Address Line 2:

Address Line 3:

*City:

*State: ▾

*Zip (5+4): -

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

UI 44

For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting patient requirements and at least one location for utilizing certified EHR technology.

Note

For every location listed on this screen, even if you did not select it as a location to meet patient requirements (**Medicaid Patient Volume** column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

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

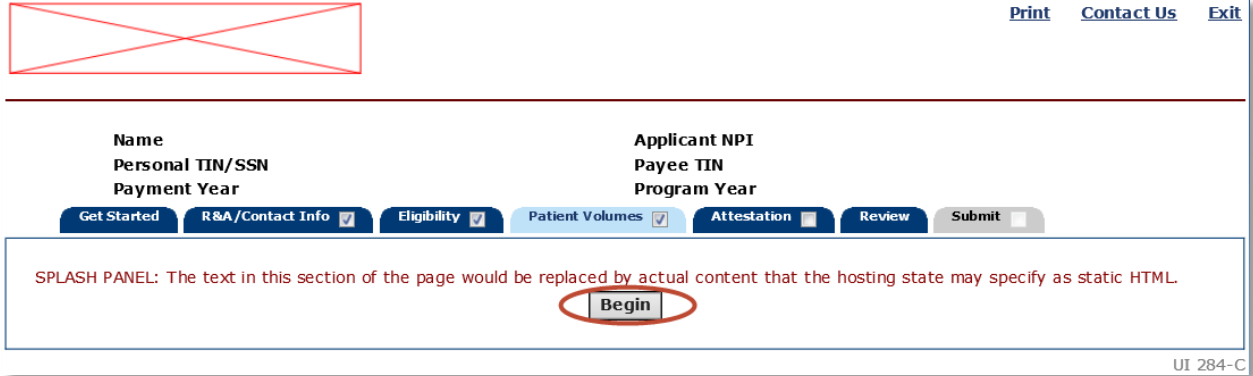
The screenshot shows a web application interface for reporting Medicaid patient volumes and EHR technology utilization. At the top, there are navigation links for 'Print', 'Contact Us', and 'Exit'. Below these are fields for 'Name', 'Personal TIN/SSN', 'Payment Year', 'Applicant NPI', 'Payee TIN', and 'Program Year'. A series of buttons includes 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Patient Volume - FQHC/RHC Practitioner Panel (Part 3 of 3)' and contains instructions: 'CO has the following information on the locations in which you practice. Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**. You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.' A blue box provides further instructions: '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.' A red asterisk note states: '(*) Red asterisk indicates a required field.' Below this is a table with the following columns: '*Medicaid Patient Volumes (Must Select One)', '*Utilizing Certified EHR Technology (Must Select One)', 'Provider ID', 'Location Name', 'Address', and 'Available Actions'. The table contains two rows. The first row has a checked box for 'Medicaid Patient Volumes', radio buttons for 'Yes' and 'No' for 'Utilizing Certified EHR Technology', '9999999999999999' for 'Provider ID', 'Doctor Office' for 'Location Name', and '123 First Street Anytown, PA 12345-1234' for 'Address'. The second row has a checked box for 'Medicaid Patient Volumes', radio buttons for 'Yes' and 'No' for 'Utilizing Certified EHR Technology', 'N/A' for 'Provider ID', 'New Location' for 'Location Name', and '123 Main Street Anytown, AL 12345' for 'Address'. Below the table are buttons for 'Add Location' and 'Refresh'. At the bottom of the form are buttons for 'Previous', 'Reset', and 'Save & Continue'. The 'Save & Continue' button is circled in red. The page number 'UI 283' is visible in the bottom right corner.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Click **Begin** to proceed to the screens where you will enter patient volumes.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/WebContent/resources/template/static/prof/patVolSplashPanelInclude.xhtml]



Medicaid Patient Volume Percentage Formula - Practitioner Panel

(Total Medicaid Patients on the Practitioner Panel + Unduplicated Medicaid Only Encounter Volume)

Divided by

(Total Patient Panel Encounters + Total Unduplicated Encounter Volume)

[STATE SHOULD UPDATE THIS PAGE TO INCLUDE INSTRUCTIONS IF THE FQHC/RHC QUESTION IS ENABLED].

Enter patient volumes for each location listed in the screen.

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.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Patient Volume - FQHC/RHC Practitioner Panel (Part 3 of 3)

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

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

(1) The total Medicaid patients assigned to the EP's panel in any 90-day period in either the calendar year preceding the payment year or the 12 months before the attestation date, with at least one encounter taking place during the prior 24 months before the start date of the 90-day period.
 (2) Unduplicated Medicaid encounters in the same 90-day period.
 (3) The total patients assigned to the provider in that same 90-day period with at least one encounter taking place during the prior 24 months before the start date of the 90-day period.
 (4) All unduplicated encounters in the same 90-day period.

(*) Red asterisk indicates a required field.

• Practitioner Panel <*Please select where you practice predominantly:>

FQHC
 RHC

Provider Id	Location Name	Address	Total Needy Individuals on the Practitioner Panel 1 <i>(Numerator)</i>	Unduplicated Needy Individuals Only Encounter Volume 2 <i>(Numerator)</i>	Total Patients on Practitioner Panel 3 <i>(Denominator)</i>	Total Unduplicated Encounter Volume 4 <i>(Denominator)</i>
9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	= 100	= 400	= 100	= 800
N/A	New Location	123 Main Street Anytown, AL 12345	= 135	= 100	= 145	= 800

Previous
Reset
Save & Continue

UI 281-C

This screen displays where you practice predominantly (FQHC or RHC), the locations you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

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

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

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Patient Volume - FQHC/RHC Practitioner Panel (Part 3 of 3)

Current **patient volumes** totals are depicted below. Please review the current totals to verify that the information you entered is correct.

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

• Practitioner Panel <*Please select where you practice predominantly:> FQHC

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	<i>Total Needy on Panel:</i> 100 <i>Unduplicated Needy Encounters:</i> 400 <i>Total Patients on Panel:</i> 100 <i>Total Unduplicated Encounters:</i> 800	56%
Yes	N/A	New Location	123 Main Street Anytown, AL 12345	<i>Total Needy on Panel:</i> 135 <i>Unduplicated Needy Encounters:</i> 100 <i>Total Patients on Panel:</i> 145 <i>Total Unduplicated Encounters:</i> 800	25%

Sum Total Needy Individuals on the Practitioner Panel	Sum Unduplicated Needy Individuals Only Encounter Volume	Sum Total Patients on Practitioner Panel	Sum Total Unduplicated Encounter Volumes	Total %
235	500	245	1600	40%

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[Save & Continue](#)

UI 282

Patient Volume – Group

The following pages will show you how to apply for the EHR Incentive program as a Group provider. If you are not applying as a Group provider, refer to the table on page 34 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office 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**.

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Patient Volume - Group (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input type="radio"/> No	99999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location Refresh

Previous Reset Save & Continue

UI 53

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

Enter the requested practice location information.

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

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Patient Volume - Group (Part 3 of 3)

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

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

(*) Red asterisk indicates a required field.

* **Location Name:**

* **Address Line 1:**

Address Line 2:

Address Line 3:

* **City:**

* **State:**

* **Zip (5+4):** -

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

UI 44

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

Note

You must indicate if you are using certified EHR technology at every location listed on this screen by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

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

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Patient Volume – Group (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.

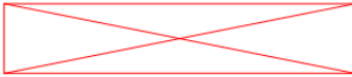
*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

UI 53

Click **Begin** to proceed to the screens where you will enter patient volumes.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/WebContent/resources/template/static/prof/patVolSplashGroupInclude.xhtml]



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SPLASH PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 54-C

Medicaid Patient Volume Percentage Formula - Group

Medicaid Encounter Volumes

Divided by

Total Encounter Volume

Enter Group Practice Provider IDs.

If you listed four **Group Practice Provider IDs** and the patient volume numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs.

Enter **Patient Volumes** for the locations.

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

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Patient Volume – Group (Part 3 of 3)

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

*1234567890
2345678901
3456789012
4567890123

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

For reporting Group patient volumes:

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

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

An Encounter is defined as any services that were rendered on any one day to an individual enrolled in an eligible Medicaid 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.

Medicaid only Encounter Volume (In State Numerator)	Medicaid Encounter Volumes (Total Numerator)	Total Encounter Volume (Denominator)
*1500	*1250	*3500

Previous Reset Save & Continue

UI 55

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

Review the information for accuracy.

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

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



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Patient Volume - Group (Part 3 of 3)

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234
Yes	N/A	New Location	123 Main Street Anytown, AL 12345-

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123

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

Previous **Save & Continue**

UI 56

Patient Volume – FQHC/RHC Individual

The following pages will show you how to apply for the EHR Incentive program as an FQHC/RHC Individual provider. If you are not applying as an FQHC/RHC Individual provider, refer to the table on page 34 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office 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**.

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

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	99999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location Refresh

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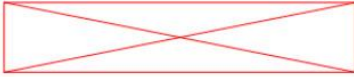
[Save & Continue](#)

UI 49

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

Enter the requested practice location information.

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



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

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

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

(*) Red asterisk indicates a required field.

*Location Name: ?

*Address Line 1: ?

Address Line 2:

Address Line 3:

*City:

*State: ▼

*Zip (5+4): -

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UI 44

For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting patient requirements and at least one location for utilizing certified EHR technology.

Note

For every location listed on this screen, even if you did not select it as a location to meet patient requirements (**Medicaid Patient Volume** column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

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

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

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

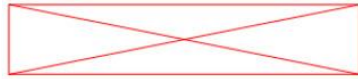
UT 49

Click **Begin** to proceed to the screens where you will enter patient volumes.

[SPLASH PAGE CODE FILE NAME:

/mapir-

public/WebContent/resources/template/static/prof/patVolSplashIndividualFqhcRhclnclude.xhtml]



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SPLASH PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 50-C

Medicaid Patient Volume Percentage Formula – FQHC/RHC Individual

Total Needy Encounter Volume

Divided by

Total Encounter Volume

[STATE SHOULD UPDATE THIS PAGE TO INCLUDE INSTRUCTIONS IF THE FQHC/RHC QUESTION IS ENABLED].

Enter **Patient Volume** for the locations.

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.



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

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

Needy individual encounters include the following:

- Medicaid encounters for eligible individuals
- Children’s Health Insurance Program encounters for eligible individuals
- Uncompensated care encounters
- Sliding scale encounters

*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.

Practitioner Panel <*Please select where you practice predominantly:>

- FQHC
 RHC

Provider ID	Location Name	Address	Medicaid and CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	* 800	* 1000	* 1800	*
N/A	New Location	123 Main Street Anytown, AL 12345	* 400	* 500	* 900	*

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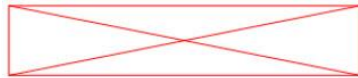
UI 51-C

This screen displays the locations you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

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

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



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

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

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

Practitioner Panel <*Please select where you practice predominantly:> FQHC

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	% Volume (Denominator)
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	Medicaid and CHIP Numerator: 800 Other Needy Numerator: 1000 Total Needy Numerator: 1800 Denominator: 2000	90%
Yes	N/A	New Location	123 Main Street Anytown, AL 12345	Medicaid and CHIP Numerator: 400 Other Needy Numerator: 500 Total Needy Numerator: 900 Denominator: 1500	60%

Sum Medicaid and Chip Encounter Volume	Sum Other Needy Individual Encounter Volume	Sum Total Needy Encounter Volume	Denominator	Total %
1200	1500	2700	3500	77%

Previous **Save & Continue**

UI 52

Patient Volume – FQHC/RHC Group

The following pages will show you how to apply for the EHR Incentive program as an FQHC/RHC Group provider. If you are not applying as an FQHC/RHC Group provider, refer to the table on page 34 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office 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**.

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

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

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

You must select at least one location for utilizing certified EHR technology.

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

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input type="radio"/> No	9999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location Refresh

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UI 57

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

Enter the requested practice location information.

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

Click **Reset** to restore this panel to the starting point or last saved data.



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

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

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

(*) Red asterisk indicates a required field.

*Location Name: ?

*Address Line 1: ?

Address Line 2:

Address Line 3:

*City:

*State:

*Zip (5+4): -

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

UI 44

For each location, check whether you plan to utilize certified EHR technology. You must select at least one location for utilizing certified EHR technology.

Note
You must indicate if you are using certified EHR technology at every location listed on this screen by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

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 review your selection or click **Previous** to go back.

Click **Reset** to restore this panel to the starting point or last saved data.

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

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

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

You must select at least one location for utilizing certified EHR technology.

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

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="radio"/> Yes <input type="radio"/> No	99999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

UI 57

Click **Begin** to proceed to the screens where you will enter patient volumes.

[SPLASH PAGE CODE FILE NAME:

/mapir-

public/WebContent/resources/template/static/prof/patVolSplashIndividualFqhcRhclnclude.xhtml]



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SPLASH PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 58-C

Medicaid Patient Volume Percentage Formula – FQHC/RHC Group

Total Needy Encounter Volume

Divided by

Total Encounter Volume

Enter Group Practice Provider IDs.

[STATE SHOULD UPDATE THIS PAGE TO INCLUDE INSTRUCTIONS IF THE FQHC/RHC QUESTION IS ENABLED].

If you listed four **Group Practice Provider IDs** and the patient volume numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs.

Enter Patient Volumes.

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

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

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

*1234567890 | 2345678901 | 3456789012 | 4567890123

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

Group Volumes

For reporting Group patient volumes:

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

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

Needy individual encounters include the following:

- Medicaid encounters for eligible individuals
- Children's Health Insurance Program encounters for eligible individuals
- Uncompensated care encounters
- Sliding scale encounters

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.

• Group/Clinic <*Please select where you practice predominantly:>

FQHC
 RHC

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)
*600	*650	*1250	*3500

Previous | Reset | **Save & Continue**

This screen displays the locations where you are utilizing EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

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

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



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Patient Volumes
Attestation
Review
Submit

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

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

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

• Group/Clinic <* Please select where you practice predominantly: > FQHC

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234
Yes	N/A	New Location	123 Main Street Anytown, AL 12345-

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123 ←

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
600	650	1250	3500	36% ←

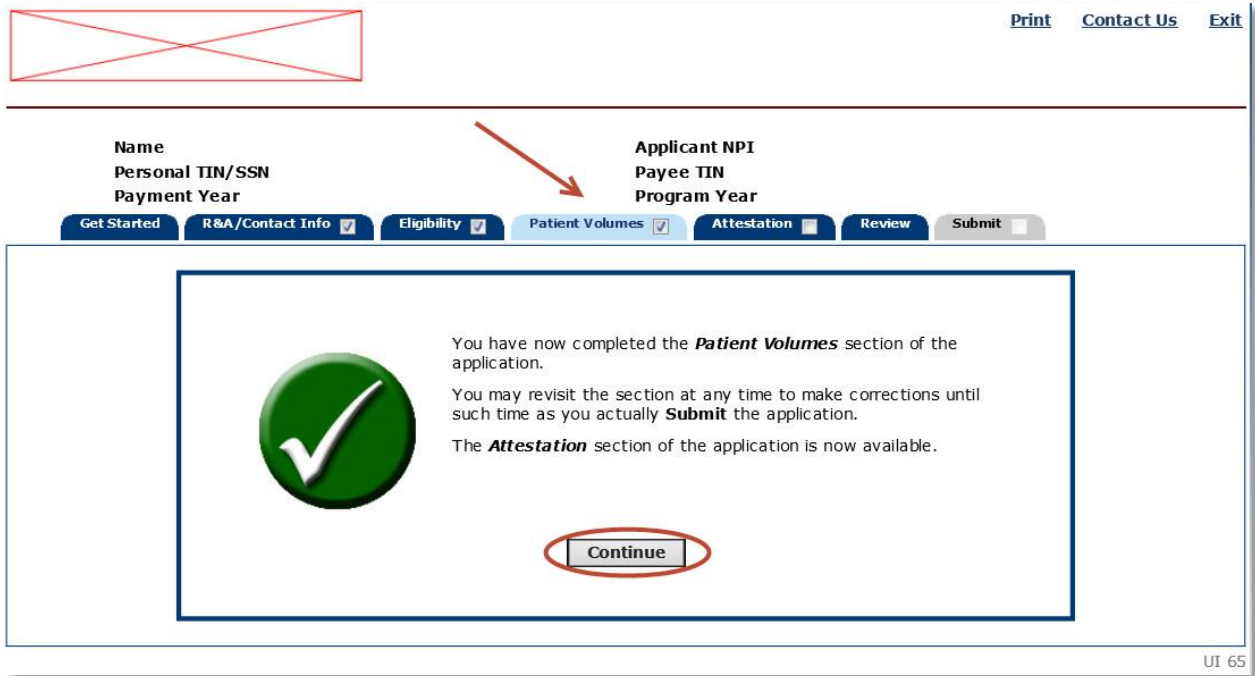
Previous
Save & Continue

UI 60

This screen confirms you successfully completed the Patient Volume section.

Note the check box in the Patient Volume tab.

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



Medical Assistance Provider Incentive Repository (MAPIR): Part 2A – Program Updates for 2018 Attestation for Eligible Professionals

Version: 1.0

Original Version Date: 02/05/2020

Last Revision Date: 02/05/2020

Revision Log:

MAPIR User Guide for Eligible Professionals – Part 2A

Version	Revision Date	Revision
V1.0	02/05/2020	<ul style="list-style-type: none">• Initial Version

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Introduction

MAPIR Release Version 6.1 is configured by default to require 90 days of Meaningful Use attestation for Program Years 2017 and higher.

Any incentive applications that were started prior to the installation of MAPIR Release Version 6.1 for a specific state will follow the processing logic that was in effect for the version of MAPIR that you are currently running.

With the implementation of Version 6.0, MAPIR benefited from a revised navigational approach for attestation. MAPIR Release Version 6.1 expands this approach to Stage 3 Objectives for Program Year 2018 incentive applications, and Modified Stage 2 and Stage 3 CQMs for 2018.

Use the selection process for determining the CQMs and Public Health Options that you are attesting to with the navigational approach. Once the selections are made, the navigational flow will display the first choice made in the selection process. The left margin will display all selected Public Health options or CQMs (as applicable) in a list and you will be free to navigate between options or CQMs. When you complete the option or CQM by selecting the **Save and Continue** button, MAPIR will progress to the next option or CQM that has not been saved. When the last option/CQM is saved, MAPIR will automatically return to the selection list.

Meaningful Use Objectives have no selection screen and you must complete all Objectives. Once you select the **Begin** button on the Splash Page for Meaningful Use Objectives screen, MAPIR will display the objectives with the navigation approach.

Related MAPIR Documentation

To review getting started with MAPIR please see the MAPIR User Guide for EP Part 1.

To review Program updates for 2019 in the attestation tab, see MAPIR User Guide for EP Part 2B PY 2019.

To review Program updates for 2020 in the attestation tab, see MAPIR User Guide for EP Part 2C PY 2020.

To review application submission and review, see MAPIR User Guide for EP Part 3.

To review the MAPIR Review tab to Application Submission, see MAPIR User Guide for EP Part 4.

Step 5 – Attestation

This section will ask you to provide information about your *EHR System Adoption Phase*. The Adoption phase for 2018 is *Meaningful Use*.

This initial Attestation screen provides information about this section.

Note

The Adoption, Implementation, and Upgrade phases are not available in 2017 or higher.

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

[SPLASH PAGE CODE FILE NAME:

/mapir-public/WebContent/resources/template/static/prof/attestSplashInclude.xhtml]

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Name	Applicant NPI
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Payment Year	Program Year

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

SPLASH PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 75-C

Meaningful Use Phase

Select an EHR System Adoption Phase for reporting *Meaningful Use of Certified EHR Technology*. The selections available to you will depend on the CEHRT ID entered.

MAPIR will display the applicable stage options available unless a default has been set.

The default for Program Year 2018 is set to Meaningful Use (90 days).

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

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

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Phase** below. The selection that you make 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.

Meaningful Use (90 days)
You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.

Meaningful Use (Full Year)
You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.

Previous Reset **Save & Continue**

UI 345

The Attestation EHR Reporting Period (Part 1 of 3) screen will display the 90-day period and the full year period. For Program Year 2017 or higher incentive applications, the default EHR Reporting Period will be a continuous 90-day period.

Note

The Attestation EHR Reporting Period for Program Year 2016 and before will display the 90-day period or the full year period, depending on the selection made on the previous screen.

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

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

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

Attestation EHR Reporting Period (Part 1 of 3)

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

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

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

(* Red asterisk indicates a required field.)

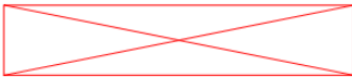
* **Start Date:** 01/01/2018
mm/dd/yyyy

Previous Reset **Save & Continue**

UI 80

This screen displays an example of a *Start Date* of January 1, 2018 and a system-calculated *End Date* of March 31, 2018.

Review your selection's **Start Date** and **End Date**. Click **Save & Continue** to continue to the Attestation Meaningful Use Objectives screen or click **Previous** to go back.



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- Attestation
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- Submit

Attestation EHR Reporting Period (Part 1 of 3)

Please confirm that the dates displayed below represent the EHR reporting period for the payment year where the Eligible Professional demonstrates meaningful use of certified EHR technology.

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

Start Date: Jan 01, 2018
End Date: Mar 31, 2018

Meaningful Use – Objectives and Measures

The screen on the following page displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: General Requirements, Meaningful Use Objectives, and the Required Public Health Objective. The Clinical Quality Measures are available as either Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

You may complete any of the four topics in any order.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

Note
 Stage 3 and higher Attestation Objectives and Measures include a Navigational Panel as shown on the [Attestation Meaningful Use Objectives Navigation Panel](#) section of this user manual.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-9), Required Public Health Objective (10) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements		Begin
	Meaningful Use Objectives (0-9)		Begin
	Required Public Health Objective (10)		Begin
< Custom defined configurable item >			
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select

Note:
 When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

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

Figure 0-1: Stage 2 2018 Measures Topic List



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Program Year

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

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements		<input type="button" value="Begin"/>
	Meaningful Use Objectives (0-7)		<input type="button" value="Begin"/>
	Required Public Health Objective (8)		<input type="button" value="Begin"/>
< Custom defined configurable item >			
	Manual Clinical Quality Measures		<input type="button" value="Select"/>
	Electronic Clinical Quality Measures		<input type="button" value="Select"/>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

UI 180-C

Figure 0-2: Stage 3 Measures Topic List

Meaningful Use General Requirements

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator entered. The numerator and denominator entries must be positive whole numbers.

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

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Program Year

Get Started RBA/Contact Info Eligibility Patient Volumes Attestation Review Submit

Meaningful Use General Requirements

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive 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 demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized. * Numerator: [] * Denominator: []

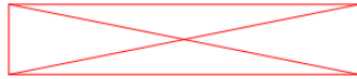
* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period. * Numerator: [] * Denominator: []

Previous Reset Save & Continue

UI 181

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.



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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-9), Required Public Health Objective (10) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div>
	Meaningful Use Objectives (0-9)		<div style="border: 1px solid gray; padding: 2px; display: inline-block; border: 2px solid red;">Begin</div>
	Required Public Health Objective (10)		<div style="border: 1px solid gray; padding: 2px; display: inline-block;">Begin</div>
< Custom defined configurable item >			
	Manual Clinical Quality Measures		<div style="border: 1px solid gray; padding: 2px; display: inline-block;">Select</div>
	Electronic Clinical Quality Measures		<div style="border: 1px solid gray; padding: 2px; display: inline-block;">Select</div>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

If you are in Modified Stage 2 2018 Meaningful Use, proceed to the next [page](#).

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

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (0-7)		<input type="button" value="Begin"/>
	Required Public Health Objective (8)		<input type="button" value="Begin"/>
< Custom defined configurable item >			
	Manual Clinical Quality Measures		<input type="button" value="Select"/>
	Electronic Clinical Quality Measures		<input type="button" value="Select"/>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

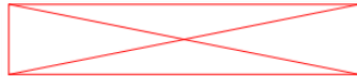
UI 180-C

If you are in Stage 3 Meaningful Use, proceed [here](#).

Modified Stage 2 2018 MU

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.



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Name **Applicant NPI**
Personal TIN/SSN **Payee TIN**
Payment Year **Program Year**

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-9), Required Public Health Objective (10) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (0-9)		<input type="button" value="Begin"/>
	Required Public Health Objective (10)		<input type="button" value="Begin"/>
< Custom defined configurable item >			
	Manual Clinical Quality Measures		<input type="button" value="Select"/>
	Electronic Clinical Quality Measures		<input type="button" value="Select"/>

Note:
 When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

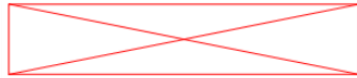
Meaningful Use Objectives (0-9)

This screen provides information about the Meaningful Use Objectives for Modified Stage 2 2018 MU.

Click **Begin** to continue to the Meaningful Use Objectives List Table.

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/mapir-public/prof/attestation/muObjectiveSplashStage2_5Include.xhtml]



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- Patient Volumes
- Attestation
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State Configurable text area for Stage 2.5 Meaningful Use Objectives.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

Meaningful Use Objective List Table

The screen on the following page displays the Meaningful Use Objective List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the *Entered* column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Main** to return to the Measures Topic List.

The screenshot shows a web application interface for "Attestation Meaningful Use Objectives". At the top, there are fields for "Name", "Personal TIN/SSN", "Payment Year", "Applicant NPI", "Payee TIN", and "Program Year". Below these are navigation tabs: "Get Started", "RAA/Contact Info", "Eligibility", "Patient Volume", "Attestation", "Review", and "Submit".

The main content area is titled "Attestation Meaningful Use Objectives" and contains instructions: "To edit information, select the 'EDIT' button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated. When all objectives have been edited and you are satisfied with the entries, select the 'Return to Main' button to access the main attestation topic list."

The "Meaningful Use Objective List Table" is displayed with the following structure:

Objective Number	Objective	Measure	Entered	Select
Objective 0	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <ol style="list-style-type: none"> 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field? 3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received? 4. Did you or your organization receive a request to assist in ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field? <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>During the EHR Reporting Period,</p> <ol style="list-style-type: none"> 1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology? 2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times: <ul style="list-style-type: none"> (i) Connected in accordance with applicable law; (ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; (iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300g(c)(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors. 3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300g(c)(3)), and other persons, regardless of the requestor's affiliation or technology vendor? 			EDIT

Figure 0-3: Meaningful Use Objective List Table (Part 1 of 2)

Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.		EDIT
Objective 2	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		EDIT
Objective 3	Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.		EDIT
Objective 4	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.		EDIT
Objective 5	The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.	The EP that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.		EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.		EDIT
Objective 7	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.		EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. More than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download, or transmit their health information to a third party during the EHR reporting period.		EDIT
Objective 9	Use secure electronic messaging to communicate with patients on relevant health information.	For more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.		EDIT

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Figure 0-4: Meaningful Use Objective List Table continued (Part 2 of 2)

Objective 0 – ONC Questions

Enter information in all required fields.

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Objective 0 – ONC Questions

[Click HERE](#) to review CMS Guidelines for this measure.

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(*) Red asterisk indicates a required field.

Activities related to supporting providers with the performance of Certified EHR Technology:

*1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?
 Yes No

*2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program?
 Yes No

If you answered No on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?
 Yes No

*3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?
 Yes No Decline to answer

*4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program?
 Yes No Decline to answer

If you answered No or Decline to Answer on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?
 Yes No Decline to answer

Actions related to supporting information exchange and the prevention of health information blocking:

*1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?
 Yes No

*2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:

(i) Connected in accordance with applicable law;
 Yes No

(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
 Yes No

(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;
 Yes No

(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300j(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.
 Yes No

*3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300j(3)), and other persons, regardless of the requestor's affiliation or technology vendor?
 Yes No

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Objective 1 – Protect Patient Health Information

Enter information in all required fields.

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Objective 1 - Protect Patient Health Information

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*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.

Objective: Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.

*Did you meet this measure?
 Yes No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY):

Name and Title (Person who conducted or reviewed the security risk analysis):

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Objective 2 – Clinical Decision Support (CDS)

Enter information in all required fields.

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Objective 2 - Clinical Decision Support (CDS)

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(*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

*Did you meet this measure?
 Yes No

Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you? If 'No', complete Measure 2.
 Yes No

Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Did you meet this measure?
 Yes No

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Objective 3 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

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Objective 3 - Computerized Provider Order Entry (CPOE)

[Click HERE](#) to review CMS Guidelines for this measure.

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.

Objective: Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

- This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
- This data was extracted only from patient records maintained using Certified EHR Technology.

Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 1: The number of orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by the EP during the EHR reporting period.
Exclusion 1: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

* Does this exclusion apply to you?
 Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 1: **Denominator 1:**

Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 2: The number of orders in the denominator recorded using CPOE.
Denominator 2: Number of laboratory orders created by the EP during the EHR reporting period.
Exclusion 2: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

* Does this exclusion apply to you?
 Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 2: **Denominator 2:**

Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 3: The number of orders in the denominator recorded using CPOE.
Denominator 3: Number of radiology orders created by the EP during the EHR reporting period.
Exclusion 3: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.

* Does this exclusion apply to you?
 Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 3: **Denominator 3:**

Objective 4 – Electronic Prescribing

Enter information in all required fields.

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

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Objective 4 - Electronic Prescribing

i Click [HERE](#) to review CMS Guidelines for this measure.

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.

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.

This data was extracted only from patient records maintained using Certified EHR Technology.

EXCLUSION 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

EXCLUSION 2: Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

If the exclusions do not apply to you, complete the following information.

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using Certified EHR Technology.

Denominator: Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

Numerator: **Denominator:**

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Objective 5 – Health Information Exchange

Enter information in all required fields.

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

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Objective 5 - Health Information Exchange

Click [HERE](#) to review CMS Guidelines for this measure.

*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.

Objective: The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

EXCLUSION: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

* Does this exclusion apply to you? If 'Yes', do not complete the measure below. If 'No', complete entries in the measure below.

Yes No

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.

Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

Numerator: **Denominator:**

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Objective 6 - Patient Specific Education

Enter information in all required fields.

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Objective 6 - Patient-Specific Education

i Click [HERE](#) to review CMS Guidelines for this measure.

*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.

Objective: Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

Measure: Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

EXCLUSION: Any EP who has no office visits during the EHR reporting period.

* Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

Yes No

Numerator: Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology.

Denominator: Number of unique patients with office visits seen by the EP during the EHR reporting period.

Numerator: **Denominator:**

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Objective 7– Medication Reconciliation

Enter information in all required fields.

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

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Objective 7 - Medication Reconciliation

Click [HERE](#) to review CMS Guidelines for this measure.

*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.

Objective: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

Measure: The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

EXCLUSION: Any EP who was not the recipient of any transitions of care during the EHR reporting period.

* Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

Yes No

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.
Denominator: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

Numerator: Denominator:

Objective 8 – Patient Electronic Access

Enter information in all required fields.

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

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Objective 8 – Patient Electronic Access

Click [HERE](#) to review CMS Guidelines for this measure.

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.

Objective: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.

Exclusion Measure 1 and 2: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures. This will exclude both measures.

* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and Measure 2. If 'No', complete entries for Measure 1.

Yes No

Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

Numerator 1: The number of patients in the denominator who have access to view online, download and transmit their health information within four business days after the information is available to the EP.

Denominator 1: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: **Denominator 1:**

Exclusion Measure 2: Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. This will only exclude Measure 2.

Does the exclusion apply to you? If 'Yes', do not complete Measure 2. If 'No', complete entries for Measure 2.

Yes No

Measure 2: More than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download, or transmit their health information to a third party during the EHR reporting period.

Numerator 2: The number of patients in the denominator who view, download, or transmit to a third party their health information.

Denominator 2: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: **Denominator 2:**

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Objective 9 – Secure Electronic Messaging

Enter information in all required fields.

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

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Objective 9 - Secure Electronic Messaging

Click [HERE](#) to review CMS Guidelines for this measure.

*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.

Objective: Use secure electronic messaging to communicate with patients on relevant health information.

EXCLUSION: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

* Does this exclusion apply to you? If 'Yes', do not complete entries in the Numerator and Denominator. If 'No', complete entries in the Numerator and Denominator.

Yes No

Measure: For more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

Numerator: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative).

Denominator: Number of unique patients seen by the EP during the EHR reporting period.

Numerator: **Denominator:**

Once you have attested to all the measures for this topic, click **Return to Main** to return to the Measures Topic List.

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To edit information, select the "EDIT" button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the "Return to Main" button to access the main attestation topic list.

Objective Number	Objective	Measure	Entered	Select
Objective 0	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?</p> <p>2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?</p> <p>3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?</p> <p>4. Did you or your organization receive a request to assist in ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>During the EHR Reporting Period,</p> <p>1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?</p> <p>2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:</p> <p>(i) Connected in accordance with applicable law;</p> <p>(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;</p> <p>(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;</p> <p>(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300j(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.</p> <p>3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300j(3)), and other persons, regardless of the requestor's affiliation or technology vendor?</p>		<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes</p>	<input type="button" value="EDIT"/>

Figure 0-5: Measures Topic List (Part 1 of 2)

Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	Measure = Yes Date = 10/01/2014 Name and Title = Provider	EDIT
Objective 2	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Measure 1 = Yes Measure 2 Exclusion = Excluded	EDIT
Objective 3	Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Patient Records = All Measure 1 Exclusion 1 = Excluded Measure 2 Exclusion 2 = Excluded Measure 3 Exclusion 3 = Excluded	EDIT
Objective 4	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	Patient Records = All Exclusion 1 = Excluded Exclusion 2 = Excluded	EDIT
Objective 5	The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.	The EP that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	Exclusion = Excluded	EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Exclusion = Excluded	EDIT
Objective 7	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Exclusion = Excluded	EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. More than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download, or transmit their health information to a third party during the EHR reporting period.	Measure 1 Exclusion Measure 1 and 2 = Excluded	EDIT
Objective 9	Use secure electronic messaging to communicate with patients on relevant health information.	For more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.	Exclusion = Excluded	EDIT

[Return to Main](#)

Figure 0-6: Measures Topic List continued (Part 2 of 2)

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

To access the Required Public Health Objective, click the **Begin** button on the Meaningful Use Objectives Dashboard.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-9), Required Public Health Objective (10) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Meaningful Use Objectives (0-9)	10/10	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Required Public Health Objective (10)		<div style="border: 1px solid #ccc; padding: 2px; display: inline-block; border-radius: 50%;">Begin</div>

< Custom defined configurable item >

Manual Clinical Quality Measures	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Select</div>
Electronic Clinical Quality Measures	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Select</div>

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous

Save & Continue

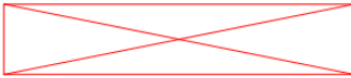
Modified Stage 2 2018 Required Public Health Objective

This initial screen provides information about the Required Public Health Objective for Modified Stage 2 2018 PH.

Click **Begin** to continue to the Required Public Health Objective Selection screen.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/prof/attestation/phObjectiveSplashStage2_5Include.xhtml]



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State Configurable text area for Stage 2.5 Required Public Health Objectives.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

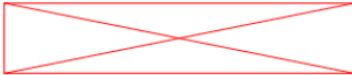
Begin

Required Public Health List Table

From the Required Public Health Objective Selection screen, choose a minimum of two Required Public Health Options to attest to.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed, or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point or last saved data.



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Attestation Meaningful Use Objectives

You must attest to 2 Public Health options without taking an exclusion. If you are unable to successfully attest to 2 options, you must attest or take an exclusion for all 3 options. Note: Option 3 may be attested to twice, but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>

[Return to Main](#) [Reset](#) [Save & Continue](#)

The measures you select to attest to will display on the Required Public Health Objective List Table. The example on the following page displays the four measures selected from the above screen example.

You must complete all the measures selected.

Once information is successfully entered and saved for a measure it will be displayed in the *Entered* column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Selection List** to return to the Required Public Health Objective List Selection screen.

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Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the public health Option that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health options have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	Measure Option 1 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No	EDIT
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	Measure Option 2 = No Exclusion 1 = No Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No	EDIT
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	Measure Option 3A = Yes Specialized Registry = Specialized Registry 1 Active Engagement Option = Production	EDIT
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	Specialized Registry = Specialized Registry 2 Active Engagement Option = Testing and validation	EDIT

Return to Selection List

The following is a list of the Meaningful Use Menu Measures that you may attest to.

Click on the Screen Example to see an example of the screen layout.

Required Public Health Objective	Screen Example
Objective 10 Option 1 – Immunization Registry Reporting	Screen 1
Objective 10 Option 2 – Syndromic Surveillance Reporting	Screen 2
Objective 10 Option 3A – Specialized Registry Reporting	Screen 3
Objective 10 Option 3B – Specialized Registry Reporting	Screen 4

There is a total of 4 Meaningful Use Menu Measure screens. As you proceed through the Required Public Health Objective section of MAPIR, you will see 4 different screens. Instructions for each measure are provided on the screen. For additional help with a specific Required Public Health Objective, click on the link provided above the blue instruction box.

Objective 10 Option 1 – Immunization Registry Reporting

The following Required Public Health Objective 10 Option 1 – Immunization Registry Reporting uses this screen layout:

Enter information in all required fields.

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

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Objective 10 Option 1 - Immunization Registry Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

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.

Objective: The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

*Does this option apply to you?
 Yes No

If 'Yes', enter the name of the immunization registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 1 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.
 Yes No

Previous Reset Save & Continue

Objective 10 Option 2 – Syndromic Surveillance Reporting

The Required Public Health Objective 10 Option 2 – Syndromic Surveillance Reporting uses this screen layout.

Enter information in all required fields.

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

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Objective 10 Option 2 - Syndromic Surveillance Reporting

i Click [HERE](#) to review CMS Guidelines for this measure.

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.

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

*Does this option apply to you?
 Yes No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.
 Yes No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.
 Yes No

Objective 10 Options 3A – Specialized Registry Reporting

The Required Public Health Objective 10 Option 3A – Specialized Registry Reporting uses this screen layout.

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

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Objective 10 Option 3A – Specialized Registry Reporting

i Click [HERE](#) to review CMS Guidelines for this measure.

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.

Objective: The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

*Does this option apply to you?
 Yes No

Enter the name of the specialized registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by, a specialized registry in their jurisdiction during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
 Yes No

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Objective 10 Option 3B – Specialized Registry Reporting

The Required Public Health Objective 10 Option 3B – Specialized Registry Reporting uses this screen layout.

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

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Objective 10 Option 3B - Specialized Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

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.

Objective: The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

*Enter the name of the specialized registry used below.

*Active Engagement Options: Select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

Previous Reset Save & Continue

After you enter information for a measure and click **Save & Continue**, you will return to the Meaningful Use Menu Measure Worksheet. The information you entered for that measure will be displayed in the *Entered* column of the table as shown in the example below.

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

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Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the public health Option that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health options have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	Measure Option 1 = Yes Specialized Registry = Provider Active Engagement Option = Completed registration to submit data	EDIT
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	Measure Option 2 = Yes Active Engagement Option = Completed registration to submit data	EDIT
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	Measure Option 3A = Yes Specialized Registry = Provider Active Engagement Option = Completed registration to submit data	EDIT
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	Specialized Registry = Provider Active Engagement Option = Completed registration to submit data	EDIT

Return to Selection List

Once you have attested to all the measures for this topic, click **Return to Selection List** to return to the Meaningful Use Menu Measure Selection screen.

Note

The above screenshot does not display the measures attested to but is illustrating the button to use once finished.

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



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Attestation Meaningful Use Objectives

You must attest to 2 Public Health options without taking an exclusion. If you are unable to successfully attest to 2 options, you must attest or take an exclusion for all 3 options. Note: Option 3 may be attested to twice, but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>

Return to Main

Reset

Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic or click **Clear All** to clear the topic information you entered.

Click **Select** to proceed to the Meaningful Use Clinical Quality Measures (Modified Stage 2 2018 and Stage 3) section.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-9), Required Public Health Objective (10) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (0-9)	10/10	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Required Public Health Objective (10)	4/4	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

< Custom defined configurable item >

Manual Clinical Quality Measures	<input type="button" value="Select"/>
Electronic Clinical Quality Measures	<input type="button" value="Select"/>

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Meaningful Use Objectives Summary for Modified Stage 2 2018

This screen displays the objectives and measures topic list for Modified Stage 2 2018 with all three Meaningful Use Objective topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Objectives you attested to.

Proceed to the following Meaningful Use Objectives Summary screen.

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

X

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-9), Required Public Health Objective (10) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Meaningful Use Objectives (0-9)	10/10	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Required Public Health Objective (10)	4/4	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

< Custom defined configurable item >

Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

✓	Clinical Quality Measures	6/6	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
Cancel and Choose Electronic			<input type="button" value="Cancel"/>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

This screen displays the objectives and measures topic list for Modified Stage 2 2018 with all three Meaningful Use Objective topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Objectives you attested to.

Proceed to the Meaningful Use Objectives Summary screen the following page.

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Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

Meaningful Use General Requirements Review

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized.	Numerator = 5 Denominator = 10 Percentage = 50%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 5 Denominator = 10 Percentage = 50%

Meaningful Use Objective Review

Objective Number	Objective	Entered
Objective 0	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <ol style="list-style-type: none"> Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received? Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field? <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>During the EHR Reporting Period,</p> <ol style="list-style-type: none"> Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology? Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times: <ol style="list-style-type: none"> Connected in accordance with applicable law; Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; Implemented in a manner that allowed for timely access by patients to their electronic health information; Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300j(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300j(3)), and other persons, regardless of the requestor's affiliation or technology vendor? 	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes</p>

Figure 0-7: Meaningful Use Objectives Summary screen (Part 1 of 4)

Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	Measure = Yes Date = 10/01/2014 Name and Title = Provider
Objective 2	Use clinical decision support to improve performance on high-priority health conditions.	Measure 1 = Yes Measure 2 Exclusion = Excluded
Objective 3	Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	Patient Records = All Measure 1 Exclusion 1 = Excluded Measure 2 Exclusion 2 = Excluded Measure 3 Exclusion 3 = Excluded
Objective 4	Generate and transmit permissible prescriptions electronically (eRx).	Patient Records = All Exclusion 1 = Excluded Exclusion 2 = Excluded
Objective 5	The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.	Exclusion = Excluded
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Exclusion = Excluded
Objective 7	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	Exclusion = Excluded
Objective 8	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	Measure 1 Exclusion Measure 1 and 2 = Excluded
Objective 9	Use secure electronic messaging to communicate with patients on relevant health information.	Exclusion = Excluded

Required Public Health Objective Review		
Objective Number	Objective	Entered
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Measure Option 1 = Yes Specialized Registry = Provider Active Engagement Option = Completed registration to submit data
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Measure Option 2 = Yes Active Engagement Option = Completed registration to submit data
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Measure Option 3A = Yes Specialized Registry = Provider Active Engagement Option = Completed registration to submit data
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Specialized Registry = Provider Active Engagement Option = Completed registration to submit data

Figure 0-8: Meaningful Use Objectives Summary screen continued (Part 2 of 4)

Meaningful Use Clinical Quality Measure Review				
NQF	Measure Code	Domain	Title	Entered
0028	CMS138 v6.1.000	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population 1 Numerator 1 = 50 Denominator 1 = 100 Performance Rate 1 (%) = 1.0 Exception 1 = 0 Population 2 Numerator 2 = 50 Denominator 2 = 100 Performance Rate 2 (%) = 1.0 Exception 2 = 0 Population 3 Numerator 3 = 50 Denominator 3 = 100 Performance Rate 3 (%) = 1.0 Exception 3 = 0
0024	CMS155 v6.1.000	Community/Population Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Stratum 1 Numerator 1 = 50 Denominator 1 = 100 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Numerator 2 = 50 Denominator 2 = 100 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0 Numerator 3 = 50 Denominator 3 = 100 Performance Rate 3 (%) = 1.0 Exclusion 3 = 0 Stratum 2 Numerator 4 = 50 Denominator 4 = 100 Performance Rate 4 (%) = 1.0 Exclusion 4 = 0 Numerator 5 = 50 Denominator 5 = 100 Performance Rate 5 (%) = 1.0 Exclusion 5 = 0 Numerator 6 = 50 Denominator 6 = 100 Performance Rate 6 (%) = 1.0 Exclusion 6 = 0 Total Numerator 7 = 50 Denominator 7 = 100 Performance Rate 7 (%) = 1.0 Exclusion 7 = 0 Numerator 8 = 50 Denominator 8 = 100 Performance Rate 8 (%) = 1.0 Exclusion 8 = 0 Numerator 9 = 50 Denominator 9 = 100 Performance Rate 9 (%) = 1.0 Exclusion 9 = 0

Figure 0-9: Meaningful Use Objectives Summary screen continued (Part 3 of 4)

0032	CMS124 v6.1.000	Effective Clinical Care	Cervical Cancer Screening	Numerator = 50 Denominator = 100 Performance Rate (%) = 1.0 Exclusion = 0
0004	CMS137 v6.2.000	Effective Clinical Care	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Stratum 1 Numerator 1 = 50 Denominator 1 = 100 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Numerator 2 = 50 Denominator 2 = 100 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0 Stratum 2 Numerator 3 = 50 Denominator 3 = 100 Performance Rate 3 (%) = 1.0 Exclusion 3 = 0 Numerator 4 = 50 Denominator 4 = 100 Performance Rate 4 (%) = 1.0 Exclusion 4 = 0 Stratum 3 Numerator 5 = 50 Denominator 5 = 100 Performance Rate 5 (%) = 1.0 Exclusion 5 = 0 Numerator 6 = 50 Denominator 6 = 100 Performance Rate 6 (%) = 1.0 Exclusion 6 = 0
0018	CMS165 v6.2.000	Effective Clinical Care	Controlling High Blood Pressure	Numerator = 50 Denominator = 100 Performance Rate (%) = 1.0 Exclusion = 0
0022	CMS156 v6.4.000	Patient Safety	Use of High-Risk Medications in the Elderly	Numerator 1 = 50 Denominator 1 = 100 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Numerator 2 = 50 Denominator 2 = 100 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0

Figure 0-10: Meaningful Use Objectives Summary screen continued (Part 4 of 4)

Stage 3 MU

The revised navigational approach is effective for Stage 3 Meaningful Use. If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.



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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
<input checked="" type="checkbox"/>	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (0-7)		<input type="button" value="Begin"/>
	Required Public Health Objective (8)		<input type="button" value="Begin"/>
< Custom defined configurable item >			
	Manual Clinical Quality Measures		<input type="button" value="Select"/>
	Electronic Clinical Quality Measures		<input type="button" value="Select"/>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

UI 180-C

Meaningful Use Objectives

This screen provides information about the Meaningful Use Objectives for Stage 3 MU.

Click **Begin** to continue to the Attestation Meaningful Use Objectives Navigation Panel.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/prof/attestation/muObjectiveSplashStage3_1Include.xhtml]

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State Configurable text area for Stage 3.1 Meaningful Use Objectives.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 715-C

Attestation Meaningful Use Objectives Navigation Panel

The following screen displays the Attestation Meaningful Use Objectives Navigation Panel.

Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete all the Meaningful Use Objectives and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 62 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

The screenshot shows the 'Attestation Meaningful Use Objectives' interface. At the top right, there are links for 'Print', 'Contact Us', and 'Exit'. Below these are fields for 'Name', 'Personal TIN/SSN', and 'Payment Year' on the left, and 'Applicant NPI', 'Payee TIN', and 'Program Year' on the right. A navigation bar contains buttons: 'Get Started', 'RBA/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and features a list of objectives on the left, each with a green checkmark. The selected objective, 'Objective 1 - Protect Patient Health Information', is displayed in the main area. It includes a link to 'Click HERE to review CMS Guidelines for this measure.', a 'Save & Continue' button, and a 'Clear All Entries' button. A red asterisk indicates a required field. The objective description is: 'Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards.' The measure description is: 'Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.' Below this is a question: '*Did you meet this measure?' with radio buttons for 'Yes' and 'No'. If 'Yes', there are input fields for 'Date (MM/DD/YYYY):' and 'Name and Title (Person who conducted or reviewed the security risk analysis):'. At the bottom, there are three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue'. A red box highlights the 'Return to Main' button.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 49 of this manual.

Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display “It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit.”

Objective 0 – ONC Questions

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 55 of this manual.

Objective 0 – ONC Questions

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Activities related to supporting providers with the performance of Certified EHR Technology:

*1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?
 Yes No

*2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program?
 Yes No

If you answered No on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?
 Yes No

*3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?
 Yes No Decline to answer

*4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program?
 Yes No Decline to answer

If you answered No or Decline to Answer on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?
 Yes No Decline to answer

Actions related to supporting information exchange and the prevention of health information blocking:

*1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?
 Yes No

*2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:

(i) Connected in accordance with applicable law;
 Yes No

(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
 Yes No

(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;
 Yes No

(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.
 Yes No

*3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?
 Yes No

Return to Main **Clear All Entries** **Save & Continue**

UI 713

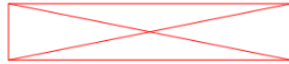
Objective 1 – Protect Patient Health Information

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 48 of this manual.



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Attestation Meaningful Use Objectives

<ul style="list-style-type: none"> Objective 0 <input checked="" type="checkbox"/> Objective 1 <input checked="" type="checkbox"/> Objective 2 <input checked="" type="checkbox"/> Objective 3 <input checked="" type="checkbox"/> Objective 4 <input checked="" type="checkbox"/> Objective 5 <input checked="" type="checkbox"/> Objective 6 <input checked="" type="checkbox"/> Objective 7 <input checked="" type="checkbox"/> 	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Objective 1 - Protect Patient Health Information</p> <p>Click HERE to review CMS Guidelines for this measure.</p> <p style="text-align: center; background-color: #e0f0ff; padding: 5px;"><i>Click the Save & Continue to proceed. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.</i></p> <p>(*) Red asterisk indicates a required field.</p> <p>Objective: Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards.</p> <p>Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.</p> <p>*Did you meet this measure? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If 'Yes', please enter the following information:</p> <p>Date (MM/DD/YYYY): <input style="width: 100px;" type="text"/></p> <p>Name and Title (Person who conducted or reviewed the security risk analysis): <input style="width: 150px;" type="text"/></p> <p style="text-align: center;"> <input type="button" value="Return to Main"/> <input type="button" value="Clear All Entries"/> <input type="button" value="Save & Continue"/> </p> </div>
--	---

UI 665

Objective 2 – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 48 of this manual.

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Attestation Meaningful Use Objectives

- Objective 0
- Objective 1
- Objective 2 **Objective 2 – Electronic Prescribing**
- Objective 3
- Objective 4
- Objective 5
- Objective 6
- Objective 7

Objective 2 – Electronic Prescribing

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.

This data was extracted only from patient records maintained using Certified EHR Technology.

EXCLUSION 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

EXCLUSION 2: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

If the exclusions do not apply to you, complete the following information:

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using Certified EHR Technology.

Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substances, during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

Numerator: **Denominator:**

UI 666

Objective 3 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 48 of this manual.

The screenshot shows the MAPIR web application interface. At the top right, there are links for [Print](#), [Contact Us](#), and [Exit](#). Below these is a red rectangular box with a white 'X' inside. The main header contains fields for Name, Personal TIN/SSN, Payment Year, Applicant NPI, Payee TIN, and Program Year. A navigation bar includes buttons for Get Started, R&A/Contact Info, Eligibility, Patient Volumes, Attestation, Review, and Submit. The main content area is titled 'Attestation Meaningful Use Objectives' and features a sidebar with Objective 0 through 7, each with a green checkmark. The selected objective, 'Objective 3 - Clinical Decision Support', is displayed in a larger box. It contains an information icon and a link: 'Click [HERE](#) to review CMS Guidelines for this measure.' Below this is a blue instruction box: 'Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.' A red asterisk note states: '(*) Red asterisk indicates a required field.' The objective text reads: 'Objective: Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.' It lists three measures: 'Measure 1: Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.' with a question '*Did you meet this measure?' and radio buttons for Yes/No. 'Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.' with a question '*Does this exclusion apply to you? If 'No', complete Measure 2.' and radio buttons for Yes/No. 'Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.' with a question 'Did you meet this measure?' and radio buttons for Yes/No. At the bottom of the main content area are three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The page number 'UI 667' is located at the bottom right of the screenshot.

Objective 4 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 48 of this manual.

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Attestation Meaningful Use Objectives

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Objective 1

Objective 2

Objective 3

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Objective 6

Objective 7

Objective 4 – Computerized Provider Order Entry

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.

This data was extracted only from patient records maintained using Certified EHR Technology.

Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 1: The number of orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by the EP during the EHR reporting period.
Exclusion 1: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

*** Does this exclusion apply to you?**
 Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 1: **Denominator 1:**

Measure 2: More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 2: The number of orders in the denominator recorded using CPOE.
Denominator 2: Number of laboratory orders created by the EP during the EHR reporting period.
Exclusion 2: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

*** Does this exclusion apply to you?**
 Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 2: **Denominator 2:**

Measure 3: More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 3: The number of orders in the denominator recorded using CPOE.
Denominator 3: Number of diagnostic imaging orders created by the EP during the EHR reporting period.
Exclusion 3: Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.

*** Does this exclusion apply to you?**
 Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 3: **Denominator 3:**

Return to Main Clear All Entries Save & Continue

UI 668

Objective 5 – Patient Electronic Access to Health Information

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 48 of this manual.



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Objective 5 - Patient Electronic Access to Health Information

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Exclusion 1: An EP may exclude from the measure if they have no office visits during the EHR reporting period.

* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Exclusion 2.
 Yes No

Exclusion 2: Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Measure 1 and 2.
 Yes No

Measure 1: For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's Certified EHR Technology.

Numerator 1: The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology.

Denominator 1: The number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: Denominator 1:

Measure 2: The EP must use clinically relevant information from Certified EHR Technology to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.

Numerator 2: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from Certified EHR Technology during the EHR reporting period.

Denominator 2: The number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: Denominator 2:

- Return to Main
- Clear All Entries
- Save & Continue

UI 669

Objective 6 – Coordination of Care Through Patient Engagement

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 48 of this manual.



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Objective 6 – Coordination of Care Through Patient Engagement

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.

Exclusion 1: An EP may exclude from the measure if they have no office visits during the EHR reporting period.

* Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Exclusion 2.
 Yes No

Exclusion 2: Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Measure 1, 2 and 3.
 Yes No

Measure 1: During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information; or (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology; or (3) A combination of (1) and (2).

Numerator 1: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.

Denominator 1: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: Denominator 1:

Measure 2: For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.

Numerator 2: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.

Denominator 2: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: Denominator 2:

Measure 3: Patient generated health data or data from a non-clinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.

Numerator 3: The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the Certified EHR Technology into the patient record during the EHR reporting period.

Denominator 3: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 3: Denominator 3:

- Return to Main
- Clear All Entries
- Save & Continue

UI 670

Objective 7 – Health Information Exchange (HIE)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 48 of this manual.

The screenshot shows the 'Attestation Meaningful Use Objectives' page. On the left, a list of objectives from 0 to 7 is shown, each with a green checkmark. Objective 7 is highlighted. The main content area for Objective 7 is titled 'Objective 7 - Health Information Exchange (HIE)'. It contains a blue box with a link: 'Click [HERE](#) to review CMS Guidelines for this measure.' Below this is another blue box with instructions: 'Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.' A red asterisk warning states: '(*) Red asterisk indicates a required field.' Below the warning, it says 'Based on the selections you make below you may be required to provide more information.' There are three exclusion questions, each with a red asterisk and a 'Yes/No' radio button option:

- Exclusion 1:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.
 - * Does the exclusion apply to you?
 - Yes No
- Exclusion 2:** Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.
 - * Does the exclusion apply to you?
 - Yes No
- Exclusion 3:** Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measures.
 - * Does the exclusion apply to you?
 - Yes No

At the bottom of the section are three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The page number 'UI 671' is visible in the bottom right corner.

Figure 0-11: Health Information Exchange (HIE) exclusions

Note

If additional information is required, after answering the HIE exclusions, then MAPIR will navigate to the following screen when **Save & Continue** is selected.



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Attestation Meaningful Use Objectives

- Objective 0 ✓
- Objective 1 ✓
- Objective 2 ✓
- Objective 3 ✓
- Objective 4 ✓
- Objective 5 ✓
- Objective 6 ✓
- Objective 7 ✓

Objective 7 - Health Information Exchange (HIE)

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go back. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Based on your exclusion selections from the previous screen you are required to provide the following information.

Objective: The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.

Measure 1: For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using Certified EHR Technology; and (2) electronically exchanges the summary of care record.

Numerator 1: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.

Denominator 1: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

* Numerator 1: * Denominator 1:

Measure 2: For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

Numerator 2: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the Certified EHR Technology.

Denominator 2: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

* Numerator 2: * Denominator 2:

Measure 3: For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.

Numerator 3: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: Medication list, medication allergy list, and current problem list.

Denominator 3: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

* Numerator 3: * Denominator 3:

- Previous
- Return to Main
- Clear All Entries
- Save & Continue

UI 672

Figure 0-12: Health Information Exchange (HIE) results

Stage 3 Required Public Health Objective (8)

The revised navigational approach is effective for Stage 3 Required Public Health. If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.



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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Meaningful Use Objectives (0-7)	8/8	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Required Public Health Objective (8)		<input checked="" type="button" value="Begin"/>
< Custom defined configurable item >			
	Manual Clinical Quality Measures		<input type="button" value="Select"/>
	Electronic Clinical Quality Measures		<input type="button" value="Select"/>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

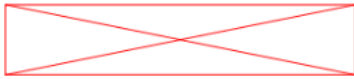
UI 180-C

This screen provides information about the Stage 3 Required Public Health Objective.

Click **Begin** to continue to the Required Public Health Objectives Navigation Panel.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/prof/attestation phObjectiveSplashStage3_1Include.xhtml]



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State Configurable text area for Stage 3.1 Required Public Health Objectives.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 716-C

Required Public Health List Table

From the Required Public Health Objective Selection screen, choose a minimum of two Required Public Health Options to attest to.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed, or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

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Attestation Meaningful Use Objectives

Providers are required to successfully attest to two Public Health Options without taking an exclusion. Select two Options for attestation without taking an exclusion. Options 4 and 5 may be used twice to attest. If you cannot successfully attest to any Option, or can only successfully attest to one Option, then select Options 1, 2, 3, 4A and 5A. Depending on your attestations, you may be required to answer Option 4B or 5B. You cannot attest to Option 4B or 5B if you take an exclusion for Option 4A or 5A respectively.

Note: selecting all exclusions does not mean the Objective fails.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	<input checked="" type="checkbox"/>
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	<input checked="" type="checkbox"/>
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.	<input checked="" type="checkbox"/>
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>

Return to Main Reset Save & Continue

UI 674-C

The measures you select to attest to will display on the Required Public Health Objectives Navigation Panel as shown in the following page.

You must complete all the measures selected.

Required Public Health Objectives Navigation Panel

The following screen displays the Required Public Health Objectives Navigation Panel.

Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete the Required Public Health Objectives and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 73 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 62 of this manual.

Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display “It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit.”

Objective 8 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 61 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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- Objective 8 Option 3
- Objective 8 Option 4A
- Objective 8 Option 4B
- Objective 8 Option 5A
- Objective 8 Option 5B

Objective 8 Option 1 - Immunization Registry Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

***Does this option apply to you?**
 Yes No

If 'Yes', enter the name of the immunization registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 1 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.
 Yes No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Previous Return to Main Clear All Entries Save & Continue

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Objective 8 Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 61 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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- Objective 8 Option 4A
- Objective 8 Option 4B
- Objective 8 Option 5A
- Objective 8 Option 5B

Objective 8 Option 2 - Syndromic Surveillance Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

*Does this option apply to you?
 Yes No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.
 Yes No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.
 Yes No

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Objective 8 Option 3 – Electronic Case Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 61 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

Note
 Electronic Case Reporting for Program Year 2018 is not required for attestation but remains a Public Health attestation option and will count toward the number of Public Health Options attested to.

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<p>Objective 8 Option 1 <input checked="" type="checkbox"/></p> <p>Objective 8 Option 2 <input checked="" type="checkbox"/></p> <p>Objective 8 Option 3 <input checked="" type="checkbox"/></p> <p>Objective 8 Option 4A <input checked="" type="checkbox"/></p> <p>Objective 8 Option 4B <input checked="" type="checkbox"/></p> <p>Objective 8 Option 5A <input checked="" type="checkbox"/></p> <p>Objective 8 Option 5B <input checked="" type="checkbox"/></p>	<p>Objective 8 Option 3 - Electronic Case Reporting</p> <p>Click HERE to review CMS Guidelines for this measure.</p> <div style="border: 1px solid gray; padding: 5px; margin: 5px 0;"> <p style="text-align: center; font-size: small;">Click the Save & Continue to proceed. Click Previous to go to Selection screen. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.</p> </div> <p>(*) Red asterisk indicates a required field.</p> <p>Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.</p> <p>Measure: Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.</p> <p>*Does this option apply to you? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If 'Yes', enter the name of the electronic case reporting registry used below. <input style="width: 100%;" type="text"/></p> <p>Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.</p> <p><input type="checkbox"/> Completed registration to submit data</p> <p><input type="checkbox"/> Testing and validation</p> <p><input type="checkbox"/> Production</p> <p>EXCLUSION: If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.</p> <p>Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period. <input type="radio"/> Yes <input type="radio"/> No</p> <p>Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period. <input type="radio"/> Yes <input type="radio"/> No</p> <p>Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period. <input type="radio"/> Yes <input type="radio"/> No</p> <div style="text-align: center; margin-top: 10px;"> Previous Return to Main Clear All Entries Save & Continue </div>
---	---

UI 723

Objective 8 Option 4A – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 61 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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Attestation Meaningful Use Objectives

- Objective 8 Option 1
- Objective 8 Option 2
- Objective 8 Option 3
- Objective 8 Option 4A
- Objective 8 Option 4B
- Objective 8 Option 5A
- Objective 8 Option 5B

Objective 8 Option 4A - Public Health Registry Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.

***Does this option apply to you?**
 Yes No

If 'Yes', enter the name of the public health registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
 Yes No

Previous Return to Main Clear All Entries Save & Continue

UI 724

Objective 8 Option 4B – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 61 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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Attestation Meaningful Use Objectives

- Objective 8 Option 1
- Objective 8 Option 2
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- Objective 8 Option 4B
- Objective 8 Option 5A
- Objective 8 Option 5B

Objective 8 Option 4B - Public Health Registry Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.

***Does this option apply to you?**
 Yes No

If 'Yes', enter the name of the public health registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
 Yes No

Previous Return to Main Clear All Entries Save & Continue

UI 725

Objective 8 Option 5A – Clinical Data Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 61 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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- Objective 8 Option 2
- Objective 8 Option 3
- Objective 8 Option 4A
- Objective 8 Option 4B
- Objective 8 Option 5A
- Objective 8 Option 5B

Objective 8 Option 5A - Clinical Data Registry Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

*Does this option apply to you?

Yes No

If 'Yes', enter the name of the clinical data registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.

Yes No

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.

Yes No

Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

Yes No

Previous Return to Main Clear All Entries Save & Continue

UI 726

Objective 8 Option 5B – Clinical Data Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 61 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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Attestation Meaningful Use Objectives

- [Objective 8 Option 1](#) ✓
- [Objective 8 Option 2](#) ✓
- [Objective 8 Option 3](#) ✓
- [Objective 8 Option 4A](#) ✓
- [Objective 8 Option 4B](#) ✓
- [Objective 8 Option 5A](#) ✓
- [Objective 8 Option 5B](#) ✓

Objective 8 Option 5B - Clinical Data Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

*Does this option apply to you?
 Yes No

If 'Yes', enter the name of the clinical data registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
 Yes No

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

UI 727

Clinical Quality Measures (CQMs) – Modified Stage 2 2018 and Stage 3

The revised navigational approach is effective for Clinical Quality Measures Modified Stage 2 2018 and Stage 3. If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

A check mark will display under the Completed column for the topic. You can continue to **EDIT** the topic measure after it has been marked complete.

Click **Select** to start the Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

Note

The selection of Electronic Clinical Quality Measures is configurable by states. If this configurable setting is disabled, then only Manual Clinical Quality Measures selection will be available.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
✓	Required Public Health Objective (8)	2/2	EDIT Clear All


< Custom defined configurable item >

Manual Clinical Quality Measures	Select
Electronic Clinical Quality Measures	Select

Note:
 When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.






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

UI 180-C


If Electronic Clinical Quality Measures is selected a  will appear on the Measures Topic List.


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Attestation Meaningful Use Objectives


Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. 

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a  is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div>
	Meaningful Use Objectives (0-7)	8/8	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div>
	Required Public Health Objective (8)	2/2	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div>

< Custom defined configurable item >



Electronic Clinical Quality Measures *(Select Cancel to choose Manual)*

Cancel

Note:
 When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

UI 180-C

To cancel Electronic Clinical Quality Measure selection and choose Manual Clinical Quality Measures click the **Cancel** button and then click **OK** on the pop-up message window.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General		EDIT Clear All
✓	Meaningful Use		EDIT Clear All
✓	Required Public Health		EDIT Clear All

< Custom defined configurable item >

Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures **Begin**

Cancel and Choose Electronic **Cancel**

Note:
 When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous **Save & Continue**

UI 180-C

To select Manual Clinical Quality Measures, click the **Begin** button.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "**Begin**" button. To modify a topic where entries have been made, select the "**EDIT**" button for a topic to modify any previously entered information. Select "**Previous**" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (0-7)	8/8	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Required Public Health Objective (8)	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

< Custom defined configurable item >

Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures

Cancel and Choose Electronic

Note:
When all topics are marked as completed, select the "**Save & Continue**" button to complete the attestation process.

UI 180-C

Manual Clinical Quality Measures

This initial screen provides information about the Manual Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Clinical Quality Measure Worklist Table.

[CORE SPLASH PAGE CODE FILE NAME: /mapir-public/prof/attestation/ cqmGeneralSplashStage2_5Include.xhtml]

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State Configurable text area for Stage 2.5 CQM set.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

[Begin](#)

[CORE SPLASH PAGE CODE FILE NAME: /mapir-public/prof/attestation/ cqmGeneralSplashStage3_1Include.xhtml]

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State Configurable text area for Stage 3.1 CQM.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

[Begin](#)

UI 717-C

Meaningful Use Clinical Quality Measure Worklist Table

There is a total of 55 Meaningful Use Clinical Quality Measures available for you to attest to. From the Meaningful Use Clinical Quality Measures Worklist Table, choose a minimum of six CQMs.

The screen shot below shows the instructional text for the Meaningful Use Clinical Quality Measures and is not a complete listing of all available CQMs.



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Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist Table

You must select a minimum of six (6) CQMs in order to proceed. When all CQMs have been edited and you are satisfied with the entries, select the "Return to Main" button to access the main attestation topic list.

Please Note: CQMs below are listed by NQF number. You have the ability to sort and view the CQMs by NQF or CMS number by clicking on the sort arrows below.

Clinical Quality Measure list Table

NQF#	Measure#	Title	Domain	Selection
0004	CMS137 v6.2.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Effective Clinical Care	<input type="checkbox"/>
0018	CMS165 v6.2.000	Controlling High Blood Pressure	Effective Clinical Care	<input type="checkbox"/>
0022	CMS156 v6.4.000	Use of High-Risk Medications in the Elderly	Patient Safety	<input type="checkbox"/>
0024	CMS155 v6.1.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Community/Population Health	<input type="checkbox"/>
0028	CMS138 v6.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Community/Population Health	<input type="checkbox"/>
0032	CMS124 v6.1.000	Cervical Cancer Screening	Effective Clinical Care	<input type="checkbox"/>
0033	CMS153 v6.2.000	Chlamydia Screening for Women	Community/Population Health	<input type="checkbox"/>
0034	CMS130 v6.1.000	Colorectal Cancer Screening	Effective Clinical Care	<input type="checkbox"/>
0038	CMS117 v6.2.000	Childhood Immunization Status	Community/Population Health	<input type="checkbox"/>
0041	CMS147 v7.2.000	Preventive Care and Screening: Influenza Immunization	Community/Population Health	<input type="checkbox"/>
0052	CMS166 v7.1.000	Use of Imaging Studies for Low Back Pain	Efficiency and Cost Reduction	<input type="checkbox"/>
0055	CMS131 v6.2.000	Diabetes: Eye Exam	Effective Clinical Care	<input type="checkbox"/>
0056	CMS123 v6.2.000	Diabetes: Foot Exam	Effective Clinical Care	<input type="checkbox"/>
0059	CMS122	Diabetes: Hemoglobin A1c	Effective Clinical Care	<input type="checkbox"/>

Attestation MU Clinical Quality Measure Navigation Panel

The screen below displays the Attestation MU Clinical Quality Measure Navigation Panel. This screen displays the Meaningful Use Clinical Quality Measures you selected on the previous screen.

Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

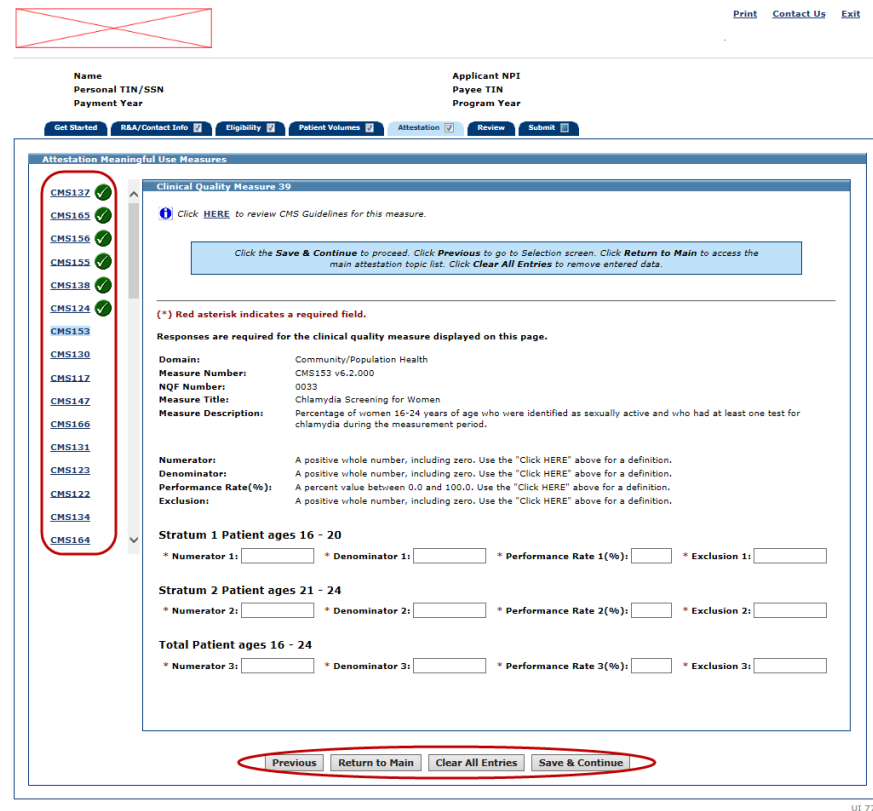
A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete all the Clinical Quality Measures and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 16, for Modified Stage 2 2018, and page 49, for Stage 3, of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 16, for Modified Stage 2 2018, and page 49, for Stage 3, of this manual.



Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display “It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit.”

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

The screen on the following page displays the Measures Topic List with all four meaningful use objective topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Objectives you attested to.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
<input checked="" type="checkbox"/>	General Requirements	2/2	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
<input checked="" type="checkbox"/>	Meaningful Use Objectives (0-7)	8/8	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
<input checked="" type="checkbox"/>	Required Public Health Objective (8)	2/2	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>

< Custom defined configurable item >

Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

<input checked="" type="checkbox"/>	Clinical Quality Measures	6/6	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
Cancel and Choose Electronic			<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Cancel</div>

Note:
 When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

UT 180-C

Meaningful Use Measures Summary

This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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Submit

Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

Meaningful Use General Requirements Review

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized.	Numerator = 500 Denominator = 1000 Percentage = 50%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 500 Denominator = 1000 Percentage = 50%

Meaningful Use Objective Review

Objective Number	Objective	Entered
	Activities related to supporting providers with the performance of Certified EHR Technology: 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field.	

Figure 0-13: Meaningful Use Measures Summary (Part 1 of 5)

Objective 0	<p>3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?</p> <p>4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?</p> <p>2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:</p> <p>(i) Connected in accordance with applicable law;</p> <p>(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;</p> <p>(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;</p> <p>(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj (3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.</p> <p>3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?</p>	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes</p>
Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards.	Measure = No
Objective 2	Generate and transmit permissible prescriptions electronically (eRx).	Patient Records = Only EHR Exclusion 1 = Excluded Exclusion 2 = Excluded
Objective 3	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	Measure 1 = Yes Measure 2 Exclusion = Excluded
Objective 4	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.	Patient Records = Only EHR Measure 1 Exclusion 1 = Excluded Measure 2 Exclusion 2 = Excluded Measure 3 Exclusion 3 = Excluded
Objective 5	The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	Exclusion 1 = Excluded

Figure 0-14: Meaningful Use Measures Summary continued (Part 2 of 5)

Objective 6	Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.	Exclusion 1 = Excluded
Objective 7	The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure (s) listed below.	Exclusion 1 = Excluded Exclusion 2 = Excluded Exclusion 3 = Excluded

Required Public Health Objective Review		
Objective Number	Objective	Entered
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 1 = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 2 = Yes Active Engagement Option = Production
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 3 = Yes Registry Name = state Active Engagement Option = Production
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 4A = Yes Registry Name = state Active Engagement Option = Production
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 4B = Yes Registry Name = state Active Engagement Option = Production
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 5A = Yes Registry Name = state Active Engagement Option = Production
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 5B = Yes Registry Name = state Active Engagement Option = Production

Figure 0-15: Meaningful Use Measures Summary continued (Part 3 of 5)

Meaningful Use Clinical Quality Measure Review				
NQF	Measure Code	Domain	Title	Entered
0028	CMS138 v6.1.000	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population 1 Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1 (%) = 1.0 Exception 1 = 1 Population 2 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2 (%) = 1.0 Exception 2 = 1 Population 3 Numerator 3 = 500 Denominator 3 = 1000 Performance Rate 3 (%) = 1.0 Exception 3 = 1
0024	CMS155 v6.1.000	Community/Population Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Stratum 1 Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1 (%) = 1.0 Exclusion 1 = 1 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2 (%) = 1.0 Exclusion 2 = 1 Numerator 3 = 500 Denominator 3 = 1000 Performance Rate 3 (%) = 1.0 Exclusion 3 = 1 Stratum 2 Numerator 4 = 500 Denominator 4 = 1000 Performance Rate 4 (%) = 1.0 Exclusion 4 = 1 Numerator 5 = 500 Denominator 5 = 1000 Performance Rate 5 (%) = 1.0 Exclusion 5 = 1 Numerator 6 = 500 Denominator 6 = 1000 Performance Rate 6 (%) = 1.0 Exclusion 6 = 1 Total Numerator 7 = 500 Denominator 7 = 1000 Performance Rate 7 (%) = 1.0 Exclusion 7 = 1 Numerator 8 = 500 Denominator 8 = 1000 Performance Rate 8 (%) = 1.0 Exclusion 8 = 1 Numerator 9 = 500 Denominator 9 = 1000 Performance Rate 9 (%) = 1.0 Exclusion 9 = 1

Figure 0-16: Meaningful Use Measures Summary continued (Part 4 of 5)

0032	CMS124 v6.1.000	Effective Clinical Care	Cervical Cancer Screening	Numerator = 500 Denominator = 1000 Performance Rate (%) = 1.0 Exclusion = 0
0004	CMS137 v6.2.000	Effective Clinical Care	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Stratum 1 Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0 Stratum 2 Numerator 3 = 500 Denominator 3 = 1000 Performance Rate 3 (%) = 1.0 Exclusion 3 = 0 Numerator 4 = 500 Denominator 4 = 1000 Performance Rate 4 (%) = 1.0 Exclusion 4 = 0 Stratum 3 Numerator 5 = 500 Denominator 5 = 1000 Performance Rate 5 (%) = 1.0 Exclusion 5 = 0 Numerator 6 = 500 Denominator 6 = 1000 Performance Rate 6 (%) = 1.0 Exclusion 6 = 0
0018	CMS165 v6.2.000	Effective Clinical Care	Controlling High Blood Pressure	Numerator = 500 Denominator = 1000 Performance Rate (%) = 1.0 Exclusion = 1
0022	CMS156 v6.4.000	Patient Safety	Use of High-Risk Medications in the Elderly	Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1 (%) = 1.0 Exclusion 1 = 1 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0

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Figure 0-17: Meaningful Use Measures Summary continued (Part 5 of 5)

Attestation Phase (Part 3 of 3)

Part 3 of 3 of the Attestation Phase contains a question regarding assignment of your incentive payment and confirmation of the address to which the incentive payment will be sent.

Click the **Yes** radio button to confirm you are receiving this payment as the payee indicated or you are assigning this payment voluntarily to the payee and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Click the **Payment Address** radio button from the list below to be used for your Incentive Payment.

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

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

Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year
---	---

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Patient Volumes
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Attestation Phase (Part 3 of 3)

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

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

(*) Red asterisk indicates a required field.

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

Yes No

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

Previous
Reset
Save & Continue

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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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Payment Year

Applicant NPI
Payee TIN
Program Year

- [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](#)

UI 82

Medical Assistance Provider Incentive Repository (MAPIR): Part 2B – Program Updates for 2019 Attestation for Eligible Professionals

Version: 1.0

Original Version Date: 02/05/2020

Last Revision Date: 02/05/2020

Revision Log:

MAPIR User Guide for Eligible Professionals– Part 2B

Version	Revision Date	Revision
V1.0	02/05/2020	<ul style="list-style-type: none">• Initial version.

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Introduction

MAPIR Release Version 6.2 is configured by default to require 90 days of Meaningful Use attestation for Program Years 2019 and higher.

Any incentive applications that were started prior to the installation of MAPIR Release Version 6.2 for a specific state will follow the processing logic that was in effect for the version of MAPIR that you are currently running.

With the implementation of Version 6.0, MAPIR benefited from a revised navigational approach for attestation. MAPIR Release Version 6.1 expands this approach to Stage 3 Objectives for Program Year 2018 incentive applications, and Modified Stage 2 and Stage 3 CQMs for 2018. Incentive applications started in Program Year 2019 or higher require attestation to Stage 3 Meaningful Use.

Use the selection process for determining the CQMs and Public Health Options that you are attesting to with the navigational approach. Once the selections are made, the navigational flow will display the first choice made in the selection process. The left margin will display all selected Public Health options or CQMs (as applicable) in a list and you will be free to navigate between options or CQMs. When you complete the option or CQM by selecting the Save and Continue button, MAPIR will progress to the next option or CQM that has not been saved. When the last option/CQM is saved, MAPIR will automatically return to the selection list.

Meaningful Use Objectives have no selection screen and you must complete all Objectives. Once you select the **Begin** button on the Splash Page for Meaningful Use Objectives screen, MAPIR will display the objectives with the navigation approach.

Related MAPIR Documentation

To review getting started with MAPIR please see the MAPIR User Guide for EP Part 1.

To review Program updates for 2018 in the attestation tab, see MAPIR User Guide for EP Part 2A PY 2018.

To review Program updates for 2020 in the attestation tab, see MAPIR User Guide for EP Part 2C PY 2020.

To review application submission and review, see MAPIR User Guide for EP Part 3.

To review the MAPIR Review tab to Application Submission, see MAPIR User Guide for EP Part 4.

Step 5 – Attestation

This section will ask you to provide information about your *EHR System Attestation Phase*. The Attestation phase for 2019 is *Meaningful Use*.

This initial Attestation screen provides information about this section.

Note

The Adoption, Implementation, and Upgrade phases are not available in 2017 or higher.

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

[SPLASH PAGE CODE FILE NAME:

/mapir-public/WebContent/resources/template/static/prof/attestSplashInclude.xhtml]

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

Name	Applicant NPI
Personal TIN/SSN	Payee TIN
Payment Year	Program Year

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

SPLASH PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

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Meaningful Use Phase

Select an EHR System Attestation phase for reporting *Meaningful Use of Certified EHR Technology*. The selections available to you will depend on the CEHRT ID entered.

MAPIR will display the applicable stage options available unless a default has been set.

The default for Program Year 2019 is set to Meaningful Use (90 days).

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

The screenshot shows a web interface for selecting an EHR System Phase. At the top right, there are links for [Print](#), [Contact Us](#), and [Exit](#). Below these is a red rectangular box with a diagonal cross. The main content area is titled "Attestation Phase (Part 1 of 3)" and contains the following text: "Please select the appropriate **EHR System Phase** below. The selection that you make will determine the questions that you will be asked on subsequent pages." Below this is a blue instruction box: "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." There are two radio button options: "Meaningful Use (90 days)" (selected) and "Meaningful Use (Full Year)". Each option has a description: "You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided." At the bottom, there are three buttons: "Previous", "Reset", and "Save & Continue" (circled in red). The bottom right corner of the screenshot is labeled "UI 345".

The Attestation EHR Reporting Period (Part 1 of 3) screen will display the 90-day period and the full year period. For Program Year 2017 or higher incentive applications, the default EHR Reporting Period will be a continuous 90-day period.

Note

The Attestation EHR Reporting Period for Program Year 2016 and before will display the 90-day period or the full year period, depending on the selection made on the previous screen.

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

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

Print Contact Us Exit

Name Applicant NPI
Personal TIN/SSN Payee TIN
Payment Year Program Year

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

Attestation EHR Reporting Period (Part 1 of 3)

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

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

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

(* Red asterisk indicates a required field.)

*Start Date: 01/01/2019 mm/dd/yyyy

Previous Reset Save & Continue

UI 80

A system calculated end date of 90 days will be generated from your chosen **Start Date**.

Review your selection's **Start Date** and **End Date**. Click **Save & Continue** to continue to the Attestation Meaningful Use Objectives screen or click **Previous** to go back.

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

Name
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Payment Year

Applicant NPI
Payee TIN
Program Year

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

Attestation EHR Reporting Period (Part 1 of 3)

Please confirm that the dates displayed below represent the EHR reporting period for the payment year where the Eligible Professional demonstrates meaningful use of certified EHR technology.

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

Start Date: Jan 01, 2019
End Date: Mar 31, 2019

Previous **Save & Continue**

UI 464

Meaningful Use – Objectives and Measures

The screen on the following page displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: General Requirements, Meaningful Use Objectives, and the Required Public Health Objective. The Clinical Quality Measures are available as either Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

You may complete any of the four topics in any order.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

Note
 Stage 3 and higher Attestation Objectives and Measures include a Navigational Panel as shown on the [Attestation Meaningful Use Objectives Navigation Panel](#) section of this user manual.

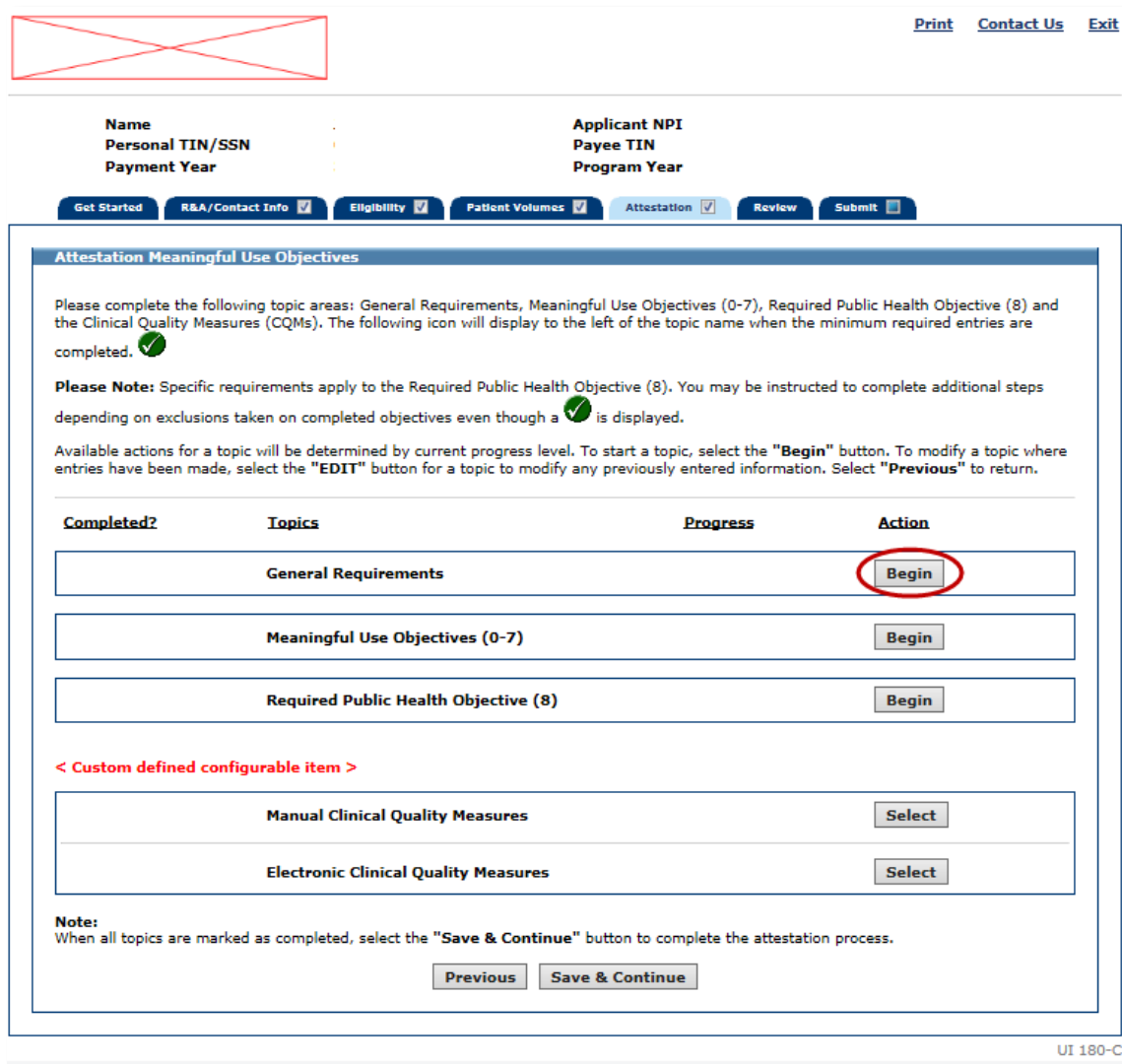


Figure 0-1: Stage 3 Measures Topic List

Meaningful Use General Requirements

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator entered. The numerator and denominator entries must be positive whole numbers.

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

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Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Meaningful Use General Requirements

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive 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 demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized.

* Numerator: * Denominator:

* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.

* Numerator: * Denominator:

Previous Reset **Save & Continue**

UI 181

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8)		Begin
< Custom defined configurable item >			
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select

Note: When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

UI 180-C

Stage 3 MU

The screen below displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (0-7), Required Public Health Objective (8), Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

You may select any of the three topics and complete them in any order. All three topics must be completed.

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

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

Name
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Payment Year

Applicant NPI
Payee TIN
Program Year

[Get Started](#)

[R&A/Contact Info](#) ✓

[Eligibility](#) ✓

[Patient Volumes](#) ✓

[Attestation](#) ✓

[Review](#)

[Submit](#)

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8)		Begin
< Custom defined configurable item >			
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

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

UI 180-C

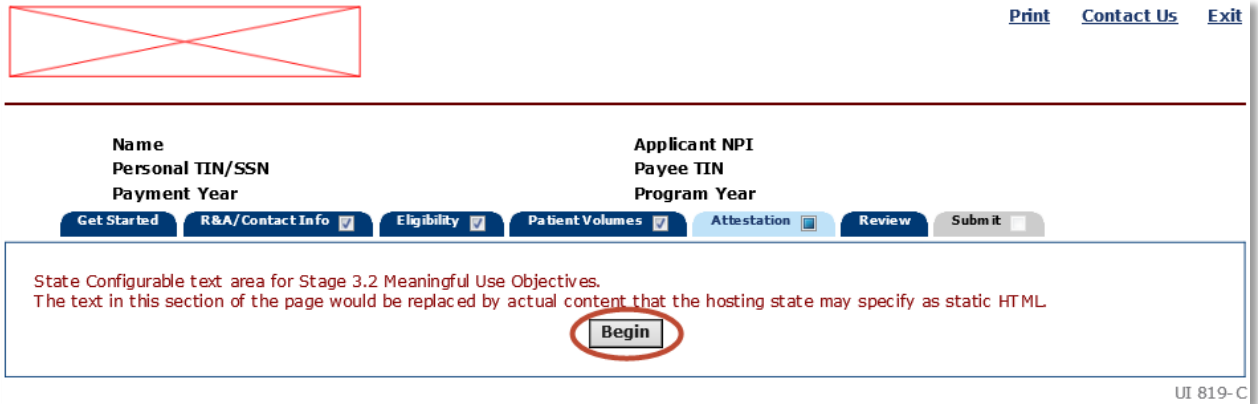
Meaningful Use Objectives

This screen provides information about the Meaningful Use Objectives for Stage 3 MU.

Click **Begin** to continue to the Attestation Meaningful Use Objectives Navigation Panel.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/prof/attestation/muObjectiveSplashStage3_2Include.xhtml]



Attestation Meaningful Use Objectives Navigation Panel

The following screen displays the Attestation Meaningful Use Objectives Navigation Panel.

Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete all the Meaningful Use Objectives and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 13 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

The screenshot shows the 'Attestation Meaningful Use Objectives' interface. At the top right, there are links for 'Print', 'Contact Us', and 'Exit'. Below this is a header section with fields for 'Name', 'Personal TIN/SSN', 'Payment Year', 'Applicant NPI', 'Payee TIN', and 'Program Year'. A navigation bar contains buttons: 'Get Started', 'RBA/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and features a list of objectives on the left, each with a green checkmark. The selected objective, 'Objective 1 - Protect Patient Health Information', is displayed in the main area. It includes a link to 'Click HERE to review CMS Guidelines for this measure.', a 'Save & Continue' button, and a 'Clear All Entries' button. A note states: '(* Red asterisk indicates a required field.)'. The objective description is: 'Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards. Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.' Below this is a question: '*Did you meet this measure?' with radio buttons for 'Yes' and 'No'. If 'Yes', there are input fields for 'Date (MM/DD/YYYY):' and 'Name and Title (Person who conducted or reviewed the security risk analysis):'. At the bottom, there are three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The UI ID 'UI 665' is visible in the bottom right corner.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 13 of this manual.

Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display "It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit."

Objective 0 – ONC Questions

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

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Attestation Meaningful Use Objectives

- Objective 0
- Objective 1
- Objective 2
- Objective 3
- Objective 4
- Objective 5
- Objective 6
- Objective 7

Objective 0 – ONC Questions

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Activities related to supporting providers with the performance of Certified EHR Technology:

*1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?
 Yes No

*2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program?
 Yes No

If you answered No on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?
 Yes No

*3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?
 Yes No Decline to answer

*4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program?
 Yes No Decline to answer

If you answered No or Decline to Answer on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?
 Yes No Decline to answer

Actions related to supporting information exchange and the prevention of health information blocking:

*1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?
 Yes No

*2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:

- (i) Connected in accordance with applicable law;
 Yes No
- (ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
 Yes No
- (iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;
 Yes No
- (iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.
 Yes No

*3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?
 Yes No

Return to Main Clear All Entries Save & Continue

UI 713

Objective 1 – Protect Patient Health Information

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

The screenshot shows a web application interface for entering data. At the top right, there are links for 'Print', 'Contact Us', and 'Exit'. Below these are fields for 'Name', 'Personal TIN/SSN', 'Payment Year', 'Applicant NPI', 'Payee TIN', and 'Program Year'. A navigation bar contains buttons: 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and lists 'Objective 0' through 'Objective 7'. 'Objective 1 - Protect Patient Health Information' is selected and expanded. It includes a link to 'Click HERE to review CMS Guidelines for this measure.' and a blue instruction box: 'Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.' Below this is a red asterisk warning: '(* Red asterisk indicates a required field.' The objective description states: 'Objective: Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards. Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.' A question follows: '*Did you meet this measure?' with radio buttons for 'Yes' and 'No'. Below this is the instruction: 'If Yes, please enter the following information:'. There are two input fields: 'Date (MM/DD/YYYY):' and 'Name and Title (Person who conducted or reviewed the security risk analysis):'. At the bottom of the form are three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The page number 'UI 665' is visible in the bottom right corner.

Objective 2 – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

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Attestation Meaningful Use Objectives

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- Objective 2 **Objective 2 – Electronic Prescribing**
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Objective 2 – Electronic Prescribing

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.

This data was extracted only from patient records maintained using Certified EHR Technology.

EXCLUSION 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

EXCLUSION 2: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

If the exclusions do not apply to you, complete the following information:

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using Certified EHR Technology.

Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substances, during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

Numerator: **Denominator:**

Return to Main Clear All Entries Save & Continue

UI 666

Objective 3 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

The screenshot shows the MAPIR web application interface. At the top right, there are links for [Print](#), [Contact Us](#), and [Exit](#). Below these is a red rectangular box with a diagonal cross. The main header contains fields for Name, Personal TIN/SSN, Payment Year, Applicant NPI, Payee TIN, and Program Year. A navigation bar includes buttons for Get Started, R&A/Contact Info, Eligibility, Patient Volumes, Attestation, Review, and Submit. The main content area is titled 'Attestation Meaningful Use Objectives' and features a sidebar with Objective 0 through 7, each with a green checkmark. The selected objective, 'Objective 3 - Clinical Decision Support', is displayed in a larger box. It contains an information icon and a link: 'Click [HERE](#) to review CMS Guidelines for this measure.' Below this is a blue instruction box: 'Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.' A red asterisk note states: '(*) Red asterisk indicates a required field.' The objective text reads: 'Objective: Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.' It lists three measures: 'Measure 1: Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.' 'Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.' and 'Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.' Each measure has a 'Did you meet this measure?' question with 'Yes' and 'No' radio buttons. At the bottom of the main content area are three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The page number 'UI 667' is visible in the bottom right corner.

Objective 4 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

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Attestation Meaningful Use Objectives

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Objective 7

Objective 4 – Computerized Provider Order Entry

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.

This data was extracted only from patient records maintained using Certified EHR Technology.

Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 1: The number of orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by the EP during the EHR reporting period.
Exclusion 1: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

*** Does this exclusion apply to you?**
 Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 1: **Denominator 1:**

Measure 2: More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 2: The number of orders in the denominator recorded using CPOE.
Denominator 2: Number of laboratory orders created by the EP during the EHR reporting period.
Exclusion 2: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

*** Does this exclusion apply to you?**
 Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 2: **Denominator 2:**

Measure 3: More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 3: The number of orders in the denominator recorded using CPOE.
Denominator 3: Number of diagnostic imaging orders created by the EP during the EHR reporting period.
Exclusion 3: Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.

*** Does this exclusion apply to you?**
 Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 3: **Denominator 3:**

Return to Main Clear All Entries Save & Continue

UI 668

Objective 5 – Patient Electronic Access to Health Information

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

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Attestation Meaningful Use Objectives

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- Objective 1 ✔
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- Objective 3 ✔
- Objective 4 ✔
- Objective 5 ✔
- Objective 6 ✔
- Objective 7 ✔

Objective 5 - Patient Electronic Access to Health Information

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Exclusion 1: An EP may exclude from the measure if they have no office visits during the EHR reporting period.

* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Exclusion 2.

Yes No

Exclusion 2: Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Measure 1 and 2.

Yes No

Measure 1: For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's Certified EHR Technology.

Numerator 1: The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology.

Denominator 1: The number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: **Denominator 1:**

Measure 2: The EP must use clinically relevant information from Certified EHR Technology to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.

Numerator 2: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from Certified EHR Technology during the EHR reporting period.

Denominator 2: The number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: **Denominator 2:**

Return to Main Clear All Entries Save & Continue

UI 669

Objective 6 – Coordination of Care Through Patient Engagement

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

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Attestation Meaningful Use Objectives

Objective 0

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

Objective 6

Objective 7

Objective 6 – Coordination of Care Through Patient Engagement

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.

Exclusion 1: An EP may exclude from the measure if they have no office visits during the EHR reporting period.

* Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Exclusion 2.

Yes No

Exclusion 2: Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Measure 1, 2 and 3.

Yes No

Measure 1: During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information; or (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology; or (3) A combination of (1) and (2).

Numerator 1: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.

Denominator 1: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: **Denominator 1:**

Measure 2: For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.

Numerator 2: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.

Denominator 2: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: **Denominator 2:**

Measure 3: Patient generated health data or data from a non-clinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.

Numerator 3: The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the Certified EHR Technology into the patient record during the EHR reporting period.

Denominator 3: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 3: **Denominator 3:**

Return to Main Clear All Entries Save & Continue

UI 670

Objective 7 – Health Information Exchange (HIE)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

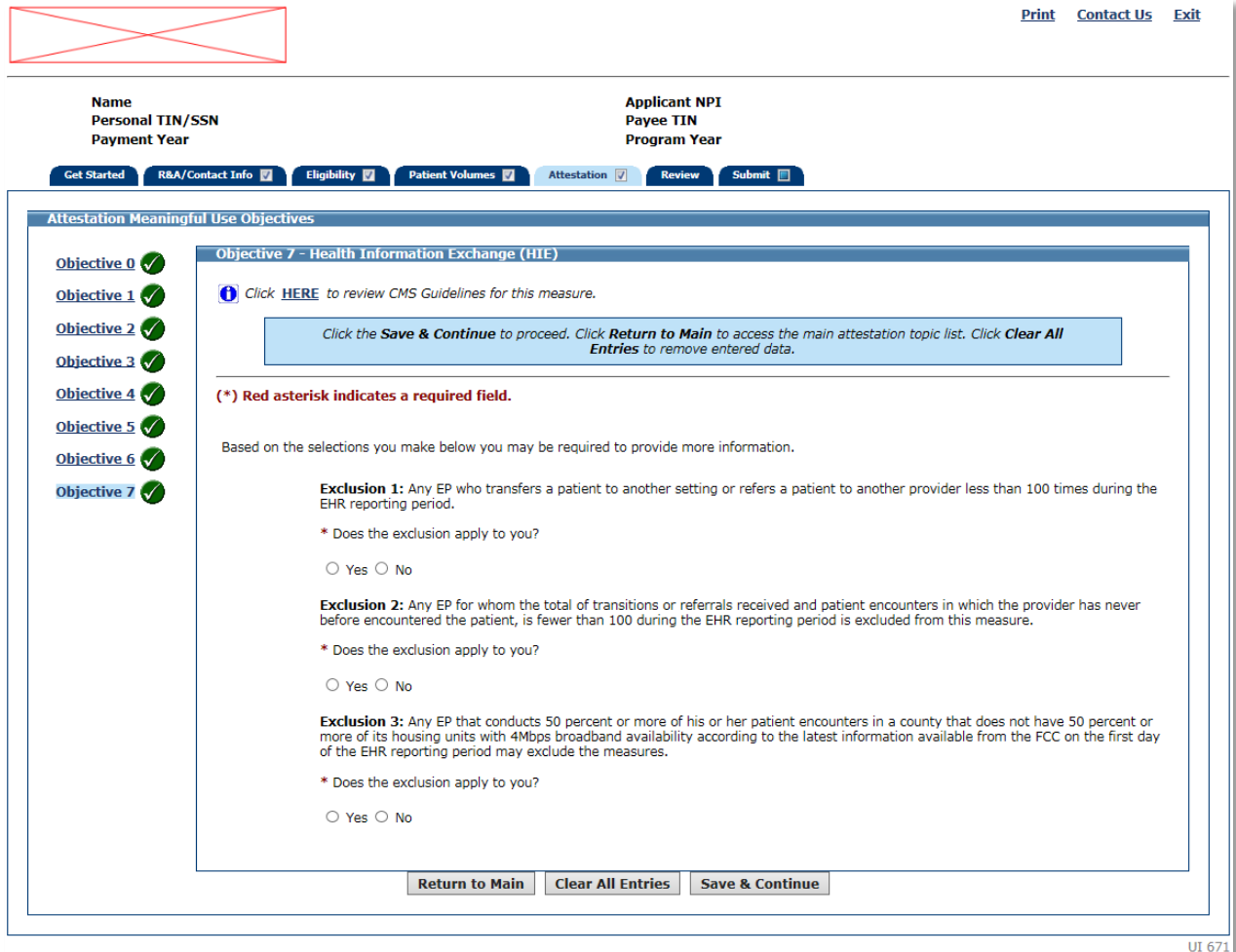


Figure 0-2: Health Information Exchange (HIE) exclusions

Note

If additional information is required, after answering the HIE exclusions, then MAPIR will navigate to the following screen when **Save & Continue** is selected.



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Attestation Meaningful Use Objectives

- Objective 0 ✔
- Objective 1 ✔
- Objective 2 ✔
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- Objective 4 ✔
- Objective 5 ✔
- Objective 6 ✔
- Objective 7 ✔

Objective 7 - Health Information Exchange (HIE)

i Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go back. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Based on your exclusion selections from the previous screen you are required to provide the following information.

Objective: The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.

Measure 1: For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using Certified EHR Technology; and (2) electronically exchanges the summary of care record.

Numerator 1: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.

Denominator 1: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

* Numerator 1: * Denominator 1:

Measure 2: For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

Numerator 2: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the Certified EHR Technology.

Denominator 2: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

* Numerator 2: * Denominator 2:

Measure 3: For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.

Numerator 3: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: Medication list, medication allergy list, and current problem list.

Denominator 3: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

* Numerator 3: * Denominator 3:

Previous Return to Main Clear All Entries Save & Continue

UI 672

Figure 0-3: Health Information Exchange (HIE) results

Stage 3 Required Public Health Objective (8)

The revised navigational approach is effective for Stage 3 Required Public Health. If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.



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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (0-7)	8/8	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Required Public Health Objective (8)		<input type="button" value="Begin"/>

< Custom defined configurable item >

Manual Clinical Quality Measures	<input type="button" value="Select"/>
Electronic Clinical Quality Measures	<input type="button" value="Select"/>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

UI 180-C

This screen provides information about the Stage 3 Required Public Health Objective.

Click **Begin** to continue to the Required Public Health Objectives Navigation Panel.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/prof/attestation phObjectiveSplashStage3_2Include.xhtml]



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State Configurable text area for Stage 3.2 Required Public Health Objectives.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 820-C

Required Public Health List Table

From the Required Public Health Objective Selection screen, choose a minimum of two Required Public Health Options to attest to.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

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Attestation Meaningful Use Objectives

Providers are required to successfully attest to two Public Health Options without taking an exclusion. If you cannot satisfy at least two options, you may take exclusions for all options you cannot meet. You may be required to answer Option 4B or 5B. You cannot attest to Option 4B or 5B if you can take an exclusion for Option 4A or 5A respectively.

Note: Taking all exclusions does not mean the Objective fails.

When all options have been edited and you are satisfied with the entries, select **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	<input checked="" type="checkbox"/>
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.	<input checked="" type="checkbox"/>
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>

Return to Main Reset Save & Continue

UI 674-C

The measures you select to attest to will display on the Required Public Health Objectives Navigation Panel as shown in the following page.

You must complete all the measures selected.

Required Public Health Objectives Navigation Panel

The following screen displays the Required Public Health Objectives Navigation Panel.

Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete the Required Public Health Objectives and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 36 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 25 of this manual.

The screenshot shows the 'Attestation Meaningful Use Objectives' interface. On the left, a list of objectives is shown, with 'Objective 8 Option 1' through 'Objective 8 Option 5B' all marked with green checkmarks. The main content area is titled 'Objective 8 Option 1 - Immunization Registry Reporting'. It includes a link to 'Click HERE to review CMS Guidelines for this measure.' and a blue box with instructions: 'Click the Save & Continue to proceed. Click Previous to go to Selection screen. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.' Below this, there is a red asterisk indicating a required field. The objective text states: 'The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.' The measure text reads: 'Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS). *Does this option apply to you? Yes No'. There are several radio buttons for 'Yes' and 'No' and a dropdown menu for 'If \'yes\', select the name of the immunization registry.' Below that, there is a text input field for 'If \'Other\' is selected, enter the name of the immunization registry used below.' The 'Active Engagement Options' section includes checkboxes for 'Completed registration to submit data', 'Testing and validation', and 'Production'. An 'EXCLUSION' section follows with text: 'If Option 1 is \'No\', then ALL of the Exclusions listed below must be answered. You may only select \'Yes\' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.' This is followed by three exclusion questions, each with 'Yes' and 'No' radio buttons. At the bottom, there are four buttons: 'Previous', 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The 'Save & Continue' button is highlighted with a red circle.

Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display “It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit.”

Objective 8 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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Attestation Meaningful Use Objectives

- [Objective 8 Option 1](#)
- [Objective 8 Option 2](#)
- [Objective 8 Option 3](#)
- [Objective 8 Option 4A](#)
- [Objective 8 Option 4B](#)
- [Objective 8 Option 5A](#)
- [Objective 8 Option 5B](#)

Objective 8 Option 1 - Immunization Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

***Does this option apply to you?**
 Yes No

If 'Yes', select the name of the immunization registry.

If 'Other' is selected, enter the name of the immunization registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 1 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.
 Yes No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Previous Return to Main Clear All Entries Save & Continue

UI 675

Objective 8 Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

Attestation Meaningful Use Objectives

- Objective 8 Option 1
- Objective 8 Option 2**
- Objective 8 Option 3
- Objective 8 Option 4A
- Objective 8 Option 4B
- Objective 8 Option 5A
- Objective 8 Option 5B

Objective 8 Option 2 - Syndromic Surveillance Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

*Does this option apply to you?
 Yes No

If 'Yes', select the name of the syndromic surveillance registry.

If 'Other' is selected, enter the name of the syndromic surveillance registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

- Completed registration to submit data
- Testing and validation
- Production

EXCLUSION: If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.
 Yes No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.
 Yes No

Previous **Return to Main** **Clear All Entries** **Save & Continue**

UI 676

Objective 8 Option 3 – Electronic Case Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

Note

Beginning with the implementation of MAPIR Release 6.2, Program Year 2019 and higher Stage 3 incentive applications will require attestation for Objective 8 Option 3 – Electronic Case Reporting when an exclusion is chosen, and the minimum number of Objectives has not been successfully attested to.

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Attestation Meaningful Use Objectives

- Objective 8 Option 1
- Objective 8 Option 2
- Objective 8 Option 3**
- Objective 8 Option 4A
- Objective 8 Option 4B
- Objective 8 Option 5A
- Objective 8 Option 5B

Objective 8 Option 3 - Electronic Case Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.

*Does this option apply to you?
 Yes No

If 'Yes', select the name of the electronic case reporting registry.

If 'Other' is selected, enter the name of the electronic case reporting registry used below.

Active Engagement Options: If you have answered "Yes" above, please select one of the options listed below.

- Completed registration to submit data
- Testing and validation
- Production

EXCLUSION: If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.
 Yes No

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

UI 723

Objective 8 Option 4A – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

The screenshot displays the 'Attestation Meaningful Use Objectives' section. On the left, a list of objectives is shown, with 'Objective 8 Option 4A' selected. The main content area is titled 'Objective 8 Option 4A - Public Health Registry Reporting'. It includes a blue box with instructions: 'Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.' Below this, a red asterisk indicates a required field. The form contains the following sections:

- Objective:** The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.
- Measure:** Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.
- *Does this option apply to you?** (Radio buttons for Yes and No)
- If 'Yes', select the name of the public health registry.** (Dropdown menu)
- If 'Other' is selected, enter the name of the public health registry used below.** (Text input field)
- Active Engagement Options:** (Checkboxes for Completed registration to submit data, Testing and validation, and Production)
- EXCLUSION:** If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.
 - Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period. (Radio buttons for Yes and No)
 - Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period. (Radio buttons for Yes and No)
 - Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period. (Radio buttons for Yes and No)

At the bottom of the form, there are four buttons: **Previous**, **Return to Main**, **Clear All Entries**, and **Save & Continue**.

Objective 8 Option 4B – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

The screenshot displays the MAPIR web application interface for 'Objective 8 Option 4B - Public Health Registry Reporting'. At the top, there are navigation links for 'Print', 'Contact Us', and 'Exit'. Below this, a header section contains fields for 'Name', 'Personal TIN/SSN', and 'Payment Year' on the left, and 'Applicant NPI', 'Payee TIN', and 'Program Year' on the right. A series of tabs below the header includes 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and features a sidebar with a list of objective options (Option 1 through Option 5B), each with a green checkmark. The selected option, 'Objective 8 Option 4B', is highlighted. The main content area contains the following text: 'Objective 8 Option 4B - Public Health Registry Reporting', a link to 'Click HERE to review CMS Guidelines for this measure.', and a blue box with instructions: 'Click the Save & Continue to proceed. Click Previous to go to Selection screen. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.' Below this is a red asterisk indicating a required field. The 'Objective' section states: 'The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.' The 'Measure' section states: 'Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.' A question asks: '*Does this option apply to you?' with radio buttons for 'Yes' and 'No'. Below this is a dropdown menu for selecting the public health registry name, and a text box for entering the name if 'Other' is selected. The 'Active Engagement Options' section includes checkboxes for 'Completed registration to submit data', 'Testing and validation', and 'Production'. The 'EXCLUSION' section states: 'If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.' Three exclusion questions follow, each with radio buttons for 'Yes' and 'No': 'Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.', 'Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.', and 'Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.' At the bottom of the form are buttons for 'Previous', 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The page number 'UI 725' is visible in the bottom right corner.

Registry names entered in the free text box or chosen from the drop down in list cannot be identical to what selected from the drop down in Option 4A, "Other" is not consider a registry name.

Objective 8 Option 5A – Clinical Data Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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Attestation Meaningful Use Objectives

- Objective 8 Option 1 ✓
- Objective 8 Option 2 ✓
- Objective 8 Option 3 ✓
- Objective 8 Option 4A ✓
- Objective 8 Option 4B ✓
- Objective 8 Option 5A**
- Objective 8 Option 5B

Objective 8 Option 5A – Clinical Data Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

*Does this option apply to you?
 Yes No

If 'Yes', select the name of the clinical data registry.

If 'Other' is selected, enter the name of the clinical data registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

- Completed registration to submit data
- Testing and validation
- Production

EXCLUSION: If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
 Yes No

Previous Return to Main Clear All Entries Save & Continue

UI 726

Objective 8 Option 5B – Clinical Data Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

The screenshot shows the 'Attestation Meaningful Use Objectives' section. On the left, a list of objectives is shown with green checkmarks for Objective 8 Option 1 through 5A, and Objective 8 Option 5B is highlighted. The main content area for 'Objective 8 Option 5B – Clinical Data Registry Reporting' includes:

- A link: [Click HERE to review CMS Guidelines for this measure.](#)
- A blue instruction box: *Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*
- A red asterisk note: **(*) Red asterisk indicates a required field.**
- Objective description: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.
- Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.
- Question: ***Does this option apply to you?** with radio buttons for Yes and No.
- Text: If 'Yes', select the name of the clinical data registry. (Dropdown menu)
- Text: If 'Other' is selected, enter the name of the clinical data registry used below. (Text input field)
- Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.
 - Completed registration to submit data
 - Testing and validation
 - Production
- EXCLUSION:** If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.
 - Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period. (Radio buttons Yes/No)
 - Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period. (Radio buttons Yes/No)
 - Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period. (Radio buttons Yes/No)

Navigation buttons at the bottom: **Previous**, **Return to Main**, **Clear All Entries**, **Save & Continue**.

Registry names entered in the free text box or chosen from the drop down in list cannot be identical to what selected from the drop down in Option 5A, "Other" is not consider a registry name.

Clinical Quality Measures (CQMs) – Stage 3

The revised navigational approach is effective for Stage 3 Clinical Quality Measures. If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

A check mark will display under the Completed column for the topic. You can continue to **EDIT** the topic measure after it has been marked complete.

Click **Select** to start the Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

Note

The selection of Electronic Clinical Quality Measures is configurable by states. If this configurable setting is disabled, then only Manual Clinical Quality Measures selection will be available.

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
✓	Required Public Health Objective (8)	7/7	EDIT Clear All

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures Begin

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous Save & Continue

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If Electronic Clinical Quality Measures is selected a ✓ will appear on the Measures Topic List.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
<input checked="" type="checkbox"/>	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input checked="" type="checkbox"/>	Meaningful Use Objectives (0-7)	8/8	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input checked="" type="checkbox"/>	Required Public Health Objective (8)	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

< Custom defined configurable item >

Electronic Clinical Quality Measures (Select Cancel to choose Manual)

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

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Saved 6-August-2020

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To cancel Electronic Clinical Quality Measure selection and choose Manual Clinical Quality Measures click the **Cancel** button and then click **OK** on the pop-up message window.

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General		EDIT Clear All
✓	Meaningful Use		EDIT Clear All
✓	Required		EDIT Clear All

< Custom defined configurable item >

Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures	Begin
Cancel and Choose Electronic	Cancel

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

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To select Manual Clinical Quality Measures, click the **Begin** button.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
<input checked="" type="checkbox"/>	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input checked="" type="checkbox"/>	Meaningful Use Objectives (0-7)	8/8	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input checked="" type="checkbox"/>	Required Public Health Objective (8)	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

< Custom defined configurable item >

Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures

Cancel and Choose Electronic

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

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Manual Clinical Quality Measures

This initial screen provides information about the Manual Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Clinical Quality Measure Worklist Table.

[CORE SPLASH PAGE CODE FILE NAME: /mapir-public/prof/attestation/ cqmGeneralSplashStage3_2Include.xhtml]

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State Configurable text area for Stage 3.2 CQM.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

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Meaningful Use Clinical Quality Measure Worklist

There is a total of 50 Meaningful Use Clinical Quality Measures available for you to attest to. From the Meaningful Use Clinical Quality Measures Worklist Table, choose a minimum of six CQMs.

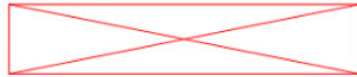
If none of the CQMs in the Outcome table are relevant to your scope of practice, then you **MUST** select the acknowledgement checkbox. Once the acknowledgement checkbox is selected then you **MUST** either select one or more CQMs from the High Priority table **OR** select the acknowledgement checkbox for High Priority CQMs.

If one or more of the Outcome CQMs are relevant to your scope of practice and are selected, then you do not need to select any CQMs from the High Priority table **OR** select the acknowledgement checkbox for High Priority CQMs.

If none of the CQMs in the Outcome table **OR** the High Priority table are relevant to your scope of practice **AND** the acknowledgement checkboxes for both associated tables have been selected, then you **MUST** select six (6) CQMs from the Other table.

You can sort and view the CQMs by NQF or CMS number by selecting the sort arrows for each table. Each table sorts the CQM NQF and CMS number independently from the other.

The screen shot below shows the instructional text for the Meaningful Use Clinical Quality Measures and is not a complete listing of all available CQMs.



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Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist

You must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Outcome measure or if no Outcome measures are applicable, at least one (1) High Priority measure. If no Outcome or High Priority CQMs are relevant to your scope of practice, then please choose a minimum of six (6) CQMs from the list of Other available CQMs.

If none of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the acknowledgement box within each section in order to proceed to the next screen.

CQMs below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS number by clicking on the sort arrows below.

Please note you are not limited to only selecting one Outcome or High Priority CQM, you may select multiple CQMs from any category with a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select "Return to Main" button to access the main attestation topic list.

Outcome Clinical Quality Measures

NQF#	Measure#	Title	Selection
0018	CMS165 v7.3.000	Controlling High Blood Pressure	<input type="checkbox"/>
0059	CMS122 v7.4.000	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	<input type="checkbox"/>
0564	CMS132 v7.2.000	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	<input type="checkbox"/>
0565	CMS133 v7.2.000	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	<input type="checkbox"/>
0710	CMS159 v7.2.000	Depression Remission at Twelve Months	<input type="checkbox"/>
Not Applicable	CMS75 v7.2.000	Children Who Have Dental Decay or Cavities	<input type="checkbox"/>

None of the Outcome Clinical Quality Measures listed above pertain to my scope of practice.

High Priority Clinical Quality Measures

NQF#	Measure#	Title	Selection
0004	CMS137 v7.2.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	<input type="checkbox"/>
0022	CMS156 v7.3.000	Use of High-Risk Medications in the Elderly	<input type="checkbox"/>
0024	CMS155 v7.2.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<input type="checkbox"/>
0033	CMS153 v7.4.000	Chlamydia Screening for Women	<input type="checkbox"/>
0069	CMS154 v7.2.000	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	<input type="checkbox"/>
0089	CMS142 v7.1.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	<input type="checkbox"/>
0101	CMS139 v7.2.000	Falls: Screening for Future Fall Risk	<input type="checkbox"/>
0105	CMS128 v7.2.000	Antidepressant Medication Management	<input type="checkbox"/>

Figure 0-4: Meaningful Use Clinical Quality Measure Worklist (Part 1 of 3)

0108	CMS136 v8.3.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<input type="checkbox"/>
0384	CMS157 v7.4.000	Oncology: Medical and Radiation - Pain Intensity Quantified	<input type="checkbox"/>
0389	CMS129 v8.2.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	<input type="checkbox"/>
0418	CMS2 v8.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	<input type="checkbox"/>
0419	CMS68 v8.1.000	Documentation of Current Medications in the Medical Record	<input type="checkbox"/>
1365	CMS177 v7.2.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
2372	CMS125 v7.2.000	Breast Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS50 v7.1.000	Closing the Referral Loop: Receipt of Specialist Report	<input type="checkbox"/>
Not Applicable	CMS56 v7.4.000	Functional Status Assessment for Total Hip Replacement	<input type="checkbox"/>
Not Applicable	CMS66 v7.5.000	Functional Status Assessment for Total Knee Replacement	<input type="checkbox"/>
Not Applicable	CMS90 v8.3.000	Functional Status Assessments for Congestive Heart Failure	<input type="checkbox"/>
Not Applicable	CMS146 v7.2.000	Appropriate Testing for Children with Pharyngitis	<input type="checkbox"/>
Not Applicable	CMS249 v1.4.000	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	<input type="checkbox"/>

None of the High Priority Clinical Quality Measures listed above pertain to my scope of practice.

Other Clinical Quality Measures

NQF#	Measure#	Title	Selection
0028	CMS138 v7.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<input type="checkbox"/>
0032	CMS124 v7.2.000	Cervical Cancer Screening	<input type="checkbox"/>
0034	CMS130 v7.2.000	Colorectal Cancer Screening	<input type="checkbox"/>
0038	CMS117 v7.2.000	Childhood Immunization Status	<input type="checkbox"/>
0041	CMS147 v8.1.000	Preventive Care and Screening: Influenza Immunization	<input type="checkbox"/>
0055	CMS131 v7.2.000	Diabetes: Eye Exam	<input type="checkbox"/>
0062	CMS134 v7.2.000	Diabetes: Medical Attention for Nephropathy	<input type="checkbox"/>
0070	CMS145 v7.2.000	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	<input type="checkbox"/>
0081	CMS135 v7.1.000	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0083	CMS144 v7.1.000	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0086	CMS143 v7.1.000	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	<input type="checkbox"/>
0104	CMS161 v7.2.000	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
0405	CMS52 v7.2.000	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	<input type="checkbox"/>
0421	CMS69 v7.1.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	<input type="checkbox"/>
0712	CMS160 v7.3.000	Depression Utilization of the PHQ-9 Tool	<input type="checkbox"/>
2872	CMS149 v7.3.000	Dementia: Cognitive Assessment	<input type="checkbox"/>
Not Applicable	CMS22 v7.1.000	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	<input type="checkbox"/>
Not Applicable	CMS74 v8.2.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<input type="checkbox"/>

Figure 0-5: Meaningful Use Clinical Quality Measure Worklist continued (Part 2 of 3)

Not Applicable	CMS82 v6.3.000	Maternal Depression Screening	<input type="checkbox"/>
Not Applicable	CMS82 v6.3.000	Maternal Depression Screening	<input type="checkbox"/>
Not Applicable	CMS127 v7.2.000	Pneumococcal Vaccination Status for Older Adults	<input type="checkbox"/>
Not Applicable	CMS347 v2.1.000	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<input type="checkbox"/>
Not Applicable	CMS 645 v2.1.000	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	<input type="checkbox"/>
Not Applicable	CMS349 v1.2.000	HIV Screening	<input type="checkbox"/>

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Figure 0-6: Meaningful Use Clinical Quality Measure Worklist continued (Part 3 of 3)

Attestation MU Clinical Quality Measure Navigation Panel

The screen below displays the Attestation MU Clinical Quality Measure Navigation Panel. This screen displays the Meaningful Use Clinical Quality Measures you selected on the previous screen.

Incomplete Objectives display without a checkmark and are listed by the NQF or CMS sort order chosen on the EP Attestation MU Clinical Quality Measures Selection screen.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

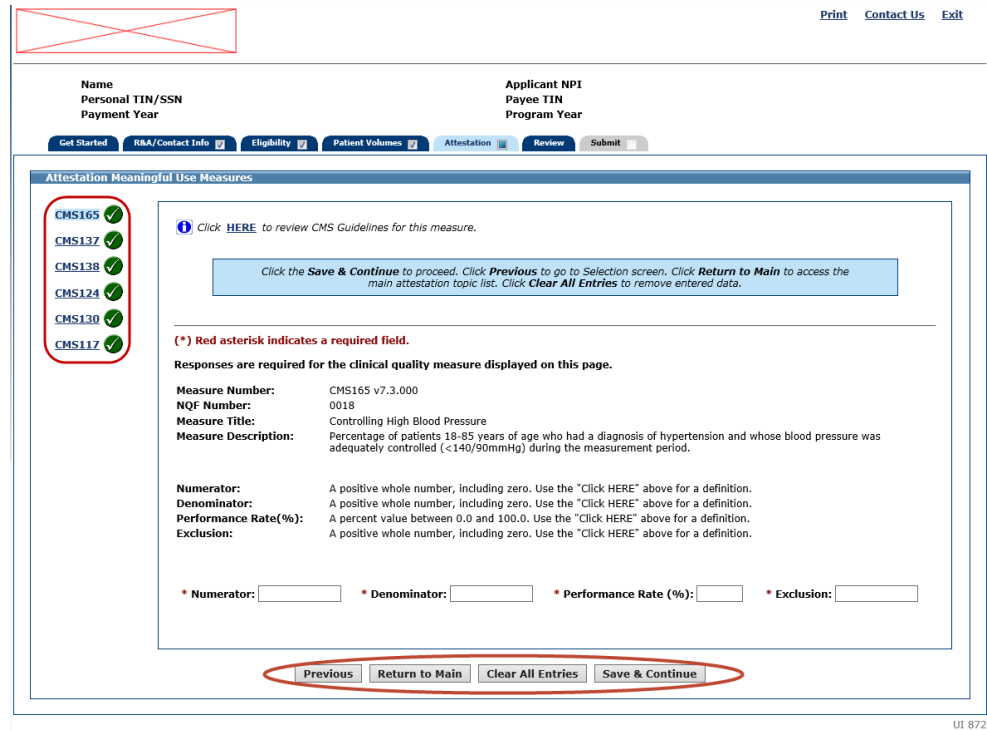
A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete all the Clinical Quality Measures and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 46 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 46 of this manual.



Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display “It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit.”

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

The screen on the following page displays the Measures Topic List with all four meaningful use objective topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Objectives you attested to.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
✓	Meaningful Use Objectives (0-7)	8/8	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
✓	Required Public Health Objective (8)	7/7	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

✓	Clinical Quality Measures	6/6	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
---	---------------------------	-----	---

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous
Save & Continue

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Meaningful Use Measures Summary

This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

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Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

Meaningful Use General Requirements Review

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized.	Numerator = 100 Denominator = 200 Percentage = 50%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 100 Denominator = 200 Percentage = 50%

Meaningful Use Objective Review

Objective Number	Objective	Entered
	Activities related to supporting providers with the performance of Certified EHR Technology: 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field.	

Figure 0-7: Meaningful Use Measures Summary (Part 1 of 5)

<p>Objective 0</p>	<p>3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received? 4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology? 2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times: (i) Connected in accordance with applicable law; (ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; (iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj (3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors. 3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?</p>	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes</p>
<p>Objective 1</p>	<p>Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.</p>	<p>Measure = No</p>
<p>Objective 2</p>	<p>Generate and transmit permissible prescriptions electronically (eRx).</p>	<p>Patient Records = All Exclusion 1 = No Exclusion 2 = No Numerator 1 = 100 Denominator 1 = 200 Percentage = 50%</p>
<p>Objective 3</p>	<p>Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.</p>	<p>Measure 1 = No Measure 2 Exclusion = No Measure 2 = No</p>
<p>Objective 4</p>	<p>Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.</p>	<p>Patient Records = All Measure 1 Exclusion 1 = Excluded Measure 2 Exclusion 2 = Excluded Measure 3 Exclusion 3 = Excluded</p>
<p>Objective 5</p>	<p>The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.</p>	<p>Exclusion 1 = Excluded</p>

Figure 0-8: Meaningful Use Measures Summary continued (Part 2 of 5)

Objective 6	Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.	Exclusion 1 = Excluded
Objective 7	The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure (s) listed below.	Exclusion 1 = Excluded Exclusion 2 = Excluded Exclusion 3 = Excluded

Required Public Health Objective Review		
Objective Number	Objective	Entered
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 1 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 2 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 3 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 4A = Yes Registry Name = Public Health 1 Active Engagement Option = Production
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 4B = Yes Registry Name = Public Health 2 Active Engagement Option = Production
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 5A = Yes Registry Name = Clinical Data 1 Active Engagement Option = Production
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 5B = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No

Figure 0-9: Meaningful Use Measures Summary continued (Part 3 of 5)

Meaningful Use Clinical Quality Measure Review			
Outcome Clinical Quality Measures			
NQF	Measure Code	Title	Entered
0018	CMS165 v7.3.000	Controlling High Blood Pressure	Numerator = 100 Denominator = 200 Performance Rate (%) = 10.0 Exclusion = 10
High Priority Clinical Quality Measures			
NQF	Measure Code	Title	Entered
0004	CMS137 v7.2.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Stratum 1 Numerator 1 = 10 Denominator 1 = 20 Performance Rate 1 (%) = 10.0 Exclusion 1 = 1 Numerator 2 = 10 Denominator 2 = 20 Performance Rate 2 (%) = 10.0 Exclusion 2 = 1 Stratum 2 Numerator 3 = 10 Denominator 3 = 20 Performance Rate 3 (%) = 10.0 Exclusion 3 = 1 Numerator 4 = 10 Denominator 4 = 20 Performance Rate 4 (%) = 10.0 Exclusion 4 = 1 Stratum 3 Numerator 5 = 10 Denominator 5 = 20 Performance Rate 5 (%) = 10.0 Exclusion 5 = 1 Numerator 6 = 10 Denominator 6 = 20 Performance Rate 6 (%) = 10.0 Exclusion 6 = 1
Other Clinical Quality Measures			
NQF	Measure Code	Title	Entered
0038	CMS117 v7.2.000	Childhood Immunization Status	Numerator = 10 Denominator = 20 Performance Rate (%) = 10.0 Exclusion = 1
0032	CMS124 v7.2.000	Cervical Cancer Screening	Numerator = 10 Denominator = 20 Performance Rate (%) = 10.0 Exclusion = 1
0034	CMS130 v7.2.000	Colorectal Cancer Screening	Numerator = 10 Denominator = 20 Performance Rate (%) = 10.0 Exclusion = 1

Figure 0-10: Meaningful Use Measures Summary continued (Part 4 of 5)

0028	CMS138 v7.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population 1 Numerator 1 = 10 Denominator 1 = 20 Performance Rate 1 (%) = 10.0 Exception 1 = 1 Population 2 Numerator 2 = 10 Denominator 2 = 20 Performance Rate 2 (%) = 10.0 Exception 2 = 1 Population 3 Numerator 3 = 10 Denominator 3 = 20 Performance Rate 3 (%) = 10.0 Exception 3 = 1
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Figure 0-11: Meaningful Use Measures Summary continued (Part 5 of 5)

Attestation Phase (Part 3 of 3)

Part 3 of 3 of the Attestation Phase contains a question regarding assignment of your incentive payment and confirmation of the address to which the incentive payment will be sent.

Click the **Yes** radio button to confirm you are receiving this payment as the payee indicated or you are assigning this payment voluntarily to the payee and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Click the **Payment Address** radio button from the list below to be used for your Incentive Payment.

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

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Attestation Phase (Part 3 of 3)

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

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

(*) Red asterisk indicates a required field.

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

Yes No ?

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

Previous

Reset

Save & Continue

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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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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](#)

UI 82

Medical Assistance Provider Incentive Repository (MAPIR): Part 2C – Program Updates for 2020 Attestation for Eligible Professionals

Version: 1.0

Original Version Date: 02/05/2020

Last Revision Date: 02/05/2020

Revision Log:

MAPIR User Guide for Eligible Professionals – Part 2C

Version	Revision Date	Revision
V1.0	02/05/2020	<ul style="list-style-type: none"> • Initial version. • Updated “Introduction” with a summary of the new Clinical Quality Measures Reporting Period screen. • Updated Attestation EHR Reporting Period (Part 1 of 3) screenshots. • Updated Splash Page screenshots for Meaningful Use Objectives, Required Public Health, and Clinical Quality Measures. • Added new “Clinical Quality Measures Reporting Period” subsection in the section “Clinical Quality Measures (CQMs) – Stage 3”. • Changed number of available Clinical Quality Measures from “50” to “47”. • Updated Figures 0-4 through 0-6 for "Meaningful Use Clinical Quality Measure Worklist". • Updated Figure 0-10 "Meaningful Use Measures Summary continued (Part 4 of 4)".

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Introduction

MAPIR Release Version 6.3 is configured by default to require 90 days of Meaningful Use attestation for Program Years 2019 and higher.

Any incentive applications that were started prior to the installation of MAPIR Release Version 6.3 for a specific state will follow the processing logic that was in effect for the version of MAPIR that you are currently running.

With the implementation of Version 6.0, MAPIR benefited from a revised navigational approach for attestation. MAPIR Release Version 6.1 expanded this approach to Stage 3 Objectives for Program Year 2018 incentive applications, and Modified Stage 2 and Stage 3 CQMs for 2018. Incentive applications started in Program Year 2019 or higher require attestation to Stage 3 Meaningful Use (MU). MAPIR's navigational panel is further described in the [Attestation Meaningful Use Objectives Navigation Panel](#), [Required Public Health Objectives Navigation Panel](#), and [Attestation MU Clinical Quality Measure Navigation Panel](#) sections of this manual.

Incentive applications for Program Years 2020 and higher will require attestation to a CQM reporting period before a minimum of at least six (6) CQMs can be selected from the list of available CQMs and attested to. The duration of the CQM reporting period must be at least 90 days or higher and must be in the same Program Year that is being attested to. The steps for entering a CQM reporting period are further described in the [Clinical Quality Measures Reporting Period](#) section of this manual.

A default Electronic Health Record (EHR) reporting period of 90 days will continue to apply for MU when completing attestation to a Program Year 2020 incentive application.

Meaningful Use Objectives have no selection screen and you must complete all Objectives. Once you select the **Begin** button on the Splash Page for Meaningful Use Objectives screen, MAPIR will display the objectives with the navigation approach.

Related MAPIR Documentation

To review getting started with MAPIR please see the MAPIR User Guide for EP Part 1.

To review Program updates for 2018 in the attestation tab, see MAPIR User Guide for EP Part 2A PY 2018.

To review Program updates for 2019 in the attestation tab, see MAPIR User Guide for EP Part 2B PY 2019.

To review application submission and review, see MAPIR User Guide for EP Part 3.

To review the MAPIR Review tab to Application Submission, see MAPIR User Guide for EP Part 4.

Step 5 – Attestation

This section will ask you to provide information about your *EHR System Attestation Phase*. The Attestation phase for 2019 is *Meaningful Use*.

This initial Attestation screen provides information about this section.

Note

The Adoption, Implementation, and Upgrade phases are not available in 2017 or higher.

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

[SPLASH PAGE CODE FILE NAME:

/mapir-public/WebContent/resources/template/static/prof/attestSplashInclude.xhtml]

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

Name	Applicant NPI
Personal TIN/SSN	Payee TIN
Payment Year	Program Year

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

SPLASH PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 75-C

Meaningful Use Phase

Select an EHR System Attestation phase for reporting *Meaningful Use of Certified EHR Technology*. The selections available to you will depend on the CEHRT ID entered.

MAPIR will display the applicable stage options available unless a default has been set.

The default for Program Year 2019 is set to Meaningful Use (90 days).

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

The screenshot shows a web interface for selecting an EHR System Phase. At the top right, there are links for [Print](#), [Contact Us](#), and [Exit](#). Below these are fields for **Name**, **Personal TIN/SSN**, **Payment Year**, **Applicant NPI**, **Payee TIN**, and **Program Year**. A navigation bar contains buttons for **Get Started**, **R&A/Contact Info**, **Eligibility**, **Patient Volumes**, **Attestation** (which is active), **Review**, and **Submit**. The main content area is titled **Attestation Phase (Part 1 of 3)** and contains the instruction: "Please select the appropriate **EHR System Phase** below. The selection that you make will determine the questions that you will be asked on subsequent pages." Below this is a blue box with the text: "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." Two radio button options are presented: **Meaningful Use (90 days)** (selected) and **Meaningful Use (Full Year)**. Both options include a description: "You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided." At the bottom of the form are three buttons: **Previous**, **Reset**, and **Save & Continue** (which is circled in red). The UI ID "UI 345" is located in the bottom right corner of the screenshot.

The Attestation EHR Reporting Period (Part 1 of 3) screen will display the 90-day period and the full year period. For Program Year 2017 or higher incentive applications, the default EHR Reporting Period will be a continuous 90-day period.

Note

The Attestation EHR Reporting Period for Program Year 2016 and before will display the 90-day period or the full year period, depending on the selection made on the previous screen.

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

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

Print Contact Us Exit

Name Applicant NPI
Personal TIN/SSN Payee TIN
Payment Year Program Year

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

Attestation EHR Reporting Period (Part 1 of 3)

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

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

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

(*) Red asterisk indicates a required field.

*Start Date: 01/01/2020 mm/dd/yyyy

Previous Reset Save & Continue

UI 80

A system calculated end date of 90 days will be generated from your chosen **Start Date**.

Review your selection's **Start Date** and **End Date**. Click **Save & Continue** to continue to the Attestation Meaningful Use Objectives screen or click **Previous** to go back.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Attestation EHR Reporting Period (Part 1 of 3)

Please confirm that the dates displayed below represent the EHR reporting period for the payment year where the Eligible Professional demonstrates meaningful use of certified EHR technology.

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

Start Date: Jan 01, 2020
End Date: Mar 30, 2020

Previous **Save & Continue**

UI 464

Meaningful Use – Objectives and Measures

The screen on the following page displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: General Requirements, Meaningful Use Objectives, and the Required Public Health Objective. The Clinical Quality Measures are available as either Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

You may complete any of the four topics in any order.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

Note
 Stage 3 and higher Attestation Objectives and Measures include a Navigational Panel as shown on the [Attestation Meaningful Use Objectives Navigation Panel](#) section of this user manual.

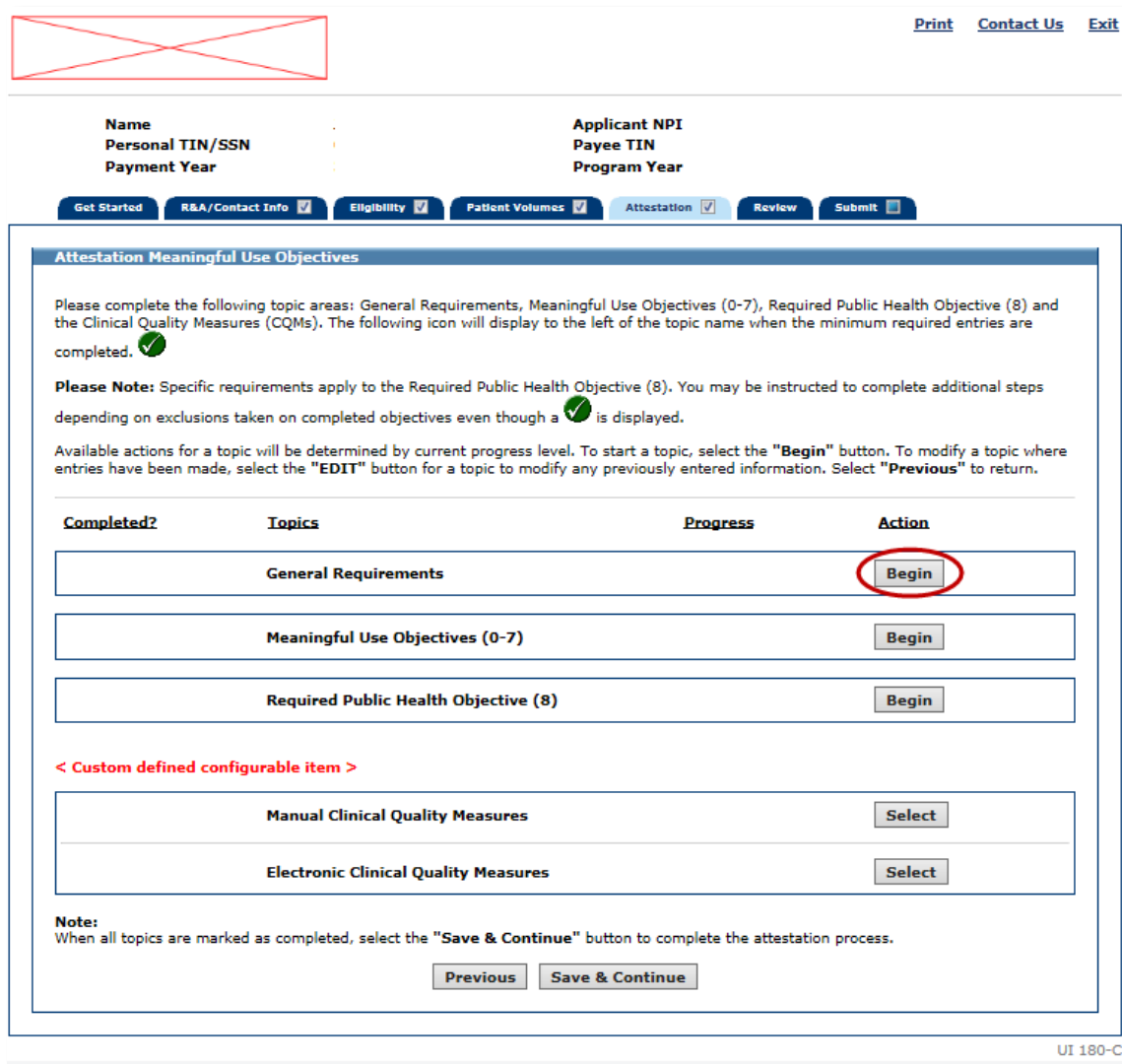


Figure 0-1: Stage 3 Measures Topic List

Meaningful Use General Requirements

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator entered. The numerator and denominator entries must be positive whole numbers.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Meaningful Use General Requirements

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive 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 demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized. *** Numerator:** *** Denominator:**

* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period. *** Numerator:** *** Denominator:**

Previous Reset **Save & Continue**

UI 181

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8)		Begin
< Custom defined configurable item >			
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select

Note: When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

UI 180-C

Stage 3 MU

The screen below displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (0-7), Required Public Health Objective (8), Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

You may select any of the three topics and complete them in any order. All three topics must be completed.

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (0-7)		<input type="button" value="Begin"/>
	Required Public Health Objective (8)		<input type="button" value="Begin"/>
< Custom defined configurable item >			
	Manual Clinical Quality Measures		<input type="button" value="Select"/>
	Electronic Clinical Quality Measures		<input type="button" value="Select"/>

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

UI 180-C

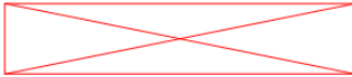
Meaningful Use Objectives

This screen provides information about the Meaningful Use Objectives for Stage 3 MU.

Click **Begin** to continue to the Attestation Meaningful Use Objectives Navigation Panel.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/prof/attestation/muObjectiveSplashStage3_3Include.xhtml]



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

State Configurable text area for Stage 3.3 Meaningful Use Objectives.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 896-C

Attestation Meaningful Use Objectives Navigation Panel

The following screen displays the Attestation Meaningful Use Objectives Navigation Panel.

Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete all the Meaningful Use Objectives and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 13 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

The screenshot shows the 'Attestation Meaningful Use Objectives' interface. At the top, there are fields for 'Name', 'Personal TIN/SSN', and 'Payment Year' on the left, and 'Applicant NPI', 'Payee TIN', and 'Program Year' on the right. Below these are navigation buttons: 'Get Started', 'RBA/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and features a list of objectives on the left, each with a green checkmark. The selected objective, 'Objective 1 - Protect Patient Health Information', is displayed in the main area. It includes a link to 'Click HERE to review CMS Guidelines for this measure.', a 'Save & Continue' button, and a 'Clear All Entries' button. A red asterisk indicates a required field. The objective description is: 'Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards. Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.' Below this is a question: '*Did you meet this measure?' with radio buttons for 'Yes' and 'No'. If 'Yes', there are input fields for 'Date (MM/DD/YYYY):' and 'Name and Title (Person who conducted or reviewed the security risk analysis):'. At the bottom, there are buttons for 'Return to Main', 'Clear All Entries', and 'Save & Continue'. A red box highlights the navigation panel and the 'Return to Main' button.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 13 of this manual.

Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display "It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit."

Objective 0 – ONC Questions

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

Print Contact Us Exit

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started RMA/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Meaningful Use Objectives

Objective 0 ✓
Objective 1 ✓
Objective 2 ✓
Objective 3 ✓
Objective 4 ✓
Objective 5 ✓
Objective 6 ✓
Objective 7 ✓

Objective 0 – ONC Questions

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Activities related to supporting providers with the performance of Certified EHR Technology:

*1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?
 Yes No

*2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program?
 Yes No

If you answered No on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?
 Yes No

*3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?
 Yes No Decline to answer

*4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program?
 Yes No Decline to answer

If you answered No or Decline to Answer on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?
 Yes No Decline to answer

Actions related to supporting information exchange and the prevention of health information blocking:

*1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?
 Yes No

*2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:

(i) Connected in accordance with applicable law;
 Yes No

(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
 Yes No

(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;
 Yes No

(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.
 Yes No

*3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?
 Yes No

Return to Main Clear All Entries Save & Continue

UI 713

Objective 1 – Protect Patient Health Information

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

Print Contact Us Exit

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Attestation Meaningful Use Objectives

Objective 0 ✓

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

Objective 6

Objective 7

Objective 1 - Protect Patient Health Information

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.

*Did you meet this measure?
 Yes No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY):

Name and Title (Person who conducted or reviewed the security risk analysis):

Return to Main Clear All Entries Save & Continue

UI 665

Objective 2 – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Attestation Meaningful Use Objectives

- Objective 0
- Objective 1
- Objective 2 **Objective 2 – Electronic Prescribing**
- Objective 3
- Objective 4
- Objective 5
- Objective 6
- Objective 7

Objective 2 – Electronic Prescribing

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.

This data was extracted only from patient records maintained using Certified EHR Technology.

EXCLUSION 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

EXCLUSION 2: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

If the exclusions do not apply to you, complete the following information:

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using Certified EHR Technology.

Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substances, during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

Numerator: **Denominator:**

UI 666

Objective 3 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Attestation Meaningful Use Objectives

Objective 0

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

Objective 6

Objective 7

Objective 3 - Clinical Decision Support

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

*Did you meet this measure?
 Yes No

Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you? If 'No', complete Measure 2.
 Yes No

Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Did you meet this measure?
 Yes No

Return to Main
Clear All Entries
Save & Continue

UI 667

Objective 4 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Attestation Meaningful Use Objectives

Objective 0

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

Objective 6

Objective 7

Objective 4 – Computerized Provider Order Entry

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.

This data was extracted only from patient records maintained using Certified EHR Technology.

Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 1: The number of orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by the EP during the EHR reporting period.
Exclusion 1: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 1: **Denominator 1:**

Measure 2: More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 2: The number of orders in the denominator recorded using CPOE.
Denominator 2: Number of laboratory orders created by the EP during the EHR reporting period.
Exclusion 2: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 2: **Denominator 2:**

Measure 3: More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Numerator 3: The number of orders in the denominator recorded using CPOE.
Denominator 3: Number of diagnostic imaging orders created by the EP during the EHR reporting period.
Exclusion 3: Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.

*** Does this exclusion apply to you?**

Yes No

If 'No', complete entries in the Numerator and Denominator.

Numerator 3: **Denominator 3:**

Return to Main Clear All Entries Save & Continue

UI 668

Objective 5 – Patient Electronic Access to Health Information

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

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Attestation Meaningful Use Objectives

- Objective 0 ✔
- Objective 1 ✔
- Objective 2 ✔
- Objective 3 ✔
- Objective 4 ✔
- Objective 5 ✔
- Objective 6 ✔
- Objective 7 ✔

Objective 5 - Patient Electronic Access to Health Information

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Exclusion 1: An EP may exclude from the measure if they have no office visits during the EHR reporting period.

* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Exclusion 2.

Yes No

Exclusion 2: Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Measure 1 and 2.

Yes No

Measure 1: For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's Certified EHR Technology.

Numerator 1: The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology.

Denominator 1: The number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: Denominator 1:

Measure 2: The EP must use clinically relevant information from Certified EHR Technology to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.

Numerator 2: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from Certified EHR Technology during the EHR reporting period.

Denominator 2: The number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: Denominator 2:

Return to Main Clear All Entries Save & Continue

UI 669

Objective 6 – Coordination of Care Through Patient Engagement

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.



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Attestation Meaningful Use Objectives

- Objective 0
- Objective 1
- Objective 2
- Objective 3
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- Objective 6
- Objective 7

Objective 6 – Coordination of Care Through Patient Engagement

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.

Exclusion 1: An EP may exclude from the measure if they have no office visits during the EHR reporting period.

* Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Exclusion 2.
 Yes No

Exclusion 2: Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Measure 1, 2 and 3.
 Yes No

Measure 1: During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information; or (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology; or (3) A combination of (1) and (2).

Numerator 1: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.

Denominator 1: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: Denominator 1:

Measure 2: For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.

Numerator 2: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.

Denominator 2: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: Denominator 2:

Measure 3: Patient generated health data or data from a non-clinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.

Numerator 3: The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the Certified EHR Technology into the patient record during the EHR reporting period.

Denominator 3: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 3: Denominator 3:

[Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

UI 670

Objective 7 – Health Information Exchange (HIE)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 13 of this manual.

The screenshot shows the 'Attestation Meaningful Use Objectives' page. On the left, a list of objectives from 0 to 7 is shown, each with a green checkmark. Objective 7 is highlighted. The main content area for Objective 7 is titled 'Objective 7 - Health Information Exchange (HIE)'. It contains a blue box with an information icon and the text: 'Click [HERE](#) to review CMS Guidelines for this measure.' Below this is another blue box with instructions: 'Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.' A red asterisk warning states: '(*) Red asterisk indicates a required field.' Below the warning, it says 'Based on the selections you make below you may be required to provide more information.' There are three exclusion questions, each with a red asterisk and a 'Does the exclusion apply to you?' prompt, followed by 'Yes' and 'No' radio button options. The three exclusions are: 1) Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period. 2) Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure. 3) Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measures. At the bottom of the section are three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue'. In the top right corner of the application, there are links for 'Print', 'Contact Us', and 'Exit'. A red rectangular box with a diagonal cross is present in the top left corner of the application area.

Figure 0-2: Health Information Exchange (HIE) exclusions

Note

If additional information is required, after answering the HIE exclusions, then MAPIR will navigate to the following screen when **Save & Continue** is selected.



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Attestation Meaningful Use Objectives

Objective 0 ✓
Objective 1 ✓
Objective 2 ✓
Objective 3 ✓
Objective 4 ✓
Objective 5 ✓
Objective 6 ✓
Objective 7 ✓

Objective 7 - Health Information Exchange (HIE)

Click [HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go back. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Based on your exclusion selections from the previous screen you are required to provide the following information.

Objective: The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.

Measure 1: For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using Certified EHR Technology; and (2) electronically exchanges the summary of care record.

Numerator 1: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.

Denominator 1: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

* Numerator 1: * Denominator 1:

Measure 2: For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

Numerator 2: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the Certified EHR Technology.

Denominator 2: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

* Numerator 2: * Denominator 2:

Measure 3: For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.

Numerator 3: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: Medication list, medication allergy list, and current problem list.

Denominator 3: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

* Numerator 3: * Denominator 3:

UI 672

Figure 0-3: Health Information Exchange (HIE) results

Stage 3 Required Public Health Objective (8)

The revised navigational approach is effective for Stage 3 Required Public Health. If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.



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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Meaningful Use Objectives (0-7)	8/8	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Required Public Health Objective (8)		<div style="border: 2px solid red; border-radius: 50%; padding: 5px; display: inline-block;">Begin</div>

< Custom defined configurable item >

Manual Clinical Quality Measures	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Select</div>
Electronic Clinical Quality Measures	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Select</div>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

UI 180-C

This screen provides information about the Stage 3 Required Public Health Objective.

Click **Begin** to continue to the Required Public Health Objectives Navigation Panel.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/prof/attestation phObjectiveSplashStage3_3Include.xhtml]



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State Configurable text area for Stage 3.3 Required Public Health Objectives.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 897-C

Required Public Health List Table

From the Required Public Health Objective Selection screen, choose a minimum of two Required Public Health Options to attest to.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

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Attestation Meaningful Use Objectives

Providers are required to successfully attest to two Public Health Options without taking an exclusion. If you cannot satisfy at least two options, you may take exclusions for all options you cannot meet. You may be required to answer Option 4B or 5B. You cannot attest to Option 4B or 5B if you can take an exclusion for Option 4A or 5A respectively.

Note: Taking all exclusions does not mean the Objective fails.

When all options have been edited and you are satisfied with the entries, select **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	<input checked="" type="checkbox"/>
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.	<input checked="" type="checkbox"/>
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>

Return to Main
Reset
Save & Continue

UI 674-C

The measures you select to attest to will display on the Required Public Health Objectives Navigation Panel as shown in the following page.

You must complete all the measures selected.

Required Public Health Objectives Navigation Panel

The following screen displays the Required Public Health Objectives Navigation Panel.

Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete the Required Public Health Objectives and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 36 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 25 of this manual.

The screenshot shows the 'Attestation Meaningful Use Objectives' interface. On the left, a navigation panel lists 'Objective 8' with sub-options 1, 2, 3, 4A, 4B, 5A, and 5B. Each option has a green checkmark, indicating completion. The main area is titled 'Objective 8 Option 1 - Immunization Registry Reporting'. It includes a link to 'Click HERE to review CMS Guidelines for this measure.' and a blue box with instructions: 'Click the Save & Continue to proceed. Click Previous to go to Selection screen. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.' Below this, there is a red asterisk indicating a required field. The objective description states: 'The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.' The measure is: 'Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).' A question asks '*Does this option apply to you?' with 'Yes' and 'No' radio buttons. Below, it asks 'If 'yes', select the name of the immunization registry.' with a dropdown menu. Another question asks 'If 'Other' is selected, enter the name of the immunization registry used below.' with a text input field. Under 'Active Engagement Options', there are three checkboxes: 'Completed registration to submit data', 'Testing and validation', and 'Production'. The 'EXCLUSION' section lists three criteria with 'Yes' and 'No' radio buttons: 'Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.', 'Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.', and 'Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.' At the bottom, there are four buttons: 'Previous', 'Return to Main', 'Clear All Entries', and 'Save & Continue'.

Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display “It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit.”

Objective 8 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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Attestation Meaningful Use Objectives

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- [Objective 8 Option 3](#)
- [Objective 8 Option 4A](#)
- [Objective 8 Option 4B](#)
- [Objective 8 Option 5A](#)
- [Objective 8 Option 5B](#)

Objective 8 Option 1 - Immunization Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

***Does this option apply to you?**
 Yes No

If 'Yes', select the name of the immunization registry.

If 'Other' is selected, enter the name of the immunization registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 1 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.
 Yes No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Previous Return to Main Clear All Entries Save & Continue

UI 675

Objective 8 Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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Attestation Meaningful Use Objectives

- [Objective 8 Option 1](#) ✓
- [Objective 8 Option 2](#)**
- [Objective 8 Option 3](#)
- [Objective 8 Option 4A](#)
- [Objective 8 Option 4B](#)
- [Objective 8 Option 5A](#)
- [Objective 8 Option 5B](#)

Objective 8 Option 2 - Syndromic Surveillance Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

*Does this option apply to you?
 Yes No

If 'Yes', select the name of the syndromic surveillance registry.

If 'Other' is selected, enter the name of the syndromic surveillance registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

- Completed registration to submit data
- Testing and validation
- Production

EXCLUSION: If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.
 Yes No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.
 Yes No

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

UI 676

Objective 8 Option 3 – Electronic Case Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

Note

Beginning with the implementation of MAPIR Release 6.2, Program Year 2019 and higher Stage 3 incentive applications will require attestation for Objective 8 Option 3 – Electronic Case Reporting when an exclusion is chosen, and the minimum number of Objectives has not been successfully attested to.

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Attestation Meaningful Use Objectives

- [Objective 8 Option 1](#) ✓
- [Objective 8 Option 2](#) ✓
- [Objective 8 Option 3](#)
- [Objective 8 Option 4A](#)
- [Objective 8 Option 4B](#)
- [Objective 8 Option 5A](#)
- [Objective 8 Option 5B](#)

Objective 8 Option 3 - Electronic Case Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.

*Does this option apply to you?
 Yes No

If 'Yes', select the name of the electronic case reporting registry.

If 'Other' is selected, enter the name of the electronic case reporting registry used below.

Active Engagement Options: If you have answered "Yes" above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.
 Yes No

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

UI 723

Objective 8 Option 4A – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

The screenshot shows the 'Objective 8 Option 4A – Public Health Registry Reporting' screen. At the top, there are fields for 'Name', 'Personal TIN/SSN', and 'Payment Year' on the left, and 'Applicant NPI', 'Payee TIN', and 'Program Year' on the right. Below these are navigation buttons: 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and lists several objectives with green checkmarks. The selected objective, 'Objective 8 Option 4A', is expanded to show its details. A blue box contains instructions: 'Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.' Below this, a red asterisk indicates a required field. The objective description states: 'The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.' The measure is 'Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.' A question asks '*Does this option apply to you?' with radio buttons for 'Yes' and 'No'. If 'Yes', a dropdown menu is provided to select the name of the public health registry. If 'Other' is selected, a text input field is provided. Under 'Active Engagement Options', there are three checkboxes: 'Completed registration to submit data', 'Testing and validation', and 'Production'. An 'EXCLUSION' section follows, stating that if Option 4 is 'No', all exclusions must be answered. Three exclusion questions are listed, each with 'Yes' and 'No' radio buttons. At the bottom of the form are buttons for 'Previous', 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The page number 'UI 724' is visible in the bottom right corner.

Objective 8 Option 4B – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

The screenshot displays the MAPIR web application interface for 'Objective 8 Option 4B - Public Health Registry Reporting'. At the top, there are navigation links for 'Print', 'Contact Us', and 'Exit'. Below this, a header section contains fields for 'Name', 'Personal TIN/SSN', 'Payment Year', 'Applicant NPI', 'Payee TIN', and 'Program Year'. A menu bar includes buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and features a sidebar with a list of objective options (Option 1 through Option 5B), each with a green checkmark. The selected option, 'Objective 8 Option 4B', is highlighted. The main content area contains the following text: 'Objective 8 Option 4B - Public Health Registry Reporting', a link to 'Click HERE to review CMS Guidelines for this measure.', and a blue box with instructions: 'Click the Save & Continue to proceed. Click Previous to go to Selection screen. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.' Below this is a red asterisk indicating a required field. The 'Objective' section states: 'The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.' The 'Measure' section states: 'Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.' A question asks: '*Does this option apply to you?' with radio buttons for 'Yes' and 'No'. Below this is a dropdown menu for selecting the public health registry name, and a text box for entering the name if 'Other' is selected. The 'Active Engagement Options' section includes checkboxes for 'Completed registration to submit data', 'Testing and validation', and 'Production'. The 'EXCLUSION' section states: 'If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.' Three exclusion questions follow, each with radio buttons for 'Yes' and 'No': 'Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.', 'Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.', and 'Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.' At the bottom of the form are buttons for 'Previous', 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The page number 'UI 725' is visible in the bottom right corner.

Registry names entered in the free text box or chosen from the drop down in list cannot be identical to what selected from the drop down in Option 4A, "Other" is not consider a registry name.

Objective 8 Option 5A – Clinical Data Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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Attestation Meaningful Use Objectives

[Objective 8 Option 1](#) ✓

[Objective 8 Option 2](#) ✓

[Objective 8 Option 3](#) ✓

[Objective 8 Option 4A](#) ✓

[Objective 8 Option 4B](#) ✓

[Objective 8 Option 5A](#) ✓

[Objective 8 Option 5B](#)

Objective 8 Option 5A – Clinical Data Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

***Does this option apply to you?**
 Yes No

If 'Yes', select the name of the clinical data registry.

If 'Other' is selected, enter the name of the clinical data registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
 Yes No

Previous
Return to Main
Clear All Entries
Save & Continue

UI 726

Objective 8 Option 5B – Clinical Data Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

The screenshot shows the 'Objective 8 Option 5B – Clinical Data Registry Reporting' screen. At the top, there are fields for 'Name', 'Personal TIN/SSN', and 'Payment Year' on the left, and 'Applicant NPI', 'Payee TIN', and 'Program Year' on the right. Below these are navigation buttons: 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and lists several objectives on the left, with 'Objective 8 Option 5B' selected. The main content area displays the details for 'Objective 8 Option 5B – Clinical Data Registry Reporting', including a link to CMS Guidelines, a callout box with instructions, and a series of questions with radio button and checkbox options. At the bottom, there are buttons for 'Previous', 'Return to Main', 'Clear All Entries', and 'Save & Continue'.

Registry names entered in the free text box or chosen from the drop down in list cannot be identical to what selected from the drop down in Option 5A, “Other” is not consider a registry name.

Clinical Quality Measures (CQMs) – Stage 3

The revised navigational approach is effective for Stage 3 Clinical Quality Measures. If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

A check mark will display under the Completed column for the topic. You can continue to **EDIT** the topic measure after it has been marked complete.

Click **Select** to start the Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

Note

The selection of Electronic Clinical Quality Measures is configurable by states. If this configurable setting is disabled, then only Manual Clinical Quality Measures selection will be available.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
✓	Required Public Health Objective (8)	7/7	EDIT Clear All

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures Begin

Note:
 When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

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

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If Electronic Clinical Quality Measures is selected a ✓ will appear on the Measures Topic List.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Meaningful Use Objectives (0-7)	8/8	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Required Public Health Objective (8)	2/2	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>

< Custom defined configurable item >

Electronic Clinical Quality Measures *(Select Cancel to choose Manual)*

Cancel

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

UI 180-C

To cancel Electronic Clinical Quality Measure selection and choose Manual Clinical Quality Measures click the **Cancel** button and then click **OK** on the pop-up message window.

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
<input checked="" type="checkbox"/>	General	[Progress Bar]	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input checked="" type="checkbox"/>	Meanin	[Progress Bar]	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input checked="" type="checkbox"/>	Require	[Progress Bar]	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

< Custom defined configurable item >

Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures

Cancel and Choose Electronic

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

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To select Manual Clinical Quality Measures, click the **Begin** button.

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✕

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[Get Started](#)

[R&A/Contact Info](#) ✓

[Eligibility](#) ✓

[Patient Volumes](#) ✓

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Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
✓	Required Public Health Objective (8)	2/2	EDIT Clear All

< Custom defined configurable item >

Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures

Begin

Cancel and Choose Electronic

Cancel

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

[Previous](#)

[Save & Continue](#)

UI 180-C

Manual Clinical Quality Measures

This initial screen provides information about the Manual Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Clinical Quality Measure Worklist Table.

[CORE SPLASH PAGE CODE FILE NAME: /mapir-public/prof/attestation/ cqmGeneralSplashStage3_3Include.xhtml]

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State Configurable text area for Stage 3.3 CQM.
The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

UI 898-C

Clinical Quality Measures Reporting Period

Enter a CQM reporting period of at least 90 days in the required **Clinical Quality Measures Reporting Period Start Date** and **Clinical Quality Measures Reporting Period End Date** fields. The CQM reporting period entered must be within the same Program Year that you are attesting to.

Your CQM reporting period may contain an interruption in that time span which prevents the CQM data from accurately representing a full 90 day or greater reporting period. In this scenario, read and select the acknowledgement checkbox and enter a date range for when there is CQM data to report in the **Actual Clinical Quality Measures Reporting Period Start Date** and **Actual Clinical Quality Measures Reporting Period End Date** fields. This date range cannot exceed the time span entered in the required **Clinical Quality Measures Reporting Period Start Date** and **Clinical Quality Measures Reporting Period End Date** fields.

Complete all the required and relevant CQM reporting period information.

Click **Save & Continue** to navigate to the Meaningful Use Clinical Quality Measure Worklist screen, click **Reset** to restore this panel to the starting point or last saved data, or click **Return to Main** to navigate to the EP MU Dashboard shown on [page 36](#) of this manual.

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Clinical Quality Measures Reporting Period

Please enter both the **Start Date** and **End Date** of your Clinical Quality Measures (CQMs) Reporting Period. You must enter a minimum of any continuous 90-day period within the application's program year.

*Click **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

*Clinical Quality Measures Reporting Period Start Date:

*Clinical Quality Measures Reporting Period End Date:
 mm/dd/yyyy

Check this box if due to a change in employment, leave of absence, or other circumstance you do not have Clinical Quality Measures data for the full Clinical Quality Measures reporting period you have indicated above. If this applies to you, please provide the time span in which you do have data below:

Actual Clinical Quality Measures Reporting Period Start Date:

Actual Clinical Quality Measures Reporting Period End Date:
 mm/dd/yyyy

[Return to Main](#) [Reset](#) [Save & Continue](#)

UI 895-C

Meaningful Use Clinical Quality Measure Worklist

There is a total of 47 Meaningful Use Clinical Quality Measures available for you to attest to. From the Meaningful Use Clinical Quality Measures Worklist Table, choose a minimum of six CQMs.

If none of the CQMs in the Outcome table are relevant to your scope of practice, then you **MUST** select the acknowledgement checkbox. Once the acknowledgement checkbox is selected then you **MUST** either select one or more CQMs from the High Priority table **OR** select the acknowledgement checkbox for High Priority CQMs.

If one or more of the Outcome CQMs are relevant to your scope of practice and are selected, then you do not need to select any CQMs from the High Priority table **OR** select the acknowledgement checkbox for High Priority CQMs.

If none of the CQMs in the Outcome table **OR** the High Priority table are relevant to your scope of practice **AND** the acknowledgement checkboxes for both associated tables have been selected, then you **MUST** select six (6) CQMs from the Other table.

You can sort and view the CQMs by NQF or CMS number by selecting the sort arrows for each table. Each table sorts the CQM NQF and CMS number independently from the other.

The screen shot below shows the instructional text for the Meaningful Use Clinical Quality Measures and is not a complete listing of all available CQMs.

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Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist

You must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Outcome measure or if no Outcome measures are applicable, at least one (1) High Priority measure. If no Outcome or High Priority CQMs are relevant to your scope of practice, then please choose a minimum of six (6) CQMs from the list of Other available CQMs.

If none of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the acknowledgement box within each section in order to proceed to the next screen.

CQMs below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS number by clicking on the sort arrows below.

Please note you are not limited to only selecting one Outcome or High Priority CQM, you may select multiple CQMs from any category with a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select "Return to Main" button to access the main attestation topic list.

Outcome Clinical Quality Measures

NQF# <small>Sort</small>	Measure# <small>Sort</small>	Title	Selection
0565e	CMS133 v8.1.000	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	<input type="checkbox"/>
0710e	CMS159 v8.6.000	Depression Remission at Twelve Months	<input type="checkbox"/>
Not Applicable	CMS75 v8.1.000	Children Who Have Dental Decay or Cavities	<input type="checkbox"/>
Not Applicable	CMS122 v8.4.000	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	<input type="checkbox"/>
Not Applicable	CMS165 v8.5.000	Controlling High Blood Pressure	<input type="checkbox"/>
Not Applicable	CMS771 v1.4.000	International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	<input type="checkbox"/>

None of the Outcome Clinical Quality Measures listed above pertain to my scope of practice.

High Priority Clinical Quality Measures

NQF# <small>Sort</small>	Measure# <small>Sort</small>	Title	Selection
0089e	CMS142 v8.1.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	<input type="checkbox"/>

Figure 0-4: Meaningful Use Clinical Quality Measure Worklist (Part 1 of 3)

0418e	CMS2 v9.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	<input type="checkbox"/>
0419e	CMS68 v9.1.000	Documentation of Current Medications in the Medical Record	<input type="checkbox"/>
1365e	CMS177 v8.1.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
Not Applicable	CMS50 v8.0.000	Closing the Referral Loop: Receipt of Specialist Report	<input type="checkbox"/>
Not Applicable	CMS56 v8.1.000	Functional Status Assessment for Total Hip Replacement	<input type="checkbox"/>
Not Applicable	CMS66 v8.3.000	Functional Status Assessment for Total Knee Replacement	<input type="checkbox"/>
Not Applicable	CMS90 v9.1.000	Functional Status Assessments for Congestive Heart Failure	<input type="checkbox"/>
Not Applicable	CMS125 v8.4.000	Breast Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS128 v8.3.000	Antidepressant Medication Management	<input type="checkbox"/>
Not Applicable	CMS136 v9.1.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<input type="checkbox"/>
Not Applicable	CMS137 v8.5.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	<input type="checkbox"/>
Not Applicable	CMS139 v8.1.000	Falls: Screening for Future Fall Risk	<input type="checkbox"/>
Not Applicable	CMS146 v8.2.000	Appropriate Testing for Children with Pharyngitis	<input type="checkbox"/>
Not Applicable	CMS153 v8.1.000	Chlamydia Screening for Women	<input type="checkbox"/>
Not Applicable	CMS154 v8.1.000	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	<input type="checkbox"/>
Not Applicable	CMS155 v8.1.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<input type="checkbox"/>
Not Applicable	CMS156 v8.3.000	Use of High-Risk Medications in the Elderly	<input type="checkbox"/>
Not Applicable	CMS249 v2.4.000	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	<input type="checkbox"/>

None of the High Priority Clinical Quality Measures listed above pertain to my scope of practice.

Other Clinical Quality Measures

NQF#	Measure#	Title	Selection
0028e	CMS138 v8.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<input type="checkbox"/>
0041e	CMS147 v9.1.000	Preventive Care and Screening: Influenza Immunization	<input type="checkbox"/>
0070e	CMS145 v8.2.000	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	<input type="checkbox"/>
0081e	CMS135 v8.2.000	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>

Figure 0-5: Meaningful Use Clinical Quality Measure Worklist continued (Part 2 of 3)

0083e	CMS144 v8.1.000	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0086e	CMS143 v8.1.000	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	<input type="checkbox"/>
0104e	CMS161 v8.1.000	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
0421e	CMS69 v8.2.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	<input type="checkbox"/>
2872e	CMS149 v8.0.000	Dementia: Cognitive Assessment	<input type="checkbox"/>
Not Applicable	CMS22 v8.2.000	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	<input type="checkbox"/>
Not Applicable	CMS74 v9.1.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<input type="checkbox"/>
Not Applicable	CMS117 v8.3.000	Childhood Immunization Status	<input type="checkbox"/>
Not Applicable	CMS124 v8.1.00	Cervical Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS127 v8.1.000	Pneumococcal Vaccination Status for Older Adults	<input type="checkbox"/>
Not Applicable	CMS130 v8.4.000	Colorectal Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS131 v8.4.000	Diabetes: Eye Exam	<input type="checkbox"/>
Not Applicable	CMS134 v8.4.000	Diabetes: Medical Attention for Nephropathy	<input type="checkbox"/>
Not Applicable	CMS347 v3.1.000	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<input type="checkbox"/>
Not Applicable	CMS 645 v3.1.000	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	<input type="checkbox"/>
Not Applicable	CMS349 v2.9.000	HIV Screening	<input type="checkbox"/>

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Figure 0-6: Meaningful Use Clinical Quality Measure Worklist continued (Part 3 of 3)

Attestation MU Clinical Quality Measure Navigation Panel

The screen below displays the Attestation MU Clinical Quality Measure Navigation Panel. This screen displays the Meaningful Use Clinical Quality Measures you selected on the previous screen.

Incomplete Objectives display without a checkmark and are listed by the NQF or CMS sort order chosen on the EP Attestation MU Clinical Quality Measures Selection screen.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

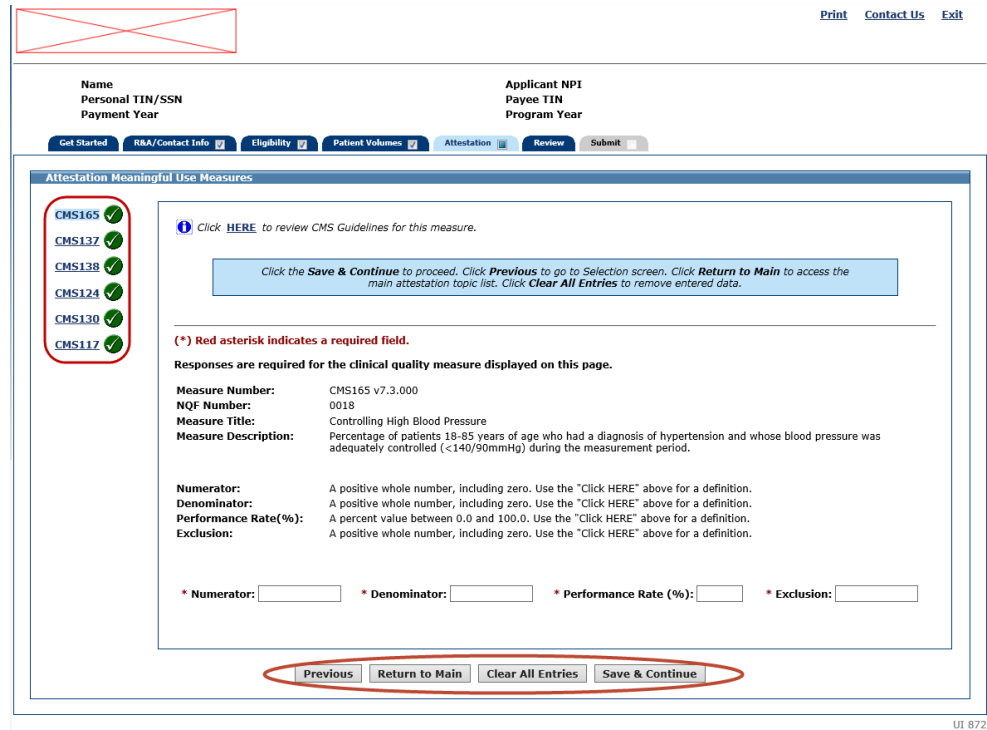
A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete all the Clinical Quality Measures and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 46 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 46 of this manual.



Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display “It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit.”

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

The screen on the following page displays the Measures Topic List with all four meaningful use objective topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Objectives you attested to.

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

Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year
---	---

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

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Meaningful Use Objectives (0-7)	8/8	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Required Public Health Objective (8)	7/7	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

	Clinical Quality Measures	6/6	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
--	---------------------------	-----	---

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous
Save & Continue

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Meaningful Use Measures Summary

This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

[Get Started](#)

[R&A/Contact Info](#)

[Eligibility](#)

[Patient Volumes](#)

[Attestation](#)

[Review](#)

[Submit](#)

Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

Meaningful Use General Requirements Review

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized.	Numerator = 100 Denominator = 200 Percentage = 50%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 100 Denominator = 200 Percentage = 50%

Meaningful Use Objective Review

Objective Number	Objective	Entered
	Activities related to supporting providers with the performance of Certified EHR Technology: 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field.	

Figure 0-7: Meaningful Use Measures Summary (Part 1 of 4)

<p>Objective 0</p>	<p>3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received? 4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology? 2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times: (i) Connected in accordance with applicable law; (ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; (iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj (3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors. 3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?</p>	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes</p>
<p>Objective 1</p>	<p>Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.</p>	<p>Measure = No</p>
<p>Objective 2</p>	<p>Generate and transmit permissible prescriptions electronically (eRx).</p>	<p>Patient Records = All Exclusion 1 = No Exclusion 2 = No Numerator 1 = 100 Denominator 1 = 200 Percentage = 50%</p>
<p>Objective 3</p>	<p>Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.</p>	<p>Measure 1 = No Measure 2 Exclusion = No Measure 2 = No</p>
<p>Objective 4</p>	<p>Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.</p>	<p>Patient Records = All Measure 1 Exclusion 1 = Excluded Measure 2 Exclusion 2 = Excluded Measure 3 Exclusion 3 = Excluded</p>
<p>Objective 5</p>	<p>The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.</p>	<p>Exclusion 1 = Excluded</p>

Figure 0-8: Meaningful Use Measures Summary continued (Part 2 of 4)

Objective 6	Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.	Exclusion 1 = Excluded
Objective 7	The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure (s) listed below.	Exclusion 1 = Excluded Exclusion 2 = Excluded Exclusion 3 = Excluded

Required Public Health Objective Review		
Objective Number	Objective	Entered
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 1 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 2 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 3 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 4A = Yes Registry Name = Public Health 1 Active Engagement Option = Production
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 4B = Yes Registry Name = Public Health 2 Active Engagement Option = Production
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 5A = Yes Registry Name = Clinical Data 1 Active Engagement Option = Production
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 5B = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No

Figure 0-9: Meaningful Use Measures Summary continued (Part 3 of 4)

Meaningful Use Clinical Quality Measure Review			
Outcome Clinical Quality Measures			
NQF	Measure Code	Title	Entered
Not Applicable	CMS771 v1.4.000	International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0
High Priority Clinical Quality Measures			
NQF	Measure Code	Title	Entered
0418e	CMS2 v9.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0
0419e	CMS68 v9.1.000	Documentation of Current Medications in the Medical Record	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exception = 0
0389e	CMS129 v9.0.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exception = 0
0089e	CMS142 v8.1.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exception = 0
0384e	CMS157 v8.1.000	Oncology: Medical and Radiation - Pain Intensity Quantified	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0
Clinical Quality Measures Reporting Period			
Clinical Quality Measures Reporting Period Start Date: Jun 01, 2020			
Clinical Quality Measures Reporting Period End Date: Sep 01, 2020			
Actual Clinical Quality Measures Reporting Period Start Date: Jun 01, 2020			
Actual Clinical Quality Measures Reporting Period End Date: Jul 01, 2020			

Previous Save & Continue

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Figure 0-10: Meaningful Use Measures Summary continued (Part 4 of 4)

Attestation Phase (Part 3 of 3)

Part 3 of 3 of the Attestation Phase contains a question regarding assignment of your incentive payment and confirmation of the address to which the incentive payment will be sent.

Click the **Yes** radio button to confirm you are receiving this payment as the payee indicated or you are assigning this payment voluntarily to the payee and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Click the **Payment Address** radio button from the list below to be used for your Incentive Payment.

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

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

Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year
---	---

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

Attestation Phase (Part 3 of 3)

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

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

(*) Red asterisk indicates a required field.

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

Yes No

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

Previous
Reset
Save & Continue

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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.



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

- 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

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

Version: 1.0

Original Version Date: 02/05/2020

Last Revision Date: 02/05/2020

Revision Log:

MAPIR User Guide for Eligible Professionals – Part 3

Version	Revision Date	Revision
V1.0	02/05/2020	<ul style="list-style-type: none">• Initial version

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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 Program updates for 2018 in the attestation tab, see MAPIR User Guide for EP Part 2A PY 2018.

To review Program updates for 2019 in the attestation tab, see MAPIR User Guide for EP Part 2B PY 2019.

To review Program updates for 2020 in the Attestation tab, see MAPIR User Guide for EP Part 2C PY 2020.

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.

The screenshot shows a web application interface with a navigation bar at the top containing links for [Print](#), [Contact Us](#), and [Exit](#). Below the navigation bar is a header section with fields for **Name**, **Personal TIN/SSN**, and **Payment Year** on the left, and **Applicant NPI**, **Payee TIN**, and **Program Year** on the right. A row of tabs includes [Get Started](#), [R&A/Contact Info](#) (checked), [Eligibility](#) (checked), [Patient Volumes](#) (checked), [Attestation](#) (checked), [Review](#) (active), and [Submit](#). A blue informational box contains the text: "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." Below this is a **Status** section with the word **Incomplete** in large red font. The **CEHRT ID Information** section shows **CMS EHR Certification ID:** A0H1301DAPAKEAF. The **R&A Verification** section contains a table of fields:

Name	Provider	Applicant NPI	9999999999
Personal TIN/SSN	9999999999	Payee TIN	9999999999
Payee NPI	9999999999		
Business Address	123 First Street Anytown, PA 12345-1234		
Business Phone	999-999-9999		
Incentive Program	MEDICAID	State	AK
Eligible Professional Type	Physician		
R&A Registration ID	9999999999		
R&A Registration Email	Providermail@email.com		
CMS EHR Certification Number	A014E01EPAKJE3		
Is this information accurate?	Yes		

Figure 0-1: Review Tab (Part 1 of 3).

Primary Contact Information	
First Name	Dr. Medicaid
Last Name	Provider
Phone	999-999-9999
Phone Extension	
Email Address	professional@professional.com
Department	Medicaid
Address	123 Main Street Hometown, PA 12345

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 Colorado.	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 in all states in which you practice?	Yes

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

Patient Volume 90 Day Period (Part 2 of 3)	
Start Date:	Feb 02, 2018
End Date:	May 02, 2018

Figure 0-2: Review Tab continued (Part 2 of 3).

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

• Group/Clinic <*Please select where you practice predominantly:> FQHC

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	1022298430001	Dr. Medicaid	123 Main Street Hometown, PA 12345 -4023

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
600	650	1250	3500	36%

Attestation Phase (Part 1 of 3)

EHR System Phase: Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)

Start Date: Jan 01, 2019
End Date: Mar 31, 2019

Attestation Meaningful Use Measures

Attestation Meaningful Use Measures may be accessed by selecting the link below:
[Meaningful Use Measures](#)

Attestation Phase (Part 3 of 3)

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

The mailing address below will be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
1022298430001	Dr. Medicaid Provider	123 Main Street Hometown, PA 12345-4023	Rel5.3

[Top](#)

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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 your state 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.

[SPLASH PAGE CODE FILE NAME:

/mapir-public/WebContent/resources/template/static/prof/submitSplashInclude.xhtml]

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

SPLASH PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

Begin

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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.



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

- Get Started
- R&A/Contact Info
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- 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.

As a hospital based physician, you may be required to submit additional documentation to participate.

Review

Save & Continue

UI 92

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.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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:
<Enter Professional Questionnaire 2> Yes No

Question 2:
<Enter Professional Questionnaire 3> Yes No

Question 3:
<Enter Professional Questionnaire 4> Yes No

Previous Reset **Save & Continue**

UI 93-C

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.

The screenshot shows a web application interface for document submission. At the top right, there are links for [Print](#), [Contact Us](#), and [Exit](#). Below these is a navigation bar with buttons for **Get Started**, **R&A/Contact Info** (checked), **Eligibility** (checked), **Patient Volumes** (checked), **Attestation** (checked), **Review**, and **Submit** (disabled). The main content area is titled "Application Required Prepayment Documentation" and contains the following text: "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." Below this is a redacted message: "<This section is configurable so that a state may enter a message.>". A blue box contains instructions: "When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point." A red asterisk note states: "(*) Red asterisk indicates a required field." A list of eight documentation requirements is shown. Below the list, it says: "To upload a file, type the full path or click the **Browse...** button." A redacted message follows: "<configurable text as to size and file type.>". A warning states: "File name must be less than or equal to **100 characters**." The "Document:" field is a dropdown menu with "-- select a document --" selected. The "File Location:" field is a text input with a "Browse..." button next to it. An "Upload File" button is centered below the input fields. At the bottom, there is a checkbox with the text: "* 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." Below this are three buttons: **Previous**, **Reset**, and **Save & Continue**. A red box at the top left of the page is crossed out with a red 'X'. The page ID "UI 114-C" is located at the bottom right of the screenshot.

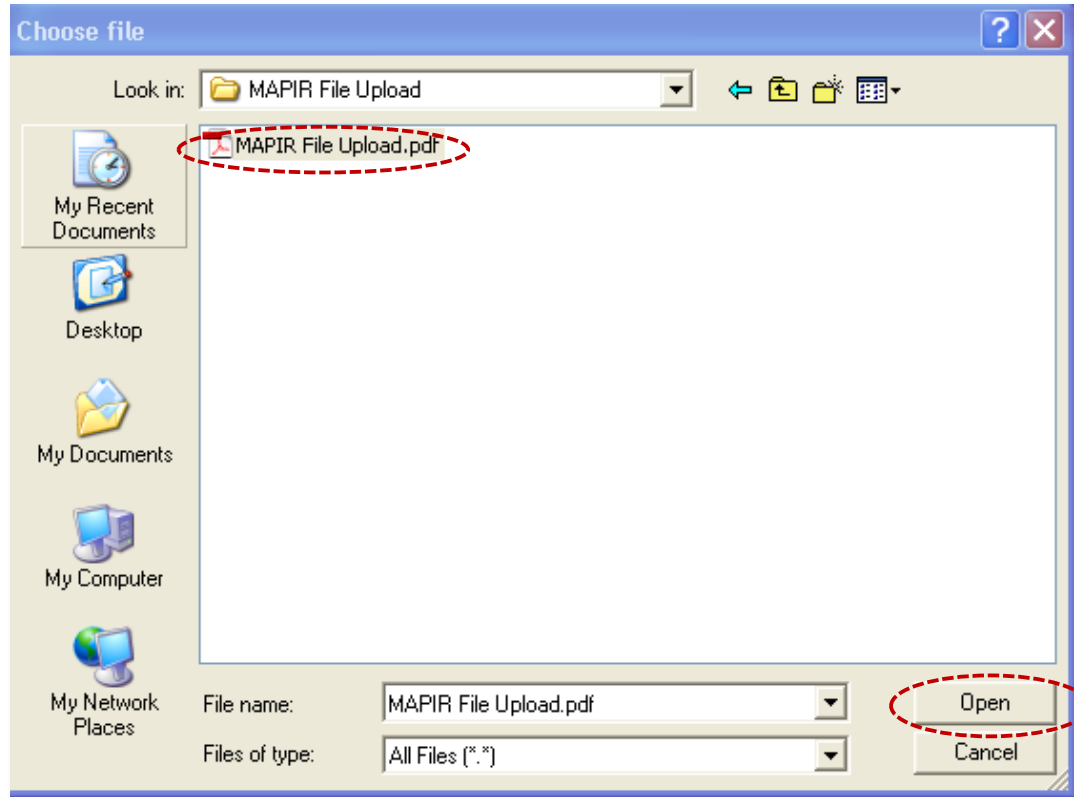
The **Choose file** dialog box will display.

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.



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

Name
Personal TIN/SSN
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Applicant NPI
Payee TIN
Program Year

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

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.

<This section is configurable so that a state may enter a message.>

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.Documentation Requirement One
- 2.Documentation Requirement Two
- 3.Documentation Requirement Three
- 4.Documentation Requirement Four
- 5.Documentation Requirement Five
- 6.Documentation Requirement Six
- 7.Documentation Requirement Seven
- 8.Documentation Requirement Eight

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

<configurable text as to size and file type.>

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

Document:

File Location:

* 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.

-
-
-

UI 114-C

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.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

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.

<This section is configurable so that a state may enter a message.>

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.Documentation Requirement One
- 2.Documentation Requirement Two
- 3.Documentation Requirement Three
- 4.Documentation Requirement Four
- 5.Documentation Requirement Five
- 6.Documentation Requirement Six
- 7.Documentation Requirement Seven
- 8.Documentation Requirement Eight

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

<configurable text as to size and file type.>

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

Document:

File Location:

Uploaded Files

Document	File Name	File Size	Date Uploaded	Available Actions
documentation requirement one	MAPIR File Upload.pdf	144491	11/18/2019	<input type="button" value="View"/> <input type="button" value="Delete"/>

* 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.

• File has been successfully uploaded.

UI 114-C

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.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Application Submission (Part 1 of 2)

Please answer the following questions.

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

(*) Red asterisk indicates a required field.

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

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

Provider **Preparer**

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

UI 94

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.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Application Submission (Part 1 of 2)

Please answer the following questions.

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

(*) Red asterisk indicates a required field.

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

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

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

UI 94

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.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
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Program Year

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

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.
State specific text to support the attestation

(*) Red asterisk indicates a required field.

Electronic Signature of Provider Receiving Incentive Payment:

***Provider Initials:** MAP ***NPI:** 1234567890 ***Personal TIN:** 999999999

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

[Previous](#) [Reset](#) [Sign Electronically](#)

UI 95-C

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.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Application Submission (Part 1 of 2)

Please answer the following questions.

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

(*) Red asterisk indicates a required field.

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

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

Provider Preparer

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

UI 94

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.



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
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- Get Started
- R&A/Contact Info
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- Patient Volumes
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Application Submission (Part 2 of 2)

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

This is to certify that the foregoing information is true, accurate, and complete.
State specific text to support the attestation

(*) Red asterisk indicates a required field.

Electronic Signature of Preparer:

***Preparer Name:** ***Preparer Relationship:**

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.

UI 95-C

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.

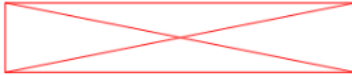
Click **Previous** to go back or click the **Save & Continue** to proceed with the submission of your application.

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.



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

Name
 Personal TIN/SSN
 Payment Year

Applicant NPI
 Payee TIN
 Program Year

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

Application Submission (Part 2 of 2)

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

Note: Eligible Professionals that switched between the Medicare and Medicaid EHR Incentive Programs may not exceed the maximum incentive amount of \$63,750.00.

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

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

Submit Application

UI 96-C

The check indicates your application has been successfully submitted.

Click **OK**.



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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

[Current Status](#)

[Review Application](#)

[Document Upload](#)



Your application has been successfully submitted, and will be processed within 7-10 business days.
You will receive an email message when processing has been completed.



UI 97-C

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.

The screenshot shows a web interface with a header containing a red 'X' placeholder and links for [Print](#), [Contact Us](#), and [Exit](#). Below the header, there are two columns of labels: 'Name', 'Personal TIN/SSN', and 'Payment Year' on the left; 'Applicant NPI', 'Payee TIN', and 'Program Year' on the right. A row of three tabs is present: 'Current Status' (light blue), 'Review Application' (dark blue), and 'Document Upload' (dark blue). The main content area displays 'Name:', 'Applicant NPI:', and 'Status: Submitted'. A red arrow points to the 'Submitted' status. A red text note on the right reads: 'PROFESSIONAL GET STARTED SPLASH RIGHT PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.' Below the status, a message says: 'Select **Review Application** to view the information that was entered on the application that was submitted.' The identifier 'UI 339-C' is in the bottom right corner.

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

The screenshot shows a web interface with a red 'X' placeholder in the header. Below it is a 'MAPIR' tab. The main content area contains the text: 'Exit MAPIR' followed by 'Your session has ended. To complete the log out process, you must close your browser.' A red arrow points to this message. The identifier 'UI 6-C' is in the bottom right corner.

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 state 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.

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

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI

CCN

Payee TIN

TIN

instruction text here

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Adoption	Denied	1	2014	\$0.00	Select the "Continue" button to view this application
<input type="radio"/>	Upgrade	Completed	1	2015	\$21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 1 Meaningful Use Full Year	Denied	2	2016	\$0.00	Select the "Continue" button to view this application
<input type="radio"/>	Stage 3 Meaningful Use Full Year	Completed	3	2018	\$8,500.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 3 Meaningful Use 90 Days	Submitted	4	2019	\$8,500.00	Select the "Continue" button to view this application.
<input checked="" type="radio"/>	<i>Future</i>	<i>Future</i>	<i>5</i>	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input checked="" type="radio"/>	<i>Future</i>	<i>Future</i>	<i>6</i>	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>

<The text on this section of the page would be replaced by actual content that the hosting state may specify as static HTML.>

Continue

UI 175-C

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.

This screenshot shows a web interface for an application. At the top right, there are links for [Print](#), [Contact Us](#), and [Exit](#). Below these is a red-outlined box with a diagonal cross. The main content area has a header with fields for Name, Personal TIN/SSN, and Payment Year on the left, and Applicant NPI, Payee TIN, and Program Year on the right. Below the header are four tabs: **Current Status**, **Review Application**, **Submission Outcome**, and **Document Upload**. The **Review Application** tab is selected. The main content area displays:
Name:
Applicant NPI:
Status: **Completed** (with a red arrow pointing to the word 'Completed')
A red text box on the right contains the message: "PROFESSIONAL GET STARTED SPLASH RIGHT PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML." The identifier "UI 339-C" is in the bottom right corner.

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

This screenshot shows the 'Submission Outcome' page. At the top right, there are links for [Print](#), [Contact Us](#), and [Exit](#). Below these is a red-outlined box with a diagonal cross. The main content area has a header with fields for Name, Personal TIN/SSN, and Payment Year on the left, and Applicant NPI, Payee TIN, and Program Year on the right. Below the header are four tabs: **Current Status**, **Review Application**, **Submission Outcome**, and **Document Upload**. The **Submission Outcome** tab is selected. The main content area contains:
An information icon and the text: "Select 'Print' to generate a printer friendly version of this information." with a **Print** button.
Status: **Completed**
Payment Amount: **You have been approved to receive a payment in the amount of \$8,500.00**
Provider Information:
Name:
Applicant NPI:
The identifier "UI 105" is in the bottom right corner.

Application Statuses

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

Status	Definition
Not Registered at R&A	MAPIR has not received a matching registration from both the R&A and the state MMIS.
Incomplete	The application is in a working status but has not been submitted and may still be updated by the provider.
Submitted	The application has been submitted. The application is locked to prevent editing and no further changes can be made.
Payment Approved	A determination has been made that the application has been approved for payment.
Payment Disbursed	The financial payment data has been received by MAPIR and will appear on your remittance advice.
Partial Recoupment Received	An adjustment has been requested and the total amount has not been recouped.
Partial Remittance Received	An adjustment has been processed and a partial recoupment has been made and will appear on your remittance advice.
Aborted	When in this status, all progress has been eliminated for the incentive application and the application can no longer be modified or submitted.
Adjustment Initiated	An adjustment has been lodged with the proper state authority by the provider.
Adjustment Approved	The adjustment has been approved.
Adjustment Canceled	The adjustment has been canceled.
Denied	A determination has been made that the provider does not qualify for an incentive payment based on one or more of the eligibility rules.
Completed	The application has run a full standard process and completed successfully with a payment to the provider.
Cancelled	An application has been set to "Cancelled" status only when R&A communicates a registration cancellation to MAPIR. MAPIR cancels both the registration and any associated application.
Future	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.
Not Eligible	This is a status that will be displayed against any application whenever the provider has exceeded the limits of the program timeframe.
Not Started	This is a status that will be displayed against any application whenever the provider has not started an application but MAPIR received an R&A registration and has been matched to an MMIS provider.

<p>Expired</p>	<p>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.</p>
----------------	---

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.

*A financial adjustment is in process for one or more program year applications and may require your approval. Please select **Review Adjustment** for further information.*

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.

NPI
TIN

Please review the adjustment information below, complete the required fields, and select the "Submit" button. To leave this screen, select the "Close" button and your entries will not be saved.

Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Payment
NPI: 999999999 Program Year: 2014 Name: Walter Kraft	1	Completed	\$14,167.00	-\$14,167.00	1	Denied	\$0.00
NPI: 999999999 Program Year: 2015 Name: Walter Kraft	2	Completed	\$5,667.00	-\$5,667.00	1	Completed	\$14,167.00

(*) Red asterisk indicates a required field.

Indicate if you are signing electronically to approve the adjustment as the actual provider, or as a preparer on behalf of the provider:

* Provider Preparer

Your signature on this adjustment will be electronic. By submitting this adjustment, you acknowledge and understand that your electronic signature is binding to the same extent as your written signature.

* I have reviewed and accept the terms of this agreement.

* Your Signature (entering your name in the box to the right will constitute your electronic signature): x

Submit
Close

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.

NPI	TIN						
Below is a summary of the adjustment you have agreed to.							
Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Payment
NPI: 999999999 Program Year: 2014 Name: Walter Kraft	1	Completed	\$14,167.00	-\$14,167.00	1	Denied	\$0.00
NPI: 999999999 Program Year: 2015 Name: Walter Kraft	2	Completed	\$5,667.00	-\$5,667.00	1	Completed	\$14,167.00

Indicate if you are signing electronically to approve the adjustment as the actual provider, or as a preparer on behalf of the provider:

Provider Preparer

Your signature on this adjustment will be electronic. By submitting this adjustment, you acknowledge and understand that your electronic signature is binding to the same extent as your written signature.

I have reviewed and accept the terms of this agreement.

Your Signature (entering your name in the box to the right will constitute your electronic signature):

Medical Assistance Provider Incentive Repository (MAPIR): Part 4 – Additional User Information and Appendices for Eligible Professionals

Version: 1.0

Original Version Date: 02/05/2020

Last Revision Date: 02/05/2020

Revision Log:

MAPIR User Guide for Eligible Professionals – Part 4

Version	Revision Date	Revision
V1.0	02/05/2020	<ul style="list-style-type: none"> • Initial version. • Added the following validation messages to section “Appendix A – Validation Messages Table”: <ul style="list-style-type: none"> ○ The Clinical Quality Measures reporting date range must be within the application's Program Year. ○ The date range for the Actual Clinical Quality Measure data must be within your Clinical Quality Measures reporting period. ○ You must select the checkbox when entering a date range in the Actual Clinical Quality Measures Reporting Period fields. ○ You must complete the dates in the Actual Clinical Quality Measures Reporting Period fields when the checkbox is selected. ○ The Clinical Quality Measures reporting date range must consist of at least 90 days. • Added an "Important" notice to the "Eligibility Questions (Part 1 of 3)" Screen/Panel Name in "Appendix B – Hover Bubble Definitions".

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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 Program updates for 2018 in the attestation tab, see MAPIR User Guide for EP Part 2A PY 2018.

To review Program updates for 2019 in the attestation tab, see MAPIR User Guide for EP Part 2B PY 2019.

To review Program updates for 2020 in the Attestation tab, see MAPIR User Guide for EP Part 2C PY 2020.

To review MAPIR Review tabs to Application Submission, see MAPIR User Guide for EP Part 3.

Additional User Information

This section contains an explanation of informational messages, system error messages, and validation messages you may receive.

Start Over and Delete All Progress - If you would like to start your application over from the beginning you can click the Get Started tab. Click the “[here](#)” link on the screen to start over from the beginning. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

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

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Name:

Applicant NPI:

Status: *Incomplete* [Continue](#)

Click [here](#) if you would like to eliminate all information saved to date, and start over from the beginning.

PROFESSIONAL GET STARTED SPLASH RIGHT PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

GET STARTED SPLASH BOTTOM LEFT PANEL: The text in this section of the page would be replaced by actual content that the hosting state may specify as static HTML.

UI 3-C

This screen will confirm your selection to start the application over and delete all information saved to date. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

Click **Confirm** to Start Over and Delete All Progress.

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


Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

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

Start Over and Delete All Progress

To submit your request to delete all information saved to date, select **Confirm**. Select **Cancel** to return to the previous screen.

 **Important:** By electing to start over, you are opting to **permanently** erase all data previously saved for your application.

Cancel **Confirm**

UI 111

If you clicked **Confirm** you will receive the following confirmation message. Click **OK** to continue.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

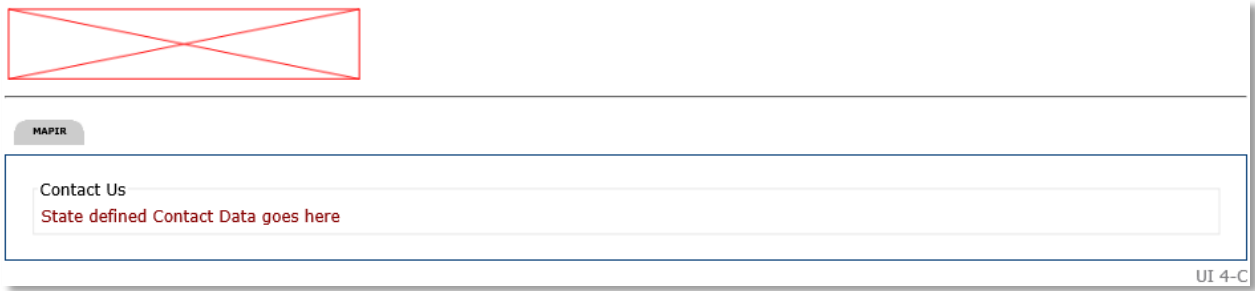
Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Start Over and Delete All Progress

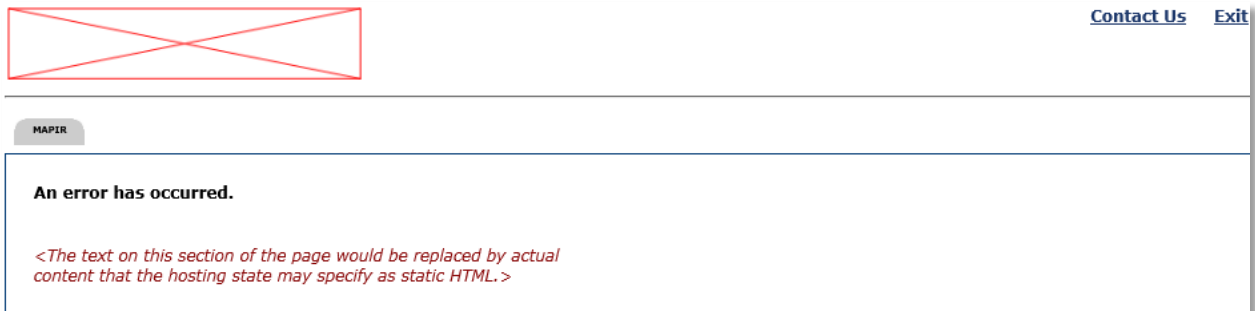
Your application has been reset and all saved data has been eliminated.
Please select "OK" to start from the beginning. You will be redirected to the Get Started tab.

OK

Contact Us – Clicking on the Contact Us link in the upper right corner of most screens within MAPIR will display the following state Medicaid program contact information.



MAPIR Error Message – This screen will appear when a MAPIR error has occurred. Follow all instructions on the screen. Click **Exit** to exit MAPIR.



Validation Messages –The following is an example of the validation message – **You have entered an invalid CMS EHR Certification ID.** Check and reenter your CMS EHR Certification ID. The Validation Messages Table lists validation messages you may receive while using MAPIR. The validation messages table can be found in the Appendix A – Validation Messages Table.

Payment Year	Program Year
MAPIR	
Name:	Dr. Medicaid Provider
Applicant NPI:	9999999999
Status:	Not Started
<hr/>	
<p>If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.</p> <p>Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.</p> <p>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.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"><p>Click the Exit button to terminate your session. When ready click the Next button to continue. Click Reset to restore this panel to the starting point.</p></div> <p style="text-align: center;">(*) Red asterisk indicates a required field.</p> <hr/> <p>* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:</p> <div style="border: 1px solid gray; padding: 2px; text-align: center;">000000000000000</div> <p style="text-align: center;">(No dashes or spaces should be entered.)</p> <hr/> <p>• You have entered an invalid CMS EHR Certification ID. ←</p> <div style="text-align: center;"><input type="button" value="Exit"/> <input type="button" value="Reset"/> <input type="button" value="Next"/></div>	

Appendix A – Validation Messages Table

Validation Messages
Please enter all required information.
The User ID is already defined in MAPIR.
You must provide NPI number in order to proceed.
You must provide all required information in order to proceed.
Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).
The date that you have specified is invalid, or occurs prior to the program eligibility.
The date that you have specified is invalid.
The phone number that you entered is invalid.
The phone number must be numeric.
The email that you entered is invalid.
You must participate in the Medicaid incentive program in order to qualify.
You must select at least one type of provider.
You must select at least one location in order to proceed.
The ZIP Code that you entered is invalid.
The NPI that you entered is not valid.
You must select at least one activity in order to proceed.
You must define all added 'Other' activities.
Amount must be numeric.
You must answer "Yes" to the second question.
You must indicate whether you are completing this application as the actual provider or a preparer.
You must verify that you have reviewed all information entered into MAPIR.
The NPI Number must be numeric and ten (10) digits in length.
The Personal TIN must be numeric and nine (9) digits in length.
Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.
You did not meet the criteria to receive the incentive payment.
All data must be numeric.
You must enter at least one search criteria value.
NPI must be numeric and consist of ten (10) digits.
Provider TIN must be numeric and nine (9) digits long.

CCN must be numeric and must be six (6) digits.
Adjustment Amount must be numeric.
Debit Amount must not exceed the Payment Amount.
Amount must not exceed program year limit.
The status that you have selected is invalid for this application.
The user may not be deleted when activity has been performed in MAPIR.
You must enter all requested information in order to submit the application.
The email address you have entered does not match.
You have entered an invalid CMS EHR Certification ID.
You must answer Yes to utilizing certified EHR technology in at least one location where reporting Medicaid Patient Volume in order to proceed.
You must be licensed in the state(s) in which you practice.
You cannot practice in an FHQC/RHC and be an Individual Practitioner's Panel.
You must select Yes or No to utilizing certified EHR technology in this location.
You have entered a duplicate Group Practice Provider ID.
You must enter Yes to voluntarily assigning payment.
You must select a Payment Address in order to proceed.
You must enter the email address twice for validation purposes.
You must be in compliance with HIPAA regulations.
You must be an Acute Care Hospital or a Children's Hospital to be eligible to receive the EHR Medicare Program Payment.
An incentive payment has not been issued at this time.
An Adjustment Reason is required.
There are no Payment Addresses on file for your NPI/TIN, please correct this at your state Medicaid Management Information System (MMIS) before continuing with your application.
All amounts must be between 0 and 999,999,999,999,999.
Please select a valid State from the list.
Name must not exceed 150 characters.
You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed.
The amounts entered are invalid.
Amounts entered for Total Charges and Total Charges Charity Care must be between \$0 and \$9,999,999,999,999.99.
You have made an invalid selection.
Numerator cannot be greater than denominator and numerator/denominator cannot be a negative value.

The 90 day period you selected did not return any active locations for that time period, please check the 90 day patient volume timeframe.
You must select at least one Public Health menu measure. A total of 5 Menu measures must be selected.
Data entered is invalid and must be a positive whole number.
The number you have entered is invalid, it must be a positive whole number.
You have indicated that you qualify for the exclusion. As a result a numerator and denominator should not be entered.
You must attest to at least one Public Health measure. The measure selected may be an exclusion.
The date you have entered is in an invalid format.
You must exit MAPIR and return, in order to access a different program year incentive application.
You must choose an application.
The time you have entered is in an invalid format.
The selection you have made is not a valid option at this time.
You must select at least 5 menu measures.
You have entered zero as a denominator on one or more of your Core Clinical Quality Measures. Please refer to the instructions on this page for additional information.
You have entered zero as a denominator for the Alternate Clinical Quality Measure selected. Please choose another Alternate Clinical Quality Measure to attest to where it is possible to enter a value other than zero for the denominator. Please refer to the instructions on this page for additional information.
You must select 4 menu measures from outside the Public Health Menu set.
Total Inpatient Medicaid Bed Days must be less than Total Inpatient Bed Days
Total Charges – Charity Care must be less than Total Charges – All Discharges
Values entered match the existing cost data on file
The Start Date you have entered was attested to in a previous Payment Year
You may only select yes to one exclusion.
Payee TIN must be numeric and nine (9) digits long.
Note Text must be 1000 characters or less.
You have not met the minimum number of documents required. Please upload the minimum number of documents required to proceed.
File must be in _____.
File must be no larger than _____.
You must select at least 3 menu measures to proceed.
You must select a minimum of 16 Clinical Quality Measures from at least 3 different Domains to proceed.
Your EHR Attestation Selection does not match the stage selection made when you started your application.

You must select one file from the drop-down list in order to proceed.
You may not exclude both Menu Measures 9 & 10.
You may not attest to Menu Measure 9 and exclude Menu Measure 10.
You may not exclude Menu Measure 9 and attest to Menu Measure 10.
You have not completed the patient volumes. Please return to the Patient Volume tab to enter patient volumes.
You have not attested to all MU Measures. Please return to the Attestation tab to attest to all required measures.
You must select a minimum of 9 Clinical Quality Measures from at least 3 different Domains to proceed.
You must select all menu measures when an exclusion has been claimed on one or more menu measures.
You must answer all Exclusion questions with a Yes or No answer to proceed.
You must enter a CMS Audit Number in order to proceed.
You have selected an Adjustment Reason that does not allow for entering a CMS Audit Number.
The CMS Audit Number must be alphanumeric and ten (10) characters in length and must not contain spaces.
Full amount needs to be recouped for an Adjustment due to Audit.
The Performance Rate value you entered is invalid, it must be a combination of a whole number and a decimal (for example, "10.0"). The acceptable range for Performance Rate value is 0.0 to 100.0.
The Observation percent value you entered is invalid, it must be a combination of a whole number and a decimal (for example, "10.0"). The acceptable range for Observation percent value is 0.0 to 100.0.
Full Year is not a valid option for Program Year 2014. Please select the 90 day option.
You have excluded both Public Health measures. Please select 5 Menu measures from outside the Public Health Menu set.
You have selected to exclude a Public Health measure. Please attest to the remaining Public Health measure.
This transaction can no longer be cancelled.
The Patient Volume 90 day date range is no longer valid.
Please confirm that the file you are uploading is intended to be displayed on the provider's application.
Please confirm that the file is intended to be displayed on the provider's application.
Delay reason must be 500 characters or less.
ONC Service is unavailable
You have entered an invalid CMS EHR Certification ID for the current "Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology Rule"
You may not change the status due to a pending adjustment. You must delete the pending adjustment in order to proceed.

You must select one or more incentive applications to be adjusted.
You have selected an invalid option for the provider type and/or payment year.
You have selected an invalid adjustment option.
You have selected an invalid HPSA option.
The Program Year selected is not available for this NPI.
Invalid import record format.
The maximum number of audit rows allowed to be imported in a single submission has been exceeded.
Payment Year is invalid.
Program year is invalid.
A Completed Incentive Application was not found for this Provider/Payment Year/Program Year combination.
Audit Reason is invalid.
Audit Organization is invalid.
Audit Type is invalid.
Audit Intent Date is invalid.
External Audit Control System Number (State Assigned) must not be greater than 10 characters.
Audit Status may only be changed to Audit Started or Audit Canceled when current Audit Status is Intent to Audit.
Audit Status may only be changed to Audit Canceled or Audit Completed when current Audit Status is Audit Started.
Audit Start Date is required with the Audit Status of Audit Started.
Audit Finding and Audit End Date are required with the Audit Status of Audit Completed.
Audit Finding and Audit End Date are invalid for the Audit Status specified.
Audit Cancelation Reason and Audit Cancelation Date are required with the Audit Status of Audit Canceled.
Audit Cancelation Reason and Audit Cancelation Date are invalid for the Audit Status specified.
Audit Cancelation Reason must be 250 characters or less.
Audit Intent Date cannot be a future date.
Audit Start Date cannot be a future date.
Audit Start Date cannot be prior to the Audit Intent Date.
Audit Cancelation Date cannot be a future date.
Audit Cancelation Date cannot be prior to the Audit Intent Date.
Audit Cancelation Date cannot be prior to the Audit Start Date.
Audit End Date cannot be a future date.
Audit End Date cannot be prior to the Audit Intent Date.

Audit End Date cannot be prior to the Audit Start Date.
Audit Status may only be changed to Intent to Audit.
An active audit with this Provider/Payment Year/Program Year combination already exists.
All audit case records have been successfully imported.
The request can no longer be completed for the selected adjustment(s).
The CCN value entered is invalid for this NPI.
A multi-year adjustment cannot be initiated while there are incentive applications in process.
The audit transaction conditions have changed resulting in the cancellation of your request. Please select Audit Display link to redisplay Audit Summary Worksheet.
Audit Status may only be changed to Audit Canceled.
You have selected an Adjustment Action that does not allow for entering a CMS Audit Number.
You must select one or more adjustments to be deleted.
You cannot import duplicate records for a Provider Payment Year/Program Year combination.
This adjustment is no longer available.
An updated B-6 has been received and may impact one or more of your incentive applications.
Only one incentive application in Denied status may be selected.
You have selected an incentive application that is not eligible for multi-year adjustment.
You cannot begin an incentive application while a multi-year adjustment is pending.
The multi-year adjustment process does not permit selection of all eligible incentive applications.
The multi-year adjustment process cannot be used to simultaneously pay a denied incentive application and retract a paid incentive application.
You must specify a current or future date.
Audit Status may only be changed to Audit Started.
Audit Status may only be changed to Audit Completed.
The Audit Finding is invalid for the Audit Type specified.
A multi-year adjustment is currently in progress; therefore, this request cannot be completed.
You must select at least two Required Public Health Options to proceed.
You must select at least one Required Public Health Option to proceed.
You have indicated that the Measure does not apply to you. As a result, you may not select an Active Engagement Option.
You may only select Yes to one of the Exclusions.
You may only select one Active Engagement Option.
You have selected to exclude a Public Health Option. Please attest to the remaining Public Health Options.
You must select Option 3A to select Option 3B.

You may only select two Alternate Exclusions for the Public Health Objective.
You must attest to Option 3A before attesting to Option 3B.
You cannot select Option 3B as you have not answered Yes to Option 3A.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 10 Option 3B.
You must select at least three Required Public Health Options to proceed.
You must select Option 3A to select Option 3C.
You must attest to Option 3A before attesting to Option 3B or Option 3C.
You cannot select Option 3C as you have not answered Yes to Option 3A.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 9 Option 3B or Option 3C.
You may only select three Alternate Exclusions for the Public Health Objective.
You may not attest to the Clinical Quality Measures topic.
You must attest to Option 3A before attesting to Option 3B.
You cannot attest to Public Health Option 3B as you have not answered Yes to Public Health Option 3A. Please return to the Public Health selection screen and uncheck Public Health Option 3B.
You must select Option 3A to select Option 3B, 3C or 3D.
You must attest to Option 3A before attesting to Options 3B, 3C or 3D.
You cannot select Option 3B, 3C or 3D as you have not answered Yes to Option 3A.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 3B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 3B, 3C or 3D.
You must select Option 4A to select Option 4B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 3B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 4B.
You must attest to Option 4A before attesting to Option 4B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 4B, 4C or 4D.
You must select at least four Required Public Health Options to proceed.
You cannot attest to Public Health Option 4B as you have not answered Yes to Public Health Option 4A. Please return to the Public Health selection screen and uncheck Public Health Option 4B.
You must select Option 4A to select Option 4B, 4C or 4D.
You must attest to Option 4A before attesting to Options 4B, 4C or 4D.
You cannot select Option 4B, 4C or 4D as you have not answered Yes to Option 4A.

You cannot Clear All Entries as you have previously attested to Objective 8 Option 4B.
You must attest to Public Health Option 3B.
You must attest to Public Health Option 4B.
You must attest to Public Health Option 5B.
Please select a Program Year.
You must select Option 5A to select Option 5B, 5C or 5D.
You must attest to Option 5A before attesting to Options 5B, 5C or 5D.
You cannot select Option 5B, 5C or 5D as you have not answered Yes to Option 5A.
You must select Option 5A to select Option 5B.
You must attest to Option 5A before attesting to Option 5B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 5B.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 5B.
You must select all 16 Clinical Quality Measures to proceed.
You must select a minimum of 6 Clinical Quality Measures to proceed.
You cannot attest to Public Health Option 5B as you have not answered Yes to Public Health Option 5A. Please return to the Public Health selection screen and uncheck Public Health Option 5B.
You have not successfully attested to two Public Health options therefore you may not claim an exclusion for Option B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 5B, 5C or 5D.
You have selected to exclude a Public Health Option. Please attest to the remaining Public Health Options. Option 3 is not required.
You cannot enter a registry name, as one has been selected from the list.
You cannot select the same Registry name for options A and B.
The file name is invalid.
You cannot select No to the measure and select or enter a registry name.
You must select at least one Outcome CQM or the acknowledgement checkbox.
You must select at least one High Priority CQM or the acknowledgement checkbox.
The Clinical Quality Measures reporting date range must be within the application's Program Year.
The date range for the Actual Clinical Quality Measure data must be within your Clinical Quality Measures reporting period.
You must select the checkbox when entering a date range in the Actual Clinical Quality Measures Reporting Period fields.
You must complete the dates in the Actual Clinical Quality Measures Reporting Period fields when the checkbox is selected.

The Clinical Quality Measures reporting date range must consist of at least 90 days.
Enter a valid file location.
File must be no larger than 2MB in size.
File must be in PDF format.
File cannot be successfully uploaded.
Internal Error: File cannot be viewed.
Virus Detected!! The file has been deleted.
File has been successfully uploaded.
File was not successfully removed.
File has been successfully deleted.
The file that you have requested to upload is empty and cannot be processed.
File name must be less than or equals to 100 characters.
Provider ID must contain only alphabetic characters or numbers.
No results found
Note Text is required.
Note Text must be 1000 characters or less.
User ID is required.
First Name is required.
Last Name is required.
Invalid status change - D16 request has been sent.
Invalid status change - B6 has been inactivated.
You do not have permission to make this Status Change.
User ID cannot be larger than 20 characters.
First name cannot be larger than 150 characters.
Last name cannot be larger than 50 characters.
This user cannot be inactivated. Either the user information has been changed without saving or there is incentive application activity associated with the user id.
You must retrieve the details of the user before attempting to delete. Please press the "Find Details" button and then try again.
The User ID that you entered already exists.
At least one rejection reason is required.
Begin Run Date is required.
End Run Date is required.
Begin Run Date must be less than End Run Date.
Report Name is required.

You entered a date range that exceeds the 90 day limit.
Amount is required.
Amount must be greater than zero.
Provider Grace Period has been removed.
Provider Grace Period has been applied for the selected Program Year.
Note\ : The Overall EHR Incentive Amount is greater than %s. Please review this incentive payment. The Medicaid Share may be higher than 100%%.
New User ID is required.
Amount is required.
Amount must be numeric value.
Amount must be between 0 and 999,999,999,999,999.

Appendix B- Hover Bubble Definitions

<THE FOLLOWING IS A LIST THE HOVER BUBBLES IN MAPIR. THIS LIST SHOULD BE REPLACED BY STATES WITH AN UPDATED LIST THAT INCLUDE THAT STATE’S CUSTOMIZED HOVER BUBBLES.>

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
MAPIR Dashboard	Stage	Display Field	The Stage refers to the adoption phase or meaningful use stage/EHR reporting period (except for dually eligible hospitals) that applies to a given application.
	Status	Display Field	Status of the incentive application.
	Payment Year	Display Field	The payment year is designated as a sequential number starting with payment year 1 up to the maximum number of payments for the program.
	Program Year	Display Field	The 4 digit year within which a provider attests to data for eligibility for a payment. Starting with Program Year 2015, this is the Calendar year (January thru December) for both EPs and EHs.
	Incentive Amount	Display Field	The incentive amount that was paid for a particular application for the specified program and payment year. This includes initial and all adjustment amounts.
Eligibility Questions (Part 1 of 3)	Are you a Hospital based eligible professional?	Yes/No Radio Button	Hospital based Eligible Professionals (EPs) such as pathologists, anesthesiologists, or emergency physicians, furnish 90% or more of their covered services in a hospital setting (Inpatient – Place of Service 21 or Emergency Room – Place of Service 23).
	Important Due to program changes the second eligibility question and associated state name, radio buttons, and hover bubble can be configured to no longer display.	I confirm 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 <state>.	Yes/No Radio Button
Eligibility Questions (Part 2 of 3)	What type of Provider are you? (Select One)	Radio Button	Eligibility for the Medicaid EHR Incentive Program is based on your provider type and specialty on file with the State's MMIS.
Eligibility Questions (Part 2 of 3)	Do you have any current sanctions or pending sanctions with Medicare or Medicaid in <state>?	Yes/No Radio Button	The temporary or permanent barring of a person or other entity from participation in the Medicare or State Medicaid health care program and that services furnished or ordered by that person are not paid for under either program. See 42 CFR Ch. IV § 402.3 Definitions in the current edition
	Are you currently in	Yes/No	All providers must be in compliance with the

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	compliance with all parts HIPAA regulations?	Radio Button	current Health Information Portability and Accountability Act (HIPAA) regulations. Current regulations can be reviewed at http://www.hhs.gov
	Are you licensed in all states in which you practice?	Yes/No Radio Button	Eligible Professionals must meet the state law licensure requirements of the state that is issuing the EHR incentive payment.
Patient Volume Practice Type (Part 1 of 3)	Do you practice predominantly at an FQHC/RHC (over 50% of your patient encounters occur over a 6 month period in an FQHC/RHC)?	Yes/No Radio Button	Practices predominantly means an EP for whom the clinical location(s) for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year or the most recent 12 months occurs at a federally qualified health center or rural health clinic.
	Please indicate if you are submitting volumes for: (Select one) --- Individual Practitioner	Radio Button	Individual Practitioners count his or her own Medicaid and non-Medicaid patient encounters only.
	Please indicate if you are submitting volumes for: (Select one) --- Group/Clinic	Radio Button	Group/Clinic selection requires all Eligible Professionals to use the entire group practice or clinic's Medicaid and non-Medicaid patient encounters.
	Please indicate if you are submitting volumes for: (Select one) --- Individual Practitioner's Panel	Radio Button	A Practitioner's Panel is calculated on and consists of Medicaid enrollees assigned to the Eligible Professional through a Medicaid panel plus any unduplicated Medicaid encounters.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl .
	Provider ID	Display Field	
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Provider ID	Display Field	Configurable by state
	Medicaid and CHIP Encounter Volume (Numerator)	Enterable	For the continuous 90-day period, for each location listed, the number of encounters where any services were rendered on any one day to an individual enrolled in CHIP (Title XXI) and Medicaid (Title XIX) programs
	Other Needy Individual	Enterable	Enter the number of encounters for the

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Encounter Volume (Numerator)		continuous 90-day period selected for each location below where the services furnished at either no cost or reduced cost based on a sliding scale as determined by the individual's ability to pay or furnished as uncompensated care.
	Total Needy Encounter Volume (Total Numerator)	Enterable	Enter the sum of the Medicaid & CHIP Encounter Volume plus the Other Needy Individual Encounter Volume.
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters (all States) for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected.
Patient Volume - [Practice Type] (Part 1 of 3) Add Location screen	Location Name	Enterable	Enter the legal entity name for the location being added.
Note: This screen displays for each practice type when adding a location.	Address Line 1	Enterable	Enter the service location's street address. Example: 55 Main Street This cannot be a Post Office Box number.
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Please indicate in the box(es) provided, the Group Provider ID(s) you will use to report patient volume requirements. You must enter at least one Group Practice Provider ID.	Enterable	This is the NPI number of the group practices used to report patient volume
	Medicaid & CHIP Encounter Volume (Numerator)	Enterable	For the continuous 90-day period, for each location listed, the number of encounters where any services were rendered on any one day to an individual enrolled in CHIP (Title XXI) and Medicaid (Title XIX) programs.

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Other Needy Individual Encounter Volume (Numerator)	Enterable	Enter the number of encounters for the continuous 90-day period selected for each location below where the services furnished at either no cost or reduced cost based on a sliding scale as determined by the individual's ability to pay or furnished as uncompensated care.
	Total Needy Encounter Volume (Numerator)	Enterable	Enter the sum of the Medicaid & CHIP Encounter Volume plus the Other Needy Individual Encounter Volume
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters (all States) for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected
Patient Volume - FQHC/RHC Practitioner's Panel (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	Select the checkbox(es) for the location(s) where the Eligible Professional is reporting Medicaid patient volume for the continuous 90-day period selected.
	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patient Volume - FQHC/RHC Practitioner's Panel (Part 3 of 3)	Total Needy Individual on the Practitioner Panel 1(Numerator)	Enterable	See Instructions for #1 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
Patient Volume - FQHC/RHC Practitioner's Panel (Part 3 of 3)	Unduplicated Needy Individuals Only Encounter Volume 2 (Numerator)	Enterable	See Instructions for #2 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance
	Total Patients on Practitioner Panel 3 (Denominator)	Enterable	See Instructions for #3 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
	Total Unduplicated Encounter Volume 4 (Denominator)	Enterable	See Instructions for #4 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
			calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
Patent Volume - Individual (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patent Volume - Individual (Part 3 of 3)	Provider ID	Display Field	Configurable by state
	Medicaid Only Encounter Volume (In State Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program. In-State means the State to which you are applying for an incentive payment.
	Medicaid Encounter Volume (Total Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected
Patient Volume - Group (Part 3 of 3)	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
			the list.
Patient Volume - Group (Part 3 of 3)	Please indicate in the box(es) provided, the Group Practice Provider ID(s) you will use to report patient volume requirements. You must enter at least one Group Practice Provider ID.	Enterable	This is the NPI number of the group practices used to report patient volume.
Patient Volume - Group (Part 3 of 3)	Medicaid Only Encounter Volume (In State Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program. In-State means the State to which you are applying for an incentive payment.
	Medicaid Encounter Volumes (Total Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected
Patent Volume - Practitioner's Panel (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	Select the checkbox(es) for the location(s) where the Eligible Professional is reporting Medicaid patient volume for the continuous 90-day period selected.
	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patent Volume - Practitioner's Panel (Part 3 of 3)	Provider ID	Display Field	Configurable by state
Patent Volume - Practitioner's Panel (Part 3 of 3)	Total Needy Individual on the Practitioner Panel 1(Numerator)	Enterable	See Instructions for #1 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
	Unduplicated Needy Individuals Only	Enterable	See Instructions for #2 (above). If you are an Eligible Provider practicing in an FQHC,

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Encounter Volume 2 (Numerator)		RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance
	Total Patients on Practitioner Panel 3 (Denominator)	Enterable	See Instructions for #3 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
	Total Unduplicated Encounter Volume 4 (Denominator)	Enterable	See Instructions for #4 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
Attestation Phase (Part 1 of 3)	Adoption:	Radio Button	Eligible Professional has financial and/ or legal commitment to certified EHR technology capable of meeting Meaningful Use.
	Implementation:	Radio Button	Eligible Professional is in the process of installing certified EHR technology capable of meeting Meaningful Use.
	Upgrade:	Radio Button	Eligible Professional is expanding the functionality of certified EHR technology capable of meeting Meaningful Use.
	Meaningful Use:	Radio Button	EPs will have the option to attest to 90 days from the current calendar year or a full year of Meaningful Use. The reporting period for the full year attestation will be the entire calendar year.
Attestation Phase (Part 1 of 3)	Meaningful Use – 90 Days	Radio Button	For EPs demonstrating they are meaningful EHR users for the first time after receiving a payment for A, I or U, you will utilize a continuous 90-day period within the calendar year for MU attestation.
	Meaningful Use – Full Year	Radio Button	For EPs demonstrating they are meaningful EHR users after attesting to 90 days MU for the previous payment, the EHR reporting period is the full calendar year.
Meaningful Use General Requirements	Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized. ---Numerator	Enterable	Numerator – Enter only patient encounters where a medical treatment is provided and/or evaluation and management services are provided in location(s) with federally certified EHRs.
	Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized. ---	Enterable	Denominator – Enter all patient encounters where a medical treatment is provided and/ or evaluation and management services are provided in location(s) with or without federally certified EHRs.

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Denominator		
	Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period. ---Numerator	Enterable	Numerator – Enter the number of unique patients during the reporting period seen by an EP that have their data in a certified EHR. If a patient is seen by an EP more than once during the reporting period, they can only be counted once.
	Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period. ---Denominator	Enterable	Denominator – Enter all unique patients seen by an EP during the reporting period. If a patient is seen by an EP more than once during the reporting period, they can only be counted once.
Attestation Phase (Part 3 of 3)	Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or that you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.	Yes/No Radio Button	EPs may reassign their incentive payment to an entity with which they have a valid contractual arrangement; this includes the ability to bill for the EP's services or a standard employment contract. The EP will select one TIN to receive any applicable Medicaid EHR incentive payment through the R&A.
	Provider ID	Display Field	Configurable by state
	Additional Information	Display Field	Configurable by state
Application Submission (Part 2 of 2)	Preparer Relationship:	Enterable	Enter the relationship the Preparer has with the Eligible Professional

Appendix C - Acronyms and Terms

The following is a table of Acronyms and Terms used throughout the Eligible Professional User Guides and MAPIR:

Term/Acronym	Definition
ARRA	American Recovery and Reinvestment Act
CAH	Critical Access Hospital
CCN	CMS Certification Number
CEHRT	Certified Electronic Health Record Technology(ies)
CFR	Code of Federal Regulations
CHIP	Children’s Health Insurance Program
CHPL	Certified Healthcare IT Product List
CMS	Centers for Medicare & Medicaid Services
CPOE	Computerized Provider Order Entry
CQM	Clinical Quality Measure
DRSD	Detailed Requirements Specification Document
ED	Emergency Department
EH	Eligible Hospital
EHR	Electronic Health Record
eMAR	Electronic Medication Administration Record
EP	Eligible Professional
eRx	Electronic Prescriptions
FQHC	Federally Qualified Health Center
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
IAPD	Implementation Advance Planning Document
MAPIR	Medical Assistance Provider Incentive Repository
MMIS	Medicaid Management Information System
MU	Meaningful Use
NLR	National Level Repository

Term/Acronym	Definition
NPI	National Provider Identifier
NPRM	Notice of Proposed Rulemaking
NQF	National Quality Forum
NwHIN	Northwest Health Industry Network (Health Insurance Network)
ONC	Office of the National Coordinator for Health Information Technology
PDF	Portable Data Format
PHI	Protected Health Information
POS	Place (or Point) of Service
R&A	Registration and Attestation System
REC	Regional Extension Center
RHC	Rural Health Center
SSN	Social Security Number
TIN	Taxpayer Identification Number